DISCUSSION PAPER / 2011.04
ISSN 2033-7329

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Samuel **Samson Omwa**
Kristof **Titeca**

IOB
INSTITUTE OF DEVELOPMENT
POLICY AND MANAGEMENT

Universiteit
Antwerpen

Comments on this Discussion Paper are invited.
Please contact the authors at: **kristof.titeca@ua.ac.be**
or **omwa_ogwang@yahoo.com**

Instituut voor Ontwikkelingsbeleid en -Beheer
Institute of Development Policy and Management
Institut de Politique et de Gestion du Développement
Instituto de Política y Gestión del Desarrollo

Postal address:
Prinsstraat 13
B-2000 Antwerpen
Belgium

Visiting address:
Lange Sint-Annastraat 7
B-2000 Antwerpen
Belgium

Tel: +32 (0)3 265 57 70
Fax: +32 (0)3 265 57 71
e-mail: dev@ua.ac.be
http://www.ua.ac.be/iob

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Samuel Samson **Omwa***
Kristof **Titeca****

April 2011

* Samuel Samson Omwa is a former IOB Master student who is currently working at the Ugandan Ministry of Local Government.

** Kristof Titeca is a postdoctoral researcher from the Research Fund – Flanders (FWO) based at the Institute of Development Policy and Management (IOB), University of Antwerp.

The field research for this paper has been financed by an IOB master dissertation valorization grant.

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Abstract

In response to the orphan crisis, a number of community initiatives have proliferated to enhance service delivery to OVCs (Orphans and other Vulnerable Children). Part of the literature paints a bleak and pessimistic picture: it believes that community based support interventions anchored on the family are faltering under the weight of increasing number of orphans; while others argue that communities are innovative and resilient to the extent that they have devised new coping strategies. The paper shows how OVC community responses in Northern Uganda are under severe pressure from a range of factors; but how these community initiatives are not collapsing – as the 'social rupture' thesis predicts. Instead, these community initiatives are dynamic and constantly evolving through various mechanisms to respond to the challenges of meeting the needs of the orphans. The paper shows how some of these initiatives are more successful than others in doing so.

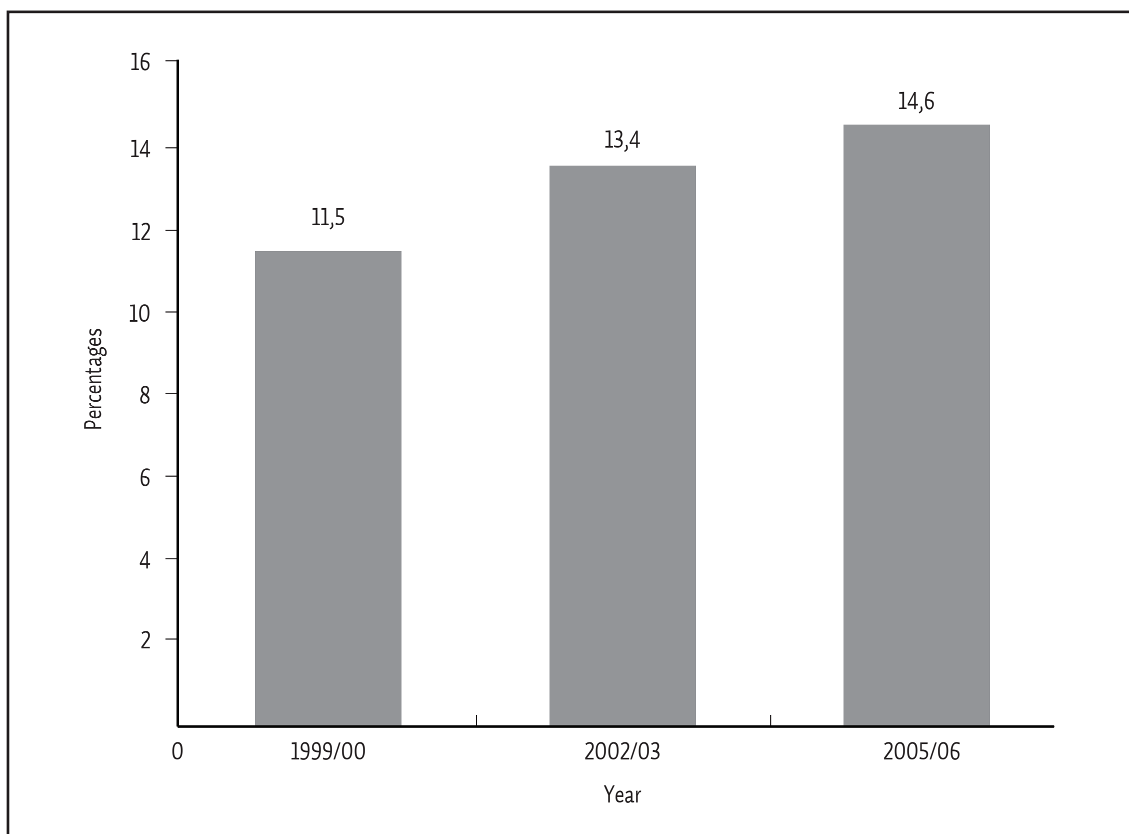
Résumé

En réponse à la crise des orphelins, le nombre d'initiatives locales se sont multipliées afin d'améliorer les services aux OEV (orphelins et enfants vulnérables). Une partie de la littérature sur le sujet dresse un tableau sombre et pessimiste de la situation : certains présument en effet que les interventions de soutien communautaires s'appuyant sur la famille vacillent sous le poids d'un nombre croissant d'orphelins. D'autres, en revanche, soutiennent que les communautés sont innovantes et flexibles, à tel point qu'elles ont mis sur pied de nouvelles stratégies de survie. Ce rapport montre à quel point les réponses communautaires apportées à la crise de l'OEV subissent la pression de divers facteurs, sans pour autant s'effondrer – comme le prédit la thèse de la « rupture sociale ». Au contraire, les initiatives communautaires sont dynamiques et évoluent constamment à travers différents mécanismes pour répondre aux défis que représente la satisfaction des besoins des orphelins. Ce document montre comment certaines de ces initiatives parviennent mieux que d'autres à relever ce défi.

1. Introduction

In recent times there has been a strong rise in the interest and prominence accorded to the plight of Orphans and other Vulnerable Children (OVC) in Sub-Saharan Africa. According to the World Bank (2005) an orphan is a child below the age of 18 years whose mother (maternal orphan) or father (paternal orphan) or both mother and father (double orphan) are dead. The term OVC on the other hand refers to orphans and other groups of children who are more exposed to risks or who experience negative outcomes such as loss of their education, morbidity and malnutrition at higher rates than their peers (Word Bank, 2005). By this definition, the Sub-Saharan African region alone houses more than 12 million orphaned children. In Uganda, like other countries in Sub-Saharan Africa, the government is currently grappling with the challenges posed by an upsurge in the number of OVCs. It is estimated that there are currently over 2.3 million orphans with one in four households fostering at least one orphan (MGLSD, 2004). The Uganda Demographic and Health Survey (UDHS, 2006) tersely puts it that one in seven children under age 18 is orphaned, that is, one or both parents are dead. In short about eight million (46%) of the children in Uganda are either orphaned or vulnerable (Nalubega, 2010). The upsurge in the number of orphans is also reflected in the steady increase in orphan rate (See figure 1 below).

Figure 1: Orphanhood Rates in Uganda (%)



Source: UBOS (2006: 123).

In response to the orphan crisis, a number of community initiatives have proliferated to enhance service delivery to OVCs. An OVC community initiative is a spontaneous response that normally emerges from within the community. In the literature they can be referred to us grassroots or indigenous, homegrown or endogenous responses. A typical community OVC response initiative is characterised by voluntarism, a consultative decision making process, community reliance on own resources and local leadership. The initiative may not necessarily offer tangible resources or services, but it may offer relief to caregivers, companionship, acceptance and solace through prayers (Mathombo and Richter, 2007) and traditional music, dance and drama performances (Hyun, 2007). Examples of community initiatives include savings associations, community based organisations that rely exclusively on volunteers and that normally receive no or minimal external support that may include: labour sharing schemes, agricultural cooperatives, revolving savings and credit associations, burial groups and mutual assistance groups (Foster, 2005b). A community initiative may also include care of orphans by the extended family, and care by a nominated guardian or a responsible adult. In extreme cases it includes care by child, female and grandparent headed households (Chama, 2008).

However, community OVC initiatives face a number of challenges: there is inadequate appreciation of community initiatives and coping mechanisms by external agencies (Foster, 2005a); lack of access to financial and material resources, the impact of HIV/AIDS on communities, limited technical capacities (Mathambo and Richter, 2007) and a strong reliance upon women volunteers (UNAIDS, 2000). Amidst all these odds however, a number of community-based initiatives have proliferated with unimaginable array of innovations to mitigate the orphan tragedy. Much as it is generally acknowledged that communities are responding by providing care and support using the traditional orphan care support systems and networks, very little is known on the underlying forces that drive, motivates and sustains their initiatives in the event of multiple shocks from the impact of the structural forces like HIV/AIDS, conflict and poverty. Of recent, community OVC initiatives have gained recognition, attention and prominence among several international agencies. For example, according to the widely endorsed 'Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV/AIDS', it is recognised that strengthening the capacity of the family and communities through community initiated intervention strategy is the best approach in stemming the orphan crisis (UNICEF, 2004). To scale up community OVC initiatives, the World Bank for instance at the dawn of the new millennium, created an innovative new type of program; the Multi-Country HIV/AIDS Program (MAP) for Africa. One of the major objectives of the programme was to encourage local response to the epidemic (World Bank, 2007).[1]

Yet, not all is positive: the strong rise in the number of OVCs has inevitably taken its toll on the communities (as well as the government support structures). It has created an indescribable care giving deficit manifested in eroded capacity of the communities to care for those most affected OVCs (Foster, 2002). Moreover, OVC policy experts fear that the orphaning crisis will continue to exist in the foreseeable future due to the nature of the HIV/AIDS disease. For example, the Ugandan National Orphans and other Vulnerable Children Policy (NOP) attests that

[1] Like all other World Bank programs, the MAP was premised on the principal of Community Driven Development (CDD) as the ideal mode of service delivery to the poor. Within the World Bank portfolio of projects, it has specifically created a facility as a window of opportunity to enable the implementation of community-based initiated projects in conflict and post-conflict settings. The rationale is that CDD has the potential to prevent conflict and enhance the reconstruction efforts especially from a country in or emerging out of a conflict situation (Goovaerts et. al, 2005).

even if new infection rates are reduced, halted, or reversed, the number of people already infected with the virus potentially swells the number of OVCs in the years to come (MGLSD, 2004). This poses a serious dilemma to OVC policy experts and practitioners alike on the most feasible response strategy. In this context of eroded community capacity, the question can be asked if it is useful to continue pursuing the idea in which the family and the communities form the first line of response in any orphaning crisis? In other words, is a community-based initiative a panacea to enhance access to OVC services as widely touted in the 'Framework for the Protection, Care and Support of Orphans and Vulnerable Children living in a world with HIV/AIDS' (UNICEF, 2004)?

Notwithstanding their importance, little academic research has been done on these questions with regards to community OVC initiatives: little is known on the endogenous responses by the community in stemming the OVC challenge (Abebe and Aase, 2007; Chirwa, 2002). Most of the studies on orphans in Africa tend to focus on issues such as the living circumstances of orphans, or physical and economic issues such as educational access, food, shelter and psychosocial and psychological needs of OVCs (Atwine et al., 2005; Ayieko, 1997; Dalen et al., 2009; Foster, 2002). There is hardly any comprehensive analysis of how local community OVC initiatives have proliferated and managed to provide an array of care and support services to mitigate the impact of orphanhood. Much as attempts have been made by other studies to document the experiences of orphan care (Oleke et al., 2005), the varying vulnerability of orphans (Oleke et al., 2006) the political and cultural contexts of the orphan care challenge in northern Uganda (Oleke et al., 2007), and the efficacy of the extended family in orphan care (Abebe and Aase, 2007; Ntozi et al., 1999), none of the studies specifically addresses the issue of situating community based OVC initiatives at the forefront in meeting the needs of OVCs. This paper therefore wants to place community-based OVC initiatives at the centre of this debate. In doing so, we wanted to get a better understanding of the forces which drive the initiatives, the challenges they face and the opportunities which many OVC community initiated groups can nurture (if appropriately supported) are scantly addressed.

In order to do so, this paper relies on a literature review and field research in northern Uganda from January to May 2010. The literature review involved reading relevant secondary literature on OVCs in Uganda and OVCs in general. This involved collection and analysis of relevant secondary data from the Ministry of Gender, Labour and Social Development (MGLSD), District Community Based Services Office, the National OVC Policy (NOP), and the National Strategic Program Plan of Intervention (NSPPI) for OVC. The field research took place in Northern Uganda, as this region has the highest proportion of orphaned children at 22% (UDHS 2006).[2] In looking at this disadvantaged and affected area, we are better able to understand the dynamics at play. Concretely, research took place in Oyam district, and focused on one particular area within this district (Ngai sub-county, Acut parish, Agwede village).The district is bordered by Gulu in the north, Pader in the east, Masindi in the west, Kole and Apac district from which it was curved in the south. According to the 2002 population census, Oyam district had a total population of 268,415 people. Out of the total district population, OVCs are estimated to be 107,536 by 2007 with 329 child headed households (Oyam district OVC Strategic plan 2008/2013). The total population of Ngai sub-county which is a rural area according to the District 2002 Uganda

[2] Further, only 6% of OVCs have their basic material needs met compared to Kampala (75%), East central (21%) and Eastern Ugandan (12%) (UDHS, 2006).

Population and Housing Census Analytical Report (2007) is 35,043. The Langi people of Luo ethnic origin dominate the area.[3] The field research involved in-depth interviews, key informant interviews and focus group discussions. At the community level, in-depth interviews (20 heads of households fostering orphans comprising 10 female and 10 male), and Orphans (20) of which 10 were males and 10 were females were conducted with heads of households (20) and orphans (20).[4] Key informant interviews were conducted with district- and sub-county officials. Lastly, focus group discussions were held comprising of orphaned boys and girls, community leaders and the members of OVC community initiatives.[5]

In the next section, we look at the theoretical perspectives with regards to community responses to OVCs, and how this has influenced policy. In section three, we look at the different key-factors which help to explain the various pressures on community-based OVC initiatives in Northern Uganda. Section four highlights how communities have coped with this increased OVC pressure. Section five highlights the possible strategies of empowering community-based initiatives. Section six makes some concluding remarks.

[3] The main occupation is subsistence farming of mainly food and cash crops like cassava, maize, potatoes, millet, beans, peas, sunflowers and co tton. This is combined with the rearing of a few heads of livestock, particularly cattle, goats, sheep and poultry and to some extent piggery.
[4] For both categories, 10 males and 10 females were interviewed.
[5] Each focus group discussion was composed of 8-12 persons and each session lasted for a period of one to one and a half hours. Purposive sampling was used to identify the respondents who participated in the focus group discussions. All the interviews were conducted in Luo, the local language spoken in the area. Ethical research principles of anonymity, confidentiality and rights of withdrawal were shared with all potential study participants, and written informed consent was obtained from all who participated in the study. A background information sheet was used to screen potential participants to the focus group discussions to complement information given by local community leaders.

2. Theoretical perspectives

Two theoretical perspectives can be identified with regards to community responses to OVCs. Some of the literature paints a very bleak, pessimistic picture while others portray optimism and prospects for community initiated response. The next section will therefore look at the contemporary theoretical perspectives that have so far informed and dominated OVC response initiatives in Africa. More specifically, we will look at the social rupture thesis, and the social resilience thesis, and how these perspectives have influenced policy.

2.1. The Social Rupture Thesis

One common observable theme in the OVC literature is the social rupture thesis. The thesis argues how there is a total breakdown in family structures and that the traditional social support systems and safety nets of orphan care is overstretched and eroded (Abebe and Aase, 2007): the hitherto support systems provided by the family (be it nuclear or extended) and the communities are collapsing at an alarming rate, due to the strain imposed by the escalating number of OVCs. Consequently, the communities are confronted with an increased burden in terms of care and support services for orphans (Chirwa, 2002). A social rupture is said to occur when a calamity strikes, weakens, and destroys firstly, the nuclear family through the death of the principal household heads; secondly, the extended family through the death of alternative care-givers; and then finally the community through the reduced capacity as a result of the escalating number of orphaned children on the one hand and a general reduction on the number of care-providers on the other hand. Consequently many orphaned children end up slipping through the safety nets by dropping out of school, reverting into early marriage or different forms of child labour such as domestic workers or prostitution; or become street children or delinquents (Chirwa, 2002; Foster, 2002). Other manifestations of social rupture include property grabbing (Oleke et al., 2007) or the emergence of child, female and grandparent headed households (Abebe and Aase, 2007).

Although the social rupture thesis is useful in highlighting the impact of adversity on the family and the community, it has been criticised for not adequately answering or guiding OVC development practitioners on key critical issues regarding OVC programming: The thesis does not provide a clear picture of the key factors that influence the process of inclusion or exclusion of orphans at various tiers of the existing family and community support systems. The present-day African orphan care practice is challenged in equal measure by social (relational) and structural factors, which factors override the other are not clearly articulated by the thesis. In other words, the linkage between human agency and the structural conditions in a community are inadequately explored. The thesis assumes that there is a linear continuum of care available to orphans that starts from the nuclear family and stretches up to the community and that if one crumbles, the rest follows suite. This assumption has been found to be too simplistic and grossly ignores the fact that the orphan care system in Africa is much more complex and goes beyond looking at the nuclear, extended family and the community (Chirwa, 2002). There are other structural as well as contextual factors that could explain the inability of the communities to provide care and support to orphans which is not only triggered by a single cataclysmic event.

Moreover, the literature on the social rupture thesis also looks at the family and the community as homogenous entities which are experiencing difficulties at the same time, in the same pattern, and with the same resource constraints. This assumption has been challenged by a number of scholars. For instance, Abebe and Aase (2007) in their study, profiled Ethiopian extended families into four: rupturing (where middle generation parents are dead living care to grandparents), transient (families not presently living in situation of extreme poverty but may easily sink into deprivation), adapting (families in possession of household resources and livelihood assets that can enable to some degree of comfort the absorption of an additional orphan), and capable (families whose material and social capacities as care-givers were found to be viable even in the absence of external material support). The profile of a family therefore indicates the diversities in the resilience of families in adjusting, resisting and coping with the disruptions caused by HIV/AIDS. Thus the traditional orphan care safety net has differential functioning capabilities that profoundly influence the magnitude of care and support an orphan receives. The social rupture thesis therefore does not give a concrete account on how communities respond to the orphan crisis: it looks at them as helpless victims and recipients who should be assisted and ignores the local ingenious response initiatives or the agency of the communities to act in solving their adversity within their capacities (UNICEF, 2006). Indeed, "The situation of orphans and vulnerable children varies by context, and responses need to be based on situation assessments in order to reflect local realities and meet local needs" (UNICEF, 2006: V). Other ethnographic accounts also allude to the importance of local knowledge and resources to inform OVC policy development and intervention planning (Oleke et al., 2007).

2.2. The Social Resilience Thesis

The social resilience thesis was developed in response to the criticisms on the social rupture thesis. It looks at the capacity of families and communities to prevent or minimize or overcome the damaging effects of adversity. It contends that in many places in Africa, communities are not disintegrating and support systems are not faltering but rather responding with innovative systems (Foster, 2002). Abebe and Aase (2007) for example contend that within the communities there are multiple dimensions of care and multiple tiers of resilience. The social resilience literature contends that resilient behaviour of a community can take two forms: firstly, it may be aimed at maintenance or normal development regardless of hardship and secondly, it may be aimed at promoting community development beyond the obtaining level of functioning. Resilience therefore can be seen as a quality manifested in a community in response to hard times, as well as developed in anticipation of inevitable difficulties. The social resilience thesis further holds that regardless of the destructive force of change, families and communities respond to crises with surprising resilience and that the essential functions of the family and the community often survive even the most intensive calamities (Friedland et al., 2005). When one further unpacks the concept of social resilience, it becomes even clearer that the concept 'resilience' takes on two dimensions. The first dimension connotes solidity, stoutness and resistance while the other dimension denotes elasticity and flexibility. From these two dimensions, social resilience can be said to be the expression of a community's ability to withstand hardships without necessarily altering a community's values and institutions. Further still, social resilience can be regarded as a manifestation of a community's ability to cope with a changing and sometimes hostile environment by changing and readjusting in new and innovative ways. In sum therefore,

social resilience is a community's inherent capacity, hope, and faith related to a community's ability to withstand major hardships, overcome adversity and to prevail and cope effectively with change (Friedland et al., 2005; Landau, 2007). It refers to a community's ability to respond in exploiting opportunities and in resisting or recovering from negative effects of a changing environment. This is accomplished by mobilizing and managing a portfolio of assets and entitlements that communities have at their disposal (Moser, 1998).

2.3. The Institutional and Community-based Approach

Both theoretical approaches have inspired the policy debate on how best to respond or what constitute the best approach to the orphan crisis in Africa, and have respectively led to the institutional and the community-based approach. The institutional approach to orphan care stresses formal centralized arrangements in terms of care and support provision to OVCs manifested in orphanages and children's homes (Chirwa, 2002). The approach is also sometimes referred to as residential care (Tolfree, 2003) and is heavily influenced by the social rupture thesis. The institutional approach to orphan care has been heavily criticized: it is argued how it should only be undertaken as a temporary option while alternative permanent community care is sought, or as a measure of last resort. Studies have documented how institutional approaches are not the most appropriate primary response for orphans (UNICEF, 2006): it inadequately prepares OVCs for adult lives as it places little evidence on teaching social skills. Children who grow up in institutions often fail to develop their own cultural identity, may feel alienated from their community, most often lack networks of friends and relatives and may lack social and interpersonal skills needed to develop and function as competent adults. Above all, it undermines community care for OVCs by consuming resources that might be available for support to community care. Much residential care also fails to meet the stipulations of the Convention on the Rights of the Child (CRC) (International HIV/AIDS Alliance, 2009; Tolfree, 2003; UNICEF, 2006).

On the other pole of the axis we find the bottom-up approach which is embedded in the social resilience thesis, and which is heavily promoted by the World Bank as Community-Driven Development (CDD). A typical CDD approach challenges the logic in the social rupture thesis, as it acknowledges that communities are not collapsing but rather are adapting by adopting innovative coping mechanisms in light of the escalating number of orphans (Chirwa 2002; Foster, 2002). A CDD approach also recognizes that there are residual capacities of the family and the community structures to respond - though not effectively- to the plight of OVCs. The advocates of the CDD approach argue how it leads to increased ownership of not only the problem, but also the response due to increased participation which strengthens social cohesion and avoids communal breakdown (Chirwa, 2002). The advocates of the CDD approach argue that community driven interventions are the most cost-effective and well attuned to the prevailing African socio-cultural milieu form of intervention for caring for OVCs. This is because they have the potential to offer different types of assistance with various scales of activity and are "incentive-compatible" with fostering households. The approach also builds upon traditional systems of child care and is more efficient as they typically require less training and input from external sources, is more relevant as they are readily understood and accepted by community members, and is more sustainable as people are quicker to identify with, adopt, and take ownership of such initiatives (OSAA, 2003). It has been noted in the OVC literature that communities and families

have devised innovative coping mechanisms and strategies to the plight of OVCs. These coping mechanisms include among others establishment of self help groups, associations and clubs, stronger association with or reliance upon Faith Based Organizations and social calls or visits to household fostering orphans (Foster, 2002). These coping strategies apparently have not been visible to external agencies or if they have, are totally ignored and without external support cannot sustain the foreseeable escalation of the number of OVCs. A CDD approach therefore has the potential to rejuvenate the OVC response only when they build upon existing community practices. It is because of this that it has been argued that outside intervention should be aimed at enhancing and mobilizing capacities inherent to communities, such as the traditional coping responses of extended families and their communities (OSAA, 2003).

Drawing from the above literature review and theoretical insights from the theories advanced above, this paper seeks to find a middle ground. There is no doubt that the traditional safety nets and systems of orphan care are under stress and enormous pressure to absorb OVCs, but they are also not collapsing as advanced by the social rupture thesis. This does not mean that the multiple adversities on the African family and community are neglected; as these safety nets have the potential to crack and crumble. In the light of this, the paper argues how the residual resilient capacities manifested in the communities through the diverse coping strategies and mechanisms adopted, if not supported through CDD approaches, then stemming the orphan crisis will still continue to elude many OVC development practitioners. In the next section, we show the various challenges which community-based OVC initiatives are faced with in Northern Uganda, and in the fourth section we look at how they are actually functioning.

3. Challenges for community-based OVC initiatives in Northern Uganda

In this section, we are reviewing the results of our field research. We identified the following elements as key-factors in explaining the different pressures on community-based OVC initiatives: the long-lasting Northern Ugandan conflict; chronic poverty; the high prevalence of HIV/AIDS; a dependency on externally-driven projects, a fragmented service delivery system and a waning spirit of voluntarism. Each of these factors will be discussed in detail.

3.1 The Northern Uganda Conflict

A critical factor which greatly impacts on community OVC service delivery practices has been the over two decade's conflict that marred northern Uganda. Children have been among the principal victims of the conflict. The north central region bore most the brunt of the Lord's Resistance Army (LRA) rebel insurgency for well over two decades. At the peak of the insurgency the entire rural populations were forced to leave in congested Internally Displaced Person's camp (IDPs) characterized by squalid settlements, inadequate provision of basic social services like health and education (UNDP 2007). The creation of camps put an enormous strain on the existing government and community social service delivery structures. Without viable sources of livelihoods, many camp families and communities found themselves in dire conditions to provide the necessary care and support to children as the state support structures crumbled. In other words, as people were forced into the IDP camps, they had no means of livelihood except to solely rely on handouts from humanitarian organisations. These handouts were far below the average daily family requirements (for example due to the small food ratios), which had negative consequences for the OVCs. As one district level key informant puts it:

> "…the escalation of the LRA war which forced us to the camps dealt a blow to the OVCs as most of the care givers had to spend more time looking for causal jobs to get money to buy food to supplement the little they get from the humanitarian organisations. The immediate effect was that very little time was spared to take care of the OVCs" (District official, 01/05/2010, Oyam District headquarters)

In one focus group discussion, community opinion leaders noted that:

> "…the war reduced our capacities to take care of the OVCs. We had no food to feed our families. Every time there was rumour that the Rebels were coming, people would run far to the bush to hide. This would always leave the OVCs and other family members sleeping on empty stomachs as there would be no food to cook" (Community FGD participant, 02/05/2010, Agwede Village).

In this situation, people were forced to look for other ways of survival. For example, our respondents emphasized how this forced many women in the camps to resort to prostitution with the soldiers who would be deployed to guard the camps.[6] A Ministry of Local Government study (MOLG) conducted in 2006 revealed that the North's community social service networks and extended family mechanisms have been overstretched due to the insurgency (MOLG, 2006). The two decade conflict and social turmoil negatively impacted on the community resulting in a range of problems, such as physical and mental disability and psychosocial distress among a large segment of the population (Businge, 2008) and risky sexual behavior which has fueled the HIV/AIDS problem (MOH, 2006).

One of the groups most affected by the conflict are the children who have been among the principal victims of the conflict. Children's rights to a family, education, parental support, and health services have been curtailed by insecurity. It is estimated that up to 60,000 children were abducted during the conflict (PRDP, 2007) with the region alone housing the highest proportion of paternal orphans (UDHS, 2006). A Survey for War Affected Youth (SWAY) conducted in Kitgum, one of the districts severely impacted by the over two decade war found out that many orphans used to be absorbed into families without any problem; but that families are now overstretched with too many orphans due to war violence. Orphan and formerly abducted children were also found to have few family members from whom they could ask for fees and other support. The death and poverty caused by chronic conflict had obviously stretched social networks, with many community members describing how social roles have changed and how lack of resources causes tensions among relatives. Yet despite these strains, family connectedness was reported as being very high, with 68% of youth feeling very comfortable with the care provided by their families. Only 19% of youth reported poor family relations (Annan et al., 2006).

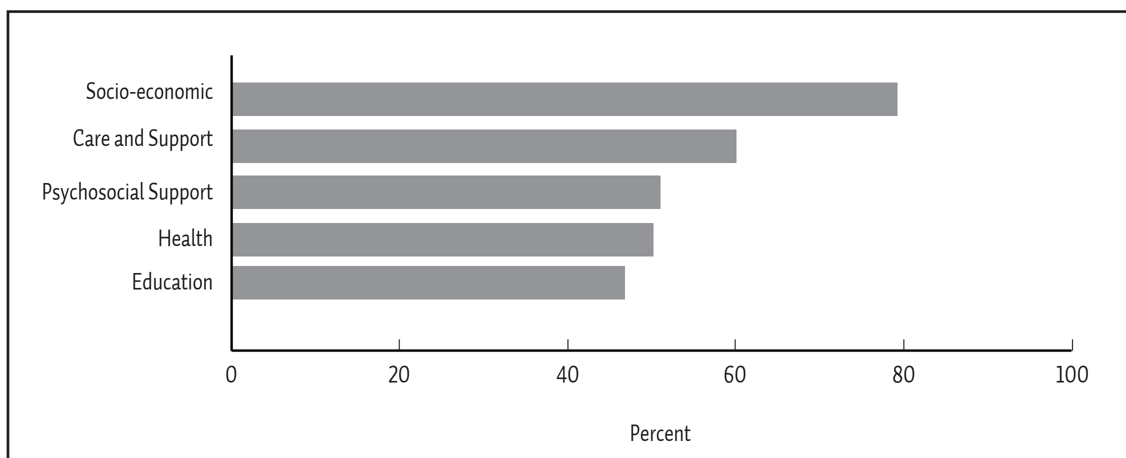
With the end of the conflict and coupled with the Government of Uganda (GOU) decision in the fall of 2006 to decongest the camps under the voluntary return scheme, more challenges are emerging in meeting the needs of the orphans. Newspaper reports indicate that widows, female and child-headed households are increasingly facing challenges to reclaim their husbands/fathers land and other properties (Makumbi, 2009). The return areas barely have the social service delivery infrastructures and structures in place making the situation to appear like the proverbial saying; 'jumping from the frying pan to fire' for most of the IDP returnee populations. The returnee sites are even worse than the camps in terms of availability of social services (Odokonyero, 2009). This implies that communities once again have to depend on their innovativeness to spearhead their rehabilitation endeavours wholly relying on new coping strategies.

[6] Since soldiers are always deployed on a rotational basis, this means that each time a new set of guards are brought, the women rush to them to supplement their daily incomes. This scenario reduced the attention that the OVCs get from their care givers since most of them had to spend more time with their new found lovers.

3.2. Chronic Poverty

Chronic poverty inhibits a community's capacity to look beyond their own immediate survival needs. This consequently has negative repercussions for the provision of support and care to OVCs. A study conducted in Uganda (Foster et al., 2008) revealed that most of the essential needs of orphans remain unmet: for example up to 60% of the care and support that orphans are supposed to get from families and communities remains unmet. About 45% of other needs such as socio-economic and psychosocial support to orphans were also not catered for by the family, community or external agencies (see figure 2).

Figure 2: Unmet Needs of Orphans in Uganda (n=1701)



Source: Foster et al. (2008:12).

The Uganda National Household Survey (UNHS) found out that children who are orphaned or vulnerable are somewhat more likely to live in households in the poorest wealth quintile (24 percent) (UBOS, 2006).

The poverty situation is particularly bad in Northern Uganda. Despite the Government of Uganda's (GOU) applauded success in reducing poverty levels in the other parts of the country, the north central region has been persistently lagging behind. For example, while the national poverty rates dropped from 44% in 1997 to 35% in 2000, in the same period, the poverty situation in northern Uganda increased from 60% to 66%. This trend has continued to deteriorate with the region alone housing more than 30% of the chronically poor in Uganda (MFPED, 2002: MFPED, 2004). The poverty situation in northern Uganda provides a bleak future with the 2005/06 UNHS, like other previous studies, confirming that the north still has the greatest proportion of the population living in poverty estimated at 61%, this is twice the national average of 31% (UBOS, 2006). There is no doubt therefore that the insurgency that took place in this region has led to extreme impoverishment of the communities, loss of life, destruction of property and social infrastructures, food insecurity, insurmountable health care costs, curtailed access to education and destruction of the livelihoods of the communities who entirely depended on agriculture and pastoralism (MOLG, 2006). This has a clear impact on the community initiatives towards OVC's: Our focus group discussions revealed how most of the group members

observed that poverty severely restricts the resources available to community members for the provision of care and support services to the OVCs. Poverty creates a situation in which community caregivers do not have the assets or the resources to take care of additional OVCs. The study participants also observed that poverty impacts on their ability to provide shelter to OVCs as several children are crammed under one roof. This is mainly due to the large family sizes as reported by the study participants. As a consequence of the high family sizes, the study participants noted that it has contributed to low and deteriorating household incomes as the meager available financial resources have to be spread to cater for all the family members. A number of factors were noted to be responsible for this undesirable state of affairs: firstly was the issue of the twenty year insurgency that ravaged the district. This has severely incapacitated the family's capacity to adopt positive coping mechanism to absorb a shock event. Secondly, it was observed that the HIV/AIDS epidemic has had a devastating toll on the communities robbing them of the principal bread winner in the household. The adoption of an OVC in a household was also found out to be responsible for the deteriorating incomes at the household levels as it increases the dependency ratios. To further complicate the equation has been the escalation in the food prices in the local markets.

3.3 High Prevalence of HIV/AIDS

The main situation that all community-based responses share in north central Uganda is the growing impact of the HIV/AIDS pandemic: the prevalence of HIV/AIDS in north central Uganda, where this study was undertaken is quite alarming. While, according to the sero-behavioural survey of 2004/05, national prevalence rates were 6.4%, the prevalence rates in north central Uganda were at 8% (MOH, 2006). While this is a significant decline from 27.1% in 1993, it is still far higher than the national rate of 6.4% (Accorsi et al., 2005). In terms of ethnicity, the Langi, where this study was undertaken has the second highest prevalence rate of 9.4 % while the Batoro has 14.8% (MOH, 2006). Studies have documented how there is an intricate link between high HIV prevalence and the surge in orphanhood. For example, Beegle et al, (2009) in their study of 21 Sub-Saharan African countries using Demographic and Health Survey data sets found out that countries with high rates of HIV experienced unprecedented surges in orphan incidence1. This link is particularly strong in Africa. The continent is home to more than 70% of all global HIV infections (UNAIDS, 2006). Experts' project that the number of children orphaned and made vulnerable by the epidemic will continue to rise over the years peaking 14 million children by 2015 (UNAIDS, 2008).

With regards to community initiatives, the effect of the HIV/AIDS pandemic can be seen as a double-edged sword. While on the one hand it has galvanized communities into collective action and strengthened social capital; on the other hand, it threatens concerted communal activities: the overwhelming nature of the pandemic can undermine the possibilities of collective action needed to stem the orphaning challenge by straining civic norms and values relating to reciprocity (Haddad and Gillespie in OSSA, 2003). All our respondents noted that the HIV/AIDS epidemic has led to considerable changes in the community care giving structures and approaches among the Langi. The most important of these changes are reduced income and poorer standards of living through the increased time spent caring for the sick and, therefore, the scaling down of other social and productive activities which are critical in not only building social

capital but also community resilience. The women research participants particularly observed that caring for HIV/AIDS patients limits a caregiver's mobility especially in a situation where the patient is not residing in the caregiver's homestead. The study participants also noted that the time spent on care giving leads to withdrawal from most community gatherings and social functions. The withdrawal of family members providing care and support to both orphans and patients contributes further in depleting a family's stock of social capital since community members would be missing interactions with their colleagues and feel less free to move (Heymann and Kidman, 2008; Ssengonzi, 2007).

3.4 Dependency on Externally Initiated and Driven Interventions in the Community

Community initiatives for orphan care can be affected by how external interventions are planned and executed. It has been argued how externally driven interventions reduce the innovativeness of communities in devising noble ways of responding to a situation. External interventions tend to be characterized by short-term incentives to show short-term outputs of direct services. This eventually may fail to successfully take on the community in mitigating the care and support needs of OVCs and may even reduce community initiated support, furthering the cycle of NGO (Non Governmental Organization) dependence (Thurman et el., 2008). In a study of formerly abducted persons in northern Uganda, Allen and Schomerus (2006) found out that the reinsertion packages provided to a formerly abducted person was a major factor causing widespread antipathy and resentment of formerly abducted persons especially those who passed through reception centers that provided generous packages. A quarter (25%) of the respondents stated that they experienced lukewarm receptions from the community. This confirms that the implementation of external programmes without looking into the potentials of families and communities can waste crucial resources, replace existing structures of care, undermine community initiatives and thus unsustainable in the long term (Abebe and Aase, 2007; Foster, 2002). Another example of this in Northern Uganda are the Child Protection Committees (CPCs) which have been instituted by the government of Uganda with support from UNICEF as a mechanism of enhancing coordination and access to service delivery by OVCs. Most of these committees are non functional following the cessation of funding from UNICEF. The district could have taken the operation and maintenance cost of these committees, but claims to lack funds due to their low revenue base.[7]

This was further confirmed by our interviews: most of the self-help group study participants argued that externally driven interventions diminish their innovativeness in devising noble and culturally acceptable ways and means of responding to the challenges posed by the upsurges in the number of OVCs. In short, it wanes their voluntary enthusiasm. The participants observed that external interventions tend to be characterized by a rush to show short-term non-sustainable results of direct service provision to OVCs. These inputs mainly include scholastic materials like books, pens, clothes and shoes which are distributed without prior consultations of the community, care givers and the OVCs. Members also noted that the criteria for the distri-

[7] Even the district coordination structure envisaged in the National Policy is all but in name. This has created a gap making it very difficult to perform key OVC service delivery task like referrals by community groups offering care and support to OVCs.

bution of the inputs are at times not only influenced by needs but by other factors such as politics or relationship. The ultimate result is the reduction of a community's initiative to provide care and support, eventually leading to perpetual reliance on the services offered by a few established local and national Non Governmental Organisations. One district key-informant noted that external interventions affect community self-help initiatives in two ways; firstly it creates a dependency syndrome among community members and secondly it creates overwhelming expectations of the OVCs and their caregivers (Cf Allen and Schomerus, 2006; Thurman et al., 2008). The end result is that community members renege on their efforts to stem the orphaning challenge (Abebe and Aase, 2007; Foster, 2002; Phiri et al., 2001). This was summed up by Imat Albatina, a group leader of the community initiative Akwede orphan caregivers as follows:

> "The Lango culture originally looked at a child as being owned by the community as a whole in terms of care, support and guidance in both good and bad times... People had the sense and obligations to look after vulnerable members in the community. But the advent of the International and National NGOs coming into play to give tailored support to the OVCs has eroded this tradition. The community members nowadays have forgotten their roles and efforts of offering unsolicited support to the most vulnerable in the community" (FGD, 15/05/2010, Agwede Village).

3.5 A Fragmented Service Delivery System

There are very many stakeholders that are actively involved in the provision of services to OVCs: At the national level the major stakeholders include: the Ministry of Gender, Labour and Social Development, key government ministries of Health, Education and Agriculture, the Uganda AIDS Commission (UAC), international and national NGOs and various development partners (bilateral and multilateral). At the local level, the major actors are: the district departments, national and International NGOs, district based NGOs, the lower local authorities, the private sector, the community and orphans. The relation between all these different actors is characterized by a lack of participation, collaboration and coordination; which all are rather partial in terms of coverage and scope and coordination. For example the Ministry of Education has a vocational program for the most vulnerable children out of schools; while the Ministry of Gender, Labour and Social Development has programs targeting OVCs with vocational and life skills. The Ministry of Health also has programs targeting OVCs and several other NGOs have other programs for OVCs. Throughout the study it was noted that different government departments have different work plans and implementation schedules. At the decentralised level for instance, the district HIV/AIDS coordination mechanism was established based on existing local government structures. However, these coordination bodies remain non-operational in over half of all the districts in the country. The decentralised level has been challenged by a general lack of capacity and of clear linkages among coordination structures to effectively carry out major functions of planning, implementing and coordinating OVC activities (MGLSD, 2004a). The result has been duplication of services; with the bottom line being the majority of households not accessing the services which they are supposed to get due to inadequate coordination among stakeholders and the response structures established.

As one member of Akwede orphan care givers put it:

"We have to attend more than five meetings organized by different organizations all claiming to be working for the cause of the OVCs. At the end of it all you would come with nothing to feed them" (Akwede Orphan Care Givers FGD participant, 15/05/2010, Agwede Village).

The result of these fragmented services has been that instead of creating a more tightly weaved safety net; a more porous safety net has been created, enabling OVCs to slip into conditions of property disinheritance, child-headed households, school dropout and poverty. The lack of proper coordination of OVC service providers by the government structures has also had an impact on the delivery of OVC services by CSOs. Firstly, there is a misconception on the term CSO: the Ministry of Gender, the sole agency mandated to provide guidance on OVC issues is also not very clear on this. The result has been that there are several community groups that are not registered; while the few that are registered are not recognized. In their attempt to fill the gap in service delivery left by the government, most CSOs, especially at the implementation levels are also uncoordinated and much more interested in fulfilling their accountability and work plan obligations to their donors. The result has also been a duplication of services. This has created a porous safety net raising issues of equity whereby some OVCs are not served at all.

3.6 Waning Spirit of Voluntarism among the Community

A key hallmark that discerns all community self-help group initiatives is that they are volunteer initiated, led, driven and sustained (Foster, 2002). However, community volunteers always have to tread a careful and delicate line of balancing their time doing community work and their own domestic and family activities. A major difficulty is therefore being able to motivate and attract new members. For example, an OVC community-initiative in the area of research called Akwede orphan care givers has been unable to attract more members since its establishment in 2004.[8] This therefore poses a serious challenge on the activities of the group as it is not easy to replace or attract a volunteer in terms of time and skills needed to perform the tasks required.

One of the most critical factors in this has been the impact of the insurgency in the community. The twenty year plus insurgency as studies have established has led to a deplorable poverty situations in the community since people's means of livelihood were destroyed. Yet, in order to participate in a community association such as Agwede orphan care, members have to pay a registration fee (10,000 UGX or 4 USD), and have to make monthly contributions (of 5,000 UGX or 2 USD) to a group account. This has made the group to attract only few members.

[8] Agwede Orphan Caregivers Community Self-help Group was initiated at the peak of the insurgency in 2004 in one of the many camps created as a government counter insurgency strategy. The major aim of initiating the group was to provide support and care services to orphans whose parents had been adducted, or killed by the Lords Resistant Army (LRA) rebels. It was also to provide support to orphans whose parents had died of HIV/AIDS. The group was initially started by women with 20 members. The self-help group initiative was initially formed to mobilise member's labour for cultivation purposes. The group is currently involved in crop cultivation and group saving. Due to its success and recognition in the district, the sub county has selected it to benefit from the International Fund for Agricultural Development (IFAD) sponsored District Livelihood Support Program (DLSP). The group members have selected a goat rearing enterprise and are yet to receive the district support.

Moreover, this has been impacted by external interventions which have been given financial compensation to their volunteers.

One member of Akwede orphan care-givers for example argued how:

> "People no longer appreciate the value of our work and efforts in providing care to OVCs; they say we have no resources necessary to provide all the needs of the orphans. We even do not have bicycles to conduct voluntary visits to households fostering orphans. And yet, Concerned Parents have programs for OVCs where they give small facilitation to their volunteers in terms of money and bicycles" (Agwede Orphan care-givers FGD, 15/05/2010). [9]

In sum, voluntarism has become more and more difficult. One community leader in a focus group discussion summed it as follows:

> "Voluntarism has become a concept of the past among the Langi community; people are no longer willing to initiate activities in their local area for the benefit of the community" (Community FGD participant, 02/05/2010, Agwede Village).

[9] Concerned Parents is one of the local Non Governmental Organization that implements OVC programs in Oyam District. It was established by a group of parents whose children were abducted from school by the Lords Resistance Army (LRA).

4. Dominant community OVC coping strategies

We have so far made an analysis of the forces that tend to constrain communities in their attempts to provide services to OVCs. We have also observed that some of these challenges emanate from the way community OVC self-help initiatives are structured and the way in which they are embedded in the social fabric of the community. To unravel this social fabric, this section takes a look at the dominant OVC community coping strategies which are taking place in the area of research. In fact, the term coping may misrepresent the actual plight of the communities, as it does not necessarily mean that the obtaining conditions are faultless or that communities are successfully negotiating the hardship in the long run (Rugalema 2000; Whiteside 2002 in OSAA, 2003). The resilience perspective may therefore offer a more useful insight as it refers to a community's positive capacity to cope with adversity and it offset the idea of looking at communities as helpless victims who all the time need external interventions (Skovdal et al., 2009). In response to the escalating number of OVCs and the care burden it imposes on the family and the communities, most scholars have noted that communities have responded in innovative ways by constructing safety nets which guard against calamities that may befall any of their members. In the next sections, we look at the innovative ways communities have dealt with these challenges.

4.1 Care Giving by Close Family Members

Contrary to negative visions in which traditional child care practices are faltering under the weight of a host of forces such as the insurgency, the HIV/AIDS epidemic and upsurges in orphanhood, most respondents talked to in this study revealed that family members still play an important role for OVC. Throughout the study, a consistent theme that kept being repeated is that children belong to the community. In the area of study, and similar to other places in Uganda (Ntozi et al. 1999; Ntozi and Nakayiwa 1999) the largest percentages of orphans are being taken care of by the close relatives like uncles, aunties and grandparents.[10] The interviewed OVCs (20) reported that most of them were staying with distant relatives who took them upon the death of their parents. However, most OVCs reported that they were taken to these relatives against their consent. The immediate consequence of this was that they did not like their new found homes, which had a negative impact on the relationship with their foster relatives. The example of Okello illustrates this dynamic.

Okello, one of the FGD participants was orphaned at 8 years old when his parents were abducted and killed by the LRA rebels. He was taken to live with his mother's cousin, Christine. The decision to leave with his mother's cousin was taken by the clan members since he had no surviving parent, aunts or uncles. The immediate impact of orphanhood for Okello was a disruption on his primary education; he had to drop out of school as the clan members consulted on who can foster him. Eventually Okello was fostered by Christine but he had chal-

[10] The research also showed how the age category of a caregiver also has an impact on the caretaking decisions made by the extended family members. During the field research, it was observed that persons between the age brackets of 30-45 tend to take on very few orphans for support. Between the age brackets of 46-54, a slightly more number of orphans are taken care of and this trend in foster care-giving arrangement significantly shoots up for those guardians aged 55 years and above.

lenges adjusting to his new found home: being a crisis fostering, the children in his new home were not psychologically prepared to accept Okello in their home, which resulted into constant fights and maiming, a further traumatising experience for Okello.

Elder respondents clearly indicated that adoption of OVCs should be done with the full consent of the OVCs themselves if it to make a meaningful contribution to developing the potential of the OVCs into useful individuals in the future. It was however observed by the study participants that care by the extended family is not automatic or holistic. As the example of Okello shows, some family members were noted to be more supportive than others in terms of provision of a child's basic needs: the care giving function can be positive, but also to some extent negative. Women play a particularly important role in this, as they are at the centre of care giving and the wellbeing of the OVCs in the community. The decision making process on who should adopt an orphan is also to a large extent determined by the female family members: when a man wants to foster an additional orphan child in a household, he first has to seek for permission from a wife. One double orphaned child in an in-depth interview summed the situation as follows:

> "Both my parents died of a strange disease. After their death I had no other relative apart from my aunty to stay with to take care of me... It was a proposal from my paternal grandmother who appealed to my aunty to take me to her home and stay with her" (In-depth interview with a double orphan aged 16, 08/05/2010, Agwede village)

In the focus group discussions, the study participants noted that grandparental care is performed under the most strenuous conditions. This is because by their very age, most grandparents are long past their productive years and are no longer working and some depends on stipends or remittances from their children. In other words, they tend to have fewer economic resources, than working adults in their prime age (Nyambedha et al., 2003b). Instead of looking after themselves with the money, they end up sharing the money with the additional orphans they are fostering. Grandparents therefore were observed to be more willing to foster in an OVC than the other younger surviving extended family members. In terms of gender, the female grandparents were even noted to be more willing to foster a child than their male counter parts.

Lastly, there also exist child-headed households. These are mainly established to avoid sibling separation or to maintain ownership of strategic assets such as land and other property. In Uganda, most child-headed households are male-headed since older girl children are often taken into relatives' homes as domestic workers (Luzze, 2002 in Foster, 2005a). Child-headed households may be viewed as a manifestation of the rupturing of and a failure of the extended family safety net and at the same time as a new coping mechanism. They are established because there are at times no known relatives, and where there are recognized relatives, they are established because the extended family members are unwilling or unable to bring orphans into their own families (Foster, 2002). In the North central region of Uganda, the number of child-headed households is on the rise, for example in Oyam district alone, field data report indicates that 329 households are child-headed, and this increase was attributed to LRA conflict (Oyam District OVC Strategic Plan, 2007). Addressing the plight of child-headed households presents more challenges in that they are more vulnerable than households headed by adults.

This is because they may have less capacity to earn sufficient income, protect themselves, and deal with intricate legal issues pertinent to their survival and generally making good decisions (UNICEF, 2006).

Throughout the field study, the participants noted that support from relatives and friends as well as other charitable institutions were an important social safety net mechanism that helps families and communities to mitigate the hardships they were experiencing. For instance this comprised of borrowing a piece of land for farming. It was noted that most households caring for OVCs tend to cope at times by borrowing from neighbours or asking for short term aid from the neighbours or other kind hearted well-wishers. This type of community safety net manifests itself in terms of provision of short term assistance and backing by individuals and organizations within the community (Cf Foster, 2002; UBOS, 2006). For example, as one woman argued:

> "I have a small piece of land on which I do some subsistence farming of mainly maize and beans. I have been using this land for some time now and its fertility has degenerated giving me little yields. I decided to ask my neighbour; Mr. Albino to lend me one of his several plots for farming. I am hopeful this season that my yields will be higher and I will be able to sell some to earn some money to enable me look after my orphan children" (In-depth interview with female head of household, 09/05/2010, Agwede village)

4.2 Forced Marriage and Child Labour

The few studies on community-based care for OVCs always highlight its positive role, in which community care is seen as strongly being positive (Mutandwa and Muganiwa, 2008; Roby and Shaw, 2008; Thurman et al., 2008). Contrary to what is claimed, this study found out that community care can as well take on a negative outlook. One thing which is not highlighted is that community based interventions can have negative impacts on OVCs. This is particularly the case in two scenarios: forced marriages and child labour. In a FGD with female orphans, participants pointed out that they are forcefully being married off by close relatives after the death of their parents. The practice of forced marriage leads to early marriage, which was a widespread practice in our research location (Lunde, 2006). According to the community leaders interviewed in this study, in Lango society, once a girl reaches puberty she should be married off. The reason for this practice is firstly, to bring in wealth to the family; secondly, this wealth in turn allows the girls' brothers to marry as the bride wealth brought by a married girl is also used by a boy to marry another girl. For example, a female orphan argued,

> "My brother had dropped out of school due to lack of money, the family had decided for him to marry… but there were no cows for him to use, our uncle then decided that I should get married because if I don't, my brother will not get a wife" (In depth interview with a female orphan aged 17, 09/05/2010, Agwede village).

Thirdly, it is also viewed as a means of saving the girl from getting "spoilt". Some community members observed that they are forced to marry off girls at an early age in order to alleviate family pressure. For instance, in the event in which the family cannot afford to send a girl to school, there is a perception that the only available option is to marry her off. The community members believe that if such a girl is not married off she will lose her virginity and no man would be willing to take her. Similarly, community members believed that with the advent of the HIV/AIDS epidemic, it is better to marry off a girl so that she does not become promiscuous and acquire HIV/AIDS (cf Oleke et al., 2006).

The practice of forced marriage does not only happen for female orphans, but also for male orphans. As one orphaned boy argued:

> "I was forced to marry at an early age because all my parents had died… there was no one to look after me and my 3 other siblings. I decided to get married because of lack of a mother to cook for us" (FGD Male orphan aged 16, 17/05/2010, Agwede Village).

Another negative effect is child labour. All children aged 5 to 11 years working in economic activities are considered to be engaged in child labour. Our interviews with orphaned boys and girls showed how they are engaged in domestic work such as digging in the garden to help meet the family necessities. In our interviews with heads of households with orphans, these admitted that the use of children to undertake work is a coping mechanism which is often used. Previous studies for example found how grandparents were often more dependent on physical labour from orphans and how ill-treatment cut across all other relatives: aunts, uncles and most especially stepparents (Abebe and Aase, 2007). Throughout our research, it was for example shown how many orphan boys were engaged in brick making as well as loading and off loading the bricks into trucks. The orphans and other vulnerable children are sent to load and off load the bricks with the full consent of their parents as a means of livelihood for the family. This is one clear case of child labour which directly contravenes the children's rights as highlighted in the Uganda's child rights statue. Refusal to do perform these duties is met with harsh discipline by the household (something which is confirmed by other studies, such as for example Ansell and Young, 2004). One orphan boy for example explained how:

> "My guardians make me do work to earn money, I always cut papyrus reeds in the nearby swamp which is 4km away from home. I use the reads to make local mats which again I have to take to the local weekly market located 3km away from home. At times my guardians also force me to go and sell farm produce in the markets. In case I return with little money, I am always punished" (10 year old orphan boy, 17/05/2010, Agwede village).

Child labour has been interpreted to be an attractive way of reducing the burden of care, because the carers in addition expect material as well as monetary reward from the relative who has taken the orphan (Oleke et al., 2006). This practice, in normal times is comparable to the notion of 'exchange' where children are taken care of by non relatives. For example in West Africa, anthropological studies demonstrate that many children are cared for by unrelated families: the child benefits from the coaching or guidance of the carer, and the carer benefits from the

labour of the child (Tolfree, 2003). A study done in Ethiopia established that one of the factors that motivated families to take in orphans, especially boys, is the immensely valuable labour contribution of children, which is required in agricultural and domestic activities (Abebe and Aase, 2007). Lastly, a study done in Gulu attenuates that 90.8% of the children who were night commuters indicated that they were involved in some form of labour outside domestic related chores sometimes engaging in risky, exploitative and harmful activities such as quarrying, night time food fending and empty bottle collection (Akello et al., 2008). However, child labour makes orphan children to experience fostering in a negative way and retards their development to realise their full potentials: they are at times forced out of schools to perform assigned tasks, and are denied time to play and interact with their peers. Orphans who are forced to perform child labour also reported that failure to perform a task is accompanied by strict enforcement methods like denying them the privilege to use some family assets such as bicycles. Orphaned girls are at times adopted in a family as child minders while boys are taken in to look after domestic animals like cows. Due to the impact of poverty, a long insurgency characterized by camp life and HIV/AIDS, most community members acknowledged to have a more positive attitude to giving away young female orphans to other close relatives within the same community which are well off and in need of domestic workers.[11]

[11] This resonates well with the findings of Oleke et al. (2006).

5. Possible strategies of empowering community-based initiatives

We have so far examined the challenges which affect community OVC service delivery, and the responses which the communities have developed. A caveat that needs unraveling still remains: amidst all the challenges and a ray of prospects as seen above, what are the feasible strategies that one can adopt to empower community-initiated OVC interventions in such a way that it systematically meets the ever escalating number and needs of OVCs? The paper therefore proposes a number of bridging strategies. An argument which this paper advances is that there is need for a better integration of endogenous local ingenious initiatives and the nationally crafted responses. An intervention strategy that seek to bridge this detach has the potential to fundamentally transform Uganda's response terrain to provide safety nets to all categories of OVCs.

5.1 Engage Community Leadership

A fundamental bridging function with enormous potential to greatly empower community OVC initiatives is for OVC policy and program implementers to engage the community leadership. Leadership at various tiers in the community, when properly engaged in any response strategy right from formulation to implementation, can greatly enhance and strengthen community-based initiatives for OVCs. Community leadership involvement can lead to the harnessing of local resources, and bring in a sense of ownership which is important to the long term sustainability of the response strategy. Leaders such catechist, clan chiefs, youth and women can mobilise additional resources and provide much needed public appreciation for the work that volunteers are doing (Mathambo and Richter, 2007). Phiri et al. (2001) in their analysis on how to strengthen and expand OVC community-based initiative underscore the importance of OVC programme implementers to take on religious leaders. They stress that religious leaders not only have a captive audience to mobilise, but are also very often held in high esteem in the wider community and potentially hold authority to cause change more easily. An OVC community-based initiative that fails to involve local community leaders can therefore lead to community-initiated responses to have minimal impact. Another important institution which could be of help here is the traditional clan system, which is greatly ignored in the current response strategy. The revival of the traditional clan institutions in Lango which is upheld by the communities presents an important missing link for the mobilisation and rallying of support to the orphaning crisis, especially with regards to negative cultural practices which inhibit child fostering such as the non-involvement of women in decision making structures of the clan, early and forced marriages, child abuse and domestic violence. Positive engagement of the clan leaders therefore has the potential of providing a more conducive environment in which OVC care can be provided. As the leader of the community initiative Akwede orphan care givers argued:

"Our efforts to provide care to OVCs are being hampered by the clan norms and systems; for clan leaders to appreciate our efforts and involve us in orphan foster care decision making, there is need for the government through the ministry responsible for children affairs to hold community dialogue and advocacy meetings with all clan leadership structures at all levels. The aim of the dialogue meetings should be to create awareness and a mass of change agents among the clan leaders so as they become advocates of proper orphan care in our communities" (FGD participant, Akwede orphan care-givers: 15/05/2010, Akwede village).

5.2 External Interventions, Community Capacities and Funding

Firstly, it has been observed that most OVC interventions that are executed by external agencies tend to dampen local community initiatives, coping mechanisms and strategies. This is most especially true in situations where provision of OVC assistance to families and communities are channeled inappropriately without due regards to local efforts. An inappropriately targeted assistance has the potential to drastically change the nature of community solidarity and the motivations that usually drive local responses to the plights of OVCs (Phiri et al., 2001; Vervisch and Titeca 2010). For instance, a study by Allen and Schomerus (2006) found that communities and families were motivated to absorb formerly abducted persons because of the reinsertion packages provided by reception centres. In Rwanda it was found out that communities' receded their efforts on learning that an external NGO would take up the mantle of providing assistance to orphans and youth-headed households impacted by the 1994 genocide (Thurman et al., 2008). The way external agencies channel assistance therefore potentially disheartens community initiatives and contributes to complacency on the part of the community to provide a favourable environment for OVC service provision (Phiri et al., 2001; Titeca and Vervisch 2008).

Secondly, a common complaint during the field research was the mismatch between the current funding modalities and the small-scale ingenious activities initiated by the community-based initiatives. Most community members stated that the current funding modalities do not take their capacity constraints into consideration. The result has been that most of them are not recognized by the external agencies. Secondly, the grants provided tend to focus on large-scale projects. Thirdly, the procedures and bureaucracy in applying is considered too cumbersome with rigid requirements which can hardly be fulfilled by local community actors. Members of a community-initiative for example argued how it would be better to support them with small grants which could help in the establishment of small projects which would greatly contribute to building their asset acquisition and thereby increase their capacity to absorb more OVCs under their care.

"All we ask from the government is to provide us community groups with small seed money to enable us initiate income earning activities commensurate with our capacities. A household earning income can easily take orphans to school, meet the health costs and let alone shelter and cloth them properly" (FGD, Akwede orphan care givers, 15/05/2010, Akwede village).

For OVC community responses to absorb more orphans in an effective and sustainable manner without faltering under the weight of the ever escalating numbers of OVCs, there is need to avail effective forms of support that march the absorptive capacity of community efforts. For example, Uganda's current OVC response strategy therefore needs to be restructured from focusing on larger inputs of money to what has been termed 'drip-feeding'. The metaphor of 'drip-feeding' stems from a belief that community groups require long-term funding that is continuous, steady and in small amounts to ensure that communities can sustain their responses and improve the quality of life for OVCs. Such a funding mechanism should ultimately strive to have a simplified grant awarding mechanisms that allows even informal community groups to access funds with simple application, reporting, accountability and monitoring protocols (Foster, 2005b). The drip feeding fund mechanism should be ring-fenced in such a way that only local community groups are eligible to enroll in the programme. In short the funding modality needs to be pro- endogenous community based initiatives.

5.3 Formation of Community Support Groups

It is widely acknowledged that many OVC community service delivery groups are more responsive to local needs due to their comparative advantage of understanding the local response context better than external organizations. However, as noted above, there are a number of challenges which hinder their activities: they are piecemeal, sporadic and operate in isolation of the other. A strategy that can be adopted to enhance interaction between community-based initiatives and other OVC service delivery stakeholders is through the creation of networks and linkages for greater impact. A relatively simple method of strengthening community responses which is identified by a number of studies is the facilitation of networking amongst community organizations, with the hope that this will lead to collaboration. For example, those self-help groups of care givers can come together to form a forum which would enhance the provision of social moral support to their fellow members; and which would provide information, education and communication. Through these initiatives, a number of community self-help groups would be able to access information on available funding opportunities as well as the modality of accessing them. The self-help group's coalition if formed can help in assisting members with limited capacity to generate fundable proposals. The formation of support group coalition can also go a long way in ameliorating the problem of high attrition rates among the community volunteers as they would be sharing information on best practices and lessons learnt. The support group coalition will also help in bringing about a more robust referral systems and networks among the OVC principal service delivery actors in Oyam district in particular and Uganda in general. Above all, it can act as a lobby and advocacy group at the district level who would ensure that the funding modalities adopted by the government of Uganda is in congruence with community perceptions of the problems that confront them and the most appropriate response that take due recognition of the coping mechanisms at the community level.

Another challenge in the provision of OVC community-based initiative mentioned earlier was the over-reliance on volunteers to sustain the responses. One possible solution is creating structured incentives to keep volunteers motivated and thus lower their attrition rates. The design of a structured system of incentives can alleviate a number of problems that community volunteers face in undertaking OVC service delivery tasks. In north central Uganda, for example, The AIDS Support Organisation (TASO) is one agency that has deliberately built the capacity of counsellors within its programme; by providing training that enable volunteers to support other carers and families with whom it works. A community endowed with a pool of well trained and motivated volunteers also act as a source of linking social capital for a community since they perform referral services for cases that needs further management (UNAIDS, 2000). Volunteer incentives do not only need to be monetary, but can be in the form of smaller donations such as food or merely the appreciation of the work that volunteers are doing (Mathambo and Richter, 2007).

6. Conclusion

OVC policy makers and implementers are presented with conflicting messages as to the most feasible response strategy towards OVC's. At the centre of this discourse are two strands of literature: there are the pessimists who believe that community based support interventions anchored on the family are faltering under the weight of increasing number of orphans. The response postulation of this 'social rupture' thesis is institutional care. Then there are the optimists whose faith in community based interventions are unwavering and which argue that communities are innovative and resilient to the extent that they have devised new coping strategies, even in the light of external pressures such as the HIV/AIDS epidemic which overstretches community capacities. The response this 'social resilience' thesis argues is community based initiatives, of course with some caveats-if appropriately supported by external agencies. In other words, although there are structural conditions which obtains in a community that are straining traditional family and community child-care practices, communities still have inherent capacity to still absorb more orphans when appropriately supported by external agencies. It is in light of this that it was mentioned that a CDD approach has more potential to fundamentally rejuvenate the OVC response only when they build upon existing community practices. Interventions by outside agencies should therefore only seek to enhance and mobilize capacities inherent in the communities, such as the traditional coping responses of extended families and their communities (OSAA, 2003).

Throughout this paper, we have demonstrated that community responses in Northern Uganda are under severe pressure from a range of factors. The long-lasting conflict has played an important role in this, and had a range of negative consequences, such as the strong pressure on children, ongoing poverty and a high prevalence of HIV-AIDS. Other challenges include a dependency on externally-driven projects, a fragmented service delivery system and a waning spirit of voluntarism. Notwithstanding these factors which put a major pressure on community initiatives for OVC care, they are not collapsing as the social rupture thesis predicts. Instead, these community initiatives are dynamic and constantly evolving through various mechanisms to respond to the challenges of meeting the needs of the orphans. This does not mean that they are always successful in doing so: we have shown how they are confronted with a range of problems, such as a negative reception by the host family; or the existence of grandparent- or childheaded- households, which in turn create a range of challenges. Also forced marriage and child labour are negative consequences of community responses to the challenges of OVC. However, contrary to what the social rupture thesis puts forward, the family and the community are not homogeneous entities which respond in the same way. The paper showed the strong differences in responding to the orphan crisis: it depends on the host family; how the different family members react to this; if the OVC has to conduct child labour, and so on. Different families and communities have found different ways in dealing successfully or less successfully to these challenges.

For a community OVC initiative to continue meeting the needs of the surging number of OVCs, the OVC response stakeholders need to be cognizant of these positive resilient coping mechanisms and strategies. Any response approach that is designed without due regards to acceptable community coping strategies and mechanisms or which is not in tandem with community ways of conceptualizing a problem response is bound to fail. It is only when OVC response initiatives are designed in synergy with the ingenious community coping mechanisms and strategies that we can be confident of stemming the orphaning challenge in an effective, efficient and sustainable manner. It is therefore important that the residual resilient capacities manifested in the communities through the diverse coping strategies and mechanisms should be supported through approaches such as CDD.

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