WORKING PAPER / 2010.09

Community-Based Initiatives in Enhancing OVC Service Delivery: Prospects and Challenges in Post Conflict North Central Uganda.

Omwa Samuel Samson

Working Papers are published under the responsibility of
the IOB Thematic Groups, without external review process.
This paper has been vetted by Johan Bastiaensen, convenor
of the Thematic Group Poverty and Well-Being as a Local
Institutional Process.

Comments on this Working Paper are invited.
Please contact the author at
<omwa_ogwang@yahoo.com**>.**

I**nstitute of Development Policy and Management**
University of Antwerp

Postal address:	Visiting address:
Prinsstraat 13	Lange Sint Annastraat 7
B-2000 Antwerpen	B-2000 Antwerpen
Belgium	Belgium

tel: +32 (0)3 265 57 70
fax +32 (0)3 265 57 71
e-mail: dev@ua.ac.be

WORKING PAPER / 2010.09

Community-Based Initiatives in Enhancing OVC Service Delivery: Prospects and Challenges in Post Conflict North Central Uganda.

Omwa Samuel Samson

June 2010

IOB
INSTITUTE OF DEVELOPMENT POLICY AND MANAGEMENT

University of Antwerp

TABLE OF CONTENTS

ACKNOWLEDGEMENTS		6
ABSTRACT		6
1.	INTRODUCTION	7
1.1	Methodology	11
1.2	Study Location/Area	12
2.	EMPIRICAL FINDINGS AND DISCUSSIONS	13
2.1	Factors Affecting Community OVC Service Delivery	13
2.1.1	Biting Poverty among the Communities	13
2.1.2	Dependency on Externally Initiated and Driven Interventions in the Community	14
2.1.3	Insurgency	16
2.1.4	High Prevalence of HIV/AIDS	17
2.1.5	Socio-cultural Practices of the Community	18
2.1.6	A Fragmented Service Delivery System	18
2.1.7	Waning Spirit of Voluntarism among the Community	19
2.2	Dominant Community OVC Coping Strategies	20
2.2.1	Care Giving by Close Family Members	21
2.2.2	Change in Community Care Giving Patterns	22
2.2.3	Formation of Community Self-help Groups	23
2.2.4	Forced Marriage	24
2.2.5	Child Labour	25
2.3	Bridging Strategies	26
2.3.1	Engage Community Leadership	26
2.3.2	Match Funding with Community Capacities	26
2.3.3	Initiate Family/Community Focused Interventions	27
2.3.4	Formation of Community Support Groups	28
3.	CONCLUDING REMARKS	29
REFERENCES		31
ANNEXES		35

ACKNOWLEDGEMENTS

The author is most grateful to all the participants who took part in this study. Their valuable and honest answers to the questions posed greatly enriched the authors understanding and appreciation of the orphaning challenge in North Central Uganda in particular and Uganda in general. A special thank goes to Dr. Kristof Titeca for having accepted to supervise this study; the candid comments he gave greatly guided the direction this paper took. The IOB Board is highly appreciated for having funded this research project aimed at validating my Master thesis.

ABSTRACT

This study seeks to greatly contribute to understanding of OVC community care. Using mainly ethnographic qualitative evidence from Ngai Sub County, in Oyam district, northern Uganda, it addresses the challenges and complexities that many a ingenious community OVC care institutions are grappling with in providing an array of care and support services to the OVCs. It argues that an appropriate informed synergistic response in tandem with local aspirations has the potential to greatly stem the impact of the orphaning crisis in north central Uganda. The analysis of the findings provides vital information and prospects regarding the de-institutionalisation of OVC support and response services in the country.

1. INTRODUCTION

In recent years, the Sub-Saharan African continent has witnessed an exponential increase in the number of Orphans and other Vulnerable Children (OVCs). The frightening scale of orphaning has been for the most part related to the HIV/AIDS epidemic that has shattered the continent for the last 30 years. The region has been heavily affected by HIV accounting for over two thirds (67%) of all people living with HIV and for nearly three quarters (72%) of AIDS related deaths worldwide in 2008 (UNAIDS and WHO, 2009). It is estimated that there are currently over 14 million orphans in the region, of which 12 million are orphaned by HIV/AIDS (UNAIDS, 2008). As the rest of the countries struggle to mitigate the orphan crisis, Uganda has other challenges: the northern part of the country has been devastated with conflict for the last twenty years and the poverty indicators are showing no signs of improving (MFPED, 2004; MFPED, 2005). Consequently many orphans and other vulnerable children find themselves in precarious situation where their essential needs remain unmet while communities' capacity to respond has been severely constrained (Foster et al., 2008; Foster, 2002).

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 orphan crisis in north central Uganda compared to other regions is even in a much more precarious situation: of all the regions, northern Uganda has the highest proportion of orphaned children at 22%, and, within the region 27% of the children at the peak of the insurgency lived in IDP camps. Further, only 6% of OVCs have their basic material needs met compared to Kampala (75%), East central (21%) and Eastern (12%). The situation was worse for those in the IDP camps, in which only 2% of OVCs had their basic material needs met (UDHS, 2006).

Studies on HIV/AIDs and orphanhood indicate that there is an intricate linkage between HIV prevalence and the surge in orphanhood. For example, Beegle et al. (2009) in a study of 21 Sub-Saharan countries based on Demographic and Health Survey data set found out that countries with high rates of HIV experienced unprecedented surges in orphan incidence[1]. This implies that HIV/AIDS is a primary cause of high and increasing orphan rates. In Uganda this linkage is quite dramatic: while the Kampala, central and north central regions all have a HIV prevalence rate above 8%, the north central region has the highest percentage of orphans at 20%, followed by Kampala (18 percent), Southwest (16 percent), and Central (16 percent). This is consistent with the regional variation in HIV prevalence in the country. The high level of orphanhood in the north central region may also be explained by the long running civil strife in that area (MOH, 2006).

The mammoth upsurge 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

[1] There are caveats for this correlation: for example Mozambique has a relatively stable OVC population despite a very high estimated HIV rate of 16%. This has been attributed to the lag between HIV prevalence and AIDS, fertility patterns and the introduction of life prolonging ARVs (Beegle et al., 2009)

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. The National Orphans and other Vulnerable Children Policy (NOP) attests that 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 seriously poses a dilemma to OVC policy experts and practitioners alike on the most feasible response strategy. If the number of orphans will continue to swell, the number of caregivers will continue to shrink due to HIV/AIDS related death and the community capacity will continue to be eroded, is it useful any longer to continue pursuing the idea that the family and the communities form the first line of response in any orphaning crisis? 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)?

Perhaps of all the available frameworks for caring for OVCs (family, community and institutional care), community based initiatives have the potential to tremendously mitigate the impact of orphanhood in low resource countries. This is because it draws on the resources and strengths of the communities in mobilizing resources, motivated by the principle that care should be endogenous, participatory, needs defined (Abebe, 2009) and culturally acceptable (Miller et al., 2006). Also with the advent of Structural Adjustment Programs, recurrent civil wars and economic recessions, the role of the state in the care of OVCs has rescinded (Abebe, 2009). Studies have documented evidence that clearly states that institutional approaches[2] are not the most appropriate primary response for orphans (UNICEF, 2006). This is because 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. Institutional care has also been found to be very poor at providing children with adequate psychosocial needs, predisposes children to more vulnerability like physical and sexual abuse, and may promote stigma and discrimination. The costs of providing care to children in institutions is extremely exorbitant and above all, undermines community care for OVCs by consuming resources that might be available for support to community care. In terms of reach, institutions only provide care for a very small proportion of orphans and other vulnerable children and may not meet the needs of the ever escalating number of OVCs. Besides, many institutions lack staffs that are skilled in providing child care and the OVCs rarely have the opportunity to participate in decisions that affect them. Above all much residential care fails to meet the stipulations of the Convention on the Rights of the Child (CRC) (International HIV/AIDS Alliance, 2009; Tolfree, 2003; UNICEF, 2006).

To add to the dilemma, there are a plethora of apocalyptic and conflicting literature as well as ethnographic accounts that succinctly address the endogenous responses by the community in stemming the OVC challenge (Abebe and Aase, 2007; Chirwa, 2002). There is hardly any comprehensive analysis of how local community self-help groups have proliferated

[2] An institutional based approach to OVC care is a group living arrangement for OVCs in which care and support services are provided by remunerated adults who would not be regarded as traditional carers within the wider society. The care is provided to an OVC outside the OVCs community of origin for instance children's homes/villages or orphanages (Tolfree, 1995).

and managed to provide an array of care and support services to mitigate the impact of orphanhood. The available data and literature scantly addresses the forces that drive the initiatives, the challenges they face and the opportunities that many OVC community initiated groups can nurture if appropriately supported. 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. Most of the studies on orphan in Africa tend to focus on orphans living circumstances, 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).

In the OVC response literature it is being asserted that there is a mismatch in the magnitude of the situation and the interventions that currently obtains on the ground. It is being argued that neither the public sector nor the communities provide adequate safety net (Miller et al., 2006). A study in Uganda for instance revealed that virtually all the essential needs of OVCs remain unmet (60%) while about 45% of other needs such as socio-economic and psychological support to orphans were not catered for by the family, community or external agencies (Foster et al., 2008). This could have a twofold explanation. Firstly, the available ethnographic literatures are not being taken into account to guide the OVC responses at the community level. Secondly, there are conflicting messages being propagated as to the most appropriate, feasible response strategy to the orphan tragedy. On the one hand there is widespread belief embedded in the apocalyptic literature that communities with severe epidemics and high number of orphans are disintegrating, overwhelming the traditional mechanism and orphan care support systems based on patrilineal kinship ties (Howard et al., 2006; Mukiza-Gapere and Ntozi, 1995; Ntozi et al., 1999; Nyambedha et al., 2003a; UNICEF 2004). Yet, on the other hand there are optimistic literature asserting that home-grown approaches based around community priorities are the most appropriate and sustainable responses to the crisis (Abebe & Aase, 2007; Chirwa, 2002; Evans, 2005; Heymann and Kidman, 2008).

This has presented OVC policy makers and implementers with conflicting messages as to the most feasible response strategy. On the one hand, we have policy makers with a belief that the structural conditions existing in the communities can only be unravelled by adoption of response strategies that emphasize on centralized planning and an institutional approach as the best strategy for addressing the orphan challenge. The assumption underlying such a stance is that the traditional system of child care is disintegrating and cannot absorb the surging number of orphans. But the institutional approach to orphaning is fraught with internal contradictions: even if we are to establish orphanages and children's homes to take care of the OVCs who slip through the cracks of the traditional community child-care safety net, and considering the fact that the number of orphans is increasing at the current rates, the child fosterage institutions alone cannot absorb all the orphans due to capacity limitations in terms of number of orphans absorbed, staff required to man the institutions and finances to meet the recurrent operational costs. On the other spectrum, we have policy makers and implementers who tout community OVC service delivery as a panacea to meet the insatiable needs and surging numbers of the OVCs. The postulation is that, although there are structural conditions

which exist in communities that are straining traditional family and community child-care practices, communities still have inherent capacity to absorb more orphans when appropriately supported by external agencies. It is in light of this that we observe that de-institutionalization of OVC care and support services has more potential to fundamentally rejuvenate the OVC response only when they build upon culturally acceptable existing community practices. Interventions by outside agencies should therefore only seek to build, support, enhance and mobilize capacities inherent in the communities, such as the customary coping responses of extended families and community self-help groups (Deininger et al., 2003; Foster, 2000; Mathambo & Richter, 2007).

In this study, an OVC community initiative is considered to be a spontaneous response that normally emerges from within the community. In the literature they can be referred to as grassroots or indigenous, home-grown or endogenous responses. A typical community OVC response initiative is characterised by voluntarism, a consultative decision making process, community reliance on own resources, revitalisation of traditional values 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 (Mathambo & 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, 2005). A community initiative may stretch further to include care of orphans by the extended family, care by a nominated guardian or responsible adult. In extreme cases it includes care by child, female and grandparent headed households (Chama, 2008).

In recent times community OVC initiatives have gained recognition, attention and prominence among several International Agencies. 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). 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. The CDD approach is argued makes projects more pro-poor and responsive to local priorities, leads to the development of local capacity, helps in building social capital and facilitating community and individual empowerment (Gillespie, 2004). Other benefits include reversing power relations that create agency and voice for the poor, making allocation of development funds more responsive to the needs of communities, enhancing the delivery of social services and public goods and strengthening the capabilities of the communities to undertake self-initiated development activities (Mansuri & Rao, 2004). A CDD program emphasizes giving communities and locally elected bodies the power, information and skills to determine the best use of development resources at their disposal (Wong & Guggenhiem, 2005). Moreover, 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., 2006).

Much as community OVC initiated initiatives have been touted as the most feasible panacea in mitigating the orphaning tragedy or as an ideal mode of service delivery to the poor (World Bank, 2007), its application and execution on the ground is apparently not yielding the much heralded benefits envisaged by its ardent architects. Studies elsewhere have demonstrated that community initiatives that rely more on bonding social capital may exclude some members from benefiting from a development program (Chirwa, 2002). Community initiatives at times may lead to undemocratic leadership, lack of transparency and accountability in the management of community endeavours as the study done by Titeca and Vervisch (2008) has demonstrated. Also community initiatives assumes (wrongly) that there is a readily identifiable static community to which OVCs and their guardians belong, it ignores the fact that OVCs may feel ill-treated and resented in their new homes and does not take into account changes in the guardians circumstances leading to multiple migration by OVCs to seek opportunities elsewhere (Abebe, 2009; Ansell and Young, 2004).

To effectively explore the complexities and hurdles through which community OVC self-help group initiatives grapple with in providing care and support services to OVCs, we present an ethnographic account of a community initiative in a village called Agwede in the north central region of Uganda's district of Oyam. Through focus group discussions, in depth and key informant interviews we present the challenges they face, the factors affecting their operations, the coping strategies they devise and the empowering strategies that external actors can adopt if a more synergistic response is to be achieved. We stress that if only the ingenious community self-help efforts and coping strategies can be appreciated by external actors, then a more robust response strategy that does not allow OVCs to slip through the traditional safety net could be attained in stemming the impact of the orphaning crisis in north central Uganda.

1.1 Methodology

This study employed mainly qualitative methods of data collection. This involved a review of secondary literature, ethnographic fieldwork, in-depth interviews, Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). 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.

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. Key Informant Interviews (6) were conducted with district and sub county officials and four Focus Group Discussions were held comprising of orphaned boys and girls, community leaders and the members of Agwede orphan care givers. Each individual interview was conducted using an interview guide for each category of informants. The interview guide and schedule were all designed in English and later on translated into the local language (Luo). Purposive methods of sampling were used to identify the respondents. The researcher employed one assistant to help in recording the details of the FGDs sessions. The participants

to the key informant interviews were purposively selected by virtue of their position. A key informant interview guide was used to administer the interview. Their responses were recorded by the author on a note book. Each FGD 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. The author facilitated the discussions in each group using a FGD guide while the research assistant was taking notes. 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.

1.2 Study Location/Area

The data on which this study is based were collected in Ngai sub-county, Acut parish, Agwede village in Oyam District, in northern Uganda. The data was collected from January 2010 to May 2010. Oyam is one of the districts in northern Uganda that were severely devastated by the over 20 years of conflict with Ngai sub county being the most severely affected with the entire population (over 90%) at the peak of the insurgency staying in Internally Displaced Persons (IDP) camps. 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. It is projected that by 2007 the population will be 322,494. 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 Population and Housing Census Analytical Report (2007) is 35,043. The Langi people of Luo ethnic origin dominate the area. The main occupation is subsistence farming of mainly food and cash crops like cassava, maize, potatoes, millet, beans, peas, sunflowers and cotton. This is combined with the rearing of a few heads of livestock, particularly cattle, goats, sheep and poultry and to some extent piggery.

This discussion paper is divided into 3 sections. In section two we seek to establish the challenges faced by community groups and actors in the provision of OVC services in the community and the associated factors. We also attempt to identify the dominant OVC community coping strategies that have so far been adopted in the community. We also highlight in this section some of the possible strategies for empowering community self-help group initiatives to effectively, efficiently and sustainably cope with the OVC crisis. And in section three we make concluding remarks.

2. EMPIRICAL FINDINGS AND DISCUSSIONS

The findings of this study are based on FGD with the members of Agwede Orphan Caregivers Community Self-help Group, heads of households fostering orphans and the orphans. Key informant interviews were also held with district and sub county leaders. The case of Agwede Orphan Caregivers clearly brings to the fore the need to de-institutionalise the OVC response strategy and approaches.

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 strategy3. The group emerged in the Itubara IDP camp. Its formation was spearheaded by one woman called Imat4 Albatina. 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. As time went on the group expanded to 30 members and now include three men.

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. In the next section, the factors affecting community service delivery are going to be identified.

2.1 Factors Affecting Community OVC Service Delivery

2.1.1 Biting Poverty among the Communities

The respondents in the focus group discussions stated that care for OVCs by the community is a function of a host of structural limitations and local milieu. One of the critical structural factors that contour care giving function and capability of the group was noted to be poverty. 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 don't have the assets or the resources to take care of additional OVCs. Poverty also impacts on the community's care giving capabilities in many ways: most of the study participants as well as members of Agwede Orphan caregivers pointed out that poverty exacerbated by food insecurity which is a particularly thorny issue in Oyam district being a district emerging out of a post conflict situation and having suffered from severe flooding in the fall of 2008. Inadequate food in the household or a community has further repercussions as it leads to stunted growth in children. This is further compounded by the fact that it makes the provision of health care to be a challenge due to the high cost of transporting the OVCs to the nearest health facility. The study participants also observed that poverty impacts on their ability to provide shelter to OVCs as several

---

[3] At the peak of the insurgency the entire district population (90%) were relocated to the camps where 1/3 of the population lived in 18 gazetted and 6 ungazetted camps

[4] *Imat* is a respectable term bestowed to old women in Lango community. The term denotes the resilience and persistence of a married woman in a male dominated patriarchal society

children are crammed under one roof. This is mainly due to the large family sizes as reported by the study participants. In a study in Botswana, Miller et al. (2006) established that the orphaning crisis is impoverishing households thereby inhibiting their care giving capacities.

As a consequence of the high family sizes, the study participants noted that it has contributed to low and deteriorating household incomes as the meagre available financial resources have to be spread to cater for all the family members. A consistent cry that kept on resurfacing throughout this study was that the family or households income is deteriorating at an alarming rate, greatly incapacitating many households in providing key essential services to the OVCs under their care. It was apparent from the focus group discussions that economic hardships are hitting the family and households hardest, which call for assistance in whatever form to enable them, cope. 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, in the FGD, 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. This finding is similar to the observation made by Abebe (2009) that underscores the significance of fighting poverty in all its manifestations by enhancing the care-giving potentials of foster households.

2.1.2 Dependency on Externally Initiated and Driven Interventions in the Community

In a focus group discussion with members of Akwede orphan caregivers community self-help initiatives, it was consistently observed that OVC care and support can be enormously affected by how external programmes are planned and executed in the community. Most of the self-help group study participants argued that externally driven interventions diminishes 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. Further the inputs provided are mainly channelled through projects that are time bound and are not in the long run sustainable especially when the implementing agency ceases to attract further funding. Members also noted that the criteria for the distribution of the inputs are at times not only influenced by needs but by other factors such as politics or relationship. The ultimate result is that it reduces 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 affects community self-help initiatives in two ways; firstly it creates a cancer of dependency syndrome among community members and secondly it creates overwhelming expectations of the OVCs and their caregivers (Cf Allen & Schomerus, 2006; Thurman et al., 2008). The end result is that community members renege on their efforts to stem the orphaning challenge

(Abebe & Aase, 2007; Foster, 2002; Phiri et al., 2001). This was summed up by Imat Albatina, the group leader of 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).

In a FGD, the members of Akwede orphan care givers noted that besides eroding communal support systems for children, is the question of access to financial resources especially from a host of external agencies that purport to be providing care and support to OVCs and their capacity to absorb funds. The members interviewed reported that they were not able to access funding from external agencies which could have enable them to provide more support to the OVCs. The members noted that for the last 8 or so years, they have been filling and sending application forms for funding both to government projects and CSO initiatives without any positive response. The self-help group therefore rely solely on group activities to generate funds that are used to provide care and support services to OVCs. This phenomenon further discourages community members from joining the groups as they view it as an extra burden to make more contributions to the group from time to time. The existing rigorous processes of application for receiving grants tend to hinder successful applications for funding from community OVC groups. External agencies and donors are also reluctant to fund community-based initiatives because they lack elaborate reporting and accountability structures that make it extremely cumbersome to show value for money on all their supported programs. This is compounded by the fact that external actors tend to look at community self-help initiatives as having limited "technical" capacities to execute OVC activities (Foster, 2005; Mathambo and Richter 2007; Richter et al., 2004). In a key informant interview with one district official, it was noted that:

> "Community self-help group initiatives are good and could be very instrumental in supporting the orphans… but they have inadequate capacity to effectively respond in providing care and support services… they are illiterate, find difficulties in filling application forms…and may not meet the reporting and accountability requirements that funders are looking for." (KI-District official, 01/05/2010, Oyam District headquarters)

In a focus group discussion with community leaders, members acknowledged that many OVC communities' self-help groups are more receptive to local needs due to their comparative advantage of understanding the local response contour better than external organizations. The members however noted that there are some internal dynamics within the communities that hinder their activities. These include issues to do with high illiteracy rates, inadequate reporting structures, poor and rudimentary documentation procedures that make it hard to replicate the intervention and the difficulty to assess the impact, reach, quality and sustainability of the services provided to OVCs. The lack of clear structures may also lead to the exclusion of some OVCs from community initiated interventions. The members of Akwede Orphan caregivers in the present study reported not to have received any form of training from any agency to improve their service delivery skills.

The donor fraternity has also been partly blamed for the community dependency on external actors for provision of services to OVCs. In north central Uganda Child Protection Committees (CPCs) 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. Unfortunately however, the CPCs are merely in name and not fully operational. Most of the 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 they say they lack funds due to their low revenue base. Most interventions for OVCs ideally should be at the grass root level where the magnitude of the problem is felt greatest by the poorest segment of the population, yet the structures mandated for overseeing the service delivery are at the district level. 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. For example the members of Akwede orphan care givers noted that most OVC interventions are executed at the community level and as such a structure needs to be placed near the family.

2.1.3 Insurgency

A number of focus group participants argued that the escalation of the LRA war forced people to the camps with no means of livelihood except to solely rely on hand outs from humanitarian organisations. These hand outs were far below the average daily family requirements. This forced many women in the camps to resort to prostitution with the soldiers who would be deployed to guard the camps. Since soldiers are always deployed on a rotational basis, it 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. The situation was further complicated for the OVCs because of the little food ratio received from humanitarian organisations. 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" (KI-District official, 01/05/2010, Oyam District headquarters)

In one FGD, 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).

As a community that has emerged from a conflict situation that was characterised by confinement into squalid settlements known as IDP camps and traumatised by the impact of war and HIV/AIDS coupled with poverty, most FGD participants observed that a number of community members resorted to taking a lot of alcohol as a way of reliving their stress. As the

communities are now resettled in their original homesteads, it seems they have carried on with their drunken habits. One focus group participant had this to say:

> "Consumption of alcohol excessively has made many community members to practice poor child caring practices…once a person is drunk, he or she becomes irresponsible"
> (Community FGD Participant, 02/05/2010, Agwede Village)

Participants in the FGD also noted that excessive consumption of alcohol affects the household income as well as their feeding and consumption patterns. It was noted that firstly, alcohol consumption reduces the income that should be used to support the living standards of the family and particularly for other essential child care functions. The result is that children are left without the basic essential necessities necessary for early childhood growth and development. Secondly excessive alcohol consumption socially detaches a parent from a child as more time is spent in the drinking places with friends rather than with the children. Thirdly excessive consumption of alcohol takes away the time and money that community members could devote to undertake community volunteer activities such as communal work in schools, health centres, community meetings or visiting distressed households. This in a way contributes to unfavourable environment for child fostering and development. Another notable dimension of alcoholism with respect to child growth and development is that the basic scholastic materials of the child cannot be met as the little available family income is depleted on purchasing alcohol leaving the OVC with no option but to face the wrath of the uncertain dark future without an education.

2.1.4 High Prevalence of HIV/AIDS

In every focus group discussion, participants noted that HIV/AIDS epidemic has led to considerable changes in the community care giving structures and approaches among the Langi. These changes include, reduced income and poorer standards of living among community members because of 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 FGD 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 such as marriage ceremonies, funeral rites, parties, weddings, religious gatherings as well as attending the weekly markets where the community buy groceries. 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). To make matters worst, the prevalence of HIV/AIDS in north central Uganda, where this study was undertaken is quite alarming. According to Ministry of Heath (MOH, 2006) while 6% of Ugandan adults aged 15-49 are infected with HIV, the north central region has a prevalence rate of 8%, this is 1% less than the prevalence rate in the central and Kampala regions. In term of ethnicity, the Langi, where this study was undertaken has the second highest prevalence rate of 9.4 % while the Batoro has 14.8%. This clearly shows that HIV/AIDS is still a challenge in the community especially in providing care and support service to OVCs.

2.1.5 Socio-cultural Practices of the Community

It was found out in the present study that there are systematic socio-cultural practices of particular, discrimination against women and other vulnerable persons in the community that tend to have negative outcomes on orphaning and care giving initiatives of the communities. The gender division of labour and responsibility between women and men in Lango favours men more than women. In both the male and female OVC focus groups, participants argued that in situations where care giving is provided by a stepmother, the care is characterised by child abuse and exploitation. The children in the FGD stated that stepmothers are fond of mistreating the children under their care for example by denying them food, spanking, giving them heavy workloads and use of abusive languages. Some children reported that the situation becomes worst in a family where the parents are constantly fighting and quarrelling. If a parent is infuriated by the action of the other, they tend to reiterate on children. This seriously constricts the free space under which care giving can be offered to OVCs in a family. One child who is now staying with one of the members of Akwede Orphan caregivers stated that:

> "I had to run away from my guardians, each time they quarrel or fight, the wife would assign us big tasks, if we fail to do it, she would cane us or deny us food. I had to run away from home and now am staying with my auntie" (Female Orphan FGD participant, 17/05/2010, Agwede Village).

The question of OVCs moving from one home to another or from one caregiver to another in search of parental care, love and support services or to earn a living a is not a new phenomenon. Earlier studies by Ansell & Young (2004) and Evans (2005) have all documented this practice as it is occurring in Oyam district.

2.1.6 A Fragmented Service Delivery System

In the present study, it can be observed that OVC service delivery is characterised by a strong fragmentation at several tiers. This has negatively impacted on the quality of service delivery. This is both the case at a governmental and non-governmental level. Firstly, from the key informant interviews, a consistent argument that kept coming up was the poor synchronization of the OVC service delivery stakeholder's right from the National level down to the grass root structures. Members noted that service delivery to OVCs are adhoc in nature and uses a scattergun approach. The result 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. Throughout the study it was noted that different government departments have different work plans and implementation schedules. For example the Ministry of Education has a vocational program for the most vulnerable children out of schools, the Ministry of Gender, Labour and Social Development has programs targeting OVCs with vocational and life skills. Ministry of Health also has programs targeting OVCs and several other NGOs have other programs for OVCs. The result has been a duplication of services with the most deserving OVCs ending up missing out on the support services. 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 home

with nothing to feed them" (Akwede Orphan Care Givers FGD participant, 15/05/2010, Agwede Village).

Secondly, 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; 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. If only all actors are well coordinated, then the various community self-help groups could have been in position to be supported.

Consequently, at the community level a striking finding in this present study is that community leaders were noted not to be transparent and accountable to their members. This was especially a thorny issue that came up in the community focus group discussion with elders. It was reported from findings in the FGD that leaders of community based groups were not only non-accountable to their members but also to the very OVCs they claim to be working for. A classical point to support this argument is that during the registration process for OVCs to benefit from the community based initiatives, the group leaders would register their relatives who are not OVCs and leaving out on genuine OVCs who do not have any relatives in the top leadership position of the organisation. For instance the general secretary (Mr. Ameny) of Akwede Orphan care givers was reported to have registered the names of his relatives who were not OVCs to benefit from educational support provided by the local NGO, Concern Parents Association. The members had entrusted him because he was not only the male person then but also the only one able to read and write among the group members.

2.1.7 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). In Oyam district, the case of Akwede orphan care givers vividly articulates this point of view. Voluntarism per se is not bad, but the most critical issue is how do you sustain the spirit of voluntarism among the communities? A central challenge therefore that most OVC community self-help group have to hurdle through is that of motivating community volunteers. This becomes even more complicated because community volunteers have, besides volunteering, other family responsibilities and obligations to fulfil. Community volunteers therefore have to tread a careful and delicate line of balancing their time doing community work and their own domestic and family activities. The attrition rates among community volunteers have also been noted to be high. For example, Akwede orphan care givers, since its establishment has been unable to attract more members. 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 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).

In the community based care for OVC literature, voluntarism is always hailed as a holy grail (Foster, 2002). Contrary to this popular view, this study was able to establish that there are socio-cultural factors that tend to contour voluntarism. One of the most critical factors often ignored is the impact of 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. And yet as the members of Agwede orphan care givers have noted: in order to run their group activities, the members have to make monthly contributions to a group account. This has made the group to attract only few members. For example for one to join the group as a member, the groups chairperson Imat Albatina observed that one has to pay a registration fee of ten thousand Uganda Shillings (4 USD). Many community members in this study found this amount to be quite high and therefore unaffordable especially where up to 61% of the population are regarded as being poor (UBOS, 2006) Besides paying the group registration fee, one also has to be willing to part with five thousand Uganda shillings (2 USD) as monthly contribution. The issue of registration fee and monthly contributions therefore limits the entry of more volunteers into the group.

Coupled with the above, as already observed in the present study, excessive consumption of alcohol in the community was also noted to be a contributing factor to the waning of voluntary spirit among the communities: excessive alcohol consumption and voluntary work are incompatible; they all require availability of time. The participants in this present study further concurred that the ways external interventions are executed in the community also impact on voluntarism. This is similar to what has been documented by Thurman et al. (2008) in Rwanda. As already mentioned, most community based initiatives are volunteer-driven with inadequate capacity in terms of skills and financial resources. This has tended to generate negative feelings among the communities that they provide poor and inferior services compared to established organisations. One member of Akwede orphan care-givers had this to say:

> "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[5] 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).

2.2 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 thus

[5] 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).

embedded in the social fabric of the community. To unravel this social fabric, in this section, we will take a look at the dominant OVC community coping strategies in Oyam district.

2.2.1 Care Giving by Close Family Members

Contrary to popular apocalyptic opinion that the traditional child care practices are faltering under the weight of a host of forces such as the HIV/AIDS epidemic and upsurges in orphanhood, most respondents talked to in this study revealed that culturally the Langi are still a social society with a relatively tight fibre that does not allow orphans to go without being taken care of. Throughout the study, a consistent theme that kept coming out is that children belong to the community. This indicates that in Lango, children are still held in high esteem. This study revealed that the largest percentages of orphans are being taken care of by the close relatives like uncles, aunties and grandparents. This finding is similar to that of Ntozi et al. (1999) and Ntozi & Nakayiwa (1999). During FGD and informal interactions with community members, it was observed that a majority of the OVCs live with adults between the ages of 46-54 who take care of orphans in the community. It is apparent from the study that the age category of a caregiver has an impact on the caretaking decisions made by the extended family members. This study noted that those guardians 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. This clearly shows that a significant number of OVC caregivers in Oyam district are the elderly (Ntozi and Nakayiwa,1999; Nyambedha et al., 2003b). One possible explanation discerned from this study is that the younger caregivers are still struggling with raising their own families. They could also be probably engaged in asset accumulations strategies. It is also possible that the elderly take care of OVCs more than the younger generations because they have already grown up children who are able to take care of themselves. This finding is similar to the study done by Ntozi and Nakayiwa (1999) in six Ugandan districts that found out that the principal caregivers to orphans are close relatives, especially the elderly.

In a FGD involving both male and female OVCs, the study participants reported that most of them were staying with distant relatives who took them upon the death of their parents. Sending OVCs to live with distant relatives was a common phenomenon. Most OVCs interviewed reported that they were taken to these relatives against their consent. The immediate consequence of this was that they didn't like their new found “homes”. This put them into logger heads with their foster relatives who view their resentment of the new environment as a sign of stubbornness and indiscipline which often earned them insults and punitive actions from the distant relatives. 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 challenges adjusting to his new found home. Firstly being a crisis fostering, the children in his new home were not psychologically prepared to accept Okello in their home, this resulted into constant fights and maiming, a further traumatising experience for Okello. This finding is consistent with what Ntozi et al. (1999) found out in northern Uganda. Elders who attended the FGD intimated 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 practice used to be. Some family members were noted to be more supportive than others in terms of provision of a child's basic needs. Although women were noted to be at the centre of care giving and the wellbeing of the OVCs in the community, it was observed that this care giving function can be positive and to some extent negative. The female relatives were most especially noted to be more supportive and responsive in fostering orphans than their male counterparts. One possible explanation for this gender differential pattern of care-giving was that in the household the females are considered to be more sensitive to people's problems. It was also noted that the gender division of labour in the household confines women to the kitchen which makes them more appropriate to provide care and support to OVCs because they virtually run the domestic affairs of the family. The decision making process in a way complicates orphan care; for example a man has to first seek for permission from a wife to foster an additional orphan child in a household. On the other hand it is easier for a wife to bring in an orphaned child to a family. A wife, it was observed by the study participants, can make the stay of an OVC pleasurable or miserable in a family. The decision making process on who should adopt an orphan is also to a large extent determined by the female extended family members. 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 grand-mother 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. 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.

2.2.2 Change in Community Care Giving Patterns

In Lango community, customarily the responsibility of providing care and support to OVCs was bestowed on close family relatives comprising mainly of aunties and uncles. This was performed in a family setting where there was a father and a mother resident in a household. But this hitherto instrumental care giving setting is undergoing serious restructuring and reorganisation as a result of the advent of the HIV/AIDS epidemic (Chirwa, 2002; Ntozi et al., 1999; Ntozi and Nakayiwa, 1999; Nyambedha et al., 2003a). This has led to the emergence of child, female and grandparent headed households, a phenomenon hitherto unheard of in the region. When both parents in a family die due to HIV/AIDS, or war or even other natural causes, the orphans left behind most especially the older siblings become caregivers, and assume headship of the household. This has led to the emergence of child-headed households. Child-

headed households are mainly established to maintain family unity and ownership of strategic assets such as land and other property. Besides the incidence of child-headed households, there has also been a growing trend and a shift towards grandparents taking on increased childcare responsibilities. Child fosterage provided by grandparents like those provided by child headed households provide yet another challenge in meeting the needs of the children (schooling, feeding and medical care) because they tend to have fewer economic resources, than working adults in their prime age (Nyambedha et al., 2003b). Aside from the child and grandparent headed households; there has also been significant increase and emergence of the female headed households (Foster, 2000).

2.2.3 Formation of Community Self-help Groups

A characteristic feature that has emerged among many communities in Oyam district has been that of formation and emergence of self-help support groups. These are community groups formed by individuals who self-organise themselves normally composed of between 20-40 members who come together to join their efforts in stemming the impact of orphanhood amidst the communities. These community groups normally undertake small scale operations that do not go beyond the boundaries of the village and to some extent the parish. Most of these community groups in the village however were noted to be women self-help groups or women led self-help groups with some few men as members. These groups engage in income raising activities such as raising money through what is popularly termed as “Gift circles” schemes to help members acquire funds that would be used for setting up small scale income generating activities like vending charcoal, fish, grains like beans, maize and fruits and vegetables. The groups also act as a lending and savings scheme from which members experiencing severe idiosyncratic shocks can turn to smooth the risks they are experiencing or exposed to. The case of Akwede Orphan care givers illustrates this point. There is no doubt therefore that these self-help community welfare and at times family based groups assist each other in times of sickness or to pay for funeral services in times of bereavements leave alone the morale support they provide. The self-help groups also act as rotating credit associations and individual savings and lending groups that come to members’ rescue in times of need. All these fund raising and mobilization strategies are employed with the OVCs as the primary targets or as a conduit of providing assistance to the OVCs. Since OVCs are children, the community do not regard them to be members of community based associations; these funds are designed to be channelled to the OVCs through their foster parents or guardians. In summary these funds are meant for the OVCs but channelled through care givers.

Apart from group formation as a coping strategy, households experiencing severe shocks as a result of sudden illness or death of a major household provider often resort to seeking assistance from family, friends and neighbours and other 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. 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. 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. In terms of financial support from outside, the widows particularly noted that this formed an important mechanism to enable them cope with the cost of meeting the children’s

needs like food and health (Cf Foster, 2002; UBOS, 2006). This implies that support systems from well-wishers are still much stronger in Oyam district as one participant observed:

> “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)

2.2.4 Forced Marriage

There is an apparent paucity of scientific research describing community based care for OVCs. The few studies (Mutandwa and Muganiwa, 2008; Roby& Shaw, 2008) tend to rather describe community care positively or highlight the barriers (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 of by close relatives after the death of their parents. The practice of forced marriage leads to early marriage which is predominant in this study location (Lunde, 2006). The community leaders interviewed in this study observed that culturally in Lango society, once a girl has reached puberty she should be married of. The reason advance for this practice is firstly, to bring in wealth to the family; secondly, to enable the boys in the family also to marry as the bride wealth brought by a married girl is also used by a boy to marry another girl. Thirdly it is also viewed as a means of saving the girl from getting “spoilt”. The argument here is that, if a girl overstays without being married, she will get involved in prostitution that might expose her to the deadly HIV virus. Some community members observed that they are forced to marry off girls at an early age in order to alleviate some family pressures, for instance in the event that the family cannot afford to send a girl to school, the only option available 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. Also 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). At times girls are married off to enable the household get bride price that would enable them to acquire certain assets that may be lacking like bicycles or build a shelter for the family members.

> “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).

The community members also observed that the practice of forced marriage leads to the predominance of domestic violence. This is so since the girls are married off at a tender age, inexperienced in handling family matters amidst overwhelming expectations from the in laws. This is made worst in situation where a young girl is married to a man who is relatively older. The orphaned boys in a separate FGD also observed that the practice of force marriage has not spared them. One orphaned boy had this to say:

"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).

2.2.5 Child Labour

All children aged 5 to 11 years working in economic activities are considered to be engaged in child labour. The concept is based on a minimum age of entry into the labour force (UBOS, 2006). In a FGD with orphaned boys and girls in the present study, participants noted that they are engaged in domestic work at times even being forced to work even when they are sick. This includes digging in the garden at times for money to help meet the family necessities such as food. Forcing children to undertake work against their wishes or not commensurate with their age and ability is a coping mechanism that most household head fostering orphans admitted to be a common practice. Child labour makes orphan children to experience fostering in a negative way and retards their development to realise their full potentials. Firstly, they are at times forced out of schools to perform assigned tasks. Secondly it denies them 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 a companied by strict enforcement methods like denying them the privilege to use some family assets such as bicycles. The situation becomes even worst for the orphaned girls who are at times adopted in a family as child minders while for boys they are taken in to look after domestic animals like cows. Due to the impact of poverty, conflict characterized by camp life and HIV/AIDS, most community members in FGDs acknowledged to have a more positive attitude to giving away young female orphans to other close relatives within the same community who are well off and in need of domestic workers. This resonates well with the findings of Oleke et al. (2006).

In a FGD with orphan boys, one respondent had this to say on child labour,

"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).

In a study, Ansell and Young (2004) established that orphans resistance to work was often met with harsh discipline which could at times fuel the motivation to leave the household. The study also further found out that grandparents were often more dependent on physical labour from orphans and that ill-treatment cut across all other relatives: aunts, uncles and most especially stepparents. This clearly shows that guardian families are motivated to foster OVCs for their labour contributions (Abebe and Aase, 2007). The boys in the FGD also noted that they always do engage in brick making as well as loading and off loading the bricks into trucks. The pay of 5,000 Ugandan Shillings (an equivalent of 2USD) per lorry load is so good that it has attracted most children of school going age into the business at the expense of going to school. 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 (Lunde, 2006). This is one clear case of child labour which directly contravenes the children's rights as

highlighted in the Uganda's child rights statue .This point further presents the extent to which poverty and dependency has acerbated the plight of OVCs in oyam District.

2.3 Bridging Strategies

In this study we have seen that there is a huge cleavage in the response strategy adopted between the endogenous local ingenious initiatives and the nationally crafted responses. The result has been that OVC initiatives are not in synergy with communities aspirations. Be it as it may, 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? In this section we propose the following bridging strategies if a more robust response strategy that allows no OVC to slip through community safety net is to be attained. An intervention strategy that seek to bridge this detach has the potential to fundamentally transform and de-institutionalize Uganda's response contour to provide safety nets to all categories of OVCs.

2.3.1 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 greatly lead to the harnessing of local resources as well as channelling external resources and bringing in a sense of ownership which is very pivotal to the long term sustainability of the response strategy. An important institution that would be of help here is traditional clan system. This has been greatly ignored in the current response. The revival of the traditional clan institutions in Lango which is so dearly upheld by the communities presents a very important missing link for mobilisation and rallying support to the orphaning crisis, especially in regards to negative cultural practices which inhibit child fostering like 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. Imat Albatina, the leader of Akwede orphan care givers in a FGD had this to say:

> "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).

2.3.2 Match Funding with Community Capacities

A common cry that came out in the FGDs was that there is a mismatch between the current funding modality and the small scale ingenious activities initiated by the

communities. Most community members interviewed stated that the current scattergun funding modality does not take their capacity constraints into consideration. The result has been that most of them are first of all not recognised by the external agencies. Secondly, the grants provided also tend to focus on large scale projects. Thirdly, the procedure and bureaucracy involved in filling the application form is too cumbersome with rigid requirements that can hardly be fulfilled by local community actors. In a FGD with the members of Agwede Orphan care givers, the members were of the opinion that if they could be supported with small grants that could help them establish small projects of their choice; this would greatly contribute to building their asset acquisition and thereby resilient 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 therefore absorb more orphans on a continual cost , 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. The 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, 2005). The drip feeding fund mechanism should be ring-fenced in such a way that only local community groups are eligible to enrol in the programme. In short the funding modality needs to be pro- endogenous community based initiatives.

A number of participants in this study noted that there is a gap between the capacity of local community actors and external agencies in regards to the OVC response. This included issues of finance, skills as well as material resources. The participants argued that they need an appropriate empowering response strategy that endeavours to strengthen local institutions so as to assist individuals, families and communities in coping with the impacts of the epidemic on OVCs. The current capacity building efforts tend to focus more on formal institutions other than informal ones. Informal community institutions like the traditional clan leadership, community self-help groups centering on rotational saving and lending, burial association and labour sharing can be strengthened through a number of capacity building initiatives. These include provision of materials, tools and funds. Training on a number of skill areas like life skills, entrepreneurship, group dynamic and managements as well as record keeping would go a long way to bridge the capacity gaps among local OVC actors.

2.3.3 Initiate Family/Community Focused Interventions

The family, most of the study participants observed, should be made the focal point of OVC interventions in the communities. This can be done by strengthening the capacity of the family in a holistic manner. One way the members of Agwede orphan care givers emphasized in

a FGD was through strengthening the capacity of the family or the household. This they said could be done through provision of or enhancement of household Income Generating Activities (IGAs) that would enable the members to acquire assets in the short run and to consequently accumulate them in the long run. Such asset acquisition and accumulation activities should be provided through the already formed self-help groups. This would enable the groups to support each other in terms of giving advice on how to sustain the established IGAs.

2.3.4 Formation of Community Support Groups

One other strategy that can be adopted in the Oyam situation is through formation of coalitions of self-help groups. As noted in this study, formation of self-help groups is a key feature of many Lango families and communities. And as noted most of these self-help groups face a number of challenges: they are piecemeal, sporadic and operate in isolation of the other. One way to solve this challenge is through the formation of support coalitions. For example, those self-help groups of care givers can come together to form a forum that would enhance the provision of social moral support to their fellow members. The coalitions formed can also act as the epicentre for Information, Education and Communication (IEC) dissemination activities of a plethora of organizations providing care and support to OVCs. 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.

3. CONCLUDING REMARKS

The OVC response terrain in Uganda, as this paper has strove to show is bedevilled with conflicting theoretical approaches and accounts. This can be attributed to the complex nature of the OVC phenomena. The result has been that quite a number of OVCs have ended up with their essential needs not being met. This has presented OVC policy makers and implementers with conflicting messages as to the most feasible response strategy. At the centre of this discourse, are two strands of literature as well as response strategy to adopt: 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. Their response postulation is institutional care. Then there are the optimists whose faith in community based interventions are unwavering to the extent that they strongly admit that even if HIV/AIDS is overstretching community capacities, communities are innovative and resilient to the extent that they have devised new coping strategies. The response this, group of scholars advance is community based initiatives, of course with some caveats-if appropriately supported by external agencies.

In this paper we have demonstrated that communities are not static but rather dynamic and constantly wading through by devising ingenious coping mechanisms to respond to the challenges of meeting the needs of the orphans. A central argument we advance is that 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 culturally acceptable community coping strategies and mechanisms or which is not in tandem with community ways of conceptualizing a problem response is bound to fail. The consequence would be that meeting the needs of the OVCs would still continue to be elusive to many OVC policy makers and implementers. It is only when OVC response initiatives are designed in synergy with the ingenious community coping mechanisms and strategies, only then can we be confident of stemming the orphaning challenge in an effective, efficient and sustainable manner. The residual resilient capacities manifested in the communities through the diverse coping strategies and mechanisms adopted, if not supported through de-institutionalized approaches, then unravelling the puzzle that has eluded many OVC development practitioners and policy makers will still continue to be elusive with devastative consequences for the African orphan.

We have also made attempts to establish whether there is a bright prospect for enhancing the delivery of OVC services in the post conflict north central region of Uganda. The findings we presented depicted a rather complex arena; characterized by a number of structurally embedded community forces as well as externally imposed drawbacks. The structural forces on the one hand tend to inhibit the cropping of new community initiatives, while on the other hand the external forces tend to provide unfavourable conditions for the nurturing and smooth operations of already existing self-help community groups. To address this state of affairs characterizing the OVC service delivery terrain, we propose the adoption of bridging strategies to enhance community responses. If only the gap or the cracks between the ingenious community coping mechanisms and the external OVC service delivery stakeholders can be narrowed or filled, then a more robust response initiative to the OVC challenge can be attained with the results that a more concrete layer of safety net is provided and no OVC would be able to slip through to conditions of early marriage and child labour.

A final question is worth posing: are community-based approaches a panacea to the current OVC care-giving deficit or can it bridge the gap or the cracks in the current OVC

community responses? A review of the OVC literature as highlighted in this analysis has revealed that the orphaning crisis is a complex phenomenon. This calls for a multi-sectorally faceted and multi-disciplinary approach. One approach that clearly stands out and that can potentially embrace all the multiple dimensions of OVC care-giving is that of community-based actors. The prospects for community-based approaches in filling the care-giving deficits, gaps and cracks created by the impact of the structural forces examined in this paper are enormous provided the government provides a favourable environment that nurtures the thriving of local responses. It is the cracks in the current response strategy adopted by the GOU that allows inadequate interaction between external OVC stakeholders and local community actors. The consequences are that the external actors interface with community initiatives in such ways that their efforts are undermined making them feel disheartened and complacent to confront the OVC challenge. A favourable environment provided by the government would ensure that there is a more robust interaction going on among all OVC stakeholders. External agencies should also be cognisant of the fact that there is a no ‘one-size fits all’ strategy when interacting with community-based OVC service providers. Support from external agencies should be customised and context specific. The needs of endogenous, formal and informal community OVC initiatives have to be identified by the community themselves rather than by external agents to ensure long term sustainability and impact.

It is our considered observation from this study that much as the orphan tragedy presents itself in a complex web which is quite difficult to disentangle, one way through which this mess can be decomposed is through the adoption of policy responses that look at families and communities as actors in charge of their destiny. Policy responses designed by OVC stakeholder should therefore strive to facilitate the enhancement of these destinies. On the one hand they should seek to minimize the negative coping strategies while on the other they should seek to maximize on the positive coping strategies adopted by the communities.

REFERENCES

Abebe, T. (2009) “Orphanhood, Poverty and the Care Dilemma: Review of Global Policy Trends” **Social Work and Society**, Vol. 7 (1), 2009

Abebe, T. and Aase, A. (2007) “Children, AIDS and the Politics of Orphan Care in Ethiopia: The Extended Family Revisited” **Social Science and Medicine** Vol. 64: 2058-2069

Allen, T. and Schomerus, M. (2006) “Hard Homecoming: Lessons Learned from the Reception Centre Process in Northern Uganda”, An Independent study commissioned by USAID and UNICEF

Ansell, N. and Young, L. (2004) “Enabling Households to support successful migration of AIDS orphans in Southern Africa” **AIDS Care** 16 (1) 3-10

Atwine, B., Cantor-Grace, E. and Bajunirwe, F. (2005) “Psychological distress among AIDS orphans in rural Uganda” **Social Science & Medicine**, Vol. 61, 555-564

Ayieko, M.A. (1997) “From single parents to child-headed households: the case of children orphaned by AIDS in Kisumu and Siaya Districts” University of Illinios, Department of International Programs and Studies.

Beegle, K., Filmer, D., Stokes, A. and Tiererova, L. (2009) “Orphanhood and the Living Arrangement of Children in Sub-Saharan Africa”, **Policy Working Paper no. 4889**, the World Bank

Chama, S.B. (2008) “The problem of African orphans and street children affected by HIV/AIDS: Making choices between community-based and institutional care practices”, **International Social Work** 51 (3): 410-415

Chirwa, W.C. (2002) “Social exclusion and inclusion: Challenges to orphan care in Malawi” **Nordic Journal of African Studies** Vol. 11 (1): 93-113

Dalen, N., Nakitende, A.J. and Musisi, S. (2009) “‘They don’t care what happens to us’ The Situation of double orphans heading households in Rakai District, Uganda” **BMC Public Health** 2009, 9:321

Deininger, K., Garcia, M. and Subbarao, K. (2003) “AIDS-induced orphanhood as a systematic shock: magnitude, impact program interventions in Africa” **World Development** 31: 1201-1220

Evans, R. (2005) Social networks, migration and care in Tanzania: caregivers’ and children’s resilience to coping with HIV/AIDS, **Journal of Children and Poverty**, Vol. 11 (2), 111-129

Foster, G., Deshmukh, M. and Adams A. (2008) “Inside-Out? Strengthening Community Responses to Children Affected by HIV/AIDS”, **Joint Learning Initiative on Children and HIV/AIDS** (JLICA), Learning group 2, Synthesis report

Foster, G. (2005) “Bottlenecks and drip-feeds: Channelling resources to communities responding to orphans and vulnerable children in southern Africa”. **Save the Children**: London.

Foster, G. (2002) “Understanding Community Responses to the Situation of Children Affected by AIDS: Lessons for External Agencies”, **United Nations Research Institute for Social Development**, Geneva

Foster, G. (2000) “The capacity of the extended family safety net for orphans in Africa”, **Psychology, Health and Medicine**, Vol. 5, (1) 55-62

Gillespie, S. (2004) “Scaling up Community-Driven Development: A synthesis of experience”, **FCND Discussion Paper No. 181**, Internal Food Policy Research Institute, Washington DC.

Goovaerts, P., Gasser, M. and Inbal, A.B. (2006) “Demand-Driven Approaches to Livelihood Support in Post-War Contexts” **A Joint ILO-World Bank Study**, International Labour Office, Geneva

Heymann, S.J. and Kidman, R. (2008) “Weaving a tighter safety net: Supporting children and families amidst the AIDS pandemic”, **Joint Learning Initiative on Children and HIV/AIDS** (JLICA)

Howard, B.H., Phillips, C.V., Matinhure, N., Goodman, K.J., McCurdy S.M. and Johnson C.A. (2006) “Barriers and incentives to orphan care in a time of AIDS and economic crisis: a cross-sectional survey of caregivers in rural Zimbabwe” **BMC Public Health**, 6:27

Hyun, C. (2007) “Empowering Hands’ for former child soldiers in Uganda” ***http://www.unicef.org/infobycountry/uganda_40339.html*, (**last consulted: 10 May 2010)

International HIV/AIDS Alliance, (2009) **Residential Care**, http://www.ovcsupport.net/sw3336.asp, last consulted: 12 July 2009)

Lunde, H. (2006) “Night Commuting in Gulu, Northern Uganda: From Spontaneous Strategy to New Social Institution”, Master thesis in Peace and Conflict studies, **Fafo Report 549**, Norway

Mansuri, G. and Rao, V. (2004) “Community-Based and –Driven Development: A Critical Review”, **World Bank Policy Research Working Paper 3209**

Mathambo, V., and Richter, L. (2007) “‘We are volunteering’: Endogenous community-based responses to the needs of children made vulnerable by HIV and AIDs”, **Human Sciences Research Council**

MFPED (2005) “Child Poverty in Uganda: Issues for Policy”, **Discussion paper 10**, MFPED, Kampala, Uganda

MFPED (2004) “Post-conflict Reconstruction: The case of Northern Uganda”, **Discussion paper 8**, MFPED, Kampala, Uganda

MGLSD (2004) National Orphans and Other Vulnerable Children Policy, Kampala, Government of Uganda

Miller, C.M., Gruskin, S., Subramanian, S.V., Rajaraman, D. and Heymann, S.J. (2006) “Orphan Care in Botswana’s Working Households: Growing Responsibilities in the Absence of Adequate Support” **American Journal of Public Health**, Vol 96, No. 8, 1429-1435

MOH (2006) “Uganda HIV/AIDS Sero-behavioural survey 2004-2005”, Ministry of Health, Kampala, Uganda

Mukiza-Gapere, J. and Ntozi J.P.M. (1995) “Impact of AIDS on the family and Mortality in Uganda” **Health Transition Review***, Supplement to Volume 5, 1995, 191-200*

Mutandwa, E. and Muganiwa, C.P. (2008) “Enhancing foster parent-orphan relationships in rural community based orphanages” **International NGO Journal** Vol. 3(5) 098-103

Nalubega, F. (2010) “Government worried by number of orphans” **Daily Monitor**, 14 June 2010:5

Nyambedha, E.O., Wandibba, S. and Aagaard-Hansen, J. (2003a) "Changing patterns of orphan care due to the HIV epidemic in western Kenya" **Social Science and Medicine** 57, 2003, 301-311

Nyambedha, E.O.,Wandibba, S. and Aagaard-Hansen, J. (2003b) ""Retirement lost"-the new role of the elderly as caretakers for orphans in western Kenya", **Journal of Cross-Cultural Gerontology** 18: 33-52

Ntozi, J.P.M. and Nakayiwa, S. (1999) "AIDS in Uganda: how has the household coped with the epidemic?" **The Continuing African HIV/AIDS Epidemic**, 1999, 155-182

Ntozi, J.P.M., Ahimbisibwe, F.E., Odwe, J.O., Ayiga, N. and Okurut, F.N. (1999) "Orphan care: the role of the extended family in Northern Uganda" **The Continuing HIV/AIDS Epidemic**, 1999, 225-236

Oleke, C., Blystad, A., Rekdal, O.B., and Moland, K.M. (2007) "Experiences of Orphan Care in Amach, Uganda: Assessing Policy Implications", **Journal of Social Aspects of HIV/AIDS** Vol. 4 NO. 1 May 2007

Oleke, C., Blystad, A., Moland, K.M., Rekdal, O.B. and Heggenhougen, K. (2006) "The Varying vulnerability of African Orphans: The case of the Langi, Northern Uganda", **Childhood**, Vol. 13 (2):267-284

Oleke, C., Blystad, A. and Rekdal, O.B. (2005) "When the Obvious Brother Is Not There': Political and Cultural Contexts of the Orphan Challenge in Northern Uganda", **Social Science and Medicine** 61:2628-2638

Oyam District Local Government, (2008) "Oyam District OVC Strategic Plan 2008/2013"

Oyam District Local Government, (2007) "Oyam District 2002 Population and Housing Census Analytical Report", Oyam District

Phiri, S.N., Foster, G. and Nzima, N. (2001) "Expanding and Strengthening Community Action: A Study of Ways to Scale Up Community Mobilization Interventions to Mitigate the Effect of HIV/AIDS on Children and Families", **Displaced Children & Orphan Fund & War Victims Fund**, Washington

Richter, L., Manegold, J. and Pather, R. (2004) "Family and Community Interventions for Children Affected by AIDS", **Human Science Research Council,** Cape Town

Roby, J.L. and Shaw, S.A. (2008) "Evaluation of Community-Based Orphan Care Program in Uganda" **Families and Society: The Journal of Contemporary Social Services**, Vol. 89, No. 1

Ssengonzi, R. (2007) "The plight of older persons as caregivers to people infected/Affected by HIV/AIDS: Evidence from Uganda", **Journal of Cross-cultural gerontology** Vol.22 (4): 339-353

Thurman, T.R., Snider, L.A., Boris, N.W., Kalisa, E., Nyiraminyoye, L. and Brown, L. (2008) "Barriers to the community support of orphans and vulnerable youth in Rwanda", **Social science and medicine** 66: 1557-1567

Titeca, K. and Vervisch, T. (2008) "The Dynamics of social Capital and Community Association in Uganda: Linking Capital and its Consequences" **World Development** Vol. 36, No. 11: 2205-2222

Tolfree, D.K. (2003) "Community Based Care for Separated Children", **Save the Children**, Sweden

Tolfree, D.K. (1995) "Roofs and Roots: The care of Separated Children in the Developing world" **Save the Children**, UK

UDHS (2006) "Uganda Demographic and Health Survey", **Uganda Bureau of Statistics**, Kampala

Uganda Bureau of Statistics (UBOS, 2006) "Uganda National Household Survey 2005/2006: Report on the Socio-economic module, **UBOS**, Kampala

UNAIDS (2008) **Report on the Global AIDS epidemic**, ***http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp***, (Last consulted: 12 July 2010)

UNAIDS and WHO (2009) **Fact Sheet, Sub Saharan Africa**, ***http://data.unaids.org/pub/FactSheet/2009/20091124_FS_SSA_en.pdf***, (last consulted: 12 July 2010)

UNICEF (2006) "Africa's Orphaned and Vulnerable Generations: Children affected by AIDS" UNICEF, New York

UNICEF (2004) "The Framework: For the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS", UNICEF, New York

Wong, S. and Guggenheim, S. (2005) "Community-Driven Development: Decentralization's Accountability Challenge", **East Asia Decentralizes**: 253-267

World Bank (2007) "The African Multi-Country AIDS Program 2006-2006: Results of the World Bank's Response to a Development Crisis", The World Bank, Washington DC

ANNEXES

Interview guide for head of households fostering orphans (to be administered individually)

1. Can you please tell me about the people you live with in this household?
2. Can you tell me about the various domestic activities that the children perform?
3. What are the major problems you experience in caring for the orphans?
4. Can you please tell me what you do to earn a living?
5. What was the main occupation of the deceased parent(s) of the orphans?
6. Can you please tell the major assets owned by this household?
7. How does this household meet the needs of the Orphans?
8. What kind of support did this household receive from well wishers, relatives in the last 12 month?
9. What do you think should be done to better empower this household to meet the needs of the orphans?
10. Do you have any concern that you would like to tell us relating to the orphans?

Thank you very much for kindly agreeing to talk to me. We have come to the end of our discussion for now, but in case I remember anything else, I might still come back to you for more information. Thank you.

In-depth Interview guide for orphans (to be administered individually, 10 male and 10 female)

1. Can you please tell me about the people you stay with in the family?

2. Please tell me about how it is to live in the family?

3. Please tell me about what kind of work you mainly do when you are at home?

4. Do you go to school?

5. (For orphans who do not live with a surviving parent) Do you remember what happened before you came to live with this family?

6. Are there any other things that you would like to tell me or know from me?

Focus group discussion guide for Orphans (2 FGDs one for boys and one for girls)

1. Can you please tell me who you stay with?
2. Who could be the most suitable guardian for offering care and support to orphans and why?
3. What work do you mainly do when you are at home?
4. Do you remember what happened before you came to live with this family?
5. What kind of support do you need?
6. Is there any other thing you would like to tell me or know from me?

Thank you very much for kindly agreeing to talk to me. We have come to the end of our discussion for now, but in case I remember anything else, I might still come back to you for more information. Thank you

Focus group discussion guide for community leaders (clan, CPCs, religious, youth, women, CBOs etc)

1. Could you tell me some background information about this area/community?
2. Is orphanhood an issue in this community?
3. If orphans are an issue, when did it start being felt?
4. What are the factors contributing to orphanhood in his community?
5. Who is caring for the orphans in this community?
6. What do you see as being the major concern about orphans?
7. How are communities coping with the surges in orphanhood?
8. What strategies are being adopted by the communities to meet the needs of the orphans?
9. Is there any organisation or group of people who support orphans or households caring for orphans in this area?
10. What are the challenges that communities are facing in meeting the needs of the orphans?
11. What can be done to mitigate these challenges?
12. Are there local policies and programs that protect orphans?
13. As community leaders, what do you think should be done to improve the lives of orphans in this community?

Thank you very much for kindly agreeing to talk to me. We have come to the end of our discussion for now, but in case I remember anything else, I might still come back to you for more information. Thank you

Focus group discussion guide for community OVC initiative groups (1 FGD)

1. Could you tell me some background information about this: (a) group (b) community?
2. Is orphanhood an issue in this community?
3. If orphans are an issue, when did it start being felt?
4. Who is caring for the orphans in this community?
5. What do you see as being the major concern about orphans?
6. How are communities coping with the surges in orphanhood?
7. What strategies have you adopted to meet the needs of the orphans in this community?
8. What are the challenges that your group is facing in meeting the needs of the orphans?
    a) What can be done to mitigate these challenges?
9. Are there local policies and programs that support your activities in the communities?
10. What do you think should be done to improve the lives of orphans in this community?

Thank you very much for kindly agreeing to talk to me. We have come to the end of our discussion for now, but in case I remember anything else, I might still come back to you for more information. Thank you

Consent Form to Participate in Focus Group Discussion

The purpose of the focus group discussion and the nature of the questions as well as the background to this research study have been explained to me. I consent to take part in a focus group about my experiences on community based initiatives in enhancing service delivery to OVCs in Oyam district, Ngai Sub County, Acut Parish. I also consent to be tape-recorded during this focus group discussion.

My participation is voluntary. I understand that I am free to leave the group at any time. If I decide not to participate at any time during the discussion, my decision will in no way affect any services I receive. None of my experiences or thoughts will be shared with anyone outside this Research exercise unless all identifying information is removed first. The information that I provide during the focus group will be grouped with answers from other people so that I cannot be identified.

__________________________________ ______________________
Please Print Your Name Date

____
Please Sign Your Name

____ __________________________
Witness Signature Date

BACKGROUND INFORMATION SHEET TO BE FILLED OUT BY FGD PARTICIPANTS

1) How old are you? ______

2) Sex: ( ) Female ( ) Male

3) Marital Status
( ) Married
( ) Windowed
( ) Divorced
( ) Separated
( ) Single

4) Religion
( ) Roman Catholic
( ) Protestant
( ) Moslem
( ) Born again Christian
( ) Other (write in here: ______________________)

5) Highest education level completed
( ) Tertiary
( ) Secondary
( ) Primary
( ) Non

University
of Antwerp

IOB
INSTITUTE OF DEVELOPMENT
POLICY AND MANAGEMENT