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HIGHLY VULNERABLE CHILDREN

2008 COUNTRY PROFILE FOR UGANDA

DECEMBER 2008

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The views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the U.S. Government.

CONTENTS

Abbreviations	iv
Purpose of Country Profile	1
Situation of Highly Vulnerable Children in Uganda.....	1
National OVC Response	2
Geographic Coverage	8
Cost of OVC Response	9
Conclusion	11
Appendix A. Strategic Program Plan Objectives, Core Program Areas, Key Interventions, and Implementers and Partners	12
Appendix B: Districts of Uganda.....	19

ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
AVSI	Association of Volunteers in International Service
CBO	community-based organization
CCT	Center Coordinating Tutor
CDA	Community Development Assistant
CDC	Centers for Disease Control and Prevention
CDO	Community Development Officer
COPE	Community-Based Orphan Care, Protection, and Empowerment Project
CPA	Core Program Area
DDC	District Development Committee
DHAC	District HIV/AIDS Committee
DOD	Department of Defense
DOS	Department of State
FBO	faith-based organization
HIV	human immunodeficiency virus
LCIII	Local Council III
MAAIF	Ministry of Agriculture, Animal Industry, and Fisheries
MJCA	Ministry of Justice and Constitutional Affairs
MIA	Ministry of Internal Affairs
MJAP	Mulago-Mbarara Teaching Hospitals Joint Aids Program
MOD	Ministry of Defense
MOES	Ministry of Education and Sports
MOGLSD	Ministry of Gender, Labour, and Social Development
MOH	Ministry of Health
MOLG	Ministry of Local Government
MWHC	Ministry of Works, Housing, and Communications
MWLE	Ministry of Water, Lands, and Environment
NCC	National Council for Children
NGO	nongovernmental organization
NSPPI	National Strategic Program Plan of Interventions for Orphans and Vulnerable Children
ODP	Orphans Development Program
OPM	Office of the Prime Minister
OVC	orphans and vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
PRM	Bureau of Population, Refugees, and Migration
PSWO	Probation and Social Welfare Officer
RDC	Resident District Commissioner
RI	religious institution
SDS	Social Development Sector
TOCIDA	Tororo Community Integrated Development Action
UAC	Uganda AIDS Commission
UBOS	Uganda Bureau of Statistics
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNHCR	UN High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
WAACHA	Women Alliance and Children Affair

PURPOSE OF COUNTRY PROFILE

This country profile for Uganda provides a snapshot of the range of agencies and programs working toward responding to emergency and long-term needs and improving the lives of highly vulnerable children. It is hoped that the Ministry of Gender, Labor, and Social Development; U.S. Agencies; United Nations partners; bilateral agencies, and private organizations—through community-level implementing partners—can work together to identify and address the gaps in service delivery and quality and therefore better coordinate a scaled up response to meet the needs of all highly vulnerable children.

This profile will inform, to the extent possible, the Second Annual Report to Congress on the implementation of “The Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005,” also known as Public Law 109-95. The profile is based on a combination of direct feedback from U.S. agencies in Uganda and a desk review in Washington, D.C.

SITUATION OF HIGHLY VULNERABLE CHILDREN IN UGANDA

The National Orphan and Vulnerable Children Policy in Uganda defines orphans and vulnerable children (OVC) as children under 18 years old who have lost one or both parents and vulnerable children. Vulnerability is defined as a state of being or likelihood of being in a high-risk situation, where a person is likely to suffer significant physical, emotional or mental harm that may result in their human rights not being fulfilled. In Uganda, the term OVC sometimes refers not only to children with increased vulnerabilities because of HIV but also to children made vulnerable due to chronic poverty, armed conflict, and disasters.

Each community defines the category of highly vulnerable children. The National Strategic Program Plan of Interventions for Orphans and Vulnerable Children (NSPPI) provides broad criteria for the selection of vulnerable children as well as vulnerable households with children (see Box 1).

According to the report “Children on the Brink,” it is estimated that, as of 2003, about 14 percent of all children (a total of 2 million) in Uganda are orphans. Nearly half (48%) of these orphans and vulnerable children lost one or both parents due to AIDS-related deaths.¹ According to the 2006 Uganda Demographic and Health Survey, households with orphans constitute one-quarter of all households in Uganda. Rural areas had a higher percentage of households with foster children than urban areas. There were more households with single orphans (18 percent) than with double orphans (6 percent).²

Box 1. Broad Selection Criteria

Vulnerable Children

- Living on their own/institutionalized
- Psychosocial status poor/potentially poor
- Unstable environment (abusive, conflict, migratory)
- In need as determined by consensus
- Orphaned or other vulnerability

Vulnerable Households with Children

- Single/widowed caregiver or head of household or chronically ill adult in household
- Female caregiver or head of household
- Elderly caregiver or head of household
- In need as determined by consensus
- Orphaned or other vulnerable children in household

Source: MOGLSD, 2004. *National Strategic Program Plan of Interventions for Orphans and Other Vulnerable Children Fiscal Year 2005/06–2009/10*.

¹ United Nations Program on HIV/AIDS (UNAIDS), United Nations Children’s Fund (UNICEF), and USAID. 2004. *Children on the Brink*. New York, New York.

² Uganda Bureau of Statistics (UBOS) and Macro International Inc. 2007. *Uganda Demographic and Health Survey 2006*. Calverton, Maryland: UBOS and Macro International Inc.

NATIONAL OVC RESPONSE

The Ugandan government through the Ministry of Gender, Labour, and Social Development (MOGLSD) guides and coordinates the national response to OVC. This response is articulated in the National Orphans and Other Vulnerable Children Policy and the National Strategic Program Plan of Interventions for Orphans and Vulnerable Children. Table 1 shows the key objectives and respective Core Program Areas (CPAs). See Appendix A of this report or the NSPPI for descriptions of the key interventions for each CPA.

Table 1: Strategic Program Plan Objectives and Core Program Areas

Objective	Core Program Area
To create a conducive environment for the survival, growth, development, and participation of orphans and vulnerable children	<ul style="list-style-type: none"> • Socioeconomic security • Food security and nutrition • Care and support • Mitigation of impact of conflict
To deliver integrated, equitably distributed and high-quality essential social services to vulnerable children and households	<ul style="list-style-type: none"> • Education • Psychosocial support • Health
To strengthen the legal, policy, and institutional frameworks for programs targeting vulnerable children and households at all levels	<ul style="list-style-type: none"> • Child protection
To enhance the capacity of households, communities, and implementing agents and agencies to deliver integrated, equitably distributed and high-quality services for vulnerable children and households.	<ul style="list-style-type: none"> • Strengthening capacity

Source: MOGLSD. 2004. *National Strategic Program Plan of Interventions for Orphans and Other Vulnerable Children Fiscal Year 2005/06–2009/10*.

The MOGLSD implements the national OVC response with technical and financial support from USAID and UNICEF and partners with civil society organizations to provide high-quality services to the estimated 2 million OVC in Uganda.³ In addition, several United Nations (UN) agencies, bilateral agencies, and private organizations provide technical and/or programmatic assistance in extending high-quality services to highly vulnerable children (see Box 2).

³ MOGLSD. Indicators. Retrieved July 31, 2008, at <http://www.mglsd.go.ug/ovc/Indicators.htm>.

Box 2. Agencies and Organizations Providing Direct and Indirect Support to OVC

Civil Society Organizations

- African Network for Prevention and Protection against Child Abuse and Neglect
- Alliance for African Assistance
- Alliance of Mayors and Municipal Leaders Initiative for Community Action on AIDS at the Local Level
- Catholic Education Research and Development Organization
- Erusi Women Initiative to Eliminate Poverty
- Grassland Foundation
- Hoima Diocese
- Hope After Rape
- Inter Religious Council of Uganda
- Kibaale District Civil Society Organizations Network
- Kigezi Diocese
- Kumi Planning and Development Secretariat
- National Council for Children
- Save the Children in Uganda
- South Rwenzori Diocese
- The Kids League Uganda
- Tiger's Club Project
- Transcultural Psychosocial Organization
- Uganda Muslim Supreme Council
- Uganda Society for Disabled Children

United Nations Partners

- United Nations Children's Fund
- United Nations World Food Program
- United Nations Population Fund
- United Nations International Labor Organization

Bilateral Agencies

- Danish International Development Assistance
- United Kingdom's Department for International Development
- Irish Agency for International Development
- Norwegian Agency for Development Cooperation
- United States Agency for International Development

Private Organizations

- Clinton Foundation

Civil society organizations and other international, bilateral, and private partners provide services that are in line with the CPAs. Table 2 summarizes the program areas and the implementing organizations.

Table 2: Core Program Area by Organization

Core Program Area	Government	Civil Society	UN Partner	Bilateral Agency and Implementing Partners	Private Org.
Socio-economic security	<p>Community-based Services Coordinator at district level</p> <p>Sub-county Chief, community development officers (CDOs), and community development assistants (CDAs) at the sub-county level</p>			<p>USAID—Salvation Army; Community-Based Orphan Care, Protection, and Empowerment Project (COPE); Opportunity International</p> <p>Department of Defense (DOD)—Makerere University Walter Reed Project</p> <p>Department of State (DOS)—Community Grants Program (Ekitangaala Fish Farms, PATH, Tororo Community Integrated Development Action (TOCIDA)</p>	
Food security and nutrition	<p>MOGLSD</p> <p>Ministry of Agriculture, Animal Industry, and Fisheries (MAAIF)</p> <p>Ministry of Water, Lands, and Environment (MWLE)</p> <p>Ministry of Education and Sports (MOES)</p> <p>Ministry of Health (MOH)</p> <p>Office of the Prime Minister (OPM)/Orphan Development Program (ODP)</p> <p>Director of Food Production at the district level</p> <p>CDOs and CDAs at the sub-county level</p>		World Food Program	<p>USAID—Title II Program</p> <p>DOD—Makerere University Walter Reed Project</p> <p>Centers for Disease Control and Prevention (CDC)—AIDS Relief OVC Program, Expansion of National Pediatric HIV/AIDS Prevention, Care, and Treatment Services and Training of Service Providers Project, Mildmay International, Mulago-Mbarara Teaching Hospitals Joint Aids Program (MJAP) OVC Program</p> <p>DOS—Community Grants Program (Manna Rescue Home, Banyatereza Sisters, Ekitangaala Fish Farms, PATH, Women Alliance and Children Affair or WAACHA)</p>	

Care and support	<p>MOGLSD</p> <p>Ministry of Local Government (MOLG)</p> <p>MOES</p> <p>MOH</p> <p>MAAIF</p> <p>Ministry of Works, Housing, and Communications (MWHC)</p> <p>MWLE</p> <p>OPM/ODP</p> <p>District Probation and Social Welfare Officer (PSWO) through the District</p> <p>Development Committee (DDC)/District HIV/AIDS Committee (DHAC)</p> <p>CDOs and CDAs</p>			<p>USAID—Salvation Army, Plan International, Christian AID, Association of Volunteers in International Service (AVSI), COPE</p> <p>DOD—Makerere University Walter Reed Project</p> <p>CDC—AIDS Relief OVC Program, Expansion of National Pediatric HIV/AIDS Prevention, Care, and Treatment Services and Training of Service Providers Project, Mildmay International, MJAP OVC Program</p> <p>DOS—Community Grants Program (Manna Rescue Home, Banyatereza Sisters, WAACHA)</p>	
Mitigation of the impact of conflict	<p>Ministry of Internal Affairs (MIA), Ministry of Defense (MOD), MOLG, OPM/ODP, and the office of the President</p> <p>MOE, MOH</p> <p>Resident District Commissioner</p> <p>Local Council-III (LCIII) Chairperson at the sub-county level</p>				

Education	<p>MOE</p> <p>MOLG</p> <p>District Education Officer at the district level</p> <p>Center coordinating tutors (CCTs) at sub-county level</p>			<p>USAID—Plan International, AVSI, COPE</p> <p>DOD—Makerere University Walter Reed Project</p> <p>CDC—Expansion of National Pediatric HIV/AIDS Prevention, Care, and Treatment Services and Training of Service Providers Project, Mildmay International</p> <p>DOS—Community Grants Program (Manna Rescue Home, Banyatereza Sisters, Ekitangaala Fish Farms, PATH, Victoria Nile Foundation)</p>	
Psychosocial support	<p>MOH in partnership with MOLG</p> <p>District PSWO</p> <p>Social workers</p> <p>CDOs and CDAs at the sub-county level</p>			<p>USAID—Salvation Army, Plan International, AVSI, COPE</p> <p>DOD—Makerere University Walter Reed Project</p> <p>CDC—AIDS Relief OVC Program, Expansion of National Pediatric HIV/AIDS Prevention, Care, and Treatment Services and Training of Service Providers Project, Mildmay International, MJAP OVC program</p> <p>DOS—Community Grants Program (Manna Rescue Home, Banyatereza Sisters, PATH, WAACHA)</p>	
Health	<p>MOH in partnership with the Uganda AIDS Commission (UAC), MOLG</p>		<p>UNICEF</p> <p>United Nations Population Fund (UNFPA)</p> <p>UNAIDS</p>	<p>USAID—AVSI, COPE</p> <p>DOD—Makerere University Walter Reed Project</p> <p>CDC—AIDS Relief OVC Program, Expansion of National Pediatric HIV/AIDS Prevention, Care, and Treatment Services and Training of Service Providers Project, Mildmay International, MJAP OVC Program</p> <p>DOS—Community Grants Program (Manna Rescue Home, Banyatereza Sisters, Ekitangaala Fish Farms, PATH, WAACHA)</p>	Global Fund

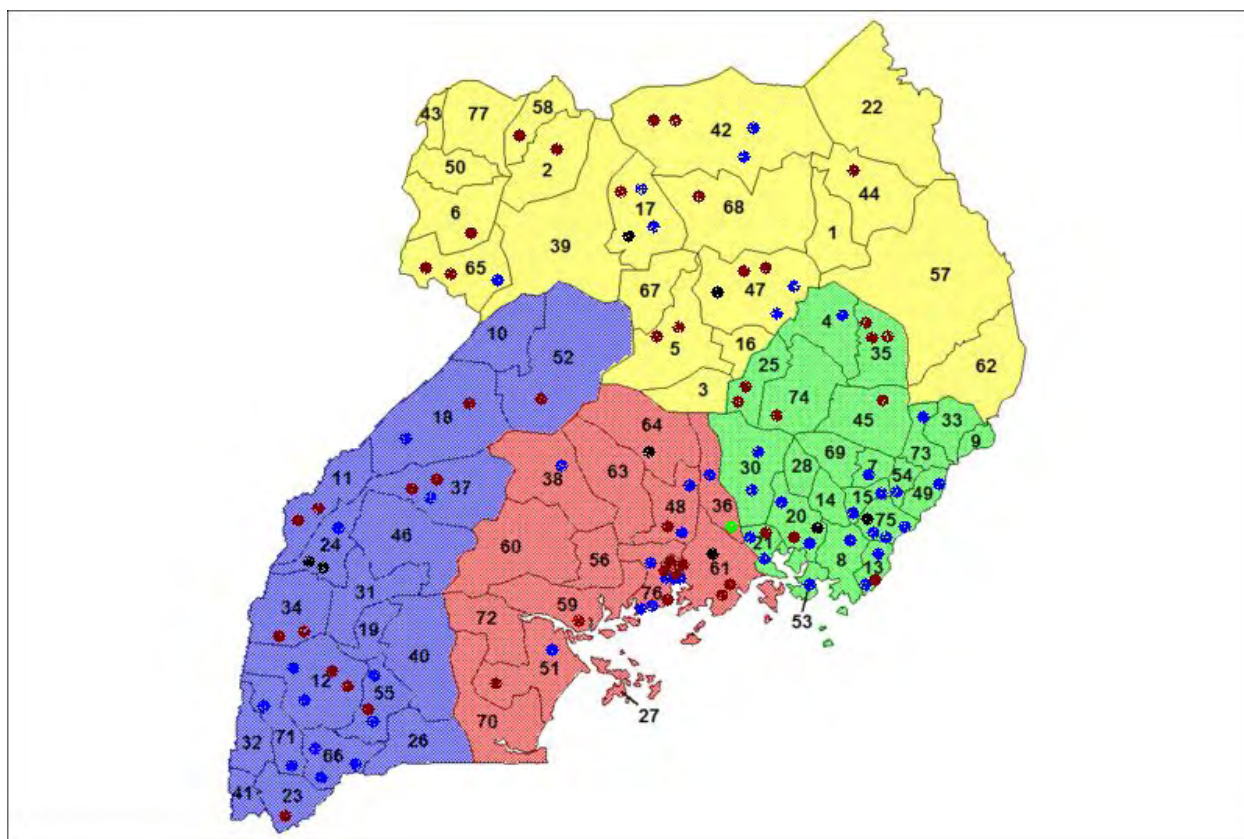
Child protection	<p>MOGLSD in collaboration with the National Council for Children (NCC), MIA, Police, Ministry of Justice and Constitutional Affairs (MJCA), Ag's Office, MOES, MOH, and MOLG</p> <p>Office of the First Lady</p> <p>PSWOs at the district level</p> <p>CDOs and CDAs at the sub-county level</p> <p>Secretary for Children's Affairs at the local government level</p> <p>Child advocates, social workers, and healthcare workers</p>		UNICEF	<p>USAID—Plan International</p> <p>DOS—Community Grants Program (Manna Rescue Home, PATH)</p>	
Strengthening capacity	<p>MOGLSD, MOLG, and district officials</p> <p>MWHC and MWLE</p> <p>MOES and MOH</p> <p>Resident District Commissioner (RDC) at the district level</p> <p>Sub-county chief and MOLG officials</p>			<p>USAID</p> <p>USAID—CARE International, Salvation Army, Christian AID, AVSI, COPE</p> <p>DOD—Makerere University Walter Reed Project</p> <p>CDC—AIDS Relief OVC Program, Expansion of National Pediatric HIV/AIDS Prevention, Care, and Treatment Services and Training of Service Providers Project, Mildmay International, MJAP OVC Program)</p>	

Source: MOGLSD. 2004. *National Strategic Program Plan of Interventions for Orphans and Other Vulnerable Children Fiscal Year 2005/06–2009/10*; feedback forms from U.S. agencies in Uganda.

GEOGRAPHIC COVERAGE

Uganda is bordered by Kenya in the east, Tanzania in the south, Rwanda in the southwest, the Democratic Republic of Congo in the west, and Sudan in the north. The country has an area of 241,039 square kilometers and is administratively divided into 80 districts.⁴ Figure 1 shows the distribution of services for OVC in Uganda. Each dot represents one organization and each number is a district. See Appendix B for the list of districts. The color differentiation of dots indicates whether the organization is supported by the ministry, USAID, CDC, DOD, or DOS. Unfortunately, it was not possible to obtain this information from UN partners or other bilateral agencies as of August 2008.

Figure 1. Services for OVC in Uganda's 80 Districts by Support Agency



Source: MOGLSD; feedback forms from U.S. agencies in Uganda.

Legend:

- Implementing partners supported by MOGLSD
- Implementing partners supported by USAID
- Implementing partner supported by the DOD
- Implementing partners supported by DOS

⁴ UBOS and Macro International Inc. 2007. *Uganda Demographic and Health Survey 2006*. Calverton, Maryland: UBOS and Macro International Inc.

COST OF OVC RESPONSE

The MOGLSD estimated the annual costs of the national OVC response in the NSPPI for fiscal years 2005/06 to 2009/10 (see Table 3). The government will finance these costs through the Social Development Sector Investment Plan, several ministry funds, and external sources. The Social Development Sector Development Partner Group—which includes UNICEF, USAID, United Kingdom’s Department for International Development, Swedish International Development Agency, Danish International Development Assistance, Norwegian Agency for Development Cooperation, Save the Children, CARE, and World Vision—will be a key player in providing funding for the Social Development Sector (SDS) in Uganda or building the capacity of the SDS.

Table 3: Annual Costs for the 10 CPAs under the NSPPI (in ‘000 US\$)

	2004	2005	2006	2007	2008	Total	Percent
Subtotal CPA1 Socioeconomic Security	44,409	45,741	47,113	48,527	49,982	235,772	23.7%
Subtotal CPA2 Food and Nutrition Security	25,257	26,015	26,796	27,599	28,427	134,095	13.5%
Subtotal CPA3 Care and Support	14,387	14,819	15,263	15,721	16,193	76,383	7.7%
Subtotal CPA4 Mitigation of the Impact of Conflict	1,331	1,371	1,412	1,454	1,498	7,066	0.7%
Subtotal CPA5 Education	33,414	35,650	37,989	39,129	40,303	186,484	18.7%
Subtotal CPA 6 Psychosocial Care and Support	8,004	15,313	23,053	23,745	24,457	94,572	9.5%
Subtotal CPA 7 Health	9,528	17,951	26,871	36,310	46,291	136,951	13.8%
Subtotal CPA8 Child Protection	4,085	4,208	4,334	4,464	4,598	21,689	2.2%
Subtotal CPA9 Legal Protection	8,716	8,978	9,247	9,525	9,810	46,276	4.6%
Subtotal CPA10 Capacity Building	10,538	10,831	11,204	11,491	11,864	55,928	5.6%
TOTAL	159,670	180,876	203,282	217,965	233,423	995,217	100.0%

Source: MOGLSD. 2004. *National Strategic Program Plan of Interventions for Orphans and Other Vulnerable Children Fiscal Year 2005/06–2009/10*.

U.S. government (USG) contributions to Uganda under the President’s Emergency Plan for AIDS Relief (PEPFAR) for fiscal year 2007 totaled US\$236,626,415.⁵ A percentage of these funds financed OVC interventions. Feedback from U.S. agencies in Uganda helped inform estimates of the funds received through PEPFAR for OVC interventions. As shown in Table 4, there is some missing information.

⁵ U.S. government. Uganda FY 2007 Country Operational Plan. Retrieved June 24, 2008, at <http://www.pepfar.gov/about/82442.htm>.

Table 4: USG OVC PEPFAR Funding (in US\$)

USAID	2004	2005	2006	2007	2008	2009
Salvation Army		266,786	599,557	571,349	544,119	
PLAN USA		540,000	518,712	244,288		
Opportunity International	543,886	100,000	415,978	42,276		
AVSI		661,929	1,054,270	723,537		
Christian Aid		150,000	150,000	150,000	150,000	150,000
CARE						22,200,000
Africare			454,636	293,177	281,061	
<i>Sub-total USAID</i>	<i>543,886</i>	<i>1,718,715</i>	<i>3,193,153</i>	<i>2,024,627</i>	<i>975,180</i>	<i>22,350,000</i>
DOS	2004	2005	2006	2007	2008	2009
WAACHA				9,700		
Ekitangaala Fish Farms				100,000		
Victoria Nile Foundation				25,000		
PATH				50,000		
TOCIDA				25,000		
Youth Encouragement Services				2,669		
Banyatereza Sisters				3,850		
<i>Sub-total DOS</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>216,219</i>	<i>0</i>	<i>0</i>
DOD	2004	2005	2006	2007	2008	2009
Makere University Walter Reed Project			170,000	200,000	200,000	
Uganda Peoples Defense Forces						
<i>Sub-total DOD</i>	<i>0</i>	<i>0</i>	<i>170,000</i>	<i>200,000</i>	<i>200,000</i>	<i>0</i>
CDC	2004	2005	2006	2007	2008	2009
Baylor College of Medicine					300,000	
AIDS Relief Project					458,333	
Mildmay International					750,000	
Mulago-Mbarara Teaching Hospitals (MJPAP OVC Program)					200,000	
<i>Sub-total CDC</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>1,708,333</i>	<i>0</i>
Peace Corps	2004	2005	2006	2007	2008	2009
<i>Sub-total Peace Corps</i>	<i>0</i>	<i>80,000</i>	<i>202,900</i>	<i>542,000</i>	<i>5,921,000</i>	<i>0</i>
Total USG funding (US\$)	543,886	1,798,715	3,566,053	2,982,846	8,804,513	22,350,000

Source: Feedback forms from U.S. agencies in Uganda.

In addition to the U.S. agencies that receive funding for OVC programs through PEPFAR, the Bureau of Population, Refugees, and Migration (PRM) under the Department of State receives funding for refugee populations—of which approximately two-thirds are children. Their refugee status places these children in a vulnerable environment. The PRM provides funding to the International Rescue Committee and the Office of the UN High Commissioner for Refugees (UNHCR) Refugee Protection and Assistance Program, as well as the Program for Internally Displaced People (see Table 5).

Table 5: PRM Funding for Programs that Affect OVC

Bureau of Population, Refugees, and Migration	2007 US\$
International Rescue Committee	999,984
UNHCR—Refugee Protection and Assistance Program	2,700,000
UNHCR—Internally Displaced Program	1,260,000
Total PRM funds	4,959,984

Source: Feedback form from PRM in Washington, D.C.

CONCLUSION

This country profile will inform stakeholders working to improve the lives of highly vulnerable children on the response being carried out by civil society organizations supported by the Ugandan government, UN partners, U.S. agencies, bilateral agencies, and private organizations. The profile aims to answer the following:

- What is the framework of the national response?
- What other organizations are involved?
- What services are being delivered?
- Where are services being delivered?
- How much funding is directed to OVC services?

In addition, with this information, organizations working in Uganda can, together, identify and address the gaps in service delivery and quality throughout the country.

APPENDIX A. STRATEGIC PROGRAM PLAN OBJECTIVES, CORE PROGRAM AREAS, KEY INTERVENTIONS, AND IMPLEMENTERS AND PARTNERS

Objective I: To create a conducive environment for the survival, growth, development, and participation of OVC

Core Program Area (CPA)	Key Interventions	Key Implementers and Partners
CPA I: Socioeconomic Security		
This is the ability and capacity of orphans and vulnerable children and/or household with orphans and other vulnerable children to sustain their livelihood over the medium and long term with or without short-term emergency assistance.	<ol style="list-style-type: none"> 1. Basic assistance (income support) <ul style="list-style-type: none"> • Microfinance and small credit services for vulnerable youth and households • Regular income support for older caregivers of OVC 2. Training <ul style="list-style-type: none"> • Counseling about savings, health, psychosocial and educational investments, and improvements in SES for caregivers • Apprenticeship and internship programs for out-of-school vulnerable youth • Training in microenterprise and/or small business management for caregivers 3. Community involvement <ul style="list-style-type: none"> • Volunteer programs to support community safety nets, including community labor • Incentives for local businesses to sponsor scholarships for orphans and other vulnerable children • Strategic discussions among multisectoral community leaders regarding socioeconomic security issues 	<p>Private sector, especially businesses, industry, and microfinance institutions</p> <p>Major investments from sector budgets needed from MOGLSD, MOLG, MWHC, MAAIF, MWLE</p> <p>Community-based Services Coordinator at the district level</p> <p>Sub-County Chief, CDOs, and CDAs at the sub-county level</p>
CPA II: Food Security and Nutrition		
This is the process by which individuals and households ensure that they are able to access through either primary production or secondary acquisition adequate and appropriate foods that guarantee their short- and long-term nutritional needs.	<ol style="list-style-type: none"> 1. Basic assistance (food and agricultural support) <ul style="list-style-type: none"> • agricultural tools and equipment for vulnerable households • short-term, school-based food programs • short-term community food programs 2. Training <ul style="list-style-type: none"> • counseling for caregivers of chronically ill household members about alternative food security practices • training in appropriate nutrition for persons who are chronically ill 	<p>The following government partners are key players in implementation, collaboration, and coordination activities:</p> <ul style="list-style-type: none"> • MOGLSD, MAAIF, MWLE, MOES, MOH, OPM/ODP • Nongovernmental organizations (NGOs),

	<ul style="list-style-type: none"> • training about access to food markets • training in less labor • intensive farming technologies • training about the impact of HIV/AIDS for agricultural and veterinary sector actors <p>3. Community-based involvement</p> <ul style="list-style-type: none"> • awareness campaigns regarding food and water issues • volunteer programs • involvement of agriculture extension officers in outreach to the ill, elderly, and disabled • school-based gardening programs for older children 	<p>faith-based organizations (FBOs), and religious institutions (RIs)</p> <ul style="list-style-type: none"> • Multilateral partners such as the World Food Program and bilateral partners such as USAID (through the Title II Program) are key partners • Director of Food Production at the district level • CDOs and CDAs at the sub-county level
CPA III: Care and Support		
<p>The provision of basic commodities, such as food, clothing, bedding, and/or shelter to an orphan, other vulnerable children, household, or institution taking care of orphans and/or other vulnerable children.</p>	<p>1. Basic assistance (food, water, shelter, sanitation, clothing, bedding)</p> <ul style="list-style-type: none"> • short-term care packages for vulnerable children • short-term care packages for vulnerable children living without adult supervision or institutions • short-term care packages for vulnerable households • specialized assistance for vulnerable children and caregivers with disabilities • assistance to improve shelter, water, sanitation for the neediest households <p>2. Re-settlement and alternative care</p> <ul style="list-style-type: none"> • alternative foster care for vulnerable children living without adult supervision • alternative foster care for vulnerable children living with adult supervision • re-integration and/or re-settlement of children from alternative care facilities into communities • inspection of alternative care facilities <p>3. Training</p> <ul style="list-style-type: none"> • in the care of the chronically ill and vulnerable children • in appropriate psychosocial care for children and caregivers • in the handling, care, and support of children in alternative care facilities 	<p>Government partners: MGLSD, MOLG, MOES, MOH, MAAIF, MWHC, MWLE, OPM/ODP, Bilateral donors</p> <p>NGOs</p> <p>Alternative care facilities District PSWO through the DDC/DHAC</p> <p>CDOs and CDAs at the sub-county level</p>

	<p>4. Community-based involvement</p> <ul style="list-style-type: none"> • awareness campaigns regarding care and support • community volunteer programs • investment in low-cost water and sanitation technologies such as pumps, VIP latrines, wells, and piped water 	
CPA IV: Mitigation of the Impact of Conflict		
<p>This refers to the process by which individuals, households, and communities in collaboration with civil society, government, and private sector actors' work to secure an environment in which essential social services can reach vulnerable populations affected by conflict.</p>	<p>1. Basic assistance (counseling, demobilization, safe havens)</p> <ul style="list-style-type: none"> • counseling for conflict-affected children • child soldier demobilization programs • creating/increasing reception centers for demobilized child soldiers • creating/increasing safe areas for children to access education and health services in unstable areas • resettlement of conflict-affected and displaced children into non-conflict areas or alternative care <p>2. Training and advocacy</p> <ul style="list-style-type: none"> • development of school-based curricula on conflict resolution • training of health personnel in documentation of psychosocial and physical trauma due to violence • awareness raising among military personnel regarding inappropriateness of child recruitment • advocacy for laws prohibiting child military recruitment <p>3. Community involvement</p> <ul style="list-style-type: none"> • community-based education on minimizing the impact of conflict on children • strategic discussions among multisectoral community leaders about reduction in harm to children and maintaining health, psychosocial, and education services to them during times of conflict 	<p>MIA, MOD, MOLG, OPM/ODP, and the Office of the President</p> <p>MOE and MOH</p> <p>NGOs, FBOs, and RIs with expertise in legal, policy, and advocacy issues</p> <p>Resident District Commissioner</p> <p>LCIII Chairperson at the sub-county level</p>
CPA V: Education		
<p>This refers to the formal and informal systems of information acquisition, skill building, and technical experience that are made available during childhood but may involve adults who are seeking to acquire new skills.</p>	<p>1. Basic assistance (educational services and support)</p> <ul style="list-style-type: none"> • short-term assistance for needy primary- and secondary-level students (scholastic materials and uniforms) • short-term assistance for vocational school students (tuition fees and materials) • alternative or non-formal basic education for children living in difficult environments 	<p>MOE working closely with private sector providers of educational services</p> <p>International and national NGOs, FBOs, RIs, and community-based</p>

	<ul style="list-style-type: none"> adult, basic education programs for caregivers of vulnerable children <p>2. Training</p> <ul style="list-style-type: none"> in psychosocial care and support to orphans and other vulnerable children who are in school, at risk of dropping out, or have dropped out in the gender impact of HIV/AIDS and innovations to keep girls in school and safe <p>3. Community involvement</p> <ul style="list-style-type: none"> community innovations in preschool care and education programs for orphans and other vulnerable children <p>4. Monitoring</p> <ul style="list-style-type: none"> school-based monitoring of children at risk of dropping out 	<p>organizations (CBOs)</p> <p>A key partner in supervision, monitoring, and evaluation: MOGLSD</p> <p>MOLG</p> <p>District Education Officer at district level</p> <p>CCTs at sub-county level</p>
CPA VI: Psychosocial Support		
<p>This is assistance given to orphans and other vulnerable children and families with orphans and other vulnerable children to positively and meaningfully affect the psychological and social situation that impacts on their mental function and social behavior in relation to their family and to the society in which they live.</p>	<p>1. Basic assistance (psychosocial services)</p> <ul style="list-style-type: none"> therapeutic activities for chronically ill parents facilitating the preparation of wills, memory books, and any transition in care giving community-based psychosocial services for the chronically ill with HIV/AIDS and their caregivers recreational activities for children of all ages, including out-of-school youth provision of recreational equipment, facilities, and programs facilitation of community libraries or centers for information exchange facilitation of youth groups, mentoring, and other peer groups psychosocial services for conflict-affected children and their caregivers <p>2. Training</p> <ul style="list-style-type: none"> in prevention, care, and support of those chronically or terminally ill with HIV/AIDS <p>3. Community involvement</p> <ul style="list-style-type: none"> strengthening of traditional community mechanisms of psychosocial support strategic discussions among multisectoral community leaders on the provision of psychosocial services community awareness raising around HIV/AIDS and the prevention of stigma and discrimination home-based care support groups for chronically ill 	<p>MOH working with MOLG and providers of mental health care in the private sector, international and national NGOs, and religious institutions</p> <p>MOES working with teachers to detect vulnerable children in need of psychosocial care</p> <p>District PSWO Social workers</p> <p>CDOs and CDAs at the sub-county level</p>

CPA VII: Health		
<p>This is the state of physical, mental, and emotional well-being that provides an opportunity for individuals to be as productive as possible and achieve their greatest potential.</p>	<p>1. Basic assistance (care and referral)</p> <ul style="list-style-type: none"> preventive healthcare for vulnerable children hospice care for chronically and terminally ill children in need of specialized care psychosocial counseling for vulnerable children, caregivers, and the chronically ill short-term curative healthcare for vulnerable children and households in need <p>2. Training and education</p> <ul style="list-style-type: none"> information on health, hygiene, nutrition, and antiretroviral therapy for persons with HIV/AIDS care and support manuals for trainers of caregivers of the chronically ill posters and pamphlets about HIV/AIDS and the care of those chronically or terminally ill with HIV/AIDS training of healthcare workers in providing more user-friendly services for older persons, those with disabilities, and vulnerable children <p>3. Community involvement</p> <ul style="list-style-type: none"> community care and support initiatives community-based cooperative care groups formation of peer groups <p>4. Monitoring</p> <ul style="list-style-type: none"> health center-based mechanism of monitoring the health status of vulnerable children through the inclusion of vulnerability status on immunization card and out-patient and in-patient forms 	<p>MOH working with UAC, MOLG, and providers of healthcare in the private sector and through religious institutions</p> <p>Key support will need to come from USAID, UNICEF, UNFPA, UNAIDS, and the Uganda Global Fund Country Coordinating Mechanism</p> <p>District Director of Health Services at the district level</p> <p>Health assistants and inspectors at the sub-county level</p> <p>Healthcare workers at all levels of health facilities and schools</p>
CPA VIII: Child Protection		
<p>This is the immediate response to circumstances and conditions that create gross violation of the rights of children, subjecting them to serious risks and hazard.</p>	<p>1. Basic assistance (immediate interventions and enforcement)</p> <ul style="list-style-type: none"> removal of orphans and other vulnerable children from dangerous situations into temporary alternative care facilities legal aid for orphans and other vulnerable children and their caregivers with legal issues legal redress for widows and orphans and other vulnerable children regarding pensions and property improvement of fostering, adoption, and guardianship arrangements 	<p>MOGLSD working in close collaboration with NCC, MIA, Police, MJCA, Administrator General's Office, MOES, MOH, and MOLG</p> <p>NGOs, the media, Office of</p>

	<ul style="list-style-type: none"> increased number of child and family protection units at police stations to address abuse and neglect <p>2. Vital registration and information systems</p> <ul style="list-style-type: none"> strengthening of the birth and death registration system improving of the fostering, adoption, and guardianship process linking of health and education records to improve outcomes in both sectors <p>3. Training and advocacy</p> <ul style="list-style-type: none"> information targeted to children and other vulnerable groups on domestic violence, abuse, and neglect Broad-based awareness campaign on reporting cases of child abuse, neglect, or labor training for local leaders in child protection issues, rights, and laws awareness raising regarding ways to reduce stigma and discrimination toward orphans, other vulnerable children, households, and persons affected by HIV/AIDS <p>4. Community involvement</p> <ul style="list-style-type: none"> community meetings to discuss and implement actions to reduce child abuse, neglect, and labor discussions among multisectoral community leaders about monitoring and reporting on child protection issues 	<p>the First Lady, and UNICEF PSWOs at the district level</p> <p>CDOs and CDAs at the sub-county level</p> <p>Secretary for Children's Affairs at all levels of local government</p> <p>Child advocates at all levels of local government</p> <p>Social workers in schools and health centers</p> <p>Healthcare workers</p>
CPA IX: Strengthening Capacity		
<p>This is the process by which individual, household, community, and national capacity is improved in order to deliver adequate care, support, and services to OVC.</p>	<p>1. Infrastructure</p> <ul style="list-style-type: none"> improve facilities and resources for social welfare workers <p>2. Personnel and training</p> <ul style="list-style-type: none"> increase number of social workers and assistants improve training for social workers train teachers in social welfare and psychosocial issues provide training in monitoring and evaluation among social workers, development partners, and outreach workers <p>3. Operations and management</p> <ul style="list-style-type: none"> mobilization and allocation of resources monitoring and evaluation of agency performance 	<p>MOGLSD, MOLG, and district officials working closely with NGOs</p> <p>Infrastructure from MWHC and MWLE</p> <p>Personnel and services from MOES and MOH</p> <p>Increase in human resource capacity will require collaboration with the</p>

	<ul style="list-style-type: none"> • improved transparency and reporting mechanisms • operations research, documentation, and dissemination • examination of social sector records in other sectors (health, education, justice, police) <p>4. Interagency linkages</p> <ul style="list-style-type: none"> • improved communication between MOGLSD, development partners, and implementing agencies • creation of consortia of actors for efficient service delivery • coordination of policy, planning, monitoring, evaluation, and quality assurance mechanisms • exchange visits between MOGLSD and other social sector actors • mobilization of resources nationally and internationally <p>5. Community involvement</p> <ul style="list-style-type: none"> • needs assessment, baselines, evaluations, community-based management information system 	<p>Ministry of Public Service</p> <p>MOGLSD (Planning Unit), UAC, and NCC will serve as centers for monitoring, evaluation, supervision, and documentation</p> <p>Academic institutions will provide technical assistance for monitoring and evaluation</p> <p>Private sector</p> <p>RDC at the district level, Sub-county Chief and MOLG officials and CBO leaders, staff and volunteers at the sub-county level</p>
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Source: MOGLSD. 2004. *National Strategic Program Plan of Interventions for Orphans and Other Vulnerable Children Fiscal Year 2005/06–2009/10*.

APPENDIX B: DISTRICTS OF UGANDA

Central Region (red)			Eastern Region (green)			Northern Region (yellow)			Western Region (blue)		
Map	District	Population	Map	District	Population	Map	District	Population	Map	District	Population
27	Kalangala	36,661	4	Amuria	183,817	1	Abim	58,590	10	Bulisa	64,823
29	Kampala	1,208,544	7	Budaka*	221,525	2	Adjumani	201,493	11	Bundibugyo	212,884
36	Kayunga	297,081		Bududa	124,368	3	Amolatar	96,374	12	Bushenyi	723,427
38	Kiboga	231,718	8	Bugiri	426,522	39	Amuru	177,783	18	Hoima	349,204
48	Luwero	336,616		Bukedea	122,527	5	Apac	405,524	19	Ibanda	198,043
	Lyantonde	66,175	9	Bukwa	49,826	6	Arua	413,113	26	Isingiro	318,913
51	Masaka	767,759	13	Busia	228,181	16	Dokolo	131,047	23	Kabale	471,783
56	Mityana	269,763	14	Namutumba	169,156	17	Gulu	290,624	24	Kabarole	359,180
59	Mpigi	414,757	15	Butaleja	160,927	22	Kaabong	379,775	31	Kamwenge	295,313
60	Mubende	436,493	20	Iganga	547,155	42	Kitgum	286,122	32	Kanungu	205,095
61	Mukono	807,923	21	Jinja	413,937	43	Koboko	131,604	34	Kasese	532,993
63	Nakaseke	138,011	25	Kaberamaido	122,924	44	Kotido	157,765	37	Kibale	413,353
64	Nakasongola	125,297	28	Kaliro	153,513	47	Lira	530,342	40	Kiruhura	212,087
70	Rakai	405,631	30	Kamuli	558,566	50	Maracha-Terego	310,338	41	Kisoro	219,427
72	Sembabule	184,178	33	Kapchorwa	143,684	57	Moroto	170,506	46	Kyenjojo	380,362
76	Wakiso	957,280	35	Katakwi	123,215	58	Moyo	199,912	52	Masindi	405,042
			45	Kumi	265,488	62	Nakapiripirit	153,862	55	Mbarara	360,008
			49	Manafwa	264,383	65	Nebbi	433,466	66	Ntungamo	386,816
			53	Mayuge	326,567	67	Oyam	270,720	71	Rukungiri	308,696
			54	Mbale	332,174	68	Pader	293,679			
			69	Pallisa*	300,729	77	Yumbe	253,325			
			73	Sironko	291,906						
			74	Soroti	371,986						
			75	Tororo	398,601						

Source: Retrieved August 1, 2008. Districts of Uganda. Wikipedia. http://en.wikipedia.org/wiki/Districts_of_Uganda

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