THE REPUBLIC OF UGANDA

MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

NATIONAL STRATEGIC PROGRAMME PLAN OF INTERVENTIONS FOR ORPHANS AND OTHER VULNERABLE CHILDREN

FISCAL YEAR 2005/6 – 2009/10

Empowering Genders and Generations among Uganda's Vulnerable Groups

October 2004

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List of Abbreviations and Acronyms

AIDS	:	Acquired Immune Deficiency Syndrome
AG	:	Administrator General
ART	:	Antiretroviral Treatment
CAO	:	Chief Administrative Officer
CBMIS	:	Community Based Management Information System
CBO	:	Community Based Organisation
CCM	:	Country Coordinating Mechanism
CCT	:	Centre Coordinating Tutor
CDA	:	Community Development Assistant
CDO	:	Community Development Officer
CIDA	:	Canadian International Development Agency
CPA	:	Core Programme Area
CSO	:	Civil Society Organisation
DANIDA	:	Danish Agency for International Development Assistance
DDC	:	District Development Committee
DFID	:	Department for International Development (of the UK)
DHAC	:	District HIV/AIDS Committee
DIT	:	District Implementation Team
ESP	:	Essential Services Package
FBO	:	Faith Based Organisation
GFATM	:	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	:	Human Immunodeficiency Virus
LC	:	Local Council
MAAIF	:	Ministry of Agriculture, Animal Industry & Fisheries*
MDGs	:	Millennium Development Goals
MFA	:	Ministry of Foreign Affairs
MFI	:	Micro-finance Institution
MIA	:	Ministry of Internal Affairs
MFPED	:	Ministry of Finance, Planning & Economic Development
MGLSD	:	Ministry of Gender, Labour and Social Development
MJCA	:	Ministry of Justice and Constitutional Affairs
MPS	:	Ministry of Public Service
MOD	:	Ministry of Defence
MOES	:	Ministry of Education and Sports
MOH	:	Ministry of Health
MWHC	:	Ministry of Works, Housing and Communications
MOLG	:	Ministry of Local Government
MTTI	:	Ministry of Tourism, Trade, and Industry
MWLE	:	Ministry of Water, Lands and Environment
MTEF	:	Medium Term Expenditure Framework
MP	:	Member of Parliament

NCC	:	National Council for Children
NOSC	:	National Orphans and other Vulnerable Children Steering Committee
NOP	:	National Orphans and Other Vulnerable Children Policy
NSPPI	:	National Strategic Programme Plan of Interventions (for Orphans and other Vulnerable Children)
OPM	:	Office of the Prime Minister
PEAP	:	Poverty Eradication Action Plan
PCY	:	Promotion of Children and Youth (MGLSD project)
PEARL	:	Programme for the Enhancement of Adolescent Reproductive Health (MGLSD project)
PEPFAR	:	President (Bush's) Emergency Program for AIDS Relief
PSWO	:	Probation and Social Welfare Officer
RDC	:	Resident District Commissioner
RI	:	Religious Institution
TRC	:	Technical Resource Sub-Committee
SDIP	:	Social Development Sector Investment Plan
SDS	:	Social Development Sector
SES	:	Socio-Economic Status
SWAp	:	Sector Wide Approach
TWG	:	Thematic Working Group
UAC	:	Uganda AIDS Commission
UBOS	:	Uganda Bureau of Statistics
UDHS	:	Uganda Demographic and Health Survey
UNHS	:	Uganda National Household Survey
UNAIDS	:	Joint United Nations Programme on HIV/AIDS
UNFPA	:	United Nations Population Fund
UNGASS	:	United Nations General Assembly's Special Session on HIV/AIDS
UNPAC	:	Uganda National Programme of Action for Children
UPE	:	Universal Primary Education
UNICEF	:	United Nations Children's Fund
USAID	:	United States Agency for International Development
YES	:	Youth Entrepreneurship Scheme (MGLSD project)

Foreword

The National Strategic Programme Plan of Interventions (NSPPI) for Orphans and Other Vulnerable Children in Uganda is yet another milestone in Uganda's journey towards the social protection of its most vulnerable population groups. Investment in social development provides opportunities to tackle imbalances and inequalities and to secure an adequate livelihood justified within the equity led growth policies of the Government of Uganda. By ensuring that Orphans and Other Vulnerable Children live safe, healthy and productive lives, Uganda is investing in a stable future for generations of children who would otherwise be lost.

The articulation of the NSPPI for Orphans and Other Vulnerable Children attests to the seriousness of the situation today such that a national plan is needed in order to guide the implementation of key interventions in as efficient and effective manner as possible. The extended family in Uganda has continued to provide the safety net that these children need, but the scale of the situation does not match the interventions that currently exist. Immediate scale-up of interventions that have been known to work are needed today. It is estimated that Uganda has no fewer than two million orphans. Orphans, widows, and the elderly are categories of our population who constitute a higher share of the population that live below the poverty line and yet have also been impacted the greatest, by the devastating effects of HIV/AIDS.

The NSPPI defines a comprehensive and co-ordinated approach to programming, implementation, monitoring and evaluation of interventions aimed at mitigating the situation of orphans, other vulnerable children, their caregivers and communities in Uganda. Existing investments from government, CSOs, religious groups, private sector, development partners and others are only reaching a small proportion of those in need. Investments and interventions must be increased and streamlined to reach the target beneficiaries more directly. Some laws designed to protect children, including Orphans and Other Vulnerable Children, do exist, but are deemed insufficient, are not disseminated widely enough, or are not enforced.

My sincere appreciation is extended to our partners both in and outside Uganda who assisted us in this highly participatory process to draft the NSPPI: other government sectors, local government, CSOs, the private sector, communities, and the children themselves. We are particularly indebted to Boston University School of Public Health's Centre for International Health and Development, USAID, UNICEF, World Vision and Save the Children USA, who committed time, technical assistance and financial resources to ensure that the NSSPI came into existence.

Our hope and inspiration lies in the fact that each and every one of us in this country is taking care of, knows personally, or, in some way, has been touched by the plight of an orphan or other vulnerable child. Therefore, each and every one of us understands that much needs be done to reach these children. Our vision is that all children in Uganda, regardless of their vulnerability, should strive and be assisted to reach their full potential as equal citizens of Uganda. We are committed to having the NSPPI as presented here, be rolled out in as expedient a manner as possible, with the support of all stakeholders, so that the motto that has inspired us throughout this year-long process of articulation of both the National Orphans Policy (NOP) and NSPPI, will continue to hold true for Orphans and Other Vulnerable Children: "Hope never runs dry!"

Hon. Bakoko Bakoru Zoë
Minister for Gender Labour and Social Development

October 2004

Executive Summary

The NSPPI provides overall guidance to implementers to mitigate the impact of orphan hood and other vulnerabilities among children. The NSPPI's overriding aim is to expand the scope of existing programme interventions to effectively reach all children and households in greatest need. The NSPPI therefore builds upon existing policies and programmes and is a vehicle for implementing the Social Development Sector Investment Plan (SDIP) and the NOP.

The NSPPI document is organized into ten chapters:

Chapter 1 is a brief introduction of the NSSPI and its linkages with national and social development sector planning instruments. It also provides a summary of the process of the development of the plan.
Chapter 2 provides an analysis of the situation of orphans, other vulnerable children and caregivers with respect to the socio-economic context, existing services and interventions as well as the legal and policy frameworks.
Chapter 3 defines the target groups. It also examines the causes of orphan hood and vulnerability in Uganda and concludes with what government has prioritised.
Chapter 4 spells out the vision, mission, values and principles, which will guide the interventions. They are spelled out as follows:

Vision
The vision of the NSPPI is a society where all orphans and other vulnerable children live to their full potential and their **rights and aspirations** are fulfilled.
Mission
The mission of the NSPPI is to provide a framework for the **enjoyment** of **rights** and fulfilment of **responsibilities** of orphans and other vulnerable children.
Values
The core values of the NSPPI are **love, care** and **compassion** for orphans and other vulnerable children.

Chapter 5 outlines the overall goal, strategic programme plan objectives and core programme areas for interventions.

Goal
The overall goal of the NSPPI for Orphans and Other Vulnerable Children in Uganda is to **increase the scale of effective programme interventions** that reach vulnerable children, either **directly** or **through the households** in which they live, by 2010.

Objectives

The Strategic Programme Plan Objectives (SPPOs) are:

- To create an environment conducive for the **survival, growth, development and participation** of vulnerable children and households
- To **deliver integrated and equitable distributed essential services** to vulnerable children and households that are of sufficient quality
- To strengthen the **legal, policy, and institutional frameworks** for programmes that seek to protect orphans and other vulnerable children and households at all levels
- To enhance the **capacity of households, communities, other implementing agents and agencies** to deliver integrated, equitable and quality services for vulnerable children and households.

There are ten Core Programme Areas (CPAs) under four Building Blocks:
Building Block A: Sustaining Livelihoods
Building Block B: Linking Essential Social Sectors
Building Block C: Strengthening Legal and Policy Framework
Building Block D: Enhancing the Capacity to Deliver

Chapter 6 describes the strategies that are key to the implementation of interventions. The strategies are: leadership; mobilization, advocacy and promotion; collaboration and linkages; interventions; and, documentation and assessment. The chapter outlines the criteria for selecting the target groups.
Chapter 7 outlines the interventions and activities for each core programme area.
Chapter 8 defines the implementation framework with the MGLSD as the lead agency. Interventions will be carried out through local authorities and civil society organisations and communities.
Chapter 9 presents the costing and financing arrangements. The estimated budget is just over US $ 900 million spread over a five- year period.
Chapter 10 describes the monitoring and evaluation framework, including an overall approach, strategies required at different levels, and a discussion of key indicators under each CPA.

1. Introduction

The Uganda Government, through the Ministry of Gender, Labour and Social Development, has decided to address the plight of orphans and other vulnerable children through the NOP and the NSPPI.

The NOP defines the framework that guides Uganda's approach to assisting orphans and other vulnerable children. The NSPPI complements the NOP and other policies and programs. The Plan is an integral part of the SDIP and the PEAP.

A Situation Analysis of Orphans in Uganda was carried out in 2001-2002 culminating in the publication of a report in November 2002[1]. Among the recommendations of that analysis was the need for the NOP and NSPPI to guide interventions aimed at minimising the negative impact of orphan hood and other causes of vulnerability among children.

The report also identified major gaps. Consequently, four studies were commissioned. These were mapping of interventions that targeted orphans and their caregivers, the situation of older persons and their role as caregivers, legal-policy issues affecting orphans and other vulnerable children in Uganda and a database analysis of the UNHS 1999 and UDHS 2000/01 that compared orphans and non-orphans and the households in which they lived.

Concurrently, a set of studies on issues that disproportionately affected orphans vis-à-vis non-orphans were carried out. The issues were psychosocial health, reproductive health, preventive and curative practices by caregivers, legal and policy framework, as well as program design. Findings from these studies were used to inform the process of developing the NOP and NSPPI.

The NSPPI is the result of a participatory process that involved consulting stakeholders at national, district, sub-county and community levels, caregivers, orphans and other vulnerable children. Six regional consultative workshops were held. Participants included the local authorities, cultural leaders, civil society organisations, the private sector, religious leaders and orphans and other vulnerable children themselves.

[1] Government of Uganda (2002). Situation Analysis of Orphans in Uganda: Orphans And Their Households - Caring For Their Future-Today. Ministry of Gender, Labour and Social Development and Uganda AIDS Commission. Kampala, Uganda.

2. Background

2.1 Population Structure of Uganda

The population of Uganda is estimated at 25 million persons and is projected to double by the year 2025 because of the high population growth rate of 3.4 percent per annum. The population is young with more than half below 18 years of age and only about 3.5 percent being below 65 years or older. A fifth of the population is below five years, while a quarter is of primary school going age [6-12 years]. About 25 percent of all Ugandan households have at least one orphan[2]. According to the study conducted for the MGLSD these households contained 7.4 persons compared with 4.8 persons for other households with out orphans[3]. The average number of children in a household with orphans was 4.3 compared to 2.7 in a household without an orphan. The average number of orphans in households is 1.6[4].

2.2 Socio-Economic Environment

2.2.1 Poverty

About 38 percent of Uganda's population was living below the poverty line in 2002. The reliance on peasant economy and inadequate incomes generating as hallmarks of the poor majority in Uganda. Children under 18 years of age represent 62 percent of the population that lives in absolute poverty. Since the population of Uganda is predominantly young this means that a larger proportion of children are vulnerable. High mortality from HIV/AIDS, malaria, other preventable diseases and conflicts in the country makes it more likely for the number of orphans and other vulnerable children living in absolute poverty to increase.

2.2.2 HIV/AIDS

There is an estimated 2 million orphaned children in Uganda.[5] Despite the reported decline in the HIV prevalence rate from 18.7 percent in the early 1990s to 5 percent; the AIDS related deaths have remained high due to limited access to ART for the majority infected. The Uganda AIDS Commission (UAC) estimated in 2001 that at least 800,000 people had died of AIDS in Uganda since its onset in 1983 and 600,000 were living with the HIV/AIDS and approximately 10,000 were on anti-retroviral therapy. Thus, even though the HIV prevalence rate has dropped, children will continue to be orphaned far into

[2] Uganda Bureau of Statistics, 2000/01
[3] Government of Uganda, 2002
[4] Uganda Bureau of Statistics, 2000/01
[5] Children on the Brink, 2000

the future unless further gains are made in reducing HIV prevalence and/or expanding access to ART rapidly.

2.2.3 Conflict

The conflict and social upheaval that has engulfed the country since it gained independence in 1962 has negatively impacted Ugandan society. It resulted in physical and mental disability including psychosocial distress among a large segment of persons living in conflict areas, which by 2003 covered 10 of the 56 districts in Uganda. The people in these areas have been abducted, orphaned, neglected and forced to sleep on the streets. Other consequences include increased vulnerability to psychosocial problems and behaviours that expose the victims to acquiring HIV/AIDS. It was estimated that 20,000 children were abducted between 1990 and 2001 in conflict areas in Uganda. It is estimated that only 5000 of these children had been returned to their communities.

2.2.4 Health

Malnutrition constitutes a big threat to the health of orphans in Uganda, with 38 percent of Ugandan children reported as stunted with no evidence of improvement in the recent past[6]. Regional consultations with children and their caregivers revealed that in households, limited access to food and difficulties in providing a balanced diet were key concerns. Other issues of concern included the provision of care and treatment of diseases, the health care seeking behaviour of caregivers and the reproductive health of adolescents.

Health indicators in Uganda continue to remain poor. The maternal mortality rate is 505/100,000 with the median age at first sexual intercourse for women being at 16.7 years of age and a high fertility rate of 6.9. Only 40 percent of births are attended by a trained health professional. The infant mortality rate is 89/1,000 live births while the under-five mortality rate is 131/100,000 live births. Immunization rates have also been declining with only 29 percent of children fully immunised by 12 months as recommended.

These health indicators paint a bleak picture for children whose mothers may be young and vulnerable to HIV infection, have died in labour, or who have been orphaned by HIV/AIDS or other causes of adult mortality and may therefore not have someone to protect them from the vulnerabilities of childhood in Uganda.

It was observed that the psychosocial health of children often deteriorates more during the period when the parents were sick, prior to their death as they watch their parent(s) suffer. Other causes of poor psychosocial health included

[6] Uganda Bureau of Statistics, 2000/01

conflict, disability, poverty, malaria, having HIV/AIDS themselves or other infectious diseases.

2.2.5 Education

The UPE Programme resulted in a 70 percent increase in primary school enrolment[7]. Although there is almost equal access at lower primary levels between orphans and non-orphans, and across the genders there are still inequalities at the upper and post primary levels, especially among orphans and girls.

The Uganda Demographic and Health Survey (2000/2001) found that 17 percent of primary school going age children were not attending school. The primary school drop out rate for the 1997 UPE cohort has also been increasing[8]. At the same time the current transition rate from primary to secondary school is a mere 14 percent, with a disproportionate burden of girls failing to proceed to secondary school (Black et al, 1999). Access to pre-primary education in rural areas is also very poor at 23 percent compared to the urban rate of 65 percent. About 16 percent of children start school at the age of 8 years or older.

The main barriers to access and full participation of children in education includes school fees, uniform, scholastic materials, distance to school, the quality of education, gender issues (early marriage, teenage pregnancy, sexual harassment and the heavy burden of household chores on girls) physical insecurity, poor nutrition, disabilities, and the fact that it is not yet illegal to keep a child home from school.

2.2.6 Water and Sanitation

Provision of safe water and sanitation services is crucial for improving the quality of life of orphans and other vulnerable children and those living with HIV/AIDS. Forty-six percent of the population in Uganda do not have access to clean water with only 15 percent of the rural population and 66 percent of the urban population living within 15 minutes of a safe water supply. Most households – 79 percent - use pit latrines with 5 percent of urban households and 32 percent of rural households lacking adequate sanitation services. The average time to collect water in urban areas is about 10 minutes while in rural areas it is 30 minutes, and this is extremely variable by season. (UBOS, 2000/01). Households with chronically ill members, particularly those ill with HIV/AIDS need easier access to safe water and sanitation facilities. This will not only reduce the time spent getting water instead of caring for the ill member but will also reduce the risk of water borne illnesses that can increase morbidity and mortality in HIV infected individuals.

[7] Ministry of Education and Sports, 2003
[8] Ministry of Education and Sports, 2003

2.2.7 Housing

The proportion of people living in houses with iron roofs, brick walls and cement floors has increased from 10 percent in 1996 to 16 percent in 2001 (MFPED, 2001), but most of these improvements have been in urban areas. In rural areas, 90 percent of households still have earth or dung floors, often with non-permanent roofs. Children themselves have emphasized the discomfort they face sleeping on the floor, often without any covering (SC/UK, 2002). Less than 10 percent of households use electricity for lighting with about 70 percent using a *tadoba* or wick lamp. There are very few initiatives addressing the basic housing needs of the vast majority of those living in rural areas or in poverty, let alone those who are chronically ill or otherwise vulnerable. Child headed households often do not have the manpower needed to ensure adequate and safe shelter throughout the year. Without shelter in urban areas, street children, an increasing number that are orphans live, devoid of a structured and supervised environment, where most children thrive.

2.3 Legal and Policy Frameworks

2.3.1 International Policy Frameworks

Uganda is a signatory to the following international policy frameworks: the United Nations Convention on the Rights of the Child – UNCRC (1990), the Organisation of African Unity's (OAU) African Charter on the Rights and Welfare of the African Child (1990), the Convention on the Elimination of All Forms of Discrimination Against Women – CEDAW (1979), and the Millennium Development Goals – MDGs (2000). Uganda also participated in a number of international events including: the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS (2001) where Uganda signed onto the Declaration of Commitment on HIV/AIDS; A World Fit for Children Summit (2001); the Pietermaritzburg Conference in South Africa (1998); the Lusaka Conference (2000); the African Leadership Consultation in Johannesburg (2002); and, the Eastern and Southern African Regional Workshop on Children Affected by HIV/AIDS in Windhoek (2002).

2.3.2 National Legal Frameworks

Domestically, Uganda has made a concerted effort to protect the rights of children. In 1993 the Government adopted the Ugandan National Plan of Action for Children (UNPAC), which outlined goals and specific strategies to respond to children's issues. In 1996, the National Council for Children (NCC) was established to coordinate the implementation of the UNPAC. However, due to a lack of resources, its capacity to perform effectively has deteriorated, resulted in limited capacity to act effectively or efficiently.

The most significant legal reform is the integration of sections on orphans and other vulnerable children into the amended Constitution of Uganda that was adopted in 1995. The Constitution states: "The law shall accord special protection to orphans and other vulnerable children."[9] However, subsequent legislation has not provided special protection to orphans and other vulnerable children (Nkunzingoma, 2003).

Orphaned children and their surviving parents face significant legal challenges. These include issues related to child neglect, abuse (physical, emotional and sexual), inheritance, and legal representation in court for children and widows, and access to the Administrator General. It is emerging that caregivers are sometimes paid for abuses against orphaned children, but this payment often does not help the orphan in any way nor does it provide justice for that child (Munaaba, 3003). Magistrates and probation and social welfare officers have also expressed concerns about the lack of district or regional based transit centres for children who are being legally transported, remand homes for troubled children, or a mechanism to remove a child (e.g. child labourers) from a harmful environment and place them in temporary safe adult care.

In addition, there are areas that require increased focus and attention. These include: birth registration which is abysmally low at 4 percent; training and familiarization with the Children and Babies Homes Rules by heads and caregivers in children's homes and hospices; the re-integration of children from institutions into families and communities (app. 1-3 percent of the child population); fostering, guardianship and adoption procedures to make them less cumbersome; and the completion of the Child Labour Policy and subsequent implementation of relevant laws (Nkunzingoma, 2003).

2.3.3 National Policy and Planning Context

The Poverty Eradication Action Plan (PEAP) operationalizes Uganda's National Vision 2025. The PEAP provides a framework for national planning and has the following four pillars: i) Rapid and sustainable economic growth and structural transformation; ii) Good governance and security; iii) Increased ability of the poor to raise their income; and, iv) Enhanced quality of life of the poor.

In addition to the PEAP, a number of sectoral policies and programmes exist that directly or indirectly impact the welfare of children. These include the Uganda National Programme of Action for Children (UNPAC), the Decentralization Policy, the Local Government Act, the National Health Policy, the National Population Policy, the National Youth Policy, the National Gender Policy, the Universal Primary Education Policy, the Basic Education Policy for Disadvantaged Groups, the Anti-retroviral Treatment Policy for Uganda, the Policy on Reduction of Mother-to-Child HIV Transmission, and the Plan for

[9] Article 34 (1-4), (7) further highlights specific rights of children

Modernization of Agriculture (PMA). Other relevant policies and plans under formulation include the Policy on the Elderly and Disability and the National Plan on Child Sexual Abuse and Exploitation. However, these policies and plans have been hindered by ineffective implementation and limited participation of children in the articulation of some of the policies.

One strategy the MGLSD has applied towards addressing the inequities, vulnerability and exclusion of orphans and other vulnerable children is through the articulation of the Social Development Sector Investment Plan (SDIP). The SDIP aims to create an enabling environment for poor, vulnerable and marginalised groups or persons to develop their capacities in order for them to take advantage of opportunities to improve their livelihoods through a gender sensitive response to sustainable development. The SDIP shall go a long way in addressing the needs of orphans as a significant group among the vulnerable populations of Uganda.

2.4 Capacity to Deliver

2.4.1 Existing Interventions

Individuals, families, communities, government, private sector, faith-based and civil society organisations have all responded to the plight of orphans and other vulnerable children. However, these interventions are still limited in terms of coverage, scope, impact, comprehensiveness and coordination (Mukasa, 2003). For example, in the 2001 survey of 326 orphan households in Uganda, approximately 84 percent indicated that they had not received any form of assistance from government, community or other external agency, even though the vast majority of all the households were living in poverty (MGLSD, 2002). There is a clear need to scale up effective responses and strengthen the coordination of interventions to ensure effective and quality care and protection of orphans and other vulnerable children.

The majority of services to vulnerable populations, especially those affected by HIV/AIDS, occur through the government sectors of health, education and social development sectors, through local government agents and structures operating at the district and community level, and through civil society organisations including NGOs, NGOs, FBOs, CBOs and RIs. The latter are often assisted with private, multilateral or bilateral funds from development partners. The major multilateral development partners funding the provision of services through government include the World Bank, UNICEF, UNFPA and more recently the GFATM. Major bilateral funders include USAID, DFID, SIDA, CIDA, DANIDA and more recently PEPFAR. Funding from these development partners sometimes flows through government entities, but a significant proportion is channelled through CSOs.

2.4.2 Reducing Economic and Social Vulnerability

There are specific problems related to capacity in the social development sector. This sector has been given a broad mandate and scope of activities, and yet it receives relatively few resources. Within the MGLSD, the districts and sub-county levels have both inadequate staffing and inadequate funding to realize all social development goals. For example, as of November 2002, out of 927 community development officer (CDO) positions at the sub-county level, only 661 were filled. Of the filled positions, 407 CDOs did not meet the necessary qualification standards set for the positions. While PSWOs are handling issues of child care and protection, they lack means of transport to coordinate their activities in their areas of operation. In addition, the Children Statute (1996) directs every district to have a transit and remand home for children. This has not been achieved because of the lack of resources. Alleviation of poverty, ensuring a productive labour force and stimulation of economic growth will be expected of the social development sector for some time to come. This shall in turn reduce the vulnerability and improve the quality of the lives of the majority of the adult population in Uganda, on whom children rely for their survivability and development.

3. Target Groups

3.1 Orphans

It is estimated that the number of orphans is at 2 million. The majority of orphans are paternal orphans living with their mothers whose health and well being is paramount to the survival of orphans today. Eighty percent of double orphans are attributed to AIDS (UNAIDS, 2002). The surviving mothers of orphans are therefore a key population whose health and well-being will be paramount to the survivability to the orphans of today.

HIV/AIDS, other diseases and conflict are three major causes of orphan hood. Children are orphaned as a result of HIV/AIDS related deaths, as well as by deaths or abductions as a result of conflict. Deaths caused by diseases including tuberculosis and malaria are also causes of orphan hood. There has also been an increasing number of deaths due to road traffic accidents.

However, from a socio-economic point of view, not all orphaned children are vulnerable, especially if their extended family can absorb them, love them, nurture them and take care of their basic needs.

3.2 Vulnerable Children

Vulnerability broadly encompasses almost all children in Uganda. Vulnerable children include an estimated 10,000 street children living in the municipalities of Uganda, poverty stricken children, the 10 - 15,000 children who are living in camps in the northern districts as a result of conflict. Furthermore, there is increasing vulnerability among children as a result of the break-up of marriages and partnerships and domestic violence. There are children who have endured unimaginable abuses; children with disability related vulnerabilities; and children in institutional or other form of foster care that is tenuous.

3.3 Caregivers

The majority of orphans in Uganda are still being taken care of within the extended family but the resiliency of this traditional social safety net is eroding, as evidenced by the presence of street children, child and grandmother-headed households. Widows head forty percent of orphan households in Uganda. Many of these households are hard pressed to provide the financial, social, psychological, educational, and health needs of the children they are raising.

3.4 Priority Targets

The following are categories of vulnerable children and vulnerable households who should be prioritised by programme implementers under the NSPPI:

3.4.1 PRIORITY I: Vulnerable Children Needing Re-Integration Into Caring Adult-Headed Families

The first tier of prioritisation signifies the importance of first reaching out to any population of vulnerable children both orphans and non-orphans who are living on their own in a community, without appropriate adult care and support.

The guiding principle is that no child shall have to live on their own if a potential caregiver can be identified.

Box 3.4.1

Vulnerable Children	
Category	**Target population**
Child-headed households	Children heading households on their own including children who are parents
Street Children	Children living on the street full or part time
Children living in institutions	Children living in resource-poor[10] institutions and/or in institutions not meeting set standards of care including children imprisoned with their parent(s)
Children affected by conflict, war or natural disaster	Orphans and other vulnerable children who have been, are or will be in a risky situation where there is exposure to significant harm[11] due to violence, conflict, war or natural disasters
Children with psychosocial or physical vulnerability	Orphans and other vulnerable children who have been, are, or will be in a risky situation where there is exposure to significant psychosocial or physical harm
Unsupervised children and child labourers	Children left without adult care for a significant part of the day, including child labourers[12]

[10] This refers to institutions (children's homes, orphanages, remand homes, special needs schools, hospices, hospitals, jails or boarding schools) that are poor in resources such as finances, personnel, training, infrastructure or environmental context.

[11] Harm is defined here as being physical, mental or emotional.

[12] Children who are performing paid or underpaid work that is detrimental to their development or may prevent them from exercising their other rights i.e. to education, health, or leisure.

3.4.2 PRIORITY II: Vulnerable Households

The second tier of prioritisation signifies the importance of reaching out to vulnerable households in a community.

Box 3.4.2

Vulnerable Households	
Category	**Target population**
Single, widowed, female headed households	Single, widow *or* widower headed households with orphans and other vulnerable children, where the age of the head of household is 18 - 49 years[13], and the poverty status of the household is in the neediest category[14] as determined by the community in which they live
Older person headed households	Older people-headed (male or female) households with orphans and other vulnerable children, where the age of the head of household is 50 or more years, and the poverty status is in the neediest category as determined by the community in which they live
Chronically ill head of household/care-giver/adult household member	Households with orphans and other vulnerable children in which the head of household, caregiver or children is chronically ill or living with HIV/AIDS and the poverty status of the household is in the neediest category as determined by the community in which they live
Households affected by conflict, war or natural Disaster	Households with orphans and other vulnerable children which have been made vulnerable by violence, conflict, war or natural disasters, and the poverty status of the household is in the neediest category as determined by the community in which they live
Households with persons living with a disability	Households with orphans and other vulnerable children in which the head of household and/or care-giver or children are physically or mentally challenged and the poverty status of the household is in the neediest category of the community in which they live
Households in hard-to-reach areas	Households with orphans and other vulnerable children in hard-to-reach areas[15] who have poor access to basic social services, particularly health and education

[13] AIDS is the leading cause of adult mortality in the 15-49 year old age bracket in Uganda. Households with persons diagnosed with HIV or who are chronically ill face impoverishment, with children in these households rendered particularly vulnerable.

[14] See the check sheets on page 26 that could assist communities in selecting vulnerable children and households to be prioritised for assistance. An OVC and/or OVC household vulnerability assessment tool could assist communities select the neediest by consensus.

[15] These are generally nomadic-pastoral, pastoral communities or populations in physically inaccessible areas.

4. Vision, Mission, Values and Guiding Principles

4.1 Vision

The vision of the NSPPI is a society where all orphans and other vulnerable children live to their full potential and their **rights and aspirations** are fulfilled.

4.2 Mission

The mission of the NSPPI is to provide a framework for the **enjoyment** of **rights** and the fulfilment of **responsibilities** of orphans and other vulnerable children.

4.3 Values

The core values of the NSPPI are **love, care** and **compassion** for orphans and other vulnerable children.

4.4 Guiding Principles

The following principles will guide the interventions.

4.4.1 Building on the Human Rights-Based Approach to programming

The Plan is based on the Human Rights Approach to Programming (HRAP) through which programs are designed to realize the rights of orphans and other vulnerable children, who are often disadvantaged.

4.4.2 Making the family and community the first line of response

The family is the basic unit for the growth and development of all children. A strong family unit with a caring adult is a pre-requisite for the re-integration of orphans and other vulnerable children. Care giving outside the traditional family unit by members of the community, is the second line of defence. However, government officials and other actors with child protection responsibilities recognise that immediate threats to children's safety and well-being may also come from their families and communities.

4.4.3 Focusing on the most vulnerable children and households

The focus will be on the most vulnerable children who are without families with the intention of re-integrating them back into the family. Secondly, attention will be on the neediest households of adults and children that may or may not

contain an orphan, with the intention of mitigating the impact of vulnerability in Uganda's current context of HIV/AIDS, poverty, and gender inequities.

4.4.4 Reducing Vulnerability

A special focus will be on the alleviation of poverty of vulnerable children and households, maintaining children in school over the long term, providing for their health, particularly HIV/AIDS prevention, care and support activities. Priority will also be given to providing preventive health care and psychosocial support to orphans, other vulnerable children and their caregivers.

4.4.5 Facilitating community participation and empowerment

This will involve sustained promotion of community initiatives and assessing what capacities exist within the community in order that they are strengthened.

4.4.6 Promoting gender equity

This will entail taking into account and examining the relationship between men and women, boys and girls. These relationships should be examined during planning, programming, monitoring and evaluation, with a special focus on the most vulnerable children and communities to ensure that neither gender is being marginalised nor being disproportionately marginalized.

4.4.7 Treating recipients with respect

Families and communities will be encouraged to treat orphans and other vulnerable children with respect. They are not to be treated as helpless victims but as actors in their own right. They will be entitled to express their own views and be actively involved in matters that concern them.

4.4.8 Reducing stigma and discrimination

This will involve minimizing stigma and discrimination, which act, as a barrier to the vulnerable child and the family to accessing support.

4.4.9 Ensuring the social inclusion of marginalised groups

Orphans and other vulnerable children will be involved in the development process, particularly in affairs that affect them.

4.4.10 Ensuring the participation of vulnerable children and families

This will involve making orphans, other vulnerable children and their families part of the solution by seeking their opinions at every step during the planning, programming, monitoring and evaluation of interventions.

4.4.11 Strengthening partnerships

This will involve strengthening partnerships and networks between existing households and communities with government, private sector, development partners and CSOs, for sustainable service delivery at all levels.

4.4.12 Delivering integrated and comprehensive services

Interventions designed for orphans and other vulnerable children by program implementers should include the relevant components of the basic services that should be available for all children.

4.4.13 Supporting services delivery through decentralization

The decentralised structures at the district and lower levels should be strengthened and utilized to ensure quality and sustainable delivery of services to orphans and other vulnerable children.

4.4.14 Designing age-sensitive programmes

Interventions designed will take into account the different ages of the target groups being served.

5. Programme Framework

The NSPPI is intended to complement the NOP. The NSPPI sets out to provide a programme goal that is realistic and measurable. The strategic programme objectives that are a sub-set of the goal cover four specific areas that have been identified as key to the health and survival of orphans and other vulnerable children. Through the national consultative process that took place during 2003, ten core programme areas were identified as areas where interventions will lead to positive outcomes among orphans and other vulnerable children. These core programme areas (CPAs) guide the key interventions whose outcomes will be measured by implementing organizations, partners and coalitions.

5.1 Overall Goal

The goal clearly sets out what should be the overall impact of the NSPPI over the next five years. The goal is driven by the need to reach out to more vulnerable children and households, the need to scale *out* and *up* interventions that are known to be working, and to focus on where the majority of vulnerable children are *or should be placed* in Uganda – that is in households.

Box 5.1: Overall Goal

The overall goal of the NSPPI for Orphans and Other Vulnerable Children in Uganda is to **increase the scale of effective programme interventions** that reach vulnerable children, either **directly** or **through the households** in which they live, by 2010.

5.2 Strategic Programme Plan Objectives

The strategic programme plan objectives (SPPOs) flow directly out of the overall goal. The objectives will strategically guide the funding, implementation and evaluation of programmes by government, civil society and the private sector and development partners. They cover four main areas of outcomes that key actors in the social development sector should strive to achieve as Uganda attempts to scale out and up effective interventions for orphans and other vulnerable children.

Box 5.2: Strategic Programme Plan Objectives

The **Strategic Programme Plan Objectives** are:

The NSPPI Strategic Programme Objectives (SPPOs) are:

- To create an environment conducive for the **survival, growth, development and participation** of vulnerable children and households
- To **deliver integrated and equitable distributed essential services** to vulnerable children and households that are of sufficient quality
- To strengthen the **legal, policy, and institutional frameworks** for programmes that seek to protect orphans and other vulnerable children and households at all levels
- To enhance the **capacity of households, communities, other implementing agents and agencies** to deliver integrated, equitable and quality services for vulnerable children and households.

The first area concerns providing a **conducive environment** in which children will thrive. This can be achieved if their adult caregivers are healthy enough to engage in productive activities that aim not only to alleviate hunger but also to improve livelihoods and therefore, quality of life.

The second area concerns the provision of **essential social services** – particularly education, psychosocial health and general health of both the children and their caregivers.

The third area concerns the **legal, policy and institutional Framework** that are essential to guide and hold caregivers, government and implementing organizations accountable for the legal status and access to essential services by vulnerable children.

The fourth area concerns **enhancing the capacity to deliver** services, which if not strengthened, resourced and streamlined will make the improvements in the quality of life of vulnerable children small in scale and ineffective.

5.3 Building Blocks

The SPPOs can be synthesized into four key themes called **Building Blocks**. The Building Blocks concept is to serve as a lobbying and advocacy tool that can be utilized to increase public awareness and support for the plan in order to improve the quality of life of orphans and other vulnerable children in Uganda over the next five years.

Box 5.3: Building Blocks

BUILDING BLOCKS
A. Sustaining Livelihoods
B. Linking Essential Social Sectors
C. Strengthening Legal and Policy Frameworks
D. Enhancing the Capacity to Deliver

5.4 Core Programme Areas

The four building blocks consist of **Core Programme Areas (CPAs)** that have been selected for programming prioritization. These core programme areas were selected through the national consultative process. Children, caregivers, community leaders, local government leaders, national level leaders, non-governmental leaders, and service providers were all consulted. Interventions in the core programme areas below are considered to be key to improving the quality of life of vulnerable children and their caregivers and mitigating the negative impact of their condition.

Box 5.4: Core Programme Areas

Building Block A: Sustaining Livelihoods
1. Socio-Economic Security
2. Food Security and Nutrition
3. Care and Support
4. Mitigation of the Impact of Conflict

Building Block B: Linking Essential Social Sectors
5. Education
6. Psychosocial Support
7. Health

Building Block C: Strengthening Legal and Policy Frameworks
8. Child Protection
9. Legal Support

Building Block D: Enhancing the Capacity to Deliver
10. Strengthening Capacity and Resource Mobilization

Of the ten core programme areas, three will be discussed in greater depth in the financial planning section as areas where greater investments should be made to concentrate and multiply the effect of interventions. These three areas are: improving the **socio-economic security** of households in which vulnerable children live; investing in the quality **education** of vulnerable children, not only at the basic primary level but also through to secondary school; and, ensuring the **health** and well-being of not only vulnerable children through better preventive health maintenance, **psychosocial support** and curative care access, but also the overall health of their predominant caregiver who is usually the surviving mother.

6. Strategic Framework

6.1 Key Strategies

To achieve the NSPPI goal, strategies that accelerate responses to the orphans and other vulnerable children crisis in Uganda are required. Strategies are the key mechanisms or tools Uganda will use in implementing the National Strategic Programme Plan of Interventions. Utilizing these strategies will generate measurable impact in the lives of vulnerable children and households. The essential components of the strategies are:

6.1.1 Direct Interventions

- Provide financial, material and training support directly to vulnerable children and households so that their capacity to take care of themselves may be strengthened over the long term
- Ensure that all sectors, but particularly the economic, education and health sectors are fully engaged in addressing the situation of vulnerable children and households in Uganda
- Allow Uganda's rich culture, indigenous knowledge and positive values to enrich the planning and implementation of interventions at all levels

6.1.2 Mobilization, Advocacy and Promotion

- Mobilise resources from the public and private sectors, civil society organisations and development partners to ensure that the NOP is implemented through the complementary NSPPI so that sustainable change will be realised in the lives of vulnerable children and households
- Mobilise communities to actively participate in the planning, management, monitoring and evaluation of community based initiatives focused on orphans and other vulnerable children and increase their influence through community dialogue
- Advocate effectively at various levels, among various sectors and stakeholders, to ensure that resources are committed to making a difference in the lives of vulnerable children and families
- Facilitate, support, lobby and monitor social sectors to address the concerns and needs of vulnerable children and families
- Use all popular media to promote prevention, mitigation and care efforts

6.1.3 Collaboration and Linkages

- Implement interventions primarily through local governments, CSOs and the private sector, supported by central government structures and

guidelines, either as a continuation of their ongoing initiatives, scaling up of effective interventions, or building consortia in order to maximize core capacity and increase coverage
- Work through collaborative linkages and networks to ensure that issues of concern to vulnerable children and caregivers are accorded the necessary attention, resources and commitment over the long term without unnecessary duplication and delays

6.1.4 Leadership

- Use a leadership platform of individuals to galvanise national and international attention to the issues of orphans and other vulnerable children – with potential leaders of good will coming from the political, economic, social, academic, entertainment, business, children's rights and faith-based arenas

6.1.5 Gender

- Maintain awareness of the differential impact of vulnerability on males and females in Ugandan society while improving the situation of girls and women who bear a disproportionate burden of the care and support of vulnerable children and family members
- Consider the diversity in age of vulnerable populations, particularly older persons who are taking on the increased responsibility of child rearing, the children themselves who are bearing the physical and emotional brunt of loosing a parent and the working age population who are having an increased number of dependents under their care
- Mainstream gender concerns at all levels and across sectors during the implementation of the NSPPI by ensuring that gender equity is achieved during budgeting, planning, monitoring and evaluation

6.1.6 Documentation and Assessment

- Carry out and document sustainable monitoring and evaluation structures, best practices and lessons learned for scaling up at the national level in order to reach vulnerable children and households, with effective programmes
- Disseminate widely monitoring and evaluation assessments of progress, trends and quality assurance at all levels of implementation, so that ineffective efforts can be amended and effective efforts scaled up in a timely fashion

6.2 Targeting

The population of interest for purposes of the NSPPI is the group of vulnerable children and households who are in *greatest need* or *most vulnerable* as defined by community consensus, without inadvertently causing discrimination and hostility against the individual or household being assisted. The numbers of vulnerable children and households might be greater in one community than in other communities. However, it is important to note that in all communities, it is quite possible for the community to have consensus among community members concerning who is the most vulnerable amongst them.

6.2.1. Community Consensus

The selection of vulnerable children and households at the village (LC 1) level will need to be guided by community members[16], local government officials, and non-governmental organizations, working in partnership. These members should come together by consensus and prioritise children and/or households that need to be assisted. The criteria for selection provided in **Box 6.1** and **6.2** (p.32) should serve ONLY AS A GUIDE for community leaders and are not designed for government, policy-makers or community leaders to constrain innovation at the local or community level. The ultimate choice of whom to prioritize depends on a consensus from within the communities relative to all those in need of assistance.

In each community, it is important to use criteria that are simple to implement and community friendly. However, it is important to be committed to setting as objective criteria as possible, to be consistent in the criteria used, be regular in the identification of the neediest in the community as this may change over time, and to reflect more broadly on the impact on the vulnerable children and household assisted. At periodic intervals e.g. every year, an assessment will need to be made by the community about whether a child or household needs to be weaned off assistance, or, whether they continue to remain vulnerable, and therefore assistance needs to continue.

6.2.2 Selection process

It is important that the community documents consistently how the ranking of those who are the most vulnerable in the community was made. This will assist in comparing local information with national level priority ranking. The check sheets on p. 32 to assess vulnerability should be tested in each community with CDAs and CBOs. This check sheets should be complemented by more in-depth monitoring and evaluation instruments that will serve as a foundation for a community based management information system (CBMIS).

[16] It is assumed that the level of the community is LC 1; however, if a higher administrative level is desirable, LC 2 to LC 5, the community decides this by consensus and the availability of resources

6.2.3 National and District Selection

At the national level, the mapping of orphans and other vulnerable children interventions study (Mukasa, 2003) indicated that newer districts as well as some older districts have had few interventions carried out. Districts will need to be ranked based on an objective mechanism that is derived from:
1) the national poverty index,
2) the numbers of orphans (as a proxy for all vulnerable children) in those districts (UBOS, 2003); as well as,
3) the need to introduce or increase interventions in districts in urgent need of orphan and other vulnerable children interventions.

Once districts are prioritized, the Chief Administrative Officer and other district officials working on social development will need to carry out an assessment of existing capacity to assist orphans and other vulnerable children in the district – both governmental and non-governmental; and, the ability to increase or scale *out* interventions (to more sub-counties or in new core programme areas). If there are minimal or no existing orphans and other vulnerable children interventions taking place, an assessment will need to be made of the need to scale *in* from neighbouring districts where interventions are being successfully implemented. At the national level, local government officers and non-governmental partners working in high performing districts can be brought in to assist in the scaling *up and out* of interventions into other districts when resources allow.

6.2.4 Criteria for Selection

The criteria for selection in **Box 6.1** and **6.2** (p.33) were articulated from common characteristics of orphans, other vulnerable children and caregivers who are in greatest need (Government of Uganda, 2002, Tham, 2003; Bachman-Silva, 2003). They can act as a guide for communities, CBOs and NGOs in their initial selection of vulnerable children and households in need of prioritization for support. The criteria are not meant to be prescriptive but to assist communities in determining those in need. Furthermore, it is recognized that resources are scarce and even when they are available, they are not infinitely available. As such, it is important to ensure that resources are directed to those in most need of support and increase the numbers of those supported as resources allow.

According to national poverty statistics, 38 percent of the population in Uganda is living below the poverty line. This varies markedly across districts and regions and may be even higher in a given locale within a community. In selecting the most needy and vulnerable in their community, community leaders should come together through a community based organization (CBO)

or other such body that is recognized and has legitimacy in the community. It is at this level that as objective a selection as possible should be made of the most vulnerable.

In the first instance, any vulnerable child in the community (see **Box 3.1** on p. 20 and **Appendix III** for examples) should be given priority for assistance. However, the majority of vulnerable children live in households with their surviving mother or elderly grandmother. As such, a greater number of communities will be working with vulnerable households instead of with individual children (see **Box 3.2** on p. 21 and **Appendix IV** for examples). Larger investments should be made to assist children in these households and their caregivers.

The criteria for selection should assist communities in selecting the populations in need, starting with the children described in **Box 6.1** if they exist within the community and then the households described in **Box 6.2**, where the majority of the most vulnerable children will be found. As a means of monitoring these vulnerable populations, data collection instruments will need to gather a minimal set of consistent information from vulnerable children, households and communities. More complex and in-depth data collection instruments should be used for a baseline survey, annual evaluations, mid-term evaluations and an impact evaluation to measure progress towards set targets.

BOX 6.1: FIVE BROAD CRITERIA FOR SELECTION OF 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

BOX 6.2: FIVE BROAD CRITERIA FOR SELECTION OF VULNERABLE HOUSEHOLDS WITH CHILDREN

- √ SINGLE/WIDOWED CAREGIVER or HEAD OF HOUSEHOLD OR CHRONICALLY ILL ADULT IN HH
- √ 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

Definitions of the Broad Criteria for Selection above:

In need/Impoverished

- Inadequate Food (one meal or less)
- Inadequate Clothing (less than three sets including uniform)
- Poor Shelter (grass thatch and mud walls)
- Lack of/Irregular Education
- Regular cash income < US $ 1.00 equivalent per day

Orphan

- Single maternal (mother known to be dead)
- Single paternal (father known to be dead)
- Double orphan (both parents known to be dead)

Other Vulnerability

- Abandoned (parents known to be alive or assumed alive but cannot be located)
- Parents or Guardians cannot be located or are absent (parents are assumed dead or known to be missing and cannot be located)
- Chronically ill parents or child
- Illiterate/Not going to school
- Disability
- Conflict environment

7. Intervention Framework

7.1 Introduction

This section provides a summary of key interventions recommended for each of the Core Programme Areas (CPA). Three principal themes underlie and inform these proposed interventions:

1) a primary focus on **three priority Core Programme Areas**
2) a need for **community-level selection** of specific interventions
3) an intervention approach that will require **collaboration** between local government, civil society and the private sector at the community level in order to succeed most effectively

7.2 Prioritization

In the process of formulating the NSPPI, stakeholders at various levels consistently articulated the importance of ensuring that the highest impact Core Programme Areas be selected in order to show results within the initial timeline of the NSPPI. Secondly, there was also a clear appreciation of the importance of emphasizing interventions that are sustainable and mutually reinforcing, while offering the greatest likelihood of meeting the goals of the other CPAs. Balancing these twin goals led to the selection of the following three core programme areas for the NSPPI:

1) improving the **socio-economic security** of households in which orphans and other vulnerable children live
2) investing in the improved **education** of orphans and other vulnerable children, not only at the primary level but through to at least the secondary level at a standard of quality that is acceptable to government
3) ensuring the **health** and psychosocial well-being of not only of orphans and other vulnerable children, but also of their primary caregivers – their surviving mother especially and elderly grandmother increasingly

Socio-economic security: Higher household incomes would allow vulnerable households to provide adequate, nutritionally balanced, food at appropriate intervals; provide adequate care and support to members of who are ill; and, provide basic needs and access to services for members of the household. Allocating resources to improving the socio-economic situation of orphans and vulnerable children through the households in which they live offers the possibility of a sustainable intervention that goes far beyond immediate assistance.

Education: Ensuring that children stay in school may allow psychosocial interventions to be more easily provided such as peer group formation and facilitation of mentoring partnerships; and, protection of certain rights of

children by advocating for their complete immunization and registration of their births prior to enrolment.

Health: Focusing on the health of the child particularly their nutritional status requires that food security and nutritional status of the household is maintained; and that the health of the adult caregiver is taken into consideration as the same time as the health of the children. Psychosocial support is also an integral part of the overall health and well-being of orphans and their caregivers.

7.3 Community Selection

The most urgent needs of orphans and other vulnerable children vary substantially by the socioeconomic characteristics of households in different locations. This means that for interventions to have the greatest chance of addressing the particular issues faced by orphans and other vulnerable children and households, local leaders in different communities will require some degree of flexibility in prioritising the specific interventions for their given areas. It is explicitly recognized that not all interventions or activities will be applicable or relevant to every region or community.

7.4 Consortiums

The following list of proposed interventions includes a recommendation for the lead government implementing partner for each Core Programme Area in the right hand column. Other important implementing partners are also included in the right hand column to emphasize the multi-sectoral approach that will be needed by the lead implementing partner. The building of coalitions, networks and consortiums between public, private and civil society sectors will be key to managing the multi-sectoral nature of vulnerability, particularly orphan hood and the expressed need to scale up and out interventions to reach more vulnerable children and households effectively. There is also the need to increase capacity to absorb the increased levels of funding for HIV/AIDS and orphans and other vulnerable children through bilateral development partners, bilateral mechanisms such as the President (Bush's) Emergency Programme for AIDS Relief (PEPFAR), multilaterals and global mechanisms such as the Global Fund for AIDS Tuberculosis and Malaria (GFATM).

7.1 Strategic Programme Plan Objective I:

To create a conducive environment for the survival, growth, development and participation of orphans and other vulnerable children.

7.1.1 BUILDING BLOCK A: SUSTAINING LIVELIHOODS

Core ea (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.**	1. Basic assistance (income support) - Microfinance and small credit services for vulnerable youth and households - Regular income support for older caregivers of orphans and other vulnerable children 2. Training - counselling about savings, health, psychosocial and educational investments, and improvements in SES for caregivers - apprenticeship and internship programmes for out-of-school vulnerable youth - training in micro enterprise and/or small business management for caregivers 3. Community involvement - volunteer programmes to support community safety nets, including community labour - incentives for local businesses to sponsor scholarships for orphans and other vulnerable children - strategic discussions among multisectoral community leaders regarding socioeconomic security issues	o **Private Sector** especially businesses, industry and MFIs o Major investments from sector budgets needed from **MGLSD, MOLG, MWHC, MAAIF, MWLE** o **Community-based Services Coordinator** at the district level o **Sub-county Chief, CDOs** and **CDAs** at the sub-county level

Core area (CPA)	Key Interventions	Key Implementers and Partners
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**	1. Basic assistance (food and agricultural support) - agricultural tools and equipment for vulnerable households - short term school-based food programmes - short term community food programmes 2. Training - counselling for caregivers of chronically ill household members about alternative food security practices - training in appropriate nutrition for persons who are chronically ill - training about access to food markets - training in less labour-intensive farming technologies - training about the impact of HIV/AIDS for agricultural and veterinary sector actors 3. Community-based involvement - awareness campaigns regarding food and water issues - volunteer programmes - involvement of agriculture extension officers in outreach to the ill, elderly, and disabled - school-based gardening programmes for older children	o The following government partners are key in implementation, collaboration and coordination activities: o MGLSD o MAAIF o MWLE o MOES o MOH o OPM/ODP o **NGOs, FBOs and RIs** o Multilateral partners such as the **World Food Programme** and bilateral partners such as **USAID (through the Title II programme)** are key partners o **Director of Food Production** at the district level o **CDOs and CDAs** at the sub-county level

Core Programme Area (CPA)	Key Interventions	Key Implementers and Partners
CPA III: Care and Support **The provision of basic commodities, such as food, clothing, bedding and/or shelter to an orphan, other vulnerable child, household or institution, taking care of orphans and/or other vulnerable children**	1. Basic assistance (food, water, shelter, sanitation, clothing, bedding) - short term care packages for vulnerable children living without adult supervision or in 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 2. Re-settlement and alternative care - alternative foster care for vulnerable children living without adult supervision - inspection of alternative care facilities - re-integration and/or re-settlement of children from alternative care facilities into communities 3. Training - 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 4. Community-based involvement - awareness campaigns regarding care and support - community volunteer programmes - investment in low-cost water and sanitation technologies such as pumps, VIP latrines, wells and piped water	o **Government partners**: o MGLSD o MOLG o MOES o MOH o MAAIF o MWHC o MWLE o OPM/ODP o Bilateral donors o **Non-governmental organizations** o **Alternative care facilities** o **District PSWO** through the **DDC/DHAC** o **CDOs and CDAs** at the sub-county level

Core Programme Area (CPA)	Key Interventions	Key Implementers and Partners
CPA IV: Mitigation of the Impact of Conflict **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.**	1. Basic assistance (counselling, demobilization, safe havens) - counselling for conflict-affected children - child soldier demobilization programmes - creating/increasing reception centres 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 2. Training and advocacy - 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 3. Community involvement - 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	o **MIA, MOD, MOLG, OPM/ODP** and the **Office of the President.** o **MOE** and **MOH** o **NGOs, FBOs** and **RI** with expertise in legal, policy and advocacy issues o **Resident District Commissioner** o **LCIII Chairperson** at the sub-county level

7.2. Strategic Programme Plan Objective II:

To deliver integrated, equitably distributed and quality essential social services to vulnerable children and households.

7.2.1 BUILDING BLOCK B: LINKING ESSENTIAL SOCIAL SECTORS

Core Programme Area (CPA)	Key Interventions	Key Implementers and Partners
CPA V: Education **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.**	1. Basic assistance (educational services and support) - 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 - adult basic education programmes for caregivers of vulnerable children 2. Training - in psychosocial care and support to orphans and other vulnerable children who are in school, at risk of falling out, or have fallen out - in the gender impact of HIV/AIDS and innovations to keep girls in school and safe 3. Community involvement - community innovations in preschool care and education programmes for orphans and other vulnerable children 4. Monitoring - school-based monitoring of children at risk of dropping out	o **MOE** working closely with **private sector** providers of educational services o **INGOs, NNGOs, FBOs, CBOs** and **RIs** o A key partner in supervision, monitoring and evaluation: **MGLSD** o **MOLG** o **District Education Officer** at district level o **CCTs** at sub-county level

Core Programme Area (CPA)	Key Interventions	Key Implementers and Partners
CPA VI: Psychosocial Support **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 behaviour in relation to their family and to the society in which they live.**	1. Basic assistance (psychosocial services) - 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 programmes - facilitation of community libraries or centres for information exchange - facilitation of youth groups, mentoring and other peer groups - psychosocial services for conflict-affected children and their caregivers 2. Training - in prevention, care and support of those chronically or terminally ill with HIV/AIDS 3. Community involvement - strengthening of traditional community mechanisms of psychosocial support - strategic discussions among multisectoral community leaders on 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	o **MOH** working with **MOLG** and providers of mental health care in the **private sector, INGOs, NNGOs** and **religious institutions**. o **MOES** working with teachers to detect vulnerable children in need of psychosocial care o **District PSWO** o **Social Workers** o **CDOs and CDAs** at the sub-county level

Core Programme Area (CPA)	Key Interventions	Key Implementers and Partners
CPA VII: Health **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.**	. 1. Basic assistance (care and referral) • preventive health care for vulnerable children • hospice care for chronically and terminally ill children in need of specialized care • psychosocial counselling for vulnerable children, caregivers and the chronically ill • short-term curative health care for vulnerable children & households in need 2. Training and education • information on health, hygiene, nutrition, and ARV 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 health care workers in providing more user-friendly services for older persons, those with disability and vulnerable children 3. Community involvement • community care and support initiatives • community-based cooperative care groups • formation of peer groups 4. Monitoring • health centre based mechanism of monitoring the health status of vulnerable children through inclusion of vulnerability status on immunization card, outpatient and in-patient forms	o **MOH** working with **UAC, MOLG**, and providers of health care in the **private sector** and through **religious institutions**. o Key support will need to come from **USAID, UNICEF, UNFPA, UNAIDS** and the **Uganda Global Fund CCM** o **District Director of Health Services** at the district level o **Health Assistants and Inspectors** at the sub-county level o **Health care workers** at all levels of health facilities and schools

7.3. Strategic Programme Plan Objective III:

To strengthen the legal, policy and institutional frameworks for programmes targeting vulnerable children and households at all levels

7.3.1 BUILDING BLOCK C: STRENGTHENING POLICY AND LEGAL FRAMEWORK

Core Programme Area (CPA)	Key Interventions	Key Implementers and Partners
CPA VIII: Child protection **This is the immediate response to circumstances and conditions that create gross violation of the rights of children, subjecting them to serious risks and hazards.**	1. Basic assistance (immediate interventions and enforcement) - 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, orphans and other vulnerable children regarding pensions and property - improvement of fostering, adoption, and guardianship arrangements - increased number of Child and Family Protection Units at police stations to address abuse and neglect 2. Vital registration and information systems - strengthening of the birth and death registration system - improving the fostering, adoption, and guardianship process - linking health and education records to improve outcomes in both sectors 3. Training and advocacy - 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 labour. - training for local leaders in child protection issues, rights, and laws - awareness-raising regarding ways to reduce stigma and discrimination towards orphans, other vulnerable children, households and persons affected by HIV/AIDS 4. Community involvement - community meetings to discuss and implement actions to reduce child abuse, neglect, and labour - discussions among multi-sectoral community leaders about monitoring and reporting on child protection issues	o **MGLSD** working in close collaboration with **NCC, MIA, Police, MJCA, AG's Office, MOES, MOH** and **MOLG** o **NGOs**, the **media**, **Office of the First Lady** and **UNICEF** o **PSWOs** at the district level o **CDOs and CDAs** at the sub-county level o **Secretary for Children's Affairs** at all levels of local government o **Child Advocates** at all levels of local government o **Social Workers** in schools and health centres o **Health care workers**

7.4. Strategic Programme Plan Objective IV:

To enhance the capacity of households, communities, implementing agents and agencies to deliver integrated, equitably distributed and quality services for vulnerable children and households.

7.4.1 BUILDING BLOCK D: ENHANCING THE CAPACITY TO DELIVER

Core Programme Area (CPA)	Key Interventions	Key Implementers and Partners
CPA X: Strengthening Capacity **This is the process by which individual, household, community and national capacity is improved in order to deliver adequate care, support and services to Orphans and Other Vulnerable Children.**	1. Infrastructure - improve facilities and resources for social welfare workers 2. Personnel and training - 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 actors and outreach workers 3. Operations and management - mobilization and allocation of resources - monitoring and evaluation of agency performance - improved transparency and reporting mechanisms - operations research, documentation and dissemination - examine social sector records in other sectors (health, education, justice, police) 4. Interagency linkages - improved communication between MGLSD, 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 MGLSD and other social sectors - mobilization of resources nationally and internationally 5. Community involvement - needs assessment, baselines, evaluations, CBMIS	o **MGLSD, MOLG** and **District officials** working closely with NGOs o Infrastructure from **MWHC, and MWLE** o Personnel and services from **MOES and MOH** o Increase in human resource capacity will require **MPS** o **MGLSD** (Planning Unit), **UAC** and **NCC** will serve as centres for monitoring, evaluation, supervision and documentation o **Academic institutions** will provide technical assistance for monitoring and evaluation o Private Sector o **RDC** at the district level o **Sub-county Chief** and **MOLG officials** and **CBO** leaders, staff and volunteers at the sub-county level

8. Implementation Framework

8.1 Overall NSPPI Management

The MGLSD is the Government of Uganda's line ministry in charge of Orphans and Other Vulnerable Children and will provide the overall direction and guidance on the NSPPI. The ministry will be responsible for policy decisions, technical support, setting standards, guidelines, supervision, quality assurance, monitoring and evaluation.

8.2 Coordination, collaboration and partnerships

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The issue of orphans and other vulnerable children cuts across all sectors, and has a multiplicity of stakeholders at all levels. These stakeholders include the various sectors, branches and institutions of government, civil society organizations, the private sector, academia, development partners and the vulnerable populations themselves. Each will have a significant role to play in the multi-sectoral approach of reaching Uganda's vulnerable groups (see **Appendix V**). Thus, implementation of the NSPPI will build on existing initiatives, harmonise approaches and concretise partnerships essential for the cost effective use of resources and the successful coordination and collaboration within the decentralised context of service delivery.

Government of Uganda Sector Ministries: The causes of vulnerability in the Ugandan context are multisectoral in nature. As such, implementation of the NSPPI will require commitment to promoting cross-sectoral linkages. HIV/AIDS is one of the leading causes of vulnerability in Uganda and its impact cuts across all sectors. Priority line Ministries currently with activities related to vulnerable children and households include: Health; Education; Local Government; Justice and Constitutional Affairs; Internal Affairs; Defence; Agriculture; Animal Industry and Fisheries; Housing and Urban Development; and, Finance, Planning and Economic Development.

Autonomous Government Institutions: The UAC was constituted in the early 1990s as a multisectoral coordinating body for improving the national response to the rising incidence and prevalence of HIV/AIDS. The NCC was formed as part of the implementation process of the UNCRC and the subsequent UNPAC. Both bodies are key allies in elevating the situation of orphans and other vulnerable children alongside the need to provide care, support and treatment for the surviving parent. The MGLSD will collaborate with a number of other autonomous organizations that will be key in the implementation of the NSPPI (see **Diagram 8.5**).

Executive Branch of Government: Leadership played a key role in galvanizing the general population and resources to fight the rising prevalence of HIV/AIDS in the mid-1980s, to great success. It is envisaged that with the leadership from not only the Office of the First Lady but also the Office of the President and Prime Minister, the political will to focus on the plight of orphans and other vulnerable children in concert with the plight of their surviving parents and other caregivers will be key. These key leaders will be part of a Leadership Platform of prominent citizens within Uganda who will work to promote awareness, galvanize resources, and generate support to alleviate the suffering of this vulnerable population group.

Local Government: The Ministry of Local Government as a sector Ministry will be key in facilitating the implementation plan efficiently and effectively. The District Local Governments will be key at the LC5 level to work with programme implementers to select which sub-counties to prioritize and which populations to target using the NSPPI as a guide. Urban authorities within Kampala City Council and its four Divisions, District Municipalities, Town Councils, and Wards will need to work with programme planners to reach out to vulnerable populations within the urban setting, especially to street children. Lower local governments (LCs 1-3) will participate actively in the community consensus building exercises geared towards identifying vulnerable children and households and in working with CSOs to implement interventions.

Civil Society Organisations: These include NNGOs, FBOs, CBOs, religious and cultural institutions that are assisting vulnerable populations with government or funds from development partners. Civil society organizations are at the front-lines of assisting vulnerable population groups, often with few resources – both financial and human. They, along with the extended family and communities, have shouldered the burden of taking care of increasingly vulnerable groups over time. Many can assist more, if there capacity is improved through training, resource mobilization, provision of tools to identify the needy, monitor and evaluate. Appropriate interventions by key sectors of government e.g. the repair of a bridge, a road being tarmaced, an urban squatter slum replaced with some decent housing, a saving scheme set up, a functional health unit within walking distance, can all be the catalysts to providing vulnerable populations with the enabling environment they need to withstand the shocks of a chronically ill or recently deceased key member of a household.

Private sector: This includes companies, corporations and other for-profit institutions, foundations, the media and individual donors who, through the private resources available to them, can galvanize financial support to assist vulnerable children in need. National and community organizations need to map out a strategy to reach out to the growing private sector in Uganda to provide some of the resources needed. The private sector itself should look at

its own policies to assess whether improvements in coverage of the health needs of employees and their families can improve productivity, reduce absenteeism and minimize loss in investments in employees due to HIV/AIDS.

Academic and research institutions: Academic and research institutions can partner with implementing organizations to improve data collection, particularly related to the systems needed to adequately monitor and evaluate programmes. There are a variety of local academic institutions such as Makerere Institutes of Social Research and of Public Health, Regional Centre for Quality in Health Care, UBOS, Institute of Statistics and Applied Economics and a variety of private consulting firms that may be able to provide the technical assistance implementing organizations need to improve monitoring and evaluations systems. This is imperative if implementers want to know whether the lives of the populations they are reaching are improving over time and whether the vulnerable have utilized the resources availed to them appropriately, efficiently and effectively.

Development Partners: Development partners are partnering with the SDS to work through ways in which the multi-sectoral dimensions of vulnerability assessments and impact mitigation can be integrated into funded programs in order to make a real and sustainable difference in the lives of children and households made vulnerable by poverty and by HIV/AIDS. These include a variety of bilateral and multilateral agencies and international NGOs.

Vulnerable Individuals, Households and Communities: The populations being assisted can actively participate in their own development and reduction of their vulnerability by participating fully in needs assessments, demanding change and assessing whether resources are being appropriately utilized.

8.4 Implementation Structures

This section provides details on the key aspects of organising and operationalising the NSPPI. Use of existing structures and delivery mechanisms as much as possible is a key principle to facilitate a fast start up and continuity over time.

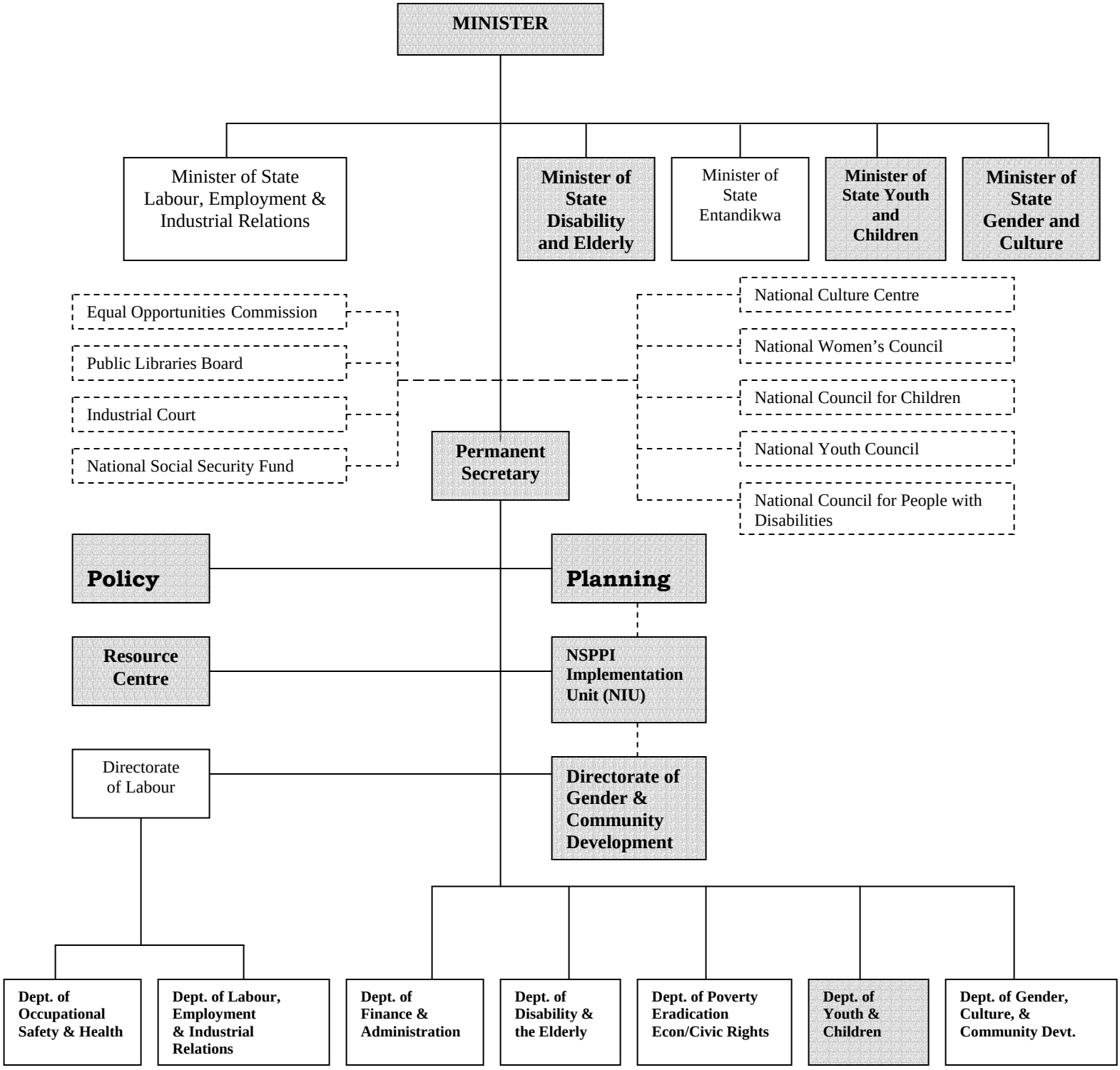
8.4.1 MGLSD Internal Implementation Structures

The Ministry of Gender, Labour and Social Development will provide the overall direction and guidance to the implementation of the NSPPI (See 8.4.3). The NSPPI will be implemented with the assistance of a NSPPI Implementation Unit (NIU) located within the MGLSD directly under the supervision of the Permanent Secretary. There will be direct and strong links with the Director of Gender and Community Development. The Director currently oversees the Departments of Youth and Children Affairs, Elderly and Disability, Poverty Eradication, Economic and Civic Rights and Gender, Culture and Community Development. In addition, the ministry works closely with 6 affiliated autonomous institutions formed by Acts of Parliament, namely: the National Council for Children, the National Women's Council, the National Youth Council, the National Cultural Centre, the Public Libraries Board and the Industrial Court. Within the Ministry, coordination and collaboration will be enhanced with the Directorate of Labour, as well as with the projects that deal with vulnerable population groups through an Intra-Ministerial Vulnerable Population Taskforce. These projects include: Programme for the Enhancement of Adolescent Reproductive Health (PEARL), Promotion of Children and Youth programme (PCY), Youth Entrepreneurship Scheme (YES), and Jobs for Africa.

8.4.2 The NSPPI Implementation Unit

The day-to-day activities for NSPPI implementation will be managed by a NSPPI Implementation Unit (NIU), formerly the OVC Secretariat. The NIU will work closely under the supervision of the Permanent Secretary and the Directorate of Gender and Community Development and in collaboration with the Policy, Planning and Accounting offices of the MGLSD.

8.4.3 MGLSD Organizational Structure



8.5 Coordination

8.5.1 National Coordination Committee

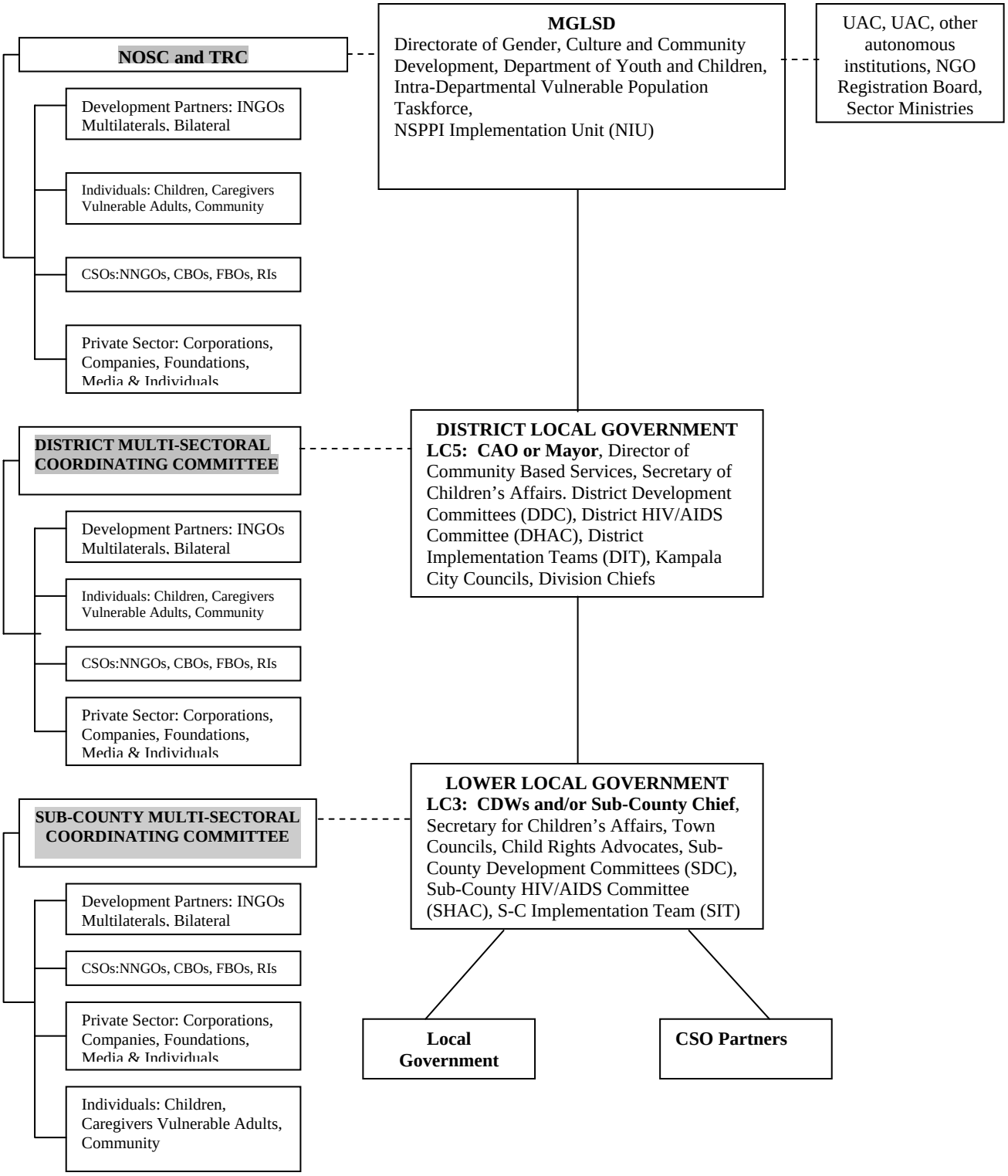
The National OVC Steering Committee and Technical Resource sub-Committee established to oversee the formulation of the NOP and NSPPI will be retained, revitalized, institutionalised and strengthened to provide the policy direction and technical support for the implementation of the NSPPI (See MGLSD documents: Terms of Reference for NOSC and TRC). Various stakeholders will be represented on at least one of the committees to ensure effective coordination, collaboration and partnerships. The National Council of Children will be strengthened to oversee children issues as a whole, and vulnerable children in particular in close collaboration with the Department of Youth and Children.

8.5.2 Role of Local Government

The implementation of the NSPPI will be in line with the Local Government Act. As such, MOLG will play a key role alongside the MGLSD in ensuring that the NSPPI rolls out efficiently. Local government authorities are in charge of establishing local priorities in consultation with sector partners and communities; incorporating issues of concern to vulnerable populations in district development plans; passing the necessary by-laws and ordinances, delivery of most essential services to vulnerable populations; and, ensuring that the services reach out to the intended beneficiaries. Emphasis will be put on strengthening local governments to assess needs and assist vulnerable population to link up with essential services with a special emphasis on the development of communities as a whole.

The operational responsibility for orphans and other vulnerable children programs falls under the MGLSD, with the District Directorate of Community-based Services being ultimately responsible for implementation at the district level. The focal point person for orphans and other vulnerable children issues within the Directorate is the District Probation and Social Welfare Officer (DPSWO) who will work closely with the LC5 Secretary for Children Affairs to coordinate and operationalise the NSPPI, and marshal resources.

8.5.3 NSPPI Implementation Mechanism



8.5.4 District Coordination Committee

The District HIV/AIDS Committees (DHAC), where they exist and are effectively operating, will be prioritized as the committees to coordinate the implementation of the NSPPI. In districts were DHACs are non- existent or non-operational, the District Development Committee, Social Services Committee of the Council, or the Planning Committee, will be the committees to take up the coordination of the implementation function. If all the above committees are non-functional, then other recently structured district committees such as the District Implementing Teams (DITs) could be options for coordinating NSPPI implementation. The aim of the committees will be to bring together the district multi-sectoral actors; district technical personnel, the political arm, the development partners, CSOs, private sector, the community and vulnerable children, to provide a district specific assessment of the burden, the mapping of needed and initiated interventions, as well as technical implementation support.

Among urban authorities, such as the Kampala City Council, its Divisions, and the District Municipal Councils, the focal persons for orphans and other vulnerable children will be the Probation and Social Welfare Officers, Town Clerks and LC5 Secretaries for Children Affairs respectively. In appropriate committees, all the stakeholders, including child advocates, will be brought together to provide direction to the implementation of the NSPPI in urban areas. In the Town Councils and Wards the community development workers will be the focal persons who will bring together all the key actors.

8.5.5 Sub-County Coordination Committees

At the Sub-County level, the focal person for orphans and other vulnerable children will be the Community Development Officer (CDO) who will work as part of the team at that level and coordinate with the Sub-County Chief. The CDOs will be the main sector agents who interface with the communities and coordinate the activities of the NGOs, CSOs and other service providers at the lower local government level. The Sub-County Planning Committee will bring together the Sub-County technical team, the political arm and other partners – CSOs, private sector actors, community representatives and the development partners. The MGLSD has targeted having one CDO per sub-county by the year 2004 and two CDAs in all sub-counties by 2008. The CDOs will mobilise communities and individuals to effectively participate and sustain interventions for orphans and other vulnerable children.

At Parish (LC2) level, the Parish Development Committees will bring together all the stakeholders, who include the Secretary for Children Affairs, the women council representative, CBOs, religious, cultural and traditional leaders and the child or community representative. The Parish Chief in consultation with the Secretary for Children Affairs will be the focal person at the Parish level**.**

At Local Council 1 level, the LC1 chairman will bring together the beneficiaries and the Secretary for Children Affairs to facilitate communities objectively and in a sensitive manner to select the most vulnerable among them. Community associations, CBOs, NNGOs and/or INGOs will facilitate the implementation of the NSPPI at this level. The beneficiaries will be encouraged to form associations to facilitate demand for services, to provide feedback and to monitor implementation.

Building and strengthening the public-private sector partnership at all levels of delivery, coupled with enhancing the capacity of CSOs to perform their roles, will be vital in achieving the goals and objectives of the NSPPI.

8.6 Steps to full implementation

The following (See **Box 8.6**) are critical steps required to move the NSPPI to full implementation. The MGLSD will take the lead in ensuring that these steps are initiated and fulfilled.

Box 8.6: General Work plan and Timeline for NSPPI Implementation

• Orphans and Other Vulnerable Children Secretariat continues as the NIU	• Jan 2004
• Revitalize the NOSC and TRC	• Jan – Oct 2004
• MGLSD/SDS vets the NSPPI	• Feb – Sept 2004
• Approval by MFPED	• Oct 2004
• Approval by Cabinet	• Nov 2004
• Presentation to Parliament	• Jan 2005
• SDS, Development partners vet M&E and Financial Planning Framework facilitated by MGLSD and MFED	• March 2005
• Implementation of NSPPI	• Jul 05 – Jun 2010

9. Costing and Financing Framework

9.1 Background

The Uganda National Strategic Programme Plan of Interventions (NSPPI) for Orphans and Other Vulnerable Children has been conceived within the planning and implementation framework outlined in the Social Development Sector Investment Plan (SDIP) The SDIP was articulated in response to the national Poverty Eradication Action Plan (PEAP) that requires preparation of programmes through Sector-Wide Approaches (SWAp). The SDIP is the planning document for the social development sector (SDS). The MGLSD is the leading and coordinating agency for the SDS. The Ministry's mandate is to "empower communities to harness their potential through cultural growth, skills development and labour productivity for sustainable and gender responsive development." (MGLSD, 2003). This mandate, in relation to poverty eradication, involves supporting not only interventions that mobilize and involve the poor and vulnerable but also interventions targeting agencies involved in poverty eradication. The MGLSD intends to achieve its mandate by "mainstreaming sector concerns through advocacy" and "providing direct interventions, primarily through local governments and civil society." (MGLSD, 2003).

The social sector is diverse, bringing together actors from a wide spectrum of government and civil society. Semi-autonomous institutions in the sector include: the National Women Council; the National Council for Children; the National Youth Council; the National Cultural Centre, the National Library; the Industrial Court; Nsamizi Institute for Social Development; and the National Social Security Fund. Other government ministries (or sectors) key to interventions in the social sector include: Health, Education, Water, Land and the Environment, Agriculture, Roads, Public Service, Local Government, Housing and Urban Development and Finance and Economic Planning. Local governments and civil society organizations (INGOs, NNGOs, CBOs, FBOs, labour unions, employer groups and interest groups) will be key actors, especially with respect to implementation and advocacy. The SDS also works closely with development partners (bilateral and multilateral agencies)

The strategic vision of the Government of Uganda is to address the vulnerability of orphans, other vulnerable children and the households caring for them. Support to orphans and other vulnerable children is one of the key priorities that have been identified in the SDIP within the context of the PEAP and the Medium Term Expenditure Framework (MTEF).[17]

[17] . Ibid, page 58.

However, as noted in the recent PEAP revision paper, the SDS is traditionally under funded and the data from the MTEF show ceilings at the Ministry rather than at the sector level.[18] A large proportion of these resources are devoted to infrastructure, capacity with regard to staffing, and advocacy for more resources to the social sector. With the completion of the SDIP, it is expected that the MGLSD will be provided with sufficient funding through the MTEF to sustain its lead role in spearheading sector partners as they meet the needs of the most disadvantaged orphans, other vulnerable children and their households. The NSPPI financing framework is based on the premise that a large proportion of funding solicited for it will be applied towards direct interventions through its sector partners. There will be some resources devoted towards coordination, monitoring, evaluation and accountability.

It is envisioned that regular, sustained progress and improvements in the SDS, as an integral part of the PEAP, will contribute to Uganda's economic growth and anti-poverty strategy. The goals and objectives of the NSPPI are fully consistent with the Social Development Sector Investment Plan (SDIP), 2003 - 2008. The social interventions outlined in Part 7 and the budget attached to the NSPPI will be discussed further and approved by sector partners under the Sector Wide Approach (SWAp) to public sector budgeting and expenditures.

The intervention framework and actual implementation and monitoring of the NSPPI is and will be complex because many of the proposed social interventions cut across many critical sectors that are important for the social development of Uganda. The proposed interventions are designed to mitigate and alleviate the social welfare of orphans, other vulnerable children and persons in households, who have been mainly affected by (though not exclusively) by the HIV/AIDS pandemic. As discussed earlier in the document, the social interventions are organized in ten Core Programme Areas (CPAs) across four Building Blocks: Sustaining Livelihoods; Linking Essential Social Sectors; Strengthening Legal and Policy Frameworks; and, Enhancing the Capacity to Deliver. Initially, the interventions will target the most vulnerable children and the households in which most of them live over the five year cycle of the NSPPI. The interventions will cover all of the children and households who were living under the poverty line at the time of inception of the NSPPI (See **Table 9.1**).

[18] . See page 57 in the report Social Development Sector: Sector PEAP, Nov., 2003, Ministry of Gender, Labour and Social Development (MGLSD)

9.2 Costing of Interventions

The total number of households in Uganda is approximately 4.2 million, with about 38 percent of the households living below the poverty line as defined by the Poverty Eradication Action Plan (PEAP) of the Government of Uganda (MFEP, 2003).[19]

We assume that approximately 25 Percent are orphan households (or 1.05 million orphan households). Furthermore, for simplicity, we assume in the costing analysis that there is no difference in the percentage of households living below the poverty line across orphan and non-orphan households. In this costing exercise, we assume that the NSPPI timeline under consideration is five years and each year the interventions target 7.6 percent of the orphan households and this percentage remains constant over the life of the NSPPI. The actual targets met will depend on the availability of funds. Over five years, 38 percent of the orphan households will receive assistance and this would be close to the percentage of the orphan households that are under the poverty line at the NSPPI's inception.

Table 9.1: Annual number of households that receive assistance

	2004	2005	2006	2007	2008
	1	2	3	4	5
Cohort, Year 1	79,800	79,800	79,800		
Cohort, Year 2		79,800	79,800	79,800	
Cohort, Year 3			79,800	79,800	79,800
Cohort, Year 4				79,800	79,800
Cohort, Year 5					79,800
Total	79,800	159,600	239,400	239,400	239,400

For most of the interventions, we assume that the targeted households graduate from receiving assistance in three years. In practice, the criterion for graduation will depend on consensus among members of the local communities where the children and/or households are located. With the parameters under this scenario, in year 1 of the intervention, 79,800 households will receive support and this figure will increase to 239,400 by year 5.

For the purpose of this analysis, at the national level, the average number of children in an orphan household is 4.3 and the average number of children in a non-orphan household is 2.7; the average number of orphans

[19]. The number of people living below the poverty line varies across districts, regions and demographic characteristics of the households.

in an orphan household is 1.6. Again, these parameters may vary across districts, regions, demographic characteristics of the households and time. Here, for simplicity, we assume that these parameters are constant for the life of the NSPPI. With respect to the design and formulation of the intervention plan, the appropriate parameters at the level of the intervention have to be estimated from available data. The appropriate level for the implementation of the intervention depends on the nature of the intervention. The interventions may be implemented at the individual, household, school, community or district level.

9.3 Key Assumptions

In the first round of the preliminary analysis, many of the key parameters in the assumptions for the Financial Planning Framework are constant over the life of the analysis. In the further analysis, after collection of appropriate data and inclusive discussions with all the stakeholders, we can vary the key parameters over time and also conduct sensitivity and scenario analyses to examine the impact of changes in the values of the key parameters on the total cost of the package of interventions for the ten Core Programme Areas (CPAs). The Financial Planning Framework provides a basis for the continuous monitoring and evaluation of the budget, which is an integral part of the NSPPI. In this way, we can ensure that the resources are spent in the most effective way and are reaching the populations of interest.

Timeframe for the analysis: 5 years.
Reference year for the unit costs: 2004
Currency: US$.
Expected annual inflation rate for US$: 3 percent over the life of the analysis. We assume that this remains constant over the life of the analysis.
Expected annual real increases in the unit costs: For simplicity, we have assumed that the expected annual real increases in the unit costs over time are zero.
Percentage of population living below the poverty line: 38 percent and we assume that this remains constant over the life of the analysis.
Average number of years for graduation from the interventions: 3 years. We assume that on average, the beneficiaries of the interventions will need at least two years to become more or less independent of assistance and in the third year transition to full independence.
Number of households: 4.2 million. We assume that this number remains constant over the life of the analysis and can recalculate using estimated increases in this number as needed.
Number of orphan households, as percentage of all households: 25 percent. We assume that this percentage remains constant over the life of

the analysis. Currently, we do not have information on how the number of orphan households will change over time. The number of orphan households is approximately 1.05 million (25 percent × 4.2 = 1.05).

Average number of children in orphan households: 4.3 children. We assume that this number remains constant over the life of the analysis. The number of children in orphan households is approximately 4.515 million (4.3 × 1.05 = 4.515).

Average number of youth in orphan households: 30 percent of the number of children in orphan households. We assume that this percentage remains constant over the life of the analysis. The number of youth in orphan households is approximately 1.354 million (30 percent × 4.515 = 1,354.50).

Population of interest

Across orphan and non-orphan households, we assume that there is no difference in the percentage of the households who are below the poverty line. Over five years, we assume that the social interventions will reach all of the disadvantaged orphan households who are below the poverty line. With an annual target of 7.6 percent and successful implementation of the social interventions, over five years the social interventions can benefit the 38 percent of the disadvantaged orphan households who are below the poverty line at the beginning of the NSPPI. Thus, each year, the social interventions will target 79,800 orphan households (7.6 percent × 1.05 = 79,800). Each year, the social interventions will target 102,942 youths in orphan households. (7.6 percent ×1,354,500 = 102,942).

The duration of most of the social interventions is one year. Some programmes will be for three years. We assume that on average the participants in the social interventions will graduate in three years.

In **Table 9.2** below, the costs for each of the ten CPAs are summarized. Please refer to **Appendix VIII** excel budget spreadsheet attached to this document for a detailed breakdown of costs.

Table 9.2: Annual costs for the ten CPAs for the first year of the intervention **(in '000 US $)**

	2004	**2005**	**2006**	**2007**	**2008**	**Total**	**percent**
Sub-Total CPA1 **Socio-economic Security**	44,409	45,741	47,113	48,527	49,982	235,772	23.7%
Sub-Total CPA2 **Food and Nutrition Security**	25,257	26,015	26,796	27,599	28,427	134,095	13.5%
Sub-Total CPA3 **Care and Support**	14,387	14,819	15,263	15,721	16,193	76,383	7.7%
Sub-Total CPA4 **Mitigation of the Impact of Conflict**	1,331	1,371	1,412	1,454	1,498	7,066	0.7%
Sub-Total CPA5 **Education**	33,414	35,650	37,989	39,129	40,303	186,484	18.7%
Sub-Total CPA 6 **Psycho-social Care and Support**	8,004	15,313	23,053	23,745	24,457	94,572	9.5%
Sub-Total CPA 7 **Health**	9,528	17,951	26,871	36,310	46,291	136,951	13.8%
Sub-Total CPA8 **Child Protection**	4,085	4,208	4,334	4,464	4,598	21,689	2.2%
Sub-Total CPA9 **Legal Protection**	8,716	8,978	9,247	9,525	9,810	46,276	4.6%
Sub-Total 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%

9.4 Financing of the NSPPI

The NSPPI will be financed by a variety of revenue streams from within the Government of Uganda through the SDIP and other ministries who are core members of the social development sector as well as from external resources. These external resources will be mobilized from a wide spectrum of mechanisms through bilateral and multilateral development partners as well through large global and bilateral mechanisms such as the GFATM and PEPFAR. The latter are two large funding streams that the Government of Uganda intends to tap to finance direct interventions. The GFATM has called for 10 billion a year over the next 10 years for HIV/AIDS prevention, care, support and mitigation activities worldwide. Uganda has been awarded a $ 56 million grant for OVC interventions by the GFATM. The PEPFAR initiative has called for $ 15 billion over the next five years to assist 14 countries hardest hit by the HIV/AIDS pandemic with $ 2.4 billion committed by the US government in the first year. Uganda is one of the fourteen prioritized countries. The Uganda Government in collaboration with international implementing partners intends to apply for some of these funds. The NSPPI budget as presented below is costed according to the key intervention packages derived from the interventions listed under each core programme area in **Part 7**.

The Social Development Sector Development Partner Group which includes UNICEF, USAID, DFID, SIDA, DANIDA, NORAD, Save the Children, CARE and World Vision will be key to providing further funding for direct interventions or to build the capacity of the SDS, particularly the MGLSD to respond to requests for proposals from these larger funding streams. At the same time, MGLSD is looking for partners to support it in its work to coordinate, network, supervise, train and build the capacity of the community level CSOs.

9.5 Transparency and Accountability

A major goal of financing through the NSPPI will be to emphasize transparency and accountability. The budget is presented with the basic assumptions and unit costs clearly spelled out. As such, the numbers of vulnerable children, households or communities being targeted will be obvious to national, district and sub-county level planners. Consortiums of government, CSO and local governments will be invited to submit proposals to be financed by monies raised against the plan utilizing the same level of detail and transparency. The MGLSD NSPPI implementation unit will be available to assist with monitoring, evaluation and accountability of all funds provided.

9.6 Sustainability

Sustainability with regard to financing and support to vulnerable children and households will be approached from three fronts:

1) By improving the capacity of the MGLSD to respond to the needs of orphans and other vulnerable children more efficiently and effectively through improvements in the ability of the MGLSD to coordinate intervention efforts and advocate for increased funding flows through the SDS as performance improves.
2) by improving the capacity of local government institutions, CSOs and the autonomous institutions that are linked to the SDS to meet the needs of orphaned and other vulnerable children through provision of training, financial and human resources to them.
3) By ensuring that orphans and other vulnerable children assisted through the NSPPI are protected from their current vulnerable positions in society and from becoming vulnerable again.

The NSPPI is geared to provide adequate resources at the individual, household and community level to build a foundation that will allow a level of independence to be achieved within three years for the majority being assisted.

The NSPPI intends to reach out to the most vulnerable population groups, especially orphaned and other vulnerable children, vulnerable households, the disabled, the chronically ill and elderly caregivers. Through the NSPPI, it is hoped the goals of the Government of Uganda articulated through the PEAP and subsequently through the SDIP will be realized.

10. Monitoring and Evaluation Framework

Introduction

Successful and sustainable implementation of the interventions recommended in **Part 7** of the NSPPI will require careful continuous monitoring and periodic assessment of both process and outcome indicators by resource managers at the various levels, where intervention programmes and projects are being implemented. In this part, we will first present general monitoring and evaluation strategies and an overall framework for interventions and activities envisioned under the NSPPI.

After planners and programme implementers in a district or sub-county select the appropriate interventions to reach the most vulnerable population groups for their context via prioritizing exercises, they will need to develop a plan for monitoring and evaluating the chosen interventions, and will do so in close collaboration with the recipients of those interventions. The M&E focal point person(s) within the NSPPI Implementation Unit and partners will coordinate the process at the national level.

The Uganda AIDS Commission, National Council for Children, academic partners, both national and international will provide technical assistance to assist the MGLSD in developing and strengthening a community based management information system (CBMIS). This system will collect data on vulnerable children and households, using the NSPPI M&E Framework as a guide. The overall NSPPI M&E plan will build on some existing data collection systems such as the regular national censuses and surveys, with modification so that data appropriate to orphans and other vulnerable children are collected. Some existing systems (e.g. school-based data collection monitoring systems) will need to be modified with some key questions related to orphans and other vulnerable children added for the purposes of monitoring and evaluating the impact of the NSPPI.

Monitoring and evaluation involves the collection and review of data followed by the incorporation of intermediate results/lessons learned into the ongoing project planning cycle. The goal of M&E is to collect and use appropriate data at all levels in order to improve services on a continuous basis.

An ideal programme plan, whether national, district or specific for a CSO follows the following basic steps of a cycle:

1. know your setting and target population
2. develop of a framework of interventions based on priorities and resources

3. select the specific population of interest that you intend to assist
4. Set targets to be achieved for this population in terms of total numbers to be reached in a specific time frame
5. develop programme work plans and budgets related to the targets set
6. collect baseline data
7. periodically review targets reached, and with what interventions
8. evaluate programme success and identify areas for improvement
9. adjust target population, interventions, time frame and budget, as needed, based on ongoing monitoring and evaluation
10. Renew programme implementation based on M&E findings

10.1 Monitoring

Monitoring involves the systematic examination of data points on a periodic basis to assess whether interventions are on track or not. Monitoring usually involves measures of process or outputs, which build the foundation for outcome indicators. For CBO, NGO and district level staff managing intervention programmes, timely and quality monitoring is key. Monitoring may involve collection and/or collation of data daily, weekly or monthly, depending on available capacity to collect and analyze the data. Often, the front-line agents collecting this routine data cover a wide spectrum of skills from well trained social workers working for CSOs and NGOs to members from the community who may or may not know how to read and write and may or may not have materials with which to write, even if they know how to write and record. In Uganda, all these individuals will be key in building a community based management information system (CBMIS). Over longer period of time, outcome indicators may be utilized to monitor programme success and the need to re-strategize. If routine, systematic and carefully planned monitoring need not be unduly burdensome. It can allow resource managers at the community level to detect changes in their target populations early on and make adjustments to better assist the recipients. Achieving significant impact however requires a long term commitment.

10.2 Evaluation

For district and national level planners and large development partners, evaluations to measure long term impact of a programme are important. Such evaluations tend to be larger, consume more time and resources and are often only a snapshot of a programme. Small programmes and projects can ask for external support to fund evaluations of their programmes separately. Evaluation involves examination of data at a specific point in time, ideally, in comparison to a baseline set of data. Evaluation is most rigorous when there is comparison between a matched control group and an intervention group both of which are assessed pre- and post-

intervention. However, if a randomly sampled intervention group can be compared to a randomly sampled non-intervention group, enough rigour is available to assess programme impact adequately. Evaluation may involve assessing outcome indicators that measure whether the specific objectives of the intervention being evaluated were met, and impact indicators that measure whether the overall goal of the interventions was met and there is a lasting and positive impact on the lives of the recipients.

10.3 Improved Data Collection Efforts

At the present time, there is a paucity of data on the number of orphans, by type and location, due to the inconsistent collection of data on the survivability of the parents of children and how "parent" is defined. The Ministry of Gender, Labour and Social Development has identified some key data that needs to be included in the numerous data collection instruments that are being utilized in the UNHS, UDHS and Uganda Census surveys:

1) survivability of the biological parent of each child in each household, so as to be able to obtain and track the total numbers of orphans, number of paternal orphans, numbers of maternal orphans and numbers of double orphans
2) number of children not living with their biological parents
3) number of child headed households
4) biological relationship of each child in households to the head of household
5) biological relationships among children in households
6) number of orphans living in the same household as their siblings
7) number of street children
8) number of children living in institutions by type
9) number of children in conflict with the law
10) number of children whose parents are in conflict with the law
11) number of child labourers
12) number of school-aged children not in school
13] number of children with disabilities
14] number of children living in conflict areas

With assistance of UBOS and other statistical analytical units, MGLSD intends to improve the availability of quality data on the numbers of children made vulnerable not only from HIV/AIDS but from other causes, particularly abandonment, institutionalization, war, conflict, injury, disability and disease. It is the Ministry's policy that children made vulnerable by any of the processes above, who fail to get assistance from their family, should be assisted by a variety of multi-sectoral actors to overcome their particular vulnerability. This will be part of a wider goal set by MGLSD to improve its policy and planning capacity, utilizing quality and

reliable data and as an integral part of the CBMIS system being developed at the community through to the sub-county and district levels.

10.4 Data Collection

The keys to good data collection are:

a) Knowing the populations of interest e.g. orphans, other vulnerable children, caregivers, heads of household
b) Outlining the minimal amount of information you will need to collect from the population groups in a) above
c) Designing an instrument that is not too complicated for the person collecting the data as well as the person responding to the questions
d) Having the administration of the instrument take a reasonable amount of time of the person carrying out the survey and the respondent

10.5 NSPPI M&E Coordination

The NSPPI is a comprehensive and complex set of intervention activities that will need to be prioritized by communities and programme implementers. Although M&E activities will occur at national, district, sub-county and community levels, the following are the general guidelines for the national coordination of the overall process.

As developed in **Part 5** of this document, the overarching Programme Framework will form the foundation of the M&E plan for the NSPPI. Each core programme area requires a certain set of inputs and outputs that can be measured with a variety of process indicators. These various processes are geared towards assisting orphans, other vulnerable children, households and communities achieve certain outcomes. The processes are measured by the numbers of outputs achieved. The outcomes will be measured by the percentage change in the outputs achieved. The outcomes for each core programme area are grouped under each strategic programme objective or Building Block. Certain key outcomes will be selected to serve as the major outcomes that the NSPPI intends to achieve over the next five years.

A national-level Social Development Sector M&E Coordination Team will be set up to oversee and coordinate the overall multi-level, multi-year process. This team will be led by the M&E focal point person(s) located within the MGLSD, working closely with the MGLSD Planning Unit, M&E specialists in the other key sectors such as health, education, agriculture, housing, internal affairs and justice. Other key stakeholders will also contribute to the overall M&E process i.e. NCC, UAC, UBOS, MOFEP, members of academia in Uganda, and the Population Secretariat. This team will serve as the resource pool to develop the M&E Framework further with

participating sectors and implementing partners. The key activity in the first quarter is to agree on certain baseline figures, where missing values can be located, and to plan a baseline survey in a random sample of districts and/or communities, where the first wave of interventions will be rolled out.

The M&E coordination team will design an integrated cycle of data collection instruments that will provide information periodically to feed into the annual programme planning cycle. All recipients of grants through the NSPPI, or SDS partners, will be required to request a minimal set of information from programme recipients. This information should be submitted to sub-county community development workers and district planning officials either monthly or annually for inclusion in their district reports and development plans. The PSWO at the district level will be responsible for collating this information and coordinating the collection of information utilizing more in-depth data collection tools to be submitted to the NIU at MGLSD.

The capacity for data collection, synthesis and analysis at the district level will be assessed by the NIU. If a significant gap in capacity exists, the district will be encouraged to apply for technical assistance, to train existing staff or to hire new officers trained in M&E. District planners and implementing partners will be encouraged to assess capacity for data collection and simple analysis at the sub-county level by community development workers and at the community level by CBOs and NGOs.

10.6 Data Collection Instruments

As part of the initial start-up activities towards implementation of the NSPPI, the NIU will work through the M&E Coordination Team to finalize the draft instruments to guide data collection efforts at two levels: M&E Level I: instruments for data collection at the CBO level, and M&E Level II: instruments for data collection at the NGO/district level (through MGLSD). The tools will be modified according to feedback received from CBOs, NGOs, and district and national level planners involved in the initial pilot testing and then actual used by implementing CSOs as the NSPPI is rolled out. The M&E Level I instruments will designed to be simple enough to be used by the Secretary for Children's Affairs, CBO and DNGO social workers, and should require minimal levels of resource inputs. The M&E Level II instruments will be designed to be utilized at the sub-county level (LCIII) by community development workers (CDWs), and at the district level (LCV) by PSWOs and NGO workers to monitor outcome trends over time. A guide for either focus group discussions or key informant interviews with respect to issues related to orphans and other vulnerable children will be drafted to be used at any level. These instruments will make up the NSPPI M&E kit.

Data collection instruments to be utilized on a nationally representative sample for the baseline, mid-term and impact evaluation surveys will be designed utilizing similar templates to the M&E instruments above and the UDHS, UNHS and Uganda Census questionnaires. These surveys along with the regular UDHS and UNHS surveys will provide the checks and balances to assess over time whether inequities persist among and between orphans and non-orphans, households with orphans and without, and communities, districts and geographical regions. MGLSD is currently advocating with UBOS to include questions related to orphans and other vulnerable children enumerated above in Section **9.3** in the UDHS, UNHS and Uganda Census in the future. A key feature of the mid-term and impact evaluations will be to assess whether the NSPPI is on target for achieving its stated overall goal.

10.7 Process Indicators

The key interventions enumerated in **Part 7**, under each core programme area (CPA), can be monitored using the process indicator framework described below. The framework focuses on:

inputs -> outputs -> process -> outcomes

Inputs and outputs up to the level of process indicators are what communities, CBOs, RIs, FBOs and NGOs, operating at the community level, need to focus on. They are easy to measure and rely on simple record keeping of recipients of programme interventions, including: age, gender, orphan status, what types of interventions they are receiving, when these were received, for how long they received them and when they left the programme, and for what reasons. The M&E Level I instruments try to capture most of this information for implementing organizations.

BUILDING BLOCK A: SUSTAINING LIVELIHOODS

CPA I: SOCIO-ECONOMIC SECURITY

Inputs	Outputs	Process Indicators	Key Outcome Indicators
• Loans to revolving credit groups • Grants to needy households • Business management training • Skills training • Material support to households • Equipment to start a small business • Training in income generation, small or medium scale business development • Materials • Information about markets • Enrolment of OVC in apprenticeships or internships • Regular income support to destitute elderly	• Loans given to vulnerable households • Grants provided to vulnerable households • Training received by vulnerable households • IGA or revolving credit groups formed • Support groups strengthened • Vulnerable children trained in a vocational skill • Information on markets disseminated to caregivers and vulnerable children • Training workshops held • Sensitization meetings held • Community campaigns held • Elderly caregivers who are destitute assisted with regular income support	- Number of vulnerable households receiving loans and grants to start an IGA or small business - Number of caregivers trained in income generation, small or medium scale business development - Number of IGA or revolving credit groups formed Number of vulnerable households/communities who receive information about markets and small business development - Number of vulnerable youth who join an apprentice or internship programme - Number of destitute elderly caregivers receiving regular income support	Percent increase in the socio-economic status of vulnerable households as assessed using locally relevant socio-economic assessment tools Percent increase in skills acquisition by vulnerable youth through apprenticeship/internship Percent increase in households transitioning to a more independent and sustainable income generation activity among those assisted Percent decrease in the number of elderly who are destitute and require regular income support

CPA II: FOOD SECURITY AND NUTRITION

Inputs	Outputs	Key Process Indicators	Key Outcome Indicators
• Mechanized agricultural tools and equipment • Agricultural extension support • Veterinary extension support • Enhanced seeds • Short term food assistance programmes in schools and communities • Training of caregivers in alternative food strategies • Training in less labour intensive farming technologies • Provision of fuel efficient stoves • Facilitation of school gardens • Community awareness campaigns about food security and nutrition among children	• mechanized agricultural tools provided to vulnerable households • agricultural extension workers reaching vulnerable households • veterinary extension workers reaching vulnerable households • vulnerable households receiving enhanced seeds for planting • schools and communities in vulnerable regions with short term (where feasible) food assistance programmes • Caregivers trained in alternative food strategies • vulnerable households receiving training in less labour intensive farming technologies • Vulnerable households receiving food efficient stoves • Schools in vulnerable regions with a school garden • Campaigns held raising awareness about food security and appropriate nutrition for children	- Number of vulnerable households able to access agricultural extension support - Number of vulnerable households able to access veterinary extension support - Number of vulnerable households trained in less labour intensive agricultural techniques - Number of vulnerable households able to access less labour intensive farming technologies - Number of vulnerable households receiving enhanced seeds for planting - Number of vulnerable children and households eating at least three meals a day of an appropriate variety and amount	Percent decrease in the level of malnutrition among vulnerable children Percent increase in the frequency of meals, amount of meals and variety of foods available to vulnerable children and households and their ability to sustain this over time Percent decrease in the seasonal shocks of food scarcity experienced by vulnerable households and communities

CPA III: CARE AND SUPPORT

Inputs	Outputs	Key Process Indicators	Key Outcome Indicators
• Short term care and support packages (food, clothing, bedding) for vulnerable children, caregivers and households • Improvements in shelter, water and sanitation for vulnerable children and households • Assistive devices for vulnerable children and households with persons with disabilities • Training of caregivers of chronically ill and vulnerable children • Training of caregivers in alternative care facilities • Inspection of alternative care facilities	• Short term care and support packages delivered • Improvements in shelter, water and sanitation made for vulnerable households especially households with elderly, chronically ill, persons with disabilities, child headed households • Assistive devices provided to vulnerable children and households with persons with disabilities • Caregivers of the chronically ill and vulnerable children trained in appropriate care techniques including psychosocial care • Caregivers of children in alternative care settings trained in appropriate physical and emotional care of children under their care • Alternative care facilities that meet quality standards	- Number of vulnerable children and households receiving short-term care and support packages - Number of vulnerable households assisted in improving their shelter, water and sanitation facilities - Number of vulnerable disabled children and households with persons with disability assisted with acquiring assistive devices - Number of caregivers trained in appropriate care techniques for the chronically ill and vulnerable children - Number of caregivers of children in alternative care setting who received training in appropriate physical and emotional care of children under their care - Number of children in institutions receiving adequate care and support as stipulated in the Children's and Babies Home rules	Percent decrease in the number of orphans and other vulnerable children requiring short term care and support packages Percent increase in the number of orphans and other vulnerable children whose basic needs (food, shelter, clothing) are being met by the households or institutions where they live Percent increase in assistance to improve shelter, water and sanitation facilities of vulnerable households Percent increase in the number of children being successfully re-united with their families and re-integrated into the community from alternative care settings

CPA IV: MITIGATION OF THE IMPACT OF CONFLICT

Inputs	Outputs	Key Process Indicators	Key Outcome Indicators
• Sensitization and awareness campaigns about care and support for children in conflict areas • Family tracing and re-integration • Safe areas where children can be taken to seek refuge from violent conflict • Safe health and education services for children in war-affected areas • Information on cases of human rights violations and abuse against children and households in conflicted affected areas • Counselling of children affected by war • Demobilization of child soldiers • Reception centres for children affected by conflict • School based curriculum about conflict resolution • Training of health personnel • Training of social workers • Training of military personnel	• Sensitization and awareness campaigns about care and support for children in conflict areas carried out • Family tracing and re-integration successfully carried out • Cases of human rights violations and abuse of children and households documented • Children relocated to safe areas with access to health and education services • Children affected by conflict counselled • Child soldiers demobilized • Children affected by conflict taken to reception centres that meet their unique needs • School based curricula on conflict resolution developed • Health, social and military workers trained	- Number of sensitization and awareness campaigns - Number of separated children successfully reunited with their families and reintegrated into the community - Number of cases of human rights violations and abuse against orphans and vulnerable children and households appropriately documented - Number of children relocated to safe areas with access to health and education services - Number of children affected by conflict receiving counselling - Number of child soldiers appropriately demobilized - Number of children in need of handling by reception centres received at an appropriate site - Number of schools with school based curricula on conflict resolution - Number of health, social and military workers trained in the appropriate handing of war affected children and households	Percent increase in access to food, health and education services by children affected by conflict Percent increase in improvements of the psychosocial health of children in conflict affected regions Percent increase in health and education outcomes among children in conflict affected regions Percent decrease in the number of child soldiers Percent increase in access to safe areas by children affected by conflict

BUILDING BLOCK B: PROMOTING ESSENTIAL SOCIAL SECTOR LINKAGES

CPA V: EDUCATION

Inputs	Outputs	Process Indicators	Key Outcome Indicators
• Financing of school related expenses for vulnerable children • In-kind materials to assist vulnerable children meet school related costs • Training of teachers in methods of improving quality in education • Training of teachers to deal with vulnerable children esp. girls and orphans • Computers to set up an MIS system at schools • Training to counsel students whose grades are slipping • Sensitization workshops about the importance of education of vulnerable children	• Vulnerable children who need support towards school related costs assisted • Vulnerable children enrolled in school • Vulnerable children receiving school related items • Teachers, LCs and caregivers sensitized about keeping vulnerable children in school • Teachers trained in improvements in education quality and counselling of vulnerable children • Community workshops held about the importance of education • Education sector lobby for law mandating education for all children	- Number of vulnerable children assisted with primary and secondary school related expenses Number of teachers, pupils, local authorities sensitized about issues related to vulnerable children - Number of trainings and workshops of teachers to improve enrolment, retention, completion transition and achievement in school - Number of trainings, workshops, community events related to promotion of education among vulnerable children - Number of vulnerable children enrolled in pre-primary, primary and secondary school - Number of vulnerable children unable to enrol in formal education who enrol in complementary, vocational or other informal schools - Number of drafts of a law requiring education for all children	Percent increase in **enrolment** of all children in formal/nonformal schooling Percent increase in enrolment of **out of school** orphans and other vulnerable children Percent increase in **retention** rates of vulnerable children at risk of dropping out or who recently dropped out Percent increase in vulnerable children who **complete** their primary and/or secondary education Percent increase in the numbers of vulnerable children who **transition** to secondary school successfully

CPA VI: PSYCHOSOCIAL SUPPORT

Inputs	Outputs	Process Indicators	Key Outcome Indicators
• Counselling sessions for vulnerable children • Couple or marital counselling sessions • Family counselling sessions • Caregiver counselling sessions • Spiritual counselling sessions • Peer Support groups • Mentoring relationships • Training sessions in succession planning and will making • Community campaigns about psychosocial care • Recreational activities • School competitions • Community libraries • Facilitators to carry out sensitization and mobilization about psychosocial care • Mental health counselling centres(residential and non-residential) set up • Campaigns to stop stigma and discrimination	• Individual counselling sessions held • Couple or marital counselling sessions held • Family counselling sessions held • Caregiver counselling sessions held • Peer Support groups supported • Mentoring relationships established • Spiritual counselling sessions held • Training sessions/workshops held • Community campaigns held • Facilitators to carry out sensitization and mobilization about psychosocial health recruited • Structured recreational activities • Recreational activities organized • School competitions held • Community libraries set up • Teacher counsellors trained • Training in will making and succession planning held • Training in positive living carried out • Campaigns held against stigma and discrimination	- Number of counselling sessions for vulnerable children held - Number of family counselling sessions held - Number of couple or marital counselling sessions held to resolve inter-spouse conflict - Number of caregiver counselling sessions held - Number of spiritual counselling sessions held Number of peer support groups supported - Number of mentoring relationships established - Number of psycho-social training sessions/workshops held - Number of recreational sites set up - Number of school competitions held for vulnerable children in a school or community - Number of community libraries set up - Number of mental health counselling centres set up - Number of trainings in positive living - Number of parents who are unable to access ARV therapy who prepare their families for transition	Percent increase in the psychosocial health of vulnerable children Percent increase in the number and variety of psychosocial interventions reaching vulnerable children and households Percent increase in numbers of households who receive training in succession planning and will making Percent decrease in negative attitudes towards persons affected by HIV/AIDS

CPA VII: HEALTH

Inputs	Outputs	Process Indicators	Key Outcome Indicators
• Pamphlets • Leaflets • Training • Inspection personnel • Drugs to treat opportunistic infections • ART for HIV infected children, mothers and their partners • Training workshops for health workers • Facilitators for community sensitization and mobilization • Appropriate forms at schools and clinics to note vulnerable children for assistance • Health cards • Community campaigns about prevention, care, treatment and support • Community mobilization meetings • PMTCT campaigns held • Positive living campaigns held	• Health cards in possession of caregivers of orphans and vulnerable children • Pamphlets and leaflets distributed • Training workshops held • orphans and vulnerable children with HIV on treatment • HIV infected mother accessing PMTCT • HIV infected mothers and their spouses accessing ART • Community sensitization and mobilization campaigns carried out • Persons living with HIV/IADS trained and supported in positive living	- Number of Orphans and Other Vulnerable Children adequately immunized - Number of Orphans and Other Vulnerable Children caregivers in possession of a health card for orphans and vulnerable children under their care - Number of health care workers trained in health issues and needs specific to orphans and vulnerable children - Number of health facilities recording the status of orphans and vulnerable children - Number of HIV infected mothers who access prevention of mother to child transmission (PMTCT) treatment support - Number of household units who have the caregivers/head of household infected with HIV on therapy as a household unit - Number of persons living with HIV/AIDS living positively with their condition	Percent increase in the possession of a complete, accurate and up to date record of immunizations of children up to 12 months Percent increase in the number of vulnerable children who access health care when they are ill and achieve treatment success Percent of HIV infected mothers who access PMTCT treatment support as well as ART for herself Percent of HIV affected households who are receiving ART as a household unit (mother, spouse and children who are HIV infected) Percent increase in children infected with HIV who access ART

BUILDING BLOCK C: STRENGTHENING POLICY AND LEGAL FRAMEWORK

CPA VIII: CHILD PROTECTION

Inputs	Outputs	Process Indicators	Key Outcome Indicators
• Workshops • IEC materials • BCC campaigns • Technical assistance • Birth registration • Reporting of physical and sexual abuse of • Copies of Children Statute • Police, LC and other officials trained in child protection • Approp. adult care for children on their own	• workshops held • IEC materials printed • BCC campaigns carried out • technical assistance provided • children Statute distributed to relevant key stakeholders • children living on the street found appropriate adult care	- Number of Workshops held - Number of IEC materials printed - Number persons provided with technical assistance - Number of cases of child neglect - Number of cases of child abuse (physical or sexual) - Number of street children taken off the street and successfully re-united with their family or placed in an alternative care setting	Percent decrease in case reports of child neglect and abuse Percent increase in the numbers of births registered Percent increase in awareness about children's rights as articulated in the Children Statute and UNCRC Percent decrease in the numbers of children engaged in labour Percent decrease in number of street children Percent decrease in numbers of child headed households Percent decrease in numbers of children in institutions

CPA IX: LEGAL SUPPORT

Inputs	Outputs	Process Indicators	Key Outcome Indicators
• Training workshops • Pamphlets • Leaflets • Rallies • Counselling sessions at legal aid clinics • Legal representation of children in conflict with the law in court	• training workshops held • leaflets distributed • rallies held • counselling sessions held at legal aid clinics held • Children in conflict with the law represented in court	- Number of cases involving property disputes - Number of cases of widow inheritance	Percent increase in the number of orphans and surviving spouses who legally retain ownership of their deceased parent's/spouse's property Percent increase in the numbers of vulnerable children and caregivers acquiring legal support

BUILDING BLOCK D: ENHANCING CAPACITY FOR DELIVERY

CPA X: STRENGTHENING CAPACITY

Inputs	Outputs	Process Indicators	Key Outcome Indicators
▪ Personnel ▪ Transport ▪ Finances ▪ Technical assistance ▪ Equipment ▪ Information ▪ Meetings ▪ Trainings ▪ Seminars ▪ Workshops ▪ Systems ▪ Manuals ▪ Guidelines ▪ Work plans ▪ Budgets ▪ Audits ▪ Regular monitoring of performance and finances	▪ Personnel recruited ▪ Personnel trained ▪ Improved staff performance ▪ Increased resource mobilization ▪ Improved utilization of resources ▪ Technical assistance provided ▪ Information disseminated ▪ Coordination meetings held ▪ Research studies carried out ▪ Equipment purchased ▪ Training provided ▪ Sensitization and mobilization campaigns held ▪ Training workshops held ▪ Improved organizational capacity ▪ Improved capacity to respond to requests for assistance ▪ Improved capacity to see new funding sources ▪ Timely M&E reports filed ▪ Improved efficiency in service delivery ▪ Improved effectiveness of services delivered Improved satisfaction among service recipients	- Number of personnel recruited - Number of personnel trained - Number of staff whose performance improves - Number of pools of resources tapped - Number of times technical assistance acquired when it is needed - Number of information packs, press releases or statements made and disseminated - Number of coordination meeting held - Number of research studies successfully carried out and results disseminated - Number of equipment purchased - Number of community campaigns held - Number of workshops held - Number of equipment purchased - Number of supervisory visits carried out at different levels	Increase in the capacity of individuals, households and communities, government and civil society to provide effective interventions to vulnerable children and households Percent increase in vulnerable households requiring external assistance being reached by community, government and civil society programmes Percent increase in resources mobilized for programmes targeting vulnerable children and households Percent increase in coordination and collaboration among key stakeholders and development partners

10.8 Outcome Indicators

The key outcome indicators are to assist in measuring progress towards accomplishment of the strategic programme plan objectives (SPPOs) that are closely tied to the Building Blocks of the NSPPI. The outcome indicators measure progress towards the accomplishment of the overall goal that will be measured by the impact indicator. Review and evaluation of outcome indicators will be the responsibility of the consortia of civil society actors who will come together with the district local government officials periodically to review progress over time and as part of their monitoring and evaluation reporting requirements to the MGLSD.

As discussed above, the Monitoring and Evaluation Framework as presented here will be vetted and discussed by the Monitoring and Evaluation Coordination Team that includes representatives from implementing organizations, MGLSD Planning Unit, Social Development Sector partners, NIU staff, and any external technical support team. Known baseline targets will be established by consensus, study literature research and/or by a baseline survey. The outcome indicators and impact indicator included here provide the basis on which further discussions will be held between the MGLSD and its sector partners to agree or modify them with time and as the NSPPI rolls out.
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Building Block/ Strategic Programme Plan Objective (SPPO)	Key Outcome Indicators	Means of Verification	Frequency of Measurement	Responsible Agencies
BUILDING BLOCK A: SUSTAINING LIVELIHOODS				
SPPO1: To create a conducive environment for the survival, growth, development and participation of orphans and other vulnerable children in Uganda	**Socioeconomic Security** Percent increase in the numbers of vulnerable youth and households who improve their socio-economic status **Food Security and Nutrition** Percent decrease in the level of malnutrition among Orphans and Other Vulnerable Children **Care and Support** Percent increase in the number of vulnerable children whose basic needs (food, shelter, clothing) are being met **Mitigation of the Impact of Conflict** Percent increase in the number of children living in conflict areas who access health and education services	▪ Database analysis of household level data available from a sample of household surveys carried out by INGOs, NNGOs, FBOs, CBOs ▪ Periodic intra and inter-household nutrition surveys	Periodically e.g. monthly, quarterly, bi-annually and/or annually	Key agencies: INGOs NGOs CBOs FBOs In collaboration with: MGLSD MAAIF Other relevant Ministries NCC UAC MOH Development Partners Academic Institutions

Building Block/ Strategic Programme Plan Objective (SPPO)	Key Outcome Indicators	Means of Verification	Frequency of Measurement	Responsible Agencies
BUILDING BLOCK B: PROMOTING ESSENTIAL SOCIAL SECTOR LINKAGES				
SPPO2: To deliver integrated and equitable distribution of essential services to orphans and other vulnerable children that provide basic preventive and curative care	**Education** Percent increase in retention at school of vulnerable children at risk of dropping out or recently dropped out **Psychosocial** Percent improvement in the psychosocial health of vulnerable children Percent increase in number of recreational activities available for vulnerable children **Health** Percent increase in orphans with complete immunizations by the possession of a complete and up to date record of immunizations Percent decrease in ill-health among vulnerable children and caregivers (see **Food Security**)	MOES EdData database analysis School Based survey of the psychosocial health of orphans and vulnerable children when compared with children who are not orphaned or vulnerable Database analysis of household level data available from a sample of INGOs, NNGOs, FBOs, CBOs	Periodically e.g. monthly, quarterly, bi-annually and/or annually	Key agencies: INGOs NGOs CBOs FBOs In collaboration with: MGLSD MOH MOES Other relevant Ministries NCC UAC MOH Development Partners Academic Institutions

Building Block/ Strategic Programme Plan Objective	Key Outcome Indicators	Means of Verification	Frequency of Measurement	Responsible Agencies
BUILDING BLOCK C: STRENGTHENING POLICY AND LEGAL FRAMEWORK				
SPPO3: To strengthen the legal, policy and institutional framework for programmes targeting orphans and other vulnerable children and households with orphans and other vulnerable children at all levels	**Child Protection** Percent decrease in the number of cases per month of child neglect, child physical abuse and sexual abuse Percent decrease in the number of street children Percent decrease in child headed households Percent increase in birth registrations **Legal Support** Percent increase in the number of orphans and their surviving mothers who get back possession of disputed property as a result of legal support	Community surveys - FGDs - Key informant interviews - Household survey Records available through: - police - courts - district PSWOs - schools - health units - local councils - media Household survey School based survey Database analysis of household level data available from a sample of INGOs, NNGOs, FBOs, CBOs	Periodically e.g. monthly, quarterly, bi-annually and/or annually	Key agencies: INGOs NGOs CBOs FBOs In collaboration with: MGLSD MOLG MJCA MIA Other relevant Ministries NCC UAC MOH Development Partners Academic Institutions

Building Block/ Strategic Programme Plan Objective (SPPO)	Key Outcome Indicators	Means of Verification	Frequency of Measurement	Responsible Agencies
BUILDING BLOCK D: ENHANCING THE CAPACITY TO DELIVER				
SPPO4: To strengthen the capacity of implementing agents and agencies for the delivery of integrated, equitable and quality services for orphans and other vulnerable children and families with orphans and other vulnerable children	**Strengthening Capacity** Percent increase in effective and efficient services provided to vulnerable populations in larger geographic areas Percent increase in core revenue to the social development sector as a result of increased performance in reaching vulnerable children	Random survey of programme recipients in districts were NSPPI is being implemented Social Development Sector audit process	Periodically e.g. monthly, quarterly, bi-annually and/or annually	Key agencies: INGOs NNGOs CBOs FBOs In collaboration with: MGLSD Other relevant Ministries NCC UAC MOH Development Partners Academic Institutions

10.9 Impact Indicator

The overall impact indicator for the National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children is to measure progress towards accomplishment of the overall goal:

Goal	Impact Indicator	Means of Verification	Frequency of Measurement	Responsible Agencies
To increase the scale of effective programme interventions that reach vulnerable children and households effectively either directly or through the households in which they live by 2010	Increase in the percent of vulnerable children and households reached by intervention programmes that show effectiveness in achieving key outcomes in the following priority CPAs: - Socioeconomic security - Education - Health	Household sample survey in randomly selected districts implementing the NSPPI	Baseline Mid-term point at 3 yrs Impact evaluation at 5 yrs	MGLSD NCC UAC In collaboration with: MOH MOES UBOS Academic Institutions Development Partners

Baseline (FY 04): 15 – 36 percent of households needing external support who report that they receive some type of external support (UNICEF, 2003)
Mid-term target (FY 06): 40 percent
Five Year target (FY 09): 48 percent

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Appendix III: Vulnerable Children

DETAILED DESCRIPTION OF PRIORITY GROUP I

Child Heads of Household and Child Parents

The first category of this Priority I group are children heading or living in child headed households as well as children who become parents before the age of 18 years. Where possible, it is important to find a caring, responsible adult headed household to absorb these children. The alternative is to have an adult provide assistance in terms of mentoring and psychosocial support; if the determination is made that the children can and want to live on their own. The latter shall be carefully weighed against the negative effects of growing up in a household without an adult.

Street Children

Another category of children deserving first priority are those living on or of the street, where the goal is to re-integrate those who can be, into responsible, caring adult headed households. For those who cannot be re-integrated, alternative care options, such as a children's home, shall be considered, but only as a last resort. Continuing efforts, that are well documented, shall be made to re-integrate children placed in such institutions into the care of a responsible caring adult.

Children in Institutions

Another set of children who are living under adult care but not in an ideal setting of adult care, are children living in any type of institution. It is Uganda's policy and a principle guiding the NSPPI that children shall be placed or put in an institution of any kind only as a last resort. Research has shown that institutional care is not the best option for the psychosocial and cognitive development of children. Children thrive better in a family setting with individuals they consider as permanent members of their family, especially one that includes a father and mother figure as well as siblings. Uganda has articulated National Guidelines for Babies and Children's Homes. An Inspector of Babies and Children Homes is resident within the MGLSD and has the responsibility of periodically inspecting these homes as well as of collecting routine data to monitor the standards of care being offered in the various institutions where children are being housed. Resources shall be prioritised to enable children who can be re-integrated back into families and communities. For those children for whom institutional care is truly a last resort, the care in the institution shall be of sufficient quality so as to provide for the basic needs of the children, including an emphasis on their psychosocial health and the training of the caregivers in child psychosocial health care.

Children Affected by Conflict or Disaster

Children, especially those who have been separated from their parents or guardians, in an area consumed by violence, conflict, war or natural disaster, are especially vulnerable. They shall be given assistance to meet their basic needs, to receive psychosocial support, and to find a responsible, caring adult (preferably a relative) to whom they can be released whether temporarily (with the appropriate follow up procedures and documentation) or permanently. Numerous children have been abducted, released from abduction, displaced, witnessed the horrors of war or participated as child soldiers in the protracted conflicts that have ravaged the North, East and Far West of the country. Assistance needs to be provided to these children, to provide them with basic needs, re-integrate them into a caring adult headed household, but most especially, to provide them with psychosocial support to reduce the negative impact of their experiences.

Psychosocial Vulnerability

Socio-economically, not all orphaned children are vulnerable, but by the very nature of the orphaning process, whether protracted or sudden, orphaned children are vulnerable, at least psychologically and potentially psychiatrically. Children made vulnerable for a variety of reasons may also be subjected to psychosocial harm by the very nature of the condition causing their vulnerability, such as disability, poverty, or disease. As such, it is important for communities, CBOs, NGOs and FBOs to be aware that there is a need to be sensitive to children who may not be in need of material assistance, but who are in need of psychosocial assistance. Additionally, care-givers of orphans and vulnerable children, separately or together with orphans and vulnerable children under their care, may themselves need psychosocial support that will translate into a more enabling environment being created for all members of the household, and especially so that psychosocially challenged children will thrive and reach their full potential.

Unsupervised Children and Child Labourers

Another category of children in need of prioritisation is the population of children living without adult care and supervision for extended periods of time. This includes child labourers, who are often subjected to inappropriate work for their age and physical ability and at a cost to their education and development. These are children who are often subjected to long hours of labour (differentiated from regular household chores), or who are left on their own without adult mentoring and care (including children left home alone by their parents or guardians on a regular basis).

APPENDIX IV: Vulnerable Households

DETAILED DESCRIPTION OF PRIORITY GROUP II

Single, widowed, female headed households

The first category of vulnerable households to be assisted in any given community is mainly widow headed households but also, increasingly, widower headed households. This is more so where the widow or widower has not re-married or taken on another live-in partner. The UNHS 1999 database analysis by Tham et al (2003) has shown that single, female-headed orphan households are the most disadvantaged with respect to per capita income and are therefore the neediest in the community from a socio-economic point of view. Without the ability to measure income at the household level, it is important that communities identify such households using proxy socio-economic status measures.

Male-headed households have been shown to be the least advantaged without differentiating whether the male is a widower or not. As such, widower households, especially those where the man has not re-married or taken on a live-in partner shall be considered on a case-by-case basis. In Ugandan households where polygamous unions are common, orphans may be absorbed into another household or home within the same family, but the children of the mother who is deceased may face greater disadvantage nonetheless. Also, where the man may have re-married or taken on another partner, the children whose mother is deceased may face greater disadvantage in the new configuration of their home. Case and Paxton's 2003 study of Hamilton's rule asserts that children who are not biologically related to the care-giver face a greater disadvantage than those children who are not related. Community leaders, CBOs, FBOs and NGOs shall be aware of this and be prepared to assist in facilitating equity in such a home, where a vulnerable child may be treated unequally or harshly in comparison to other children in the home who have a more direct biological relationship with the care-giver. A cautionary note is that the vulnerable child may already come to the home with a number of behavioural issues that require other professional interventions.

Older Person Headed Households

A second category of vulnerable households is one in which the adult head of household is an older person. In a further analysis of the UDHS 2000/01 and UNHS 1999 data, Bachman-Silva M. (2003) and Tham J. (2003) respectively, showed that households headed by those aged 65 and above were definitively more vulnerable with respect to per capita income. For purposes of the NSPPI, the elderly are persons greater than 50 years (Kateregga, 2003). Older persons are dealing with a number of issues related to the death of their own spouse,

the death of their children, illness in the family, their own health and the lack of a steady income to take care of the children that are thrust upon her. This may lead to high degree of stress and depression. Without a focus on the health and situation of the elderly, especially with respect to income, a whole generation of older persons may be lost in their own right as well as a generation of care-givers for orphaned and other vulnerable children.

Chronically Ill Head of Household/Care-giver/Adult Household Member

A third category of vulnerable households is one in which the head of household, care-giver or child (ren) is chronically ill and/or living with HIV/AIDS. A number of studies have indicated that HIV disease increasingly impoverishes a household as the disease progresses and more so when the adult head of household and/or care-giver succumbs to the disease. However, it has not been determined with certainty whether this is in fact the case. On-going prospective studies in Kwa Zulu Natal, South Africa will shed further light on impoverishment in HIV affected households and in households that absorb orphans.

After the death of one or both parents, the UDHS 2000/01 and UNHS 1999 database analysis indicate that most orphans are found in households with higher gross household income, higher per capita income, and tend to be in urban areas. This is a promising finding given that access to markets and the availability of infrastructure in such environments will make enrolment in ART programmes easier and thereby a chance at leading a healthier and more productive life.

HIV/AIDS impacts a household in many significant ways. It is a protracted terminal illness that is often emotionally draining on the individual suffering from it, as well as the household in which he or she lives. Children living with an HIV infected parent have indicated that the protracted illness of their parent and their imminent death has been one of the most emotionally draining periods of their lives. There are indications that the psychiatric health of children in the period leading up to and in the aftermath of the death of their parents showed that the greatest psychological damage occurred in the period prior to the death of the parent.

Furthermore, the children in such households may take on the primary responsibility for the physical care of the sick adult, especially if there are no other adults willing to take on this responsibility. Children are often withdrawn from school and their health marginalised as finances are invested in the health of the HIV infected individual. Maintaining the psychosocial heath of not only the children in such a households, but adults too, shall be a priority. The latter may be HIV infected or are heads of household and/or caregivers, who may not be infected themselves, but are under enormous emotional strain.

Households Affected by Conflict, War or Natural Disaster

Another category of vulnerable households is one in which members have been made vulnerable by violence, conflict, war or natural disasters. These are households, mostly rural and located in areas that have been affected by protracted conflict and violence. Conflict, leading to injury and often violent death of adults in the population, but not insignificantly, children, has been a leading cause of adult mortality in the past. Today, it continues to exert a heavy toll on the populations in the North, East and far Western sides of the country. Households affected by conflict, violence or natural disasters face a short term, and sometimes more long term reduction in their economic capacity by a loss of assets or inability to engage in productive, even subsistence activities. As such their health and that of children in such households is at risk. With survival taking precedence over risky behaviour and not having access to preventive messages in a conflict zone, makes these populations particularly vulnerable both within that context, or when they leave.

Households with Persons Living with a Disability

A further category of vulnerable households is that in which the head of household, care-giver and/or child (ren) have a physical or mental impairment. The impairment may not allow them to participate actively in productive or subsistence labour or to adequately care for the physical, emotional and social needs of the children in their household. Children in such households might be particularly vulnerable if they are kept from any contact with the community and society at large, for extended periods of time. As these children grow up at the margins of society, where, again, preventive messages do not reach them or do not take their disability into consideration, they become increasingly at risk to HIV/AIDS and of not reaching their full potential in general. Children with a disability may, as a result of their physical or mental impairment, be taken advantage of sexually and thereby made more vulnerable to HIV/AIDS.

Households in Hard-to-Reach Areas

A final category of vulnerable households is one that is located in hard-to-reach or marginalised communities. These include nomadic, pastoral, nomadic-pastoral, fishing or mountainous communities, where access to basic social services, particularly health and education is poor. On contact with a fast paced urban life-style, these children may indulge in behaviours that put them at risk. Due to the isolation of the communities from which they come, they may be unfamiliar with messages about preventive behaviour and HIV/AIDS in general and are therefore at increased risk.

APPENDIX V: NOP and NSSPI Articulation Process

Background

The Government of Uganda, through the Ministry of Gender, Labour and Social Development, agreed to collaborate with social sector partners, with the assistance of UNICEF, USAID, and Boston School of Public Health's Center for International Health and Development to develop a comprehensive National Policy (NOP) and National Strategic Programme Plan of Interventions (NSPPI) for Orphans and other Vulnerable Children. Government's intention was to develop these two documents concurrently given the maturity of the orphans and other vulnerable children crisis in Uganda especially in relation to the impact of the HIV/AIDS epidemic in Uganda; to expedite the delivery of interventions to the vulnerable populations that are outlined in the NOP; and, to have a NSPPI around which resources can be marshalled that can meet the scale of the demand.

Rationale and Goal

The Situation Analysis of Orphans in Uganda completed in November 2002 and related studies showed that the situation of orphans and other vulnerable children in Uganda had reached crisis levels. The length of existence of the HIV/AIDS epidemic in Uganda and the intrinsic poverty that continued in the vast majority of households in Uganda were at the foundation of the vulnerability of orphans and other children, more especially the families trying to care for them. Interventions aimed at addressing the problems of orphans and other vulnerable children were limited in scope and coverage with minimal tangible impact at a national level.

The goal of development of the NOP and NSPPI was to contribute to the improvement of the quality of life of OVC and their families in Uganda and upholding their basic rights within the context of Uganda's Constitution, the United Nations Convention on the Rights of the Child and the United Nations General Assembly's Special Session on HIV/AIDS. The latter challenged governments to articulate National Policies by the end of 2003 and implement them by the end of 2005. By twinning the two processes of National Policy and Strategic Programme Planning development, the Government of Uganda intended to put implementation of its policy on a fast track. The NOP and NSPPI will provide programme planners who seek funding from bilateral, multilateral, the GFAMT, PEPFAR and other donors, a framework with which to design their interventions using GOU priorities.

The Objectives of the NOP and NSPPI process were to:

- To promote a multi-sectoral, integrated and gender sensitive approach to services delivered to OVC and OVC households
- To improve the provision of care and services by targeting OVC and OVC households in greatest need
- To promote the rights based approach to planning and implementing OVC interventions i.e. right to food, clothing, shelter, education, health, and psychosocial care
- To articulate a strategic direction, resource allocation framework and coordination structure to assist OVC and OVC households

The Articulation Process

The process of policy formulation and strategic programme plan development was designed to be participatory. Consultations were held with representative individuals and groups of various segment of the Ugandan society, national and external development partners, local authorities, central government departments and autonomous agencies, parliamentarians, the judiciary and children.

In order to effectively consult and dialogue with individuals, interest groups, local authorities and children.

- Two committees were established, namely: the National OVC Steering Committee (NOSC) and the Technical Resource sub-Committee (TRC) – a sub-committee of the NOSC.
- Thematic Working Groups (TWGs) were established to make technical inputs in the key intervention areas identified through the consultative workshops as they came up
- Sensitisation meetings and avenues for input such as the Conceptual Framework Workshop; Parliamentarian's Workshop; Regional Consultative Workshops; and specific meetings with OVC, traditional leaders, peer support groups, the private sector, and other members of civil society were conducted.

National Level Committees, Working Groups and Meetings

The NOSC met on a quarterly basis. The TRC met on a monthly basis and more frequently depending on planning needs for the regional workshops or other consultations. The thematic working groups functioned as smaller working groups of the TRC. They discussed the core programme areas in greater detail discussing definitions, activities and interventions, policy recommendations, and indicators.

Regional Consultative Workshops

Table 1: Objectives and expected results of the workshops	
Objectives	**Expected Results**
Share information on the situation of OVC, experiences, lessons learned and common problems encountered in implementing projects aimed at addressing the needs of OVC	Clarified definitions and harmonised expectations
Generate key issues and give input into the OVC policy and strategic programme plan formulation process	Reviewed the Conceptual Framework for OVC policy and strategic programme plan
Promote and garner support from the different sectors and partners.	Enhanced team spirit and a sense of ownership.

Six regional consultative workshops were conducted between April and July 2003. Participants consisted of representatives from the respective local authorities, NGOs, NGOs, CBOs, the private sector, cultural/traditional and religious leaders and children. Table 1: shows the objectives and expected results of the workshops.

The regional consultations had three components, namely:

- A two-day consultation with representatives from participating districts. Each district was asked to send a five-person delegation consisting of representatives of the Local Council V, Chief Administrative Officer (CAO), Community-Based Services Department, the District Probation and Social Welfare Officer, non-governmental organisations implementing OVC activities in the district.
- The third day was used for advocacy and awareness meeting with representatives of religious leaders, cultural/ traditional leaders and Local Council III chairpersons.
- A parallel process of consultations with children was also done by adolescent facilitators supervised by a core team member. The category of children consulted included primary and secondary school children, and children who were out-of-school.

In order to ensure maximum participation, pre-visits were made to the participating districts by MGLSD's Senior Probation and Social Welfare Officer with the responsibility of supporting the NOP and NSPPI process. During the visits, district representatives were requested to prepare District Position Papers on the Situation of Orphans and other Vulnerable Children in their districts for presentation during the workshop.

Table 2: Summary of the workshops and participating districts by region, 2003.			
Date	**Participating districts**	**Venue**	**Remarks**
April 14 - 16	Bundibugyo, Kabarole, Kamwenge, Kasese, Kibaale, Kyenjojo, Mbarara and Ntungamo **(8)**	Rwizi Arch Hotel, Mbarara	South-western region
April 28 – May 1	Kalangala, Kiboga, Masaka, Mubende, Rakai and Ssembabule **(6)**	Hotel Brovad, Masaka	Central region
May 12 – 14	Bugiri, Busia, Pallisa and Tororo	Rock Classic Hotel, Tororo	Eastern region
May 26 – 28	Adjumani, Arua, Moyo, Nebbi and Yumbe **(5)**	Catholic Social Centre, Arua	North-Western region
June 10 – 13	Apac, Gulu, Kitgum, Kotido, Lira, Moroto, Nakapiripirit and Pader **(8)**	White House Hotel, Lira	North-Eastern region
July 14 – 16	Kampala, Kayunga, Mpigi, Mukono and Wakiso **(5)**	Hotel Equatoria, Kampala	Greater Kampala

Day one and two of the regional consultative workshops were devoted to work with the district and NGO representatives. The morning of the first day was dedicated to information sharing where facilitators provided background information on the NOP and NSPPI development process. Districts also presented position papers on OVC. The afternoon of day one and part of the morning of day two were spent on identifying key policy issues, policy recommendations and strategies based on the eight (later on ten) thematic areas identified. Co-ordination arrangement, stakeholder analysis, and monitoring and evaluation of the NOP and NSPPI were discussed in day two. Whereas information sharing at the beginning of the workshop was done in plenary, the rest of the work was introduced in plenary, discussed in groups and later presented and discussed in plenary.

Consultation with Parliamentarians

A major consultative workshop with held with about 26 Members of Parliament from the Social Services Committee and the Standing Committee on HIV/IADS from July 18 – July 19, 2003 at Speke Resort, Munyonyo. In attendance were members of the Children's Caucus who could potentially become active participants in the Leadership Platform for Orphans and other Vulnerable Children. The workshop began on the evening of the first day with speeches by special guests and a summary of the situation of orphans in Uganda, the NOP and NSPPI articulation process to date and the Conceptual Framework that is guiding the drafting of the NOP and NSPPI. Parliamentarians participated actively in the plenary. They were divided into three groups to discuss the role of community level duty bearer, national level duty bearer and Parliamentarians in advocating for the rights of orphans and other vulnerable children.

Applied Research to fill in the gaps

Three papers and two analyses were commissioned to fill in the gaps in information that were needed to articulate the NOP and NSPPI. These papers included the following: 1) Mapping of Interventions (that target orphans and their care-givers in Uganda); 2) Situation of Older persons and their Role as Caregivers of Orphans and other Vulnerable Children; and 3) Legal-Policy Issues affecting Orphans and other Vulnerable Children in Uganda. Two analyses of the UNHS 1999 and UDHS 2000/01 databases were carried out comparing orphans and non-orphans and the households in which they live. Concurrently, six applied research studies on key issues that might disproportionately affect orphans vis-à-vis non-orphans were carried out and their preliminary results informed the NSPPI articulation process. The issues studied were: psychosocial health (two studies), reproductive health, preventive and curative practices by caregivers, legal-policy, and program impact.

Drafting of the NOP and NSPPI

Draft writing workshop was held in July for the core writing team and the first drafts of the NSPPI was put together. The first draft circulated to the Technical Resource Sub-committee members and some selected organisations and individuals, and draft two was produced. The subsequent draft was circulated widely and comments were written and draft three was produced. District representatives from 13 districts who had not participated in the consultative process were invited to Mbale to participate in a two day workshop, October 21-22 to review draft three of the NSPPI. Districts were: Mbale, Sironko, Kapchorwa, Soroti, Kumi, Kaberamaido, Katakwi, Mayuge, Iganga, Jinja, Kamuli, Hoima and Masindi (**13** districts). Districts presented papers of comments, and group work and plenary discussions yielded very rich in-put into the document.

National Stakeholder Consensus Workshop

The National Stakeholder's Workshop was hosted by the Ministry of Gender, Labour and Social Development on Wednesday November 19, 2003 at the International Conference Centre in Kampala, Uganda. The Guest of Honour was the Hon. Minister of State for Children, Mr. Sam Bitangaro. The Permanent Secretary, MGLSD, Mr. Ralph Ochan, presided over the proceedings, assisted by the Director, Gender, Culture and Community Development, Mrs. Mpagi. Special Guests included the Deputy Head of Public Service, the Director of the Uganda AIDS Commission, the Director of the USAID Mission in Uganda, and the Deputy Director of UNICEF-Uganda. Eleven districts that had not yet participated in any of the regional consultations were invited to attend. They included: Rukungiri, Kanungu, Kisoro, Kabale, Bushenyi, and an additional six districts.

The Watoto Children Ministries Choir and Huyslinci Children's Brass Band sang some songs, played music to capture the voices of children as well as wrote their thoughts about their dreams and aspirations to be included in the dialogue. The workshop was held over half a day and brought together over 120 participants from Government, districts, CSOs, private sector, development partners, some care-givers and children. Three presentations were made to summarize for participants the following: 1) the Situation of Orphans and other Vulnerable Children in Uganda 2) the contents of the NOP draft, 3) the contents of the NSPPI draft. Participation was lively during the plenary session with MGLSD presiding. Comments were noted down and participants wrote down their feedback using a common outline that was handed to MGLSD as further input.

Finalization of the NOP and NSPPI

The Orphans and other Vulnerable Children Secretariat in the MGLSD worked with a technical support team from CIHD and with UNICEF and USAID technical officers to complete work on the NOP and NSPPI. The final drafts were submitted to MGLSD for review. The MGLSD is expected to present the two documents to SDS partners for endorsement and to Cabinet and Parliament for approval. Initial implementation of interventions under the NSPPI is expected to begin in July 2004.

APPENDIX VI: Definitions

Absolute Poverty: The state in which a person is living at a subsistence level that is below the minimum requirement for physical well-being, usually based on a quantitative proxy indicator such as income or calorie intake, but sometimes taking into account a broader package of goods and services**.**

Building Blocks: The four main themes of the National Strategic Programme Plan of Interventions around which major initiatives for orphans and other vulnerable children are structured and that will serve as an advocacy tool for the NSPPI.

Care-giver: An individual, usually the mother, who takes primary responsibility for the physical, mental and emotional needs and well being of a child.

Child: A person who is below the age of 18 years.

Community: A group of people, usually living in an identifiable geographical area, who share a common culture, and are arranged in a social structure that allows them to exhibit some awareness of a common identity as a group.

Core Programme Areas: These are the ten programme areas that have been identified during the NOP and NSPPI articulation process as being essential to the well being of orphans and other vulnerable children. They include socio-economic security, food security and nutrition, care and support, mitigation of the impact of conflict, education, psychosocial support, health, child protection, legal support, and capacity strengthening.

Disability: Substantial, functional limitation of daily life of activities of an individual caused by physical, sensory or mental impairment and environmental barriers.

Discrimination: These are acts of treating individuals or groups differently in relation to services, privileges rights and benefits**.**

Double Orphan: A child below the age of 18 years who has lost both parents

Duty Bearers: Individuals or institutions that are responsible for the progressive realisation of specific rights, they acquire this responsibility through designation, position or election. They are parents, the family, the community, national and local authorities.

Essential Services Package: These are the priority interventions that will provide a supportive environment for orphans and other vulnerable children to

live to their full potential. The priority areas of focus include socio-economic security, food security and nutrition, care and support, mitigating the impact of conflict, education, psychosocial support, health, child protection, legal support and capacity enhancement (see **Core Programme Areas**).

Epidemic: A localized outbreak of a disease within a population that is limited in location, magnitude and duration.

Extended family: A collection of a number of individuals, families or households who are related biologically, often with social ties and responsibilities towards one another that lead to the provision of material support and other services for those members of the family in need.

Family: A group consisting of one or more parents and their off springs that provides a setting for social and economic interaction, the transmission of values, and protection.

Fostering: The act of taking on the responsibility, of a child whose parents cannot do so for one re reasons or another.

Gender: Refers to the social relationships between men and women as opposed to biological sex differences.

Gender roles: This refers to the culturally constructed activities carried out by women and men and the way in which these may complement or conflict with each other.

Gender equality: Equal opportunity and equal enjoyment by women and men, girls and boys, of rights, resources and rewards.

Gender equity: This refers to fairness and justice in the distribution of benefits and responsibilities between males and females.

Gender sensitivity: This refers to the ability to recognize issues related to the relationship between males and females, and especially the differences in perceptions and interests between males and females arising from their different social position and different gender roles.

Guardian: A person who takes on the responsibility, of a child whose parents cannot do so for one reasons or the other.

Household: A group of people who normally live and eat together in one spatial unit and share domestic functions and activities.

Human Rights: These are inalienable entitlements that are agreed upon through consensus that they can be claimed by anyone based on their needs and aspirations.

Impoverished: The state of being deprived of the opportunities and choices that are essential to the enjoyment of a healthy and fulfilling life.

Mainstreaming: Effective integration of crosscutting policy themes such as gender, rights, environment, HIV/AIDS in a manner that ensures they are integral to all development decisions and interventions.

Marginalised: This is a term used to refer to persons in society who are deprived of opportunities for living a respectable and reasonable life that is regarded as normal by the community to which they belong.

Maternal orphan: A child below the age of 18 years who has lost their mother.

Multi-sectoral approach: The process of involving all essential service providers.

Orphan: A child below the age of 18 years who has lost one or both parents.

Pandemic: A widespread outbreak of a disease within a population that is extensive in location, magnitude and duration.

Paternal orphan: A child below the age of 18 years who has lost their father.

Responsibility: The values and norms that binds ones obligation that results in a specific course of action.

Sector Wide Approach: This is a financial planning methodology in which funding to a particular sector is supported by a sector policy and the expenditure and financing of the sector is under the leadership of the government entity responsible for that sector.

Social protection: formal and informal initiatives that provide assistance to the extremely poor individuals and households; services to groups who need special attention or would otherwise be denied access to basic services; insurance to protect against risks and consequences of livelihood shocks; and equity to protect people against risks such as discrimination and/or abuse.

Stigmatisation: this is a societal attitude that renders a person or a group of people to feel worthless or helpless as a result of an ailment, disability or social status.

Social inclusion: This act of ensuring that concerns of the vulnerable and those at risk are taken care of in development policies and programmes.

Values: A set of ideals that are normatively shared by members of a community and are shaped by several influences including ideology, religion, culture, history and political systems.

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

Vulnerable Child: A vulnerable child is defined as one who, based on a set of criteria when compared to other children, bears a substantive risk of suffering significant physical, emotional or mental harm.

Yellow Ribbon: A symbol that has been selected for purposes of advocacy for the improvement of orphans and other vulnerable children.