

# **Making external resource flows through communities work better for vulnerable children: the experiences, concerns and suggestions of initiatives and care-giving households in Uganda**

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## Executive Summary

Communities play a critical role in providing support to vulnerable children in East and Southern Africa. With the growth in the international and national response to HIV and AIDS, this has been increasingly recognized in terms of policy, and priorities for funding. Yet, there remain significant information gaps around the nature and capacity of initiatives providing support through communities; and the effectiveness of mechanisms for channeling resources to community initiatives and through them, to vulnerable children and their caregivers. In particular, two sets of voices have not been heard: those of initiatives working within communities to support vulnerable children; and of the caregivers within the family. This study sought to hear those voices, to reflect the following objectives:

1. To describe the mechanisms for resource flows to the community-level to meet the different felt needs of vulnerable children.
2. To assess experiences of resource flow to the community level to support vulnerable children.
3. To recommend how policy and practice should be adapted in order to bring about enhanced resource flow to support vulnerable children.

Four districts, and a sub-county within each of these, were purposively selected to provide a range of contexts across Uganda. Primary data was collected between August and October 2007 using semi-structured questionnaires. A total of 546 households with orphaned children were sampled. All initiatives that were active in the sub-county in responding to the needs of vulnerable children were identified. This provided a total sample of 108 initiatives.

Of the total of 108 initiatives that were identified, 65 (60.2%) were based within the sub-county, whereas 43 had their base outside the sub-county. The initiatives based within the sub-county included 46 (42.6% of the total) community organizations or groups founded and led by people within the local communities and 19 (17.6%) initiatives based in community service institutions such as schools, churches and health facilities. The externally based initiatives included 15 (13.9%) implemented by international NGOs, and 28 (25.9%) implemented by Ugandan NGOs. Many of these initiatives were based in the district centre.

Nearly two thirds of the initiatives had received external support between January 2006 and July 2007. Access to external support was higher among the externally based initiatives. There were two main sources of external support: government (central or local) and international donors. The support was mostly in the form of cash grants, or material contributions such as food items, welfare items (beddings, mosquito nets, clothes), and school supplies.

External resources had reached initiatives through three broad types of mechanism:

1. *Pipelines* where small, repeated grants had flowed directly from external sources such as foundations, individuals, and faith congregations to the community-level initiative.
2. *Watering cans* where externally-based agencies had established community programmes to support individuals and families in situations of vulnerability.
3. *Rainstorms* where large amounts of resources were deployed, usually at multiple levels of action as a short-term investment to scale-up service delivery.

Only half of households (52 percent) with an orphan had received external help. Female-headed households had had better access to external support – 57 percent had received support, compared to 38 percent of male-headed households. Most external help had targeted individual children rather than the household in which they lived. Of those households that had received external support, for 59 percent it had been through an intervention that targeted individual children; for 33 percent it had been targeting an individual child and strengthening household capacity; whilst for 8 percent the support was only directed to the household as a unit.

Of the 2037 children resident in the 546 surveyed households, 1633 (80.2%) had needs that required external help to address. Only 36.4% of the children with needs had accessed the help that they needed. There was no significant difference in the proportion of male children accessing external support compared to females. There was a significant difference in the proportion of children in different age groups that accessed help. In the primary school age-group (6-14 years) 44% accessed help, compared to 34% of the 15-18 year olds and 18% of the 0-5 year olds. Most of the available external support was focused on education-related needs; and to a lesser extent to psycho-social and health needs.

Respondents noted that inequitable targeting meant that resources failed to reach many children, particularly those who were in as much, or greater, need than those who were reached. Poor coordination and monitoring contributed to this – external initiatives intervened wherever they chose, and local initiatives were largely dependent on self-motivation. This led to instances of overlap and duplication, and many communities remained unreached because they lacked “vigilant people”. There was “crowding” in urban areas. Overall, there was a lack of coordination to ensure most effective targeting of resources.

Respondents raised numerous concerns about their experiences:

- *The processes to apply for resources were problematic for many initiatives:* they were heavily skewed towards those with connectivity, capacity to write winning proposals within short time-frames, ability to demonstrate a track record, and willingness to adapt to donor requirements. This favoured established organizations with capacity over more informal, and recently initiated initiatives.
- *There was dissatisfaction with the actual way in which resources flowed:* There were delays in the flow of resources, funds had to be used within unrealistically tight time-frames, local agents were seen as problematic – demanding bribes, not selected by community or consulting with leaders. Overall, nearly half of the household respondents expressed concerns about the “dependability and trustworthiness” of initiatives

It is vital that these issues are addressed so that all types of community initiatives that are able to provide support to vulnerable children may have confidence in applying for resources, and resources flow effectively.

*Recommendation 1: Define vulnerability as the basis for targeting help to specific children*

There should be:

- One clear, and comprehensive, framework to provide a national definition of child vulnerability.
- Provision to develop local definitions of vulnerability within the national framework so that there is community ownership of the basis for selecting those who are helped.
- Reconsideration of restrictive conditions applied to the selection of vulnerable children.

*Recommendation 2: The imperative of coordination*

- Local government structures responsible for vulnerable children should provide leadership for a coordinated response to vulnerable children within their area of responsibility.

*Recommendation 3: Improve mechanisms for resources to reach communities and vulnerable children*

- There should be a framework for true partnership and mutual accountability in addressing the needs of vulnerable children through communities.

*Recommendation 4: Address the inadequacy of external resources reaching vulnerable children*

- Additional resources must be found to meet the needs of those that are not reached with external support, particularly through community initiatives.

## 1. Introduction

Communities play a critical role in providing support to vulnerable children in East and Southern Africa. With the growth in the international and national response to HIV and AIDS, this has been increasingly recognized in terms of policy, and priorities for funding. Yet, there remain significant information gaps around the nature and capacity of initiatives providing support through communities; and the effectiveness of mechanisms for channeling resources to community initiatives and through them, to vulnerable children and their caregivers. In particular, two sets of voices have not been heard: those of initiatives working within communities to support vulnerable children; and of the caregivers within the family. This study sought to hear those voices, to reflect the following objectives:

1. To describe the mechanisms for resource flows to the community-level to meet the different felt needs of vulnerable children.
2. To assess experiences of resource flow to the community level to support vulnerable children.
3. To recommend how actors within, and outside, study communities should adapt their policy and practice in order to bring about enhanced resource flow to support vulnerable children.

## 2. Research methods

Four districts, and a sub-county<sup>1</sup> within each of these, were purposively selected to provide a range of contexts across Uganda:

- Nangabo sub-county in Wakiso district – urban or peri-urban communities;
- Ibulanku sub-county in Iganga district, and Lwanda sub-county in Rakai district – rural communities severely impacted by AIDS;
- Kamuda sub-county in Soroti district – rural communities impacted by conflict and displacement.

Primary data was collected between August and October 2007 using semi-structured questionnaires. A total of 546 households with orphaned children were sampled using the WHO 30x7 Cluster sampling method<sup>2</sup>. The existence of an orphan within the household was used as an objective proxy for any form of vulnerable child, given differing interpretations of the term “vulnerable” between households, and between communities. All initiatives that were active in the sub-county in responding to the needs of vulnerable children were identified through questioning the sampled households, and other stakeholders at sub-county and district level. This provided a total sample of 108 initiatives.

Qualitative data was collected through key informant interviews with leaders with a role in the provision of services for vulnerable children, or coordination of these services - 13 leaders at sub-county level, and 22 leaders at district level. Documents relating to services for vulnerable children, and the resources to support these services, were collected at sub-county and district levels for review.

In each district, the research was carried out in collaboration with an agency that was active in that district.<sup>3</sup> These agencies provided support in the form of staff participation in the field research and local introductions.

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<sup>1</sup> A sub-county represents the lowest level of decentralized government. It typically has a population of between 20,000 and 50,000 people.

<sup>2</sup> WHO (1998) Training Manual for the 30 x 7 Cluster Sampling Methodology for immunization coverage surveys

<sup>3</sup> Integrated Development Activities and AIDS Concern (IDACC) in Iganga district; World Vision Uganda in Rakai district; Anglican Church of Uganda, Diocese of Soroti in Soroti district; Christian Children’s Fund Uganda in Wakiso district.

### 3. Result

#### 3.1 Who was there – The characteristics of the sampled households

A total of 546 households with one or more orphaned children were surveyed; 46.3% of them were headed by males, and 53.7% by females. Children below 18 years old were the heads of 2.5% of the sampled households. The adult household heads for the other households were distributed across the age groups as shown in Table 1.

**Table 1: Age distribution of adult household heads – by sex**

Age-group	Males	Females	Total
Young adults (18-34 yrs)	24.0%	15.0%	19.4%
Middle age (35-49 yrs)	36.6%	40.1%	39.0%
Old (50-59 yrs)	12.6%	20.6%	17.1%
Elderly (60 yrs and above)	26.0%	22.6%	24.5%

Nine out of ten of the household heads were either married or widowed, in equal proportions; Table 2 presents the distribution of marital status of household heads by sex.

**Table 2: Distribution of marital status of household heads – by sex**

Marital status	Males	Females	Total
Married	87.7%	10.6%	46.4%
Widowed	8.7%	73.2%	43.3%
Separated	2.8%	14.4%	9.0%
Never married/children	0.8%	1.7%	1.3%

A high proportion of household heads – both male and female - were subsistence farmers.

**Table 3: Occupation of household heads**

Main occupation	Males	Females	Total
Subsistence farmer	69.8%	86.9%	78.8%
Household work (own)	1.4%	3.4%	2.5%
Personal business	18.4%	5.0%	11.0%
Employed	8.1%	3.5%	5.5%
Elderly/unable to work	2.3%	1.2%	1.6%

Children in sampled households had the following age distribution:

**Table 4: Age distribution of children in sampled households by sex**

Age group	Males	Females	Total
0-4 years	19.6%	20.4%	20.0%
5-9 years	30.1%	33.0%	31.5%
10-14 years	33.1%	34.6%	33.8%
15-17 years	17.1%	11.9%	14.7%

### 3.2 Who was there? – The types of initiatives found

**Table 5: Distribution of the different categories of initiatives in studied sub-counties**

District/ Sub-county	Local		External		Total
	<i>Independent CBO/Group</i>	<i>Institution- linked</i>	<i>In-country NGO/FBO</i>	<i>International NGO</i>	
Iganga; Ibulanku	10	10	3	4	<b>27</b>
Rakai; Lwanda	8	0	7	3	<b>18</b>
Soroti; Kamuda	23	3	10	3	<b>39</b>
Wakiso; Nangabo	5	6	8	5	<b>24</b>
<b>Total</b>	<b>46</b>	<b>19</b>	<b>28</b>	<b>15</b>	<b>108</b>

Of the total of 108 initiatives that were identified as being active in the four sub-counties, 65 (60.2%) were based within the sub-county, whereas 43 had their base outside the sub-county. The initiatives based within the sub-county included 46 (42.6% of the total) community organizations or groups founded and led by people within the local communities and 19 (17.6%) initiatives based in community service institutions such as schools, churches and health facilities.

The externally based initiatives included 15 (13.9%) implemented by international NGOs, and 28 (25.9%) implemented by Ugandan NGOs. Many of these initiatives were based in the district centre. They reached the study communities through service visits by community members to the agency offices in the district town, outreach activities from the district centre to the community, and using community members as agents to provide selected services.

### 3.3 External support: reach, source and form

**Reach:** Nearly two thirds (64.8%; 70/108) of the initiatives had received external support (within the period between January 2006 and July 2007). Access to external support was higher among the externally based initiatives, compared to those based within the study sub-counties; at 72.1% (31/43) and 60.0% (39/65) respectively.

**Source:** Two main sources of external support were identified: government (central or decentralized local government) and international donors. Table 2 below presents the sources of external support received in the different initiatives.

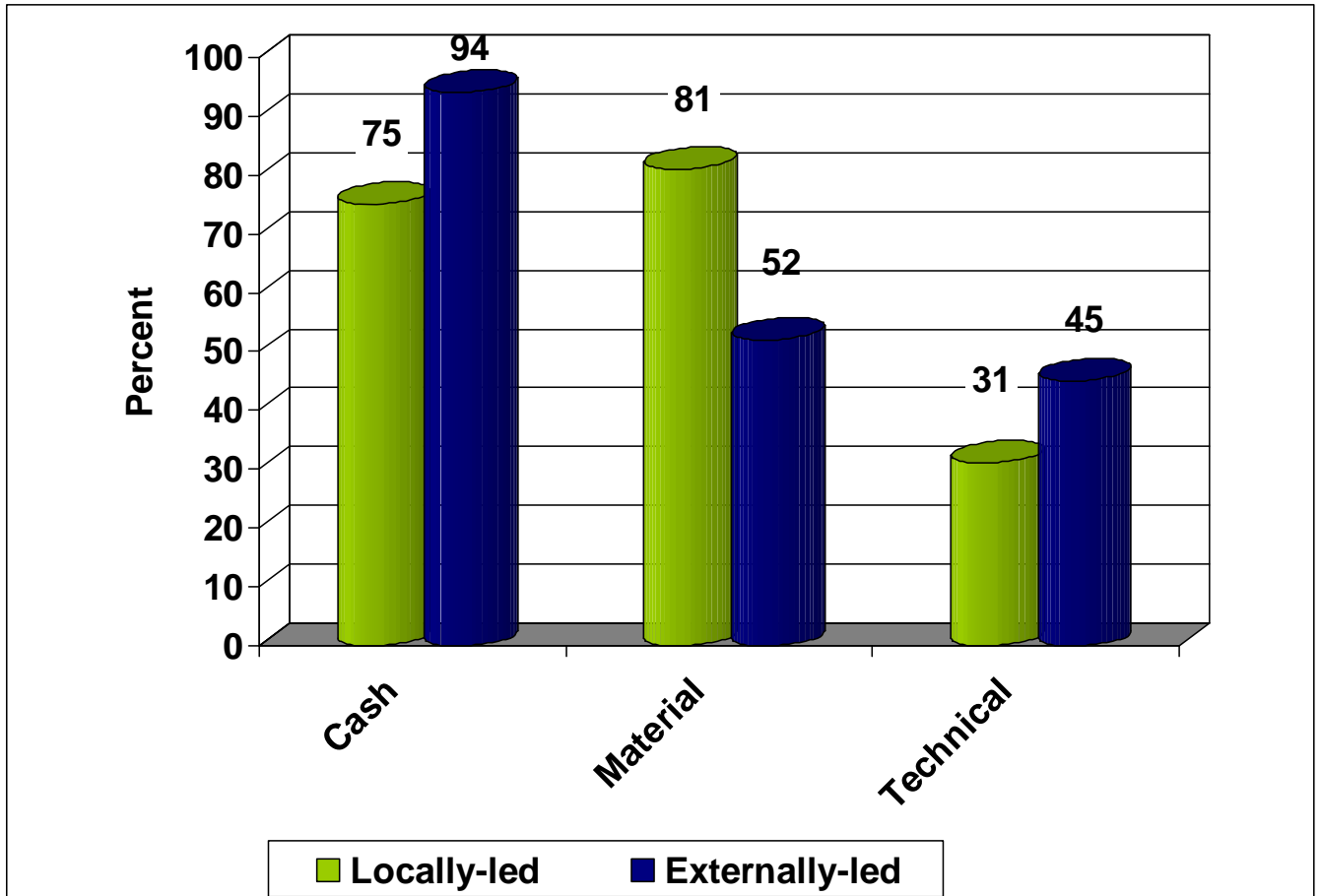
**Table 6: Sources of external support for initiatives at community level**

Source	Locally-based	Externally-based	Total
International donors only	20.0% (13/65)	44.2% (19/43)	29.6% (32/108)
International donors + government	27.7% (18/65)	23.3% (10/43)	25.9% (28/108)
Government only	12.3% ( 8/65)	4.7% ( 2/43)	9.3% (10/108)
No external support	40.0% (26/65)	27.9% (12/43)	35.2% (38/108)

Externally-based agencies had greater access to donor support, while locally-based initiatives had a slight advantage in accessing government support.

**Form:** Cash grants and material contributions constituted the bulk of external support received by initiatives at community level. The material contributions mentioned include food items, welfare items for families and individuals (beddings, mosquito nets, clothes), and school supplies (books, pens, etc.). A substantial proportion of initiatives received external help in the form of technical support, including short-term support in program planning, training in program management, and placement of people with expertise to work alongside leaders and program staff in on-going initiatives. Figure 1 below presents the differential access of local and externally-based initiatives to the forms of external support described.

**Figure 1: Forms of external support accessed by local and externally-based initiatives**



### 3.4 What mechanisms got resources to initiatives at community level?

External resources had reached initiatives through three broad types of mechanism:

1. **“Pipelines”** where small, repeated grants had flowed directly from foundations, individuals, informal fundraising groups and faith congregations to the community-level programme implementer.
2. **“Watering cans”** where externally-based agencies had established community programmes to support individuals and families in situations of vulnerability. These programmes usually aimed to support community groups and institutions to enable them to provide sustained services to individuals and families when the externally supported programmes come to an end.
3. **“Rainstorms”** where large amounts of resources were deployed, usually at multiple levels of action (national, district/sub-national, community), as a short-term investment to scale-up service delivery.

**Table 7: Comparative analysis of the three types of resource flow mechanisms**

Characteristic	Pipelines	Watering cans	Rainstorms
Amount and focus of investment	Usually small, focused on small grassroots agencies (congregations, CBOs, informal groups) Often direct to individual children or families; at times as members in local groups	Medium, spent by the external agency through a locally-based programme. Often structured as a ‘separate’ entity, as a partnership with a local agency (pre-existing or formed for the purpose).	Large amounts of resources, deployed at multiple levels that reach the community level through multiple small grants to community-level actors, or activities by larger agencies funded at levels above the community (district, regional, etc.)
Source and mobilization strategy	Individuals or small groups, small to medium size private foundations. Mutual trust, shared faith are key in establishing and maintaining a relationship of commitment	Network of individuals, in a connected fundraising mechanism, usually in multiple sites/countries (funding offices), then transmitted regularly to work countries/offices; large grants from governments, Foundations	Large grants from governments, Foundations; invested directly (usually at country or multi-country level. May be pooled into a common pool for a specific cause, before distribution to government and non-governmental agencies
Duration, sustainability of support	Long-term, repeated investments; largely depend on faithfulness and continued personal connection and contact	Short-medium term; usually structured as a multi-year program; may benefit from a few rounds of repeated funding	Usually one-off funding, over a few years; may be repeated a few times (especially while the pooled or dedicated amount still lasts)
Information, accountability and resource tracking	Usually restricted to the involved parties, depend more on informal systems (letters, testimonies, visits), rather than established systems (impersonal); visible evidence is as important to those directly involved as written evidence.	Structured systems, often unique to each agency; may be influenced by demands of the funding source; host government. Local accountability usually limited, unless expressly demanded by host government/community.	Elaborate, pre-agreed systems, between funding source and host government or the implementing non-government agency. Some may make specific demand and effort to involve/focus on local communities. Often the focus of third-party monitoring efforts
Examples	Church to church support Small foundations to small community based groups Individuals, small and often informal groups to community action	World Vision in Rakai and Soroti Compassion International in Rakai Christian Children’s Fund in Wakiso	World Bank MAP – Community HIV/AIDS Initiatives (CHAI) World Bank Northern Uganda Social Action Fund (NUSAF) Global Fund for AIDS TB and Malaria in Uganda

Pipelines were the most frequent mechanisms for resource flow to the community-level initiatives assessed. Watering cans and rainstorms were also in use, more especially by the externally-based agencies.

**Table 8: Occurrence of the three resource flow mechanisms among supported initiatives**

Mechanism	Locally-based initiatives	Externally-based initiatives	Total
Pipeline	75.0%	83.9%	80.9%
Watering can	12.5%	35.5%	27.7%
Rain storm	25.0%	32.3%	29.8%

### 3.5 Which households were reached?

Only half of households (52 percent) with an orphan had received external help. This proportion varied significantly between districts (Table 9 below).

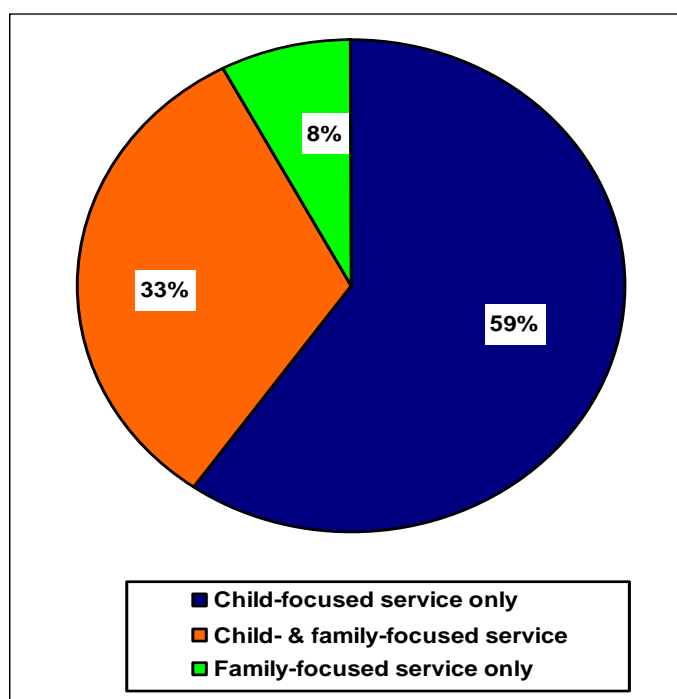
**Table 9: Households with orphans that had access to external help – by district**

District	Percent
Soroti	90.8%
Rakai	50.7%
Wakiso	39.4%
Iganga	29.2%
Total	52.0%

Female-headed households had had better access to external support – 57 percent had received support, compared to 38 percent of male-headed households.

### 3.6 Who within households was reached?

Most external help had targeted individual children rather than the household in which they lived. Of those households that had received external support, for 59 percent it had been through an intervention that targeted individual children; for 33 percent it had been targeting an individual child and strengthening household capacity; whilst for 8 percent the support was only directed to the household as a unit.

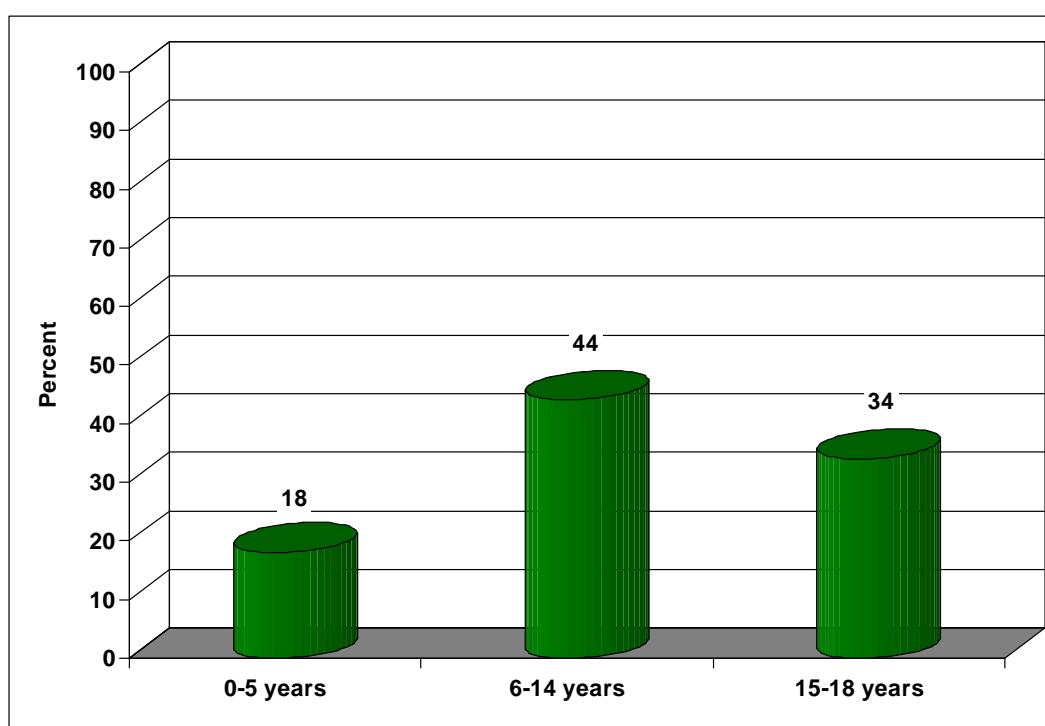


### 3.7 Which vulnerable children were reached?

Of the 2037 children resident in the 546 surveyed households, 1633 (80.2%) had needs that required external help to address (as stated by the adults interviewed). Only one-third (36.4%; 594/1631) of the children with needs had accessed the help that they needed. There was no significant difference in the proportion of male children accessing external support (37.3%) compared to females (35.6%).

There were substantial differences in the proportion of children that had received external support between children in different age groups. Children of school age (6-14 years and over 14 years) were significantly more likely to have received support than those of preschool age (below 6 years), with children of primary school age the most likely:

**Figure 2: Proportion of children that had received external support – by age group**



### 3.8 Which needs of vulnerable children were targeted?

Most of the available external support was focused on education-related needs; and to a lesser extent to psycho-social and health needs. Socio-economic, food, shelter and other basic welfare needs were addressed in a very small proportion of cases. Other areas of need (as nationally defined), such as social protection, legal support and addressing the impacts of armed conflict, were hardly addressed by available external help.

#### **Education**

Respondents at all levels (household, initiative, sub-county, district and national) emphasized the importance of education as a foundation for personal development, and a means to self-sufficiency in realizing other needs. They underscored major external investments in this area, but also pointed out the enduring need to invest even more.

The most 'visible' government effort to address the plight of vulnerable children - the most talked about and most appreciated - was provision of free primary education since 1998, and free secondary education since 2007.

Respondents pointed out that enabling vulnerable children to access practical and life skills education was particularly important, to enable them to understand and accept the implications of orphanhood and vulnerability; to improve their ability to fend for themselves in terms of replacing lost care and self-protection; and to enhance their capacity to care for others such as sick parents, aged grandparents, younger siblings, and other vulnerable children.

### **Psycho-Social Support (PSS):**

When respondents spoke of psycho-social support, the emphasis in their response, and in what external resources had brought, was the strengthening of counseling support services. This was primarily through the training and deployment of non-family members in this role. There was considerably less emphasis on enhancing family and household capacity to provide 'parental care and love' to vulnerable children. Psycho-social support hardly featured in the discussions of actors at higher levels (sub-county, district, and national). Even when these actors discussed needs related to child neglect, the focus was more in terms of denied access to services outside the household such as education, and health care, rather than on inter-personal relationships at household level.

## **3.9 Concerns and suggestions: views from initiatives**

### **3.9.1 Resource flows are not working effectively for vulnerable children**

Initiatives were concerned that the resources that were available at community level were insufficient to meet the needs of vulnerable children. Furthermore, inequitable targeting meant that these resources failed to reach many children, particularly those who were in as much, or greater, need than those who were reached. Poor coordination and monitoring contributed to this situation – external initiatives intervened wherever they chose, and local initiatives were largely dependent on self-motivation. This led to instances of overlap and duplication, and many communities remained unreached because they lacked "vigilant people". Concern was also expressed about the limited contribution of government in defining and mapping the distribution of vulnerable children; in negotiating and guiding thematic as well as geographical targeting of available external support, and in brokering the relationship between funders/supporters and agencies working at the community level.

### **3.9.2 Determinants of access to resources**

Informants described a number of factors associated with successfully accessing resources that favoured more established, and more sophisticated initiatives, and potentially excluded new, and less formal "community initiatives":

- Information on available resources was not made accessible to, or presented in a way that was appropriate to, community-based initiatives. This favoured those with connectivity to external contacts.
- Resources became available through a competitive process based upon written proposals. This favoured those with capacity to write to the funder's requirements, and within the prescribed time-frame; and those initiatives that were prepared to be flexible to meet particular interests of the funder.
- Funders required a track record in implementation, or made subsequent funding easier to access. Whilst there were understandable reasons for this, it made it difficult for new initiatives to access first-time funding.

### 3.9.3 Unhappiness with funders' practices

Informants were unhappy with several aspects of funders' practices that suggested that the funders did not have adequate understanding of the nature of community-level actors:

- Many initiatives were unable to satisfy funders' requirements such as operating to short time schedules, and unrealistic expectations of capacity.
- There were often delays in the release of funding, which mean that initiatives operated on a stop-start basis, and lost credibility within communities.
- Resources were often tied to specific programme themes, geographical areas or approaches to work; and/or short time-frames.

### 3.9.4 Challenges of working with communities

Community members often had unrealistic expectations, high levels of dependency such that they were unwilling to complement external resources; and were suspicious that leaders and implementers misappropriated resources.

### 3.9.5 Suggested ways to enhance resource flows to community-level initiatives

Leaders of initiatives made suggestions as to how to enhance resource flows to community-level initiatives. These suggestions included:

- **Greater community involvement in programme design**, including participatory assessment, analysis and planning, to inform programme priorities and focus. This demands sensitivity and flexibility to the local context.
- **Addressing specific constraints to resources actually reaching the community level** including making information about funding opportunities more available to community-level actors, and improving disbursement processes.
- **Providing resources to community-led initiatives for institutional capacity building** addressing issues such as group dynamics and leadership development.
- **Increasing the proportion of resources allocated for community-level initiatives** to address a perceived imbalance between the high level of support to children provided through these local initiatives, and the high levels of allocation to national and district-based interventions.
- **Enhancing coordination across actors at community level** to minimize duplication of services and enhance more equitable reach to those in need. Specific strategies that were suggested included joint planning processes involving all community-level stakeholders, and strengthening the linkage of community-level actors to district-level coordination.

## 3.10 Concerns and suggestions from caregivers

### 3.10.1 Caregivers' concerns about initiatives

Caregivers were unhappy with aspects of their experiences with initiatives for vulnerable children:

- Nearly half of household respondents expressed concern about the dependability or trustworthiness of initiatives – they were seen to not deliver on promises, or resources were diverted to other uses.
- Targeting was selective, excluding some who were seen to be in need. Examples given included age-based targeting which mostly reached children of primary school age; a focus on orphans only; and the selection of beneficiaries based on religion. Some initiatives had focused on some children, whilst excluding others within the same family; or had focused on the supported child leaving the caregiver out of the process.
- There was partial coverage, with some communities totally left out, and “crowding” in urban areas.

- Many initiatives work through local agents. Household respondents complained that agents demand bribes to register children; that the community did not select the agents; and that agents by-pass community structures in their way of operating.

### **3.10.2 Challenges that caregivers had faced in accessing external help**

Respondents also cited several challenges in accessing external help:

- They were not aware of information on the help that could be available to them.
- Points of connection to external help such as offices or appointed agents were often far from the household, or not known to the caregiver.
- Some schemes required caregivers to provide contributions (such as making land available for farming, or topping up contributions to school fees) as a prerequisite to receiving external help; households unable to make such contributions were often excluded, yet in even greater need.

### **3.10.3 Caregivers' suggestions to enable external resources to better meet the needs of vulnerable children**

Household respondents suggested that external resources could better meet the needs of vulnerable children if:

- There was improved targeting to reach the most vulnerable;
- The amount of resources available for community-level support to vulnerable children was increased, as was the number of service delivery agencies operating at this level; and,
- Community-level organizations and households were equipped to become better managers of resources and relationships, for example, in handling communication, and being more transparent in their work.

## 4. Conclusions, Discussions and Recommendations

### 4.1 Defining vulnerability as the basis for targeting help to specific children

The study indicated that different external agencies were defining which children could be targeted for help in different ways. Having different approaches within the same communities was causing problems there. Furthermore, some specific conditions attached to external support were of particular concern:

#### a) Support overlooked younger children

There was a significant difference in the proportion of children in different age groups that accessed help. In the primary school age-group (6-14 years) 44% accessed help, compared to 34% of the 15-18 year olds and 18% of the 0-5 year olds. This appeared to be linked to the popularity of education-related interventions, such as providing scholastic materials, on the part of both communities and initiatives.

Evidence suggests that investments made in early childhood have the greatest long-term impact, based on neuro-developmental considerations. Therefore, there may be a need to challenge the perceptions of both communities and initiatives in order to see greater support for younger children.

#### b) Assistance was largely targeted at individual children who were orphans rather than to households caring for vulnerable children

Of those households that had received external support, for 59 percent it had been through an intervention that targeted individual children; for 33 percent it had been targeting an individual child and strengthening household capacity; whilst for 8 percent the support was only directed to the household as a unit.

Such an approach targets the vulnerable child in isolation, fails to acknowledge the importance of supporting the caregiver, does not address the needs of other children in the household, and may increase stigma and discrimination. Yet, any attempt to spread support to meet other needs within the household is often interpreted as ‘diversion’ or ‘misuse’.

The existence of different approaches to targeting help that became apparent through the study is also found in the varying definitions of vulnerability being used concurrently at national level within Uganda. To some extent, these different definitions reflect whether there is an interest in child vulnerability because of HIV and AIDS, or a more comprehensive concern given other factors that are relevant to children in Uganda. One definition, (as used in the UDHS 2006<sup>4</sup>) is primarily related to AIDS, and applies to a child below 18 years (or below 15 years) who has a chronically ill parent or who lives in a household where an adult has been chronically ill or has died in the previous 12 months. This is similar to the PEPFAR definition of an orphan or vulnerable child<sup>5</sup>. The UDHS 2006 reports that 21% of Ugandan children are orphaned and/or vulnerable. The other definition (as applied in the UNHS 2005/06<sup>6</sup>) refers to categories of vulnerable children that include: orphanhood, children who are not attending school, child labourers, idle children, children living in poor households, children living in child headed households, children with adult responsibilities (heading households, children who are married) and children with a disability. This definition categorizes 64.6% of all children in Uganda aged 0-17 years as vulnerable.

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<sup>4</sup> Uganda Bureau of Statistics (UBOS) and MACRO International Inc. (2007). Uganda Demographic and Health Survey 2006. Calverton, Maryland, USA: UBOS and Macro International Inc

<sup>5</sup> PEPFAR (2006) Orphans and Other Vulnerable Children Programming Guidance for United States Government In-Country Staff and Implementing Partners

<sup>6</sup> Uganda Bureau of Statistics (UBOS) (2007). Uganda National Household Survey 2005/06. Kampala, Uganda: UBOS

With such definitions, there is a tendency to see vulnerability as a permanent state, rather than anticipate that a child's vulnerability could be dependent on their particular situation and be temporary (such as being in the immediate post-bereavement period; or during or soon after a chronic illness such as TB), or that a child could be moved out of vulnerability. Furthermore, the definitions tend to see vulnerability as a problem of the child, and not take into account the link to broader issues within the family and community.

**Recommendation 1:** *Define vulnerability as the basis for targeting help to specific children*

**There should be:**

- 1.1 One clear, and comprehensive, framework to provide a national definition of child vulnerability.**
- 1.2 Provision to develop local definitions of vulnerability within the national framework so that there is community ownership of the basis for selecting those who are helped.**
- 1.3 Reconsideration of restrictive conditions applied to the selection of vulnerable children.** Agencies funding community-level responses to vulnerable children should review any conditions that they have attached that restrict how community-level initiatives may identify vulnerable children, with particular reference to age, and the cause of the child's vulnerability. Such agencies should review how to provide resources to vulnerable children within the context of their caregiver's family rather than to the child in isolation.

#### **4.2 The imperative of coordination across the multiple actors and resource flow mechanisms operational at community level**

Multiple players are involved in providing support to vulnerable children – the study identified 108 initiatives in the four sub-counties. These players come with different interests and areas of focus, and different elements in the basis for motivation. They take different approaches to defining and addressing vulnerability, for example, in their balance between providing services and support, against empowerment for self-help; and in the focus on the individual child, or the child's family context. Different mechanisms to get resources to community-level initiatives were operating concurrently (categorized as Pipelines, Watering Cans, and Rainstorms.)

Relationships between and among stakeholders— funders, implementing agencies, vulnerable individuals, families and groups – are unequal in terms of capacity, knowledge, and understanding; and this feeds into unequal power relations in which those with resources dictate what may happen, and where, and for which children.

This situation is not working, especially for the children in greatest need. Respondents noted that inequitable targeting meant that resources failed to reach many children, particularly those who were in as much, or greater, need than those who were reached. Poor coordination and monitoring contributed to this – external initiatives intervened wherever they chose, and local initiatives were largely dependent on self-motivation. This led to instances of overlap and duplication, and many communities remained unreached because they lacked “vigilant people”. There was “crowding” in urban areas. Overall, there was a lack of coordination to ensure most effective targeting of resources.

**Recommendation 2:** *The imperative of coordination*

- **Local government structures responsible for vulnerable children should provide leadership for a coordinated response to vulnerable children within their area of responsibility.**

### 4.3 Improving mechanisms for resources to reach communities and vulnerable children

Respondents raised numerous concerns about their experiences:

- **The processes to apply for resources were problematic for many:** they were heavily skewed towards those with connectivity, capacity to write winning proposals within short time-frames, ability to demonstrate a track record, and willingness to adapt to donor requirements. This favoured established organizations with capacity over more informal, and recently initiated initiatives.
- **There was dissatisfaction with the actual way in which resources flowed:** There were delays in the flow of resources, funds had to be used within unrealistically tight time-frames, local agents were seen as problematic – demanding bribes, not selected by community or consulting with leaders. Overall, nearly half of the household respondents expressed concerns about the “dependability and trustworthiness” of initiatives

It is vital that these issues are addressed so that all types of community initiatives that are able to provide support to vulnerable children may have confidence in applying for resources, and resources flow effectively.

#### **Recommendation 3:** *Improve mechanisms for resources to reach communities and vulnerable children*

- **A framework for true partnership and mutual accountability in addressing the needs of vulnerable children through communities**

Within the provisions of the “Three-Ones” framework for management of the national AIDS response, a charter of commitment should be developed and used to guide all actors (international development partners, government, local civil society – including FBOs, and communities) in supporting vulnerable children and their families in:

- Mapping and regularly updating the needs of children and families; the initiatives in place to meet these needs at all levels (community, district, national); and the flow of resources to support these initiatives.
- Defining and implementing documented partnerships among actors at different levels, which clearly spell out the mutual rights, responsibilities and expectations.
- Periodic participatory monitoring, review and learning as an integral element in all on-going interventions; with specific focus on strengthening monitoring and learning within community-based initiatives to inform action for program improvement locally and elsewhere.
- Defining and implementing genuine and comprehensive community capacity building (including necessary compensation for the work of community-based providers of specific child support services), as the ultimate mechanism for sustainable child support and development.

### 4.4 Inadequacy of external resources reaching vulnerable children

Many vulnerable children were not reached with external support - only half of the households, and 37% of children in need of help had been reached. There are overwhelming numbers of vulnerable children, virtually all children in some communities. It is vital that additional resources are found to enable them to receive the support that they need. The study demonstrated that community initiatives are active in reaching vulnerable children and they constitute an effective mechanism to reach many more vulnerable children.

#### **Recommendation 4:** *Address the inadequacy of external resources reaching vulnerable children*

- **Additional resources must be found to meet the needs of those that are not reached with external support. Community initiatives constitute an effective mechanism to reach many more vulnerable children.**