

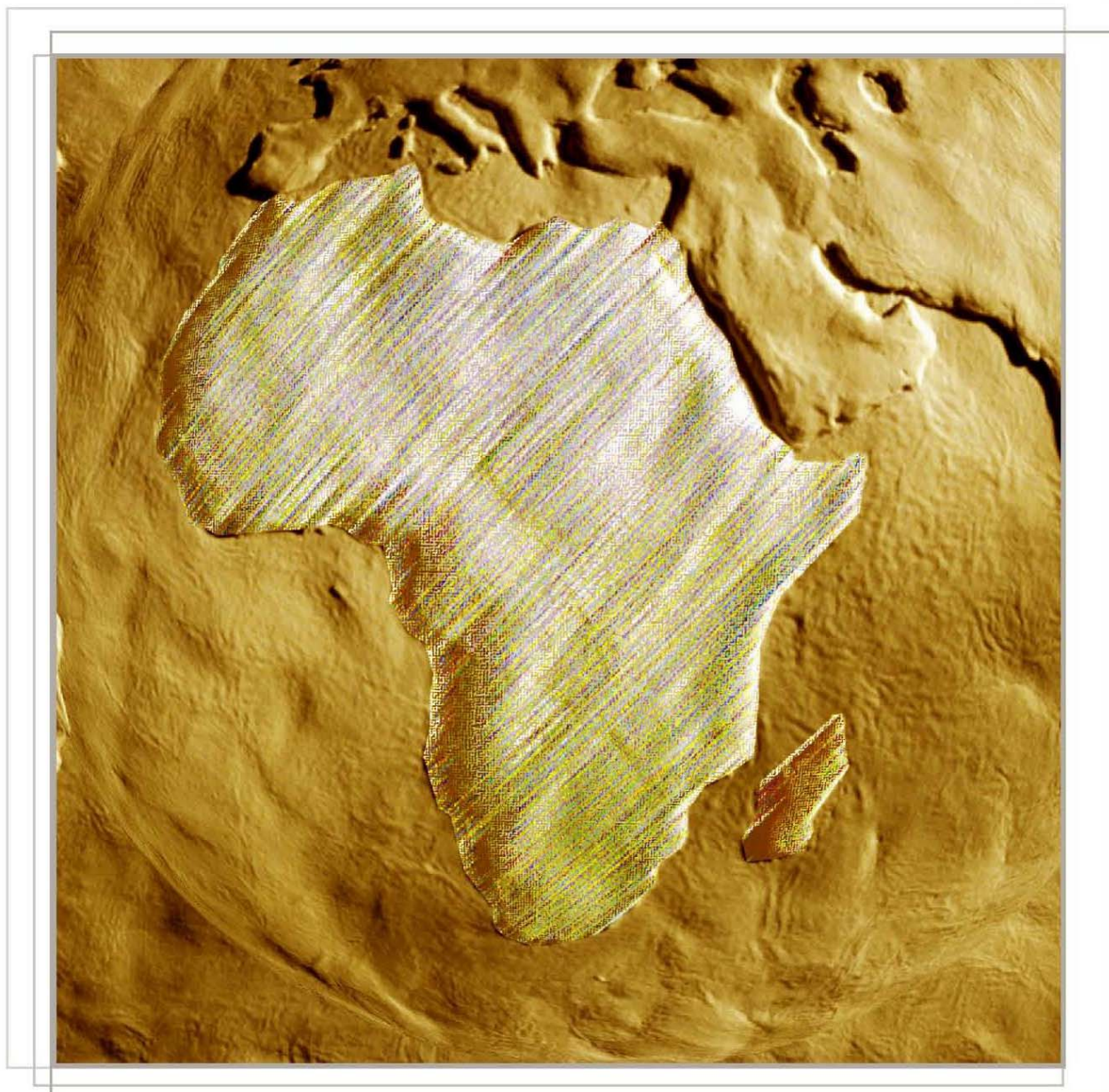


International  
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Enhancing social protection to alleviate  
HIV/AIDS induced child labour:  
*Experiences from Uganda*

no. 11



International  
Programme on  
the Elimination  
of Child Labour  
(IPEC)

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# Enhancing social protection to alleviate HIV/AIDS induced child labour: *Experiences from Uganda*

March 2007

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- Paper No. 1: Combating child labour and HIV/AIDS in sub-Saharan Africa, ILO-IPEC 2003  
Paper No. 2: HIV/AIDS and child labour in Zimbabwe: A rapid assessment, ILO-IPEC 2003  
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Paper No. 10: Educational Perspectives on the impact of the HIV/AIDS pandemic on child labour in Uganda, ILO-IPEC 2004-05  
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## Executive Summary

The spread of HIV today constitutes the most serious health and social problem in Sub-Saharan Africa, as well as one of the leading causes of death. It is a phenomenon that has not only perpetuated the poverty cycle but also left a generation of children and young people highly exposed and vulnerable. When the family breadwinner falls ill or dies of an AIDS related illness, the equilibrium of the household is destroyed as household income and security are suddenly taken away. As the poverty level becomes more acute, health and nutrition deteriorate and children are forced to drop out of school early in order to care for family members or contribute financially to the household. This is an escalating reality for millions of children around the world, especially in Sub-Saharan Africa, who become vulnerable to exploitation and abuse.

Given the previous research done in the ILO-IPEC HIV/AIDS and child labour series, and based on experiences in Uganda, this paper addresses the challenge of providing social protection to mitigate the phenomenon of HIV/AIDS induced child labour.

Three principal categories of agents are identified as the pillars of social protection delivery for HIV/AIDS induced child labour. They are i) the informal sector (including individuals and self-help groups), ii) the private and NGO sector and iii) the public (government) provider, all of whom must collaborate to provide a holistic response. Indeed, an efficient social protection mechanism cuts across many government sectors and must be mainstreamed into education, health and legal policies, psychosocial support, child fostering and poverty alleviation initiatives.

This paper presents a strategy for integrating and mainstreaming social protection into action programmes supported by ILO-IPEC, as well as working with all major stakeholders to prevent HIV/AIDS induced child labour. The strategy incorporates all responsible social protection providers across all sectors and demands a central coordinating presence at central government level. There is a need to periodically update relevant information/data on social protection schemes and increase budget allocations to programmes. At the community, local, regional and national level, under the supervision of the coordinating authority, the sustainability of the social protection schemes is vital and this must be promoted through a dynamic network of support, capacity building and resource mobilisation.



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## Acronyms

AP	Action Programme
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organization
COPE	Complementary Learning Opportunities for Education
FBO	Faith Based Organisation
HIV	Human Immune-deficiency Virus
IPEC	International Programme on the Elimination of Child Labour.
ILO	International Labour Organization
KIN	Kids in Need
NGO	Non- Governmental Organization
MOES	Ministry of Education and Sports
MoGLSD	Ministry of Gender, Labour and Social Development
MOH	Ministry of Health
OVC	Orphans and Vulnerable Children
PEAP	Poverty Eradication Action Plan
PLWHA	People Living with HIV/AIDS
SCREAM	Supporting Children's Rights through Education the Arts & the Media
UAC	Uganda AIDS Commission
UBOS	Uganda Bureau of Statistics
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UYDEL	Uganda Youth Development Link
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
WFP	World Food Programme
WB	World Bank



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# 1. CHILD LABOUR AND THE IMPACT OF HIV ON CHILDREN

As the HIV pandemic has expanded in size and intensity across Sub-Saharan Africa and other regions of the world, the vulnerability of girls and boys to situations of poverty and exploitation has grown even more acute. Children are being forced out of their safe environments into premature and dangerous employment as they struggle for their own and their families' survival. There are around 12 million girls and boys orphaned by AIDS related illnesses in Sub-Saharan Africa (UNAIDS, 2006), a number that is estimated to rise to 20 million by 2010. Many millions more are living with the direct or indirect affects of HIV themselves or in their families.

Earlier publications in this ILO-IPEC HIV/AIDS Series have shown a definite link between HIV/AIDS and child labour. The loss of parents and guardians, financial difficulties and severe stigma related to HIV can push girls and boys into the world of work where, due to their vulnerable position, they can find themselves in dangerous, hazardous or illicit activities such as street-work, petty crime and commercial sexual exploitation, and at risk of falling victim to trafficking and abuse. These vulnerable boys and girls are at a heightened risk of contracting HIV themselves and completing the vicious cycle of HIV/AIDS and Child Labour.

There is a great need in all societies, especially those affected by HIV, to establish a social protection mechanism that will serve to prevent and protect vulnerable individuals. This mechanism involves the technical collaboration and networking of many parties at the family, community, regional, national and international level. In Uganda, individuals, households, communities and the state have begun to put in place social protection schemes to support girls and boys made vulnerable by HIV, which have produced some useful experiences. However, the efforts have thus far fallen short of reaching all the girls and boys that need them.

The objectives of this paper are to define social protection and its purpose in the context of HIV/AIDS and Child Labour. Using experiences from Uganda, the key social protection providers and key sectors of intervention are identified, and a strategy to enhance social protection delivery is detailed.

## 1.1 Global child labour situation

According to the 2006 Global Report on Child Labour (ILO), there were over 317 million economically active girls and boys aged 5-17 years in the world in 2004. About 60 percent of those were aged under 15. The regional distribution of the world's working girls and boys under the age of 15 is such that two thirds are situated in the Asia and the Pacific region, one quarter in Sub-Saharan Africa, and around three per cent in the Latin America and Caribbean region. Nevertheless, Sub-Saharan Africa is home to the highest proportion of working children, with 26.4 per cent of girls and boys economically active. Sub-Saharan Africa was also the only region in the world in which the number of child labourers rose between the years 2000 and 2004, instead of declining.

The ILO (2006) estimates that of the economically active children around the globe, 126.3 million are engaged in hazardous forms of child labour. Furthermore, there are approximately 8.4 million girls and boys engaged in the unconditional worst forms of

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child labour, as defined by the ILO Convention No. 182, 5.7 million in forced or bonded labour, 0.3 million in armed conflict, 1.8 million in commercial sexual exploitation and 0.6 million in other illicit activities. An estimated 1.2 million boys and girls are subject to human trafficking, and often find themselves in the unconditional worst forms of child labour.

## **1.2 Child labour situation in Uganda**

In Uganda, child labour is a serious issue and has attracted government and public attention. According to the Uganda National Bureau of Statistics (2003), there are an estimated 1.5 million working children aged 5-17 years in Uganda, the majority of whom are engaged in agriculture and domestic labour. A growing area of concern is the Commercial Sexual Exploitation of Children (CSEC), which is estimated to involve 12,000 children (MoGLSD 2002), and the phenomenon is growing (Kafuko 2002, Mwaka 1998).

Girls and boys in urban and slum areas are at special risk. Over 20,000 street children and slum youth are estimated to be living in urban centres and cities of Uganda, with the highest concentration in Kampala, the capital. The majority of these youths are boys, outnumbering girls by 7 to 3 (Kasirye, Light foot 2002). Statistics from Kids in Need (KIN), an NGO that assists street children, indicates that approximately 80 percent of the boys and girls on the streets have lost parents or guardians due to AIDS related illnesses. Virtually all the boys and girls on the streets are at risk of HIV infection due to the independent lives they lead characterised by a lack of shelter, medical treatment and food. These problems are compounded further by survival crime and violence, continued harassment by law enforcement agencies, exposure to drugs and experimentation of sex at an early age.

## **1.3 Impact of HIV on children**

In spite of the limited data available, it is clear that the socioeconomic impact of HIV on children is known to be felt at all levels of society; at the individual, family, community and national level. When a parent or guardian in a family becomes ill and can no longer contribute physically or financially to the household, there is a shortfall in income and domestic contribution. The income loss is magnified when the savings and assets that remain are needed to pay for medicine and care for the patient.<sup>1</sup>

The girls and boys in the affected family suffer a diminishing standard of living, worsening health and nutrition and are often forced to drop out of school to care for their parents or to fill the gap left by the domestic carer or the breadwinner. On top of this disruption, the girls and boys in these situations are often subject to stigma and discrimination from their peers, teachers, family members and others, which leads to increased social isolation, even homelessness.

Due to HIV, boys and girls are often separated from their parents at critical stages of their growth and development. Children in households affected by HIV are often distributed amongst extended family members, which can unsettle their emotional

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<sup>1</sup> *HIV/AIDS and work: global estimates, impact on children and youth, and response.* ILO 2006

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development. In the cases where vulnerable boys and girls cannot count on extended family members capable of taking them into care, they can be left isolated and desperate, with no lines of support, if their parents or guardians become incapacitated. In these circumstances, girls and boys are left to fend for themselves, running a child-headed household or surviving on the street, forced to work due to their circumstances and often involved in the worst forms of child labour.

#### **1.4 Impact of HIV on boys and girls: experiences from Uganda**

Notwithstanding the reported decline in the HIV prevalence rate from 18.75 per cent in the early 1990s to 6.7 per cent in 2006, AIDS-related illnesses have remained high in Uganda. Around 1 million people are estimated to be living with HIV in Uganda today and approximately 1 million girls and boys under the age of 18 have lost one or both parents to it (Government of Uganda - UNICEF, 2006). Despite efforts by the government and civil society to avert this phenomenon, the number of orphans due to AIDS in Uganda has continued to rise and the trend will continue long into the future unless further gains are made in reducing the spread of HIV.

The security of the traditional extended family system that had absorbed the brunt of this impact is becoming less reliable, given the fact that the majority of people who care for orphans are old and live below the poverty line<sup>2</sup> (UBOS 2002). Statistics indicate that, in fact, 31 percent of Uganda's population operate below the poverty line. In a study of Commercial Sexual Exploitation of Children (CSEC) conducted by MoGLSD in 2003 and funded by ILO-IPEC, it was noted that out of the 728 children involved, 48 percent were migrant orphans from villages seeking to fend for themselves. This highlights the vulnerability of orphans and the measures that they go to for survival. It is common for children, especially Orphans and Vulnerable Children (OVC) who have been brought to the cities initially to work as domestic servants, to find themselves trapped in desperate situations such as homelessness, drug abuse, child prostitution and delinquency.

Through Household Surveys (MoGLSD, Uganda 2004), it was revealed that the interventions from the government, international agencies and particularly NGOs and CBOs in Uganda fall significantly short of meeting the existing needs of orphans and vulnerable girls and boys. It was recommended that the government formulates a national policy and strategic intervention programme for orphans to represent their strong commitment to developing an effective response to the orphan crisis. The government has elected the Ministry of Gender, Labour and Social Development (MoGLSD) as the central coordinating authority to oversee the HIV/AIDS social protection mechanism. This Ministry adopted the National Orphans and other Vulnerable Children Policy in November 2004. This policy provides a framework for the creation of a favourable atmosphere in which these vulnerable groups can operate.

In HIV affected families there is a high dependence on the surviving parents and guardians, who may also be sick and unemployed. Inadequate social assistance further deepens the economic burden. Studies by UBOS noted that amongst the reasons for girls and boys not attending school, the "need for labour" ranked third behind "distance

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<sup>2</sup> This is the international poverty indicator of \$1 per day.

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to school” and “cost issues” demonstrating that it is the girls and boys who must supplement the household’s economic shortfall.

In fact, gender differences are vital to the kind of impact that HIV has on boys and girls. When a parent or guardian falls ill with an HIV related illness, gender norms mean that it is most likely the girl who will be called upon to drop out of school and care for him or her, as well as taking over the running of the household<sup>3</sup>. If the parent or guardian dies, the younger siblings will depend on their elder sister to care for them should they have nowhere else to go. In most cultures, the girl-child almost always carries the “burden of care” and is first to lose the chance of an education<sup>4</sup>. These gender specific effects must be addressed in social protection mechanisms.

When the number of children made vulnerable by HIV increases in this environment, the social support system weakens due to the increased demand for social services (health care, education etc.). This can lead to an escalation of poverty levels and inequalities and pave the way for increased crime and social instability.

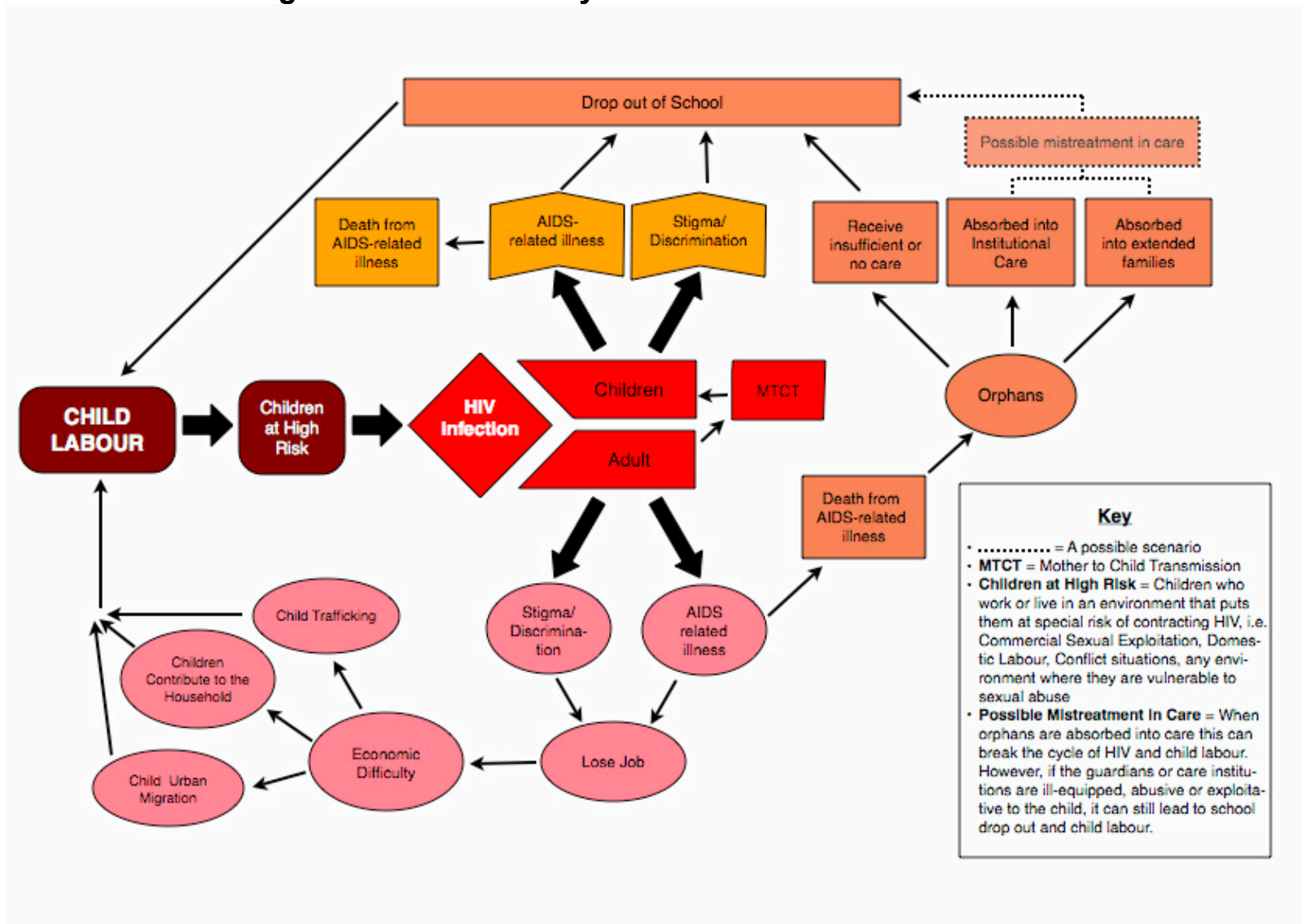
Children, who suffer from the affects of HIV in the household, are consequently more vulnerable to exploitation in the worst forms of child labour. In such an environment prone to poverty, lack of education and physical, emotional and moral harm, these children are at a heightened risk of contracting HIV. The diagram below represents the vicious cycle of HIV/AIDS induced child labour.

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<sup>3</sup> Tumushabe J.; Bantebya, G.; and Ssebuliba, J. (1993): The Impact of HIV/AIDS on Agricultural Production Systems in Uganda, unpublished FAO report.

<sup>4</sup> Institute of Development Studies, Chapter 3: Analysis of Vulnerability in Uganda, Social Protection in Uganda, Sussex, UK.

Figure 1. The vicious cycle between HIV and child labour



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## 2. SOCIAL PROTECTION

### 2.1 Definition of Social Protection

Social protection describes all public and private initiatives that provide income or consumption transfers to the poor that protect the vulnerable against livelihood risks and that enhance the social status and rights of the marginalised, with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups (Devereux, S. 2002).<sup>5</sup>

For the ILO, access to social protection means that people and families have security in the face of vulnerabilities and contingencies, they have access to health care, and they are able to live their lives and carry out their work in safety.<sup>6</sup>

Social protection incorporates all formal and informal initiatives that provide support to the vulnerable members of society. It includes “social assistance” in any form to a household that requires support in their day to day lives, be it childcare, domestic assistance or protection. It involves the provision of “social services” such as education, healthcare, infrastructure and policing. It includes the establishment of “social security” schemes, which protect individuals against shocks to their livelihood by providing financial compensation for social events that lead to the loss of income or assets. It also includes “social equity” measures which are designed to remove the imbalance in society and eliminate forms of discrimination and abuse; examples of this are sensitization/education campaigns and the imposition of legal instruments.

### 2.2 Safety Nets and Springboards

The different forms of social protection can be understood in two categories, safety nets and springboards<sup>7</sup>. The “safety nets”, such as social assistance and social security, are designed to help marginalised groups and individuals out of a short-term or crisis-oriented situation of vulnerability. For instance, social interventions in cases of health epidemics, droughts, famine or displacements, which provide blankets, water, tents and food to the affected.

The “springboards” on the other hand, aim to enhance the capabilities of the vulnerable groups in order to avoid risks to their wellbeing. An example of this is housing construction, financial schemes for parents to encourage school attendance, or incentives for subsistence farmers to strategically diversify their crops.

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<sup>5</sup> Devereux, S. *Social Protection for the Poor: lessons from recent international experience*. (2002) Institute of Development Studies, Working Paper 142, Brighton.

<sup>6</sup> Garcia, A. B., and Gruat, J. V. *SOCIAL PROTECTION: A Life Cycle Continuum Investment for Social Justice, Poverty Reduction and Sustainable Development*. ILO (Geneva, 2002)

<sup>7</sup> ILO-IPEC. *Training Manual on HIV/AIDS and Child Labour*. Uganda. 2006. Taken from Devereux, S. *Social Protection for the Poor: lessons from recent international experience*. (2002) Institute of Development Studies, Working Paper 142, Brighton.

## 2.3 Causes of vulnerability

Vulnerability is caused by a range of **economic, demographic, political, social and cultural** factors. Of particular importance is vulnerability that results from negative individual and communal behaviour towards girls and boys such as abuse, discrimination, deprivation and exploitation.

**Table 1: Vulnerable groups in Uganda**

Conflict related	Demographic related	Poverty related
<ul style="list-style-type: none"> <li>• Refugees</li> <li>• Internally Displaced People (IDP)</li> <li>• War orphans</li> <li>• Inductees</li> <li>• Traumatized civilians</li> <li>• Households living in war zones</li> </ul>	<ul style="list-style-type: none"> <li>• Asset-less widows and widowers</li> <li>• Female-headed households</li> <li>• Orphans and abducted children</li> <li>• Child-headed households</li> <li>• Child labourers</li> <li>• Street children and homeless people</li> <li>• People with disabilities</li> <li>• The chronically sick</li> <li>• Men, women, boys and girls living with HIV/AIDS and other chronic diseases</li> <li>• Victims of domestic violence</li> <li>• Ethnic minority groups</li> </ul>	<b>Urban</b>
		<ul style="list-style-type: none"> <li>• The unemployed, underemployed, exploited or low paid</li> <li>• Beggars</li> </ul>
		<b>Rural</b>
		<ul style="list-style-type: none"> <li>• Landless people</li> <li>• Cash crop farmers</li> <li>• Plantation workers</li> </ul>

*Source: The Social Development Sector Strategic Investment Plan 2003-8(SDIP) by MoGLSD*

As displayed in table 1, the range of vulnerable groups is wide ranging in terms of age, gender and background. Children are especially vulnerable.

In the Ugandan context, social protection continues to be under-developed and under-subscribed. The scenario is further aggravated by high illiteracy levels, limited access to credit and the high poverty levels. Once again, it is girls and boys who find themselves especially endangered, representing 62% of the population living in absolute poverty in the country.

As displayed in figure 1 above, girls and boys affected directly or indirectly by HIV become vulnerable to a vicious cycle that can lead to child labour and a repeated risk of HIV in their lives, should they not be supported by some sort of social intervention. Unsupported by their weakened family network and an overstretched social protection system, they are at risk of not receiving an adequate education, being rushed into hazardous, menial labour and being placed at a higher risk of injury and poor health. Ultimately, the childhoods of millions of girls and boys will be lost and the productive human capital of the country will suffer as a result.

## 2.4 Purpose of social protection schemes for HIV/AIDS induced child labour

Uganda's ratification of the United Nations Convention on the Rights of the Child (1989)<sup>8</sup> committed the state and other relevant stakeholders to provide girls and boys with the right to life, a formal education and primary health care and the right to protection from discrimination, exploitation and abuse. In order to fulfil the obligations

<sup>8</sup> 195 states around the world have ratified the UNCRC.

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made under this convention, there is a great need to build social protection mechanisms for vulnerable children in order to protect them from a tragic slide into neglect and child labour.

Social protection schemes are required in a range of areas; they must combat the factors that undermine the extended family's ability to absorb new girls and boys into their care<sup>9</sup>, they must support the girls and boys who decide to take charge of their own households who face challenges of increased isolation, distance from support mechanisms and inaccessibility to services.

The issue of HIV/AIDS has roused a commendable collaborative response from government agencies, NGOs, Faith Based Organizations (FBOs), cultural groups, community groups, research institutions and networks of infected persons in Uganda and around the world. However, the capacity of these agents falls far short of what is needed. In Uganda for example, a report elaborated by the Social Protection Task Force<sup>10</sup> observed that the informal social support systems in the country are under severe strain, and it is not clear that they are adequate for meeting all the needs of the poor and vulnerable. Traditional community support systems have almost disappeared in some areas, with little prospect for their revival. There is a need to record the characteristics of these traditional social protection schemes and also explore possibilities of replicating them.

The purpose of social protection in response to child labour in the context of HIV includes:

- To enhance the ability of individuals, families and communities to cope with and recover from the vulnerabilities of HIV and child labour.
- To provide support to households affected by poverty or socioeconomic disadvantages, to prevent the vicious cycle of HIV and child labour.
- To enable girls and boys affected by child labour and HIV to live a dignified life with a decent standard of living.
- To prevent girls and boys affected by HIV from entering into child labour.
- To help protect girls and boys against discrimination, exploitation and abuse.
- To empower girls and boys to become more assertive in claiming their rights.
- To establish the initial and ongoing costs of social protection activities.
- To support the integration and absorption of vulnerable girls and boys into an adequate extended family system or foster home.
- To discourage and act against all forms of abuse and exploitation that undermines children's rights.
- To integrate families and communities into the social protection network to prevent girls and boys adversely affected by HIV from entering into child labour.

No single social protection measure is adequate to deal with this complex phenomenon on its own. Rather, the approach must combine educational, health-based, psycho-social and economic strategies, considering the gender implications, urban-rural differences and special circumstances of hard to reach groups such as street children, children in commercial sexual exploitation and children in the worst forms of child

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<sup>9</sup> ILO-IPEC HIV/AIDS and child labour in Sub-Saharan Africa: A synthesis report (2003)

<sup>10</sup> Social Protection Task Force. *Study to inform development of a framework for social protection in the context of the poverty eradication action plan. Phase one Report: vulnerability assessment and review of initiatives.* (August 2002)

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labour. Multiple and sustainable interventions, embracing all sectors, are needed to address the vulnerability and shocks presented by the children affected by HIV/AIDS induced child labour through capacity building, networking and the meaningful participation of the communities.

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### **3. SOCIAL PROTECTION PROVIDERS**

A successful social protection mechanism operates on many levels and relies upon a range of providers. This chapter elaborates upon the three vital sources of social protection - the informal sector, the formal sector and the public sector. The information presented benefits from experiences in constructing a social protection mechanism for children made vulnerable by HIV in Uganda.

#### **3.1 Informal sector**

The informal sector of social protection providers constitutes individuals, households and community operations that are not registered and generally operate on a voluntary basis. In the absence of a formal structure, society naturally counts on informal mechanisms for managing risks and coping with upsets. These informal provisions have sprung up in response to risks and shocks that arise over time in order to mitigate or cope with them, as elaborated below.

##### **3.1.1 Individual and household level social protection**

In Sub-Saharan African countries, individual and household level social protection has traditionally been on hand to care for vulnerable girls and boys using indigenous knowledge and methods. Household vulnerability for a long time has been mitigated through cultural bonds and kinship based security and support, which helps individuals and families cope in crisis situations. Coping mechanisms employed at this level tend to vary in terms of the number of women, men, girls and boys involved, the amount of provision, the time devoted to help, and the type of assistance given, but it has always existed in some form. At this level it is the concern, personal attention and interest that is significant, rather than the cost of the assistance.

The types of assistance provided in this traditional social protection mechanism are as follows:

- Individual transfers of assets and financial support from relatives and other kinsmen to the family in need.
- Distributing orphans among relatives in a clan or family in the case of the death of parents; plus the extension of financial and material support by relatives (informal fostering).
- Lending and borrowing (in money and in kind) between individuals and families, reduction of food consumption (in terms of frequency and amount) or borrowing from neighbours.
- Undertaking seasonal or temporal migration in case of drought, famine or epidemic.
- Barter trade in terms of crops, animals or assets for the treatment of the sick.
- Sale of assets such as land, livestock and other property to raise funds.
- Sending girls and boys to school with the hope that they will graduate and accumulate higher incomes and assets in the future.
- Discontinuing the use of particular services in cases of scarcity of money e.g. removing girls and boys from school, or using traditional healers instead of private/state health services.

In some scenarios, individuals and families have also resorted to:

- Committing girls and boys to work for others in exchange for food and other services (Bonded labour).
- Encouraging early marriage in order to receive property or dowry and gifts.

Today, it seems, the extended family support mechanism is becoming less reliable and resources less available in many environments. Consequently, social protection interventions at this level have dwindled both in terms of absolute numbers of beneficiaries and the quality of care. In the positive cases, charismatic individuals or clan leaders who have sufficient resources champion social protection through community mobilisation and generosity; in their absence, these efforts generally collapse – which once again broadens the gap between demand and supply. Thus fewer and fewer girls and boys in need are being attended to with the support of the extended family, which has traditionally been the first port of call.

Those voluntary transfers and schemes at this level that are not exploitative to children, must be encouraged and promoted through sensitisation, the provision of safety nets, and increased access to incomes and livelihood support to stimulate the traditional line of social protection.

### 3.1.2 The Community Level

At the community level there are informal and formal social protection provisions. The informal providers are generally groups of individuals who come together around a cause to form non-registered voluntary self-help groups. Otherwise, similar groups can be created by local governments and NGOs who are registered at the sub-county level.

The community level social protection provider's deal with many major crises such as death, illness and famine. They also provide support services in the form of constructing homes, transporting the sick, home based care and visits, communal gardening, share cropping, as well as other material and spiritual support. Recently, some self-help groups have expanded their operations and responsibilities to deal with the more economic issue of poverty alleviation. Examples in Uganda include cooperative women's groups such as "Gift Circles" (named Nigiina in Uganda), who orchestrate the contribution and distribution of essential household items within a community each month, to direct them towards families that need them. Other groups are formed on the basis of incidence and demographic causes such as HIV, and they provide peer counselling, post-test clubs, school consultations, peer support and home visits, as well as promoting condom and Voluntary Counselling and Testing (VCT) access and mobilising school fees and other scholastic materials.

#### **Case study I: Kids in need – Centre for street children**

Communities have facilitated the formation of self-help groups called KIN communities. Their work is to identify street children and prioritise their problems with the view of devising local solutions. The group involves local leaders, church and community members, who have been given training on how to help street children, resettlement, vocational skills and supervision of those in independent living. These groups also prevent and assist families that are potential sources of street children. Such groups have been formed in Namatala slums in Mbale District as well as Nateete, Kisenyi and Nansana in Kampala District, Uganda.

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**Case Study II: Uganda Youth Development Link (UYDEL) – Parent support groups (PSGs)**

The objectives of forming PSGs are to involve the parents and communities in UYDEL activities in order to achieve effective behavioural change and to withdraw children from commercial sexual exploitation and other forms of child labour. These PSGs comprise of 15 members and act as immediate interveners to families, they help in the identification of children engaged in child labour and refer them to the UYDEL centre. The PSGs are also equipped with training in life skills, fundraising, basic counselling and the mobilisation of local resources, as well as children's rights and other services by the government and private sector that could help vulnerable children.

The Parent Support Groups act as a link between UYDEL and the community and serve to monitor the progress of the activities in the community and the gaps that need immediate attention, providing feedback to UYDEL. These groups have successfully established community ownership of programmes developing an ongoing dialogue between community members and empowering communities to address their own and community needs in order to create locally appropriate responses to CSEC and child labour issues.

### **3.2 Formal sector**

The formal sector of social protection consists of three categories of providers: development agencies, Non Governmental Organisations and the private sector.

#### **3.2.1 Development agencies**

Development agencies, such as United Nations agencies and other multilateral and bilateral agencies, act to support the government, development partners and NGOs in the national HIV/AIDS response. Typical interventions related to child labour focus on improving the status of girls and boys and the general socioeconomic environment through strategies aimed at reducing poverty and improving human development, promoting good governance and the protection of and promotion of human rights.

Development agencies account for a large amount of resources invested in the HIV/AIDS response, often in collaborative programming, with wide coverage and strong links with the government. Amongst these agencies are the World Food Programme (WFP), the International Labour Organization (ILO), the United Nations Development Programme (UNDP), the World Health Organization (WHO), the United Nations Population Fund (UNFPA), and the United Nations Children's Fund (UNICEF); all of whom are contributors to the Joint United Nations Programme on HIV/AIDS (UNAIDS).

#### **3.2.2 The Non-Governmental Organizations (NGOs)**

Non-Governmental Organizations can be local or international, and in the arena of HIV/AIDS are generally charitable, non-political, not-for-profit organizations and are sometimes faith-based. The NGO interventions are widespread, especially in areas such as education, agricultural, legal and social sectors support, local government and health. They target the most vulnerable groups especially children and women and can be more efficient in their delivery systems than state efforts.

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**Case Study III: Mild May Centre – Nutritional status and care in people living with HIV and AIDS (PHA)**

The Mild May Centre, Uganda, is home to NGOs that provide care to young people living with HIV and AIDS. One of its programmes is to provide food aid that improves nutritional status and care for young people and adults. It is important to recognise the role that food aid plays in mitigating the impact of HIV in terms of improving food and nutrition security and care. The programme was started in May 2003, due to food insecurity that was affecting the patients' quality of life in economic, social (care) and physical (nutrition status, response to treatment) contexts.

In the Ugandan education sector, NGOs have strongly complemented government efforts in the form of school fee grants, child sponsorship (from outside donors) and scholastic material provision such as uniforms. Other complementary projects have offered spiritual guidance, child rights, HIV/AIDS and child labour sensitisation and life skills training to orphans and other children. Some Organizations, especially the WFP, provide nutritional support such as free school lunches and food for internally displaced people (IDP) camps, street children and other vulnerable children. School quality improvement programmes are also developed including school construction, support to vocational skills training, literacy classes, hygiene and sanitation, provision of water and resettlement kits.

**Case Study IV: Uganda Women's Effort to Save Orphans (UWESO)**

UWESO is a Ugandan national NGO, founded in 1986. It is concerned with improving the lives of destitute and needy children affected by the loss of parents/guardians. The initiative began with the relief supply of basic necessities in response to the large numbers of orphans in the country resulting from war and civil unrest. It has since evolved to include AIDS related (and other) orphans and has expanded its services to include welfare services, micro-credits to families with orphans, vocational skills training for orphans, agricultural projects and in some cases payment of school fees

Currently UWESO works with approximately 70,000 foster families, which covers approximately 100,000 orphans. The micro-credit initiative, which constitutes a main part of their activities, has given approximately 11,500 small loans ranging from \$20 to \$500. The project does not identify new foster families for homeless orphans, rather to lend support to families that are already looking after orphans.

While UWESO does not have a specific objective to work with women, 90 percent of people taking loans are women and the repayment rate is very high. Credits are used for diverse activities including small bakeries and trading. The other main area of UWESO activities is on training of orphans in business and vocational skills (such as carpentry, hairdressing, radio repair e.t.c.) that are marketable in the area where the orphan lives.

UWESO staff highlight challenges such as limited resources, both human and financial, that limit coverage of programmes. A strong recommendation was made for an increase in advocacy and lobbying around the rights and needs of orphans. This would require a mobilisation of national resources through massive sensitisation to expose the plight of orphans.

Source (Edited): Social protection in Uganda Phase 1 report: Vulnerability assessment & review of initiatives (2002 pp35)

NGOs have also been very active in promoting the observance and enforcement of laws concerning marginalised girls and boys. Legal Aid projects protect the interests of vulnerable children, orphans and surviving parents and widows. Many NGOs provide psychosocial and health programmes for both in school and out of school girls and boys - especially those affected by HIV.

NGOs are often the most accomplished in achieving community and child participation in their programmes. Indeed, social protection for girls and boys is best delivered through a participatory, child-rights based approach that is sensitive to the needs and interests of girls and boys affected by HIV/AIDS induced child labour. However, NGO interventions are generally project-driven, carried out on a short time-scale and dependent on financial surplus in their nature. The biggest challenges facing NGOs, as with CBOs, are their limited capacity in the face of the size of the problem and the constraints of operating within a short timeframe. Also, due to targets and limited capability, programmes tend to reach relatively small numbers and limited areas or demographic groups, sometimes excluding certain parties from the benefits.

### 3.2.3 Private sector

The private sector of social protection providers refers to registered business entities that have been exercising social corporate responsibility schemes to the benefit of individuals, communities and schools, etc. The most well known schemes are operated by big companies who promote their practices through the media, but there are in fact many provisions that go unreported and are unheard of by the general public. A major challenge for the private sector providers is that most of their schemes only reach people known to them and are piecemeal in nature, generally limited and small in coverage.

## 3.3 Public social protection schemes

Public social protection mechanisms operate at the sub-county, district and central government level in Uganda, which can be thought of as the central, regional and local levels of administration. Mostly the provisions at the sub-county level move hand in hand with those of the district administration. Indeed, some budgetary allocations and subventions trickle down from the district level to support the sub-county interventions.

### 3.3.1 Central government provisions

The central government is responsible for the care of citizens who fall below certain living standards, and it has exercised interventions towards that end. Some interventions are at the national level, covering all districts, whilst others are specific to a particular target and district. Some schemes are legal, some aimed at the policy level and others practical measures on the ground.

**Table 2: Areas and nature of government social protection schemes by sector for vulnerable children, Uganda**

Education sector	Health sector	Social sector	Legal and policy sector	Economic sector
<ul style="list-style-type: none"> <li>• Universal primary education (UPE)</li> <li>• Basic education for urban poor (BUEPA)</li> <li>• Complementary learning opportunities education (COPE) programmes</li> <li>• Providing lunch allowance</li> <li>• Constructing</li> </ul>	<ul style="list-style-type: none"> <li>• Abolishing cost sharing fees</li> <li>• Awareness raising on HIV/AIDS</li> <li>• Providing free Anti-Retroviral Treatment (ART)</li> <li>• Constructing more health centres</li> <li>• Training health workers</li> <li>• Promoting village health committees</li> </ul>	<ul style="list-style-type: none"> <li>• OVC strategy, The Social Development Sector Strategic Investment Plan (SPID)</li> <li>• Providing funds for orphans</li> <li>• Establishing probation and community development workers</li> <li>• Promoting</li> </ul>	<ul style="list-style-type: none"> <li>• 1995 Constitutional Reform</li> <li>• Children's Act 2000</li> <li>• OVC policy</li> <li>• HIV/AIDS policy</li> <li>• Youth policy</li> <li>• Health Policy</li> <li>• Gender policy (1997)</li> <li>• Poverty Eradication Action Plan (PEAP)</li> <li>• Human Rights Commission</li> </ul>	<ul style="list-style-type: none"> <li>• Micro- finance schemes.</li> <li>• Self-help groups</li> <li>• Cooperatives</li> <li>• Social security funds</li> <li>• Pension provision.</li> </ul>

Education sector	Health sector	Social sector	Legal and policy sector	Economic sector
schools • Promoting vocational schools.	<ul style="list-style-type: none"> <li>• Providing nutritional education</li> <li>• Promoting condom availability</li> <li>• Providing health-care</li> <li>• Immunisation drives</li> <li>• Providing youth friendly centres and services.</li> </ul>	<ul style="list-style-type: none"> <li>• Children's Rights</li> <li>• Construction/ Maintenance of Orphanages</li> <li>• Providing foster care</li> <li>• Food distribution</li> <li>• Providing childcare relief, shelter, clothes.</li> <li>• Vocational skills training.</li> </ul>	<ul style="list-style-type: none"> <li>• Police.</li> <li>• National Child Labour Policy (November 2006)</li> </ul>	

*See appendix 1 for details*

Government social protection interventions are more regular and have a more solid funding base, although social sector budget allocations are very limited in relation to the national budget and are mostly driven by the external donor community, tagged to certain policies and programmes. Their coverage is large-scale in terms of area, gender and target compared to other informal and NGO efforts. Recently there has been a proliferation of grant giving coordinated by the MoGLSD and the OVC secretariat, which is the body charged with providing overall guidance to the formulation and implementation of the national OVC policy.

Private sector driven social protection measures in the spheres of education, health, legal and social sector are still small but growing. The main actors are mainly telecommunication companies, soft drinks and beer manufactures as well as large corporations such as tobacco and sugar cane manufactures. The Uganda Law Society offers legal aid to indigent persons. However, social protection by the private sector is relatively small and limited to large urban areas and does not reach the rural poor and disadvantaged groups

### 3.3.2 Sub-county and district provisions

Although the administrative structures are less developed in the sub-county level than at the district, the provisions quite often work in harmony with each other and occasionally improve the delivery of social services and community development.

In Uganda, the district local government, through the community services department, provides for social protection interventions in the form of social mobilisation and advocacy programmes on HIV/AIDS in schools using such activities as drama competitions and clubs. Under the Presidential Initiative on AIDS all primary schools in the country are required to offer HIV education at least once every week. They also support small groups of women and youth with grants to improve their welfare. Districts and sub-counties also provide money for classroom construction, inspection and supervision of working staff and enforcement of laws and bi-laws forbidding child labour in their areas of jurisdiction.

In addition, the local government through the district level education office oversees the implementation of Universal Primary Education (UPE), provides school facilitation grants and discusses with Parent-Management Committees and Parent-Teacher

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Associations the absorption and retention in school of poverty-stricken children, especially orphans. Some primary schools have begun income-generating activities (IGAs) that have paved the way for reducing scholastic costs, thus enabling many girls and boys to attend school who otherwise would not have. The sub-county or divisional levels also support special education for orphans and out-of-school children through basic education for urban poor (BUEPA) programmes that combine vocational skills training with the basic education.

Probation officers and community development assistants are also instrumental in raising awareness of children's rights and responsibilities, and the resettlement and reintegration of street girls and boys. Their office is charged with the care and protection of girls and boys from abuse and following up cases of orphan registration and any other child related activities, including those related to children's homes, orphanages and referrals to NGOs/CBOs working with girls and boys.

The challenges at the sub-country and district levels are the limited funds, few personnel and failure to follow up support to vulnerable children. Since these government structures are more permanent government structures, they must be energized and supported to successfully mitigate the affects of HIV on children and promote social protection.

### **3.3.3 Social insurance interventions.**

Social insurance schemes provide income support to individuals in the event of illness, injury, unemployment, maternity or old age. In areas vulnerable to HIV, such insurance schemes can help mitigate the socioeconomic effects of the pandemic that lead to child labour and other social problems. The schemes can be contributory, whereby individuals are eligible for financial support based on the contributions they have made, or provided by public or private sector institutions.

The National Social Security Fund (NSSF) insurance scheme is a compulsory saving scheme for all Ugandans engaged in formal employment, which pays out a lump sum upon termination of employment, disability or death. The biggest challenge with the NSSF scheme is that it is inflexible and limited in its response to a wide range of social insurance necessities. For example, many people depend on subsistence farming and do not enter formal employment, which excludes them from the scheme.

In spite of such good efforts by the government, social protection is still hindered by problems of coverage, irregular flow of funds, low literacy and high poverty rates among the beneficiaries, political influence on the direction and beneficiaries of funds, high interest rates for borrowers, distance to services, land fragmentation and the high volume of needy orphans and other vulnerable groups.

In the Ugandan context, the service provision suffers from political interference, corruption and low political commitment in terms of resource allocation. The effectiveness of provision is further weakened by lack of commitment amongst service provider staff, lack of coordination and the high cost of delivery. Therefore, the overall capacity to successfully mainstream social security to access those affected and at risk from HIV/AIDS induced child labour and other disadvantages falls short of what is needed.

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## 4. SECTOR-BASED SOCIAL PROTECTION SCHEMES

### 4.1 Education sector

The education sector encompasses all levels of administration from the government to international and national development agencies, NGOs, CBOs and faith-based Organizations. The main social protection provisions involved in this sector are school construction, provision of scholastic materials, food (lunch at school), uniforms, scholarship/sponsorship fees and visits to orphans in schools. Furthermore, efforts are also made to promote vocational skills training, both in formal and non-formal settings, and programmes on life-planning. Teachers are provided with counselling training, sensitisation on supporting the girl child and improving the hygiene and sanitation at schools.

In Uganda, the government achieved an enormous impact with the Universal Primary Education drive, which aims to provide all boys and girls of primary school going age with a quality primary education. School enrolment levels have increased from 2.5 million in 1997 to over 7 million girls and boys. The UPE policy provides a framework for the mitigation of the psychosocial effects of HIV on boys and girls<sup>11</sup>. It has also established an independent unit to respond to HIV issues among children and teachers and to develop appropriate counselling, referrals, school curricula and co-curricula interventions. Compulsory Primary Education is in the process of implementation. Also, from February 2007 the Government implemented the Universal Secondary Education (USE) which enrolled an initial intake of 140,000 children from poor families into S1.

The advantage of the education sector provision mechanism is that it is highly admired by its stakeholders. The provision can keep children in school, improve their nutrition where food is provided and thus keep girls and boys away from child labour. Within this sector it is relatively easy to monitor the beneficiaries and the chances of successful fostering are enhanced.

The major weaknesses generally identified with the education sector include i) limited awareness of HIV/AIDS and child labour among guardians and girls and boys, ii) limited access to education environments, iii) limited funding levels to meet children's needs, iv) an incapacity to cater for the unique needs and problems of grown up girls and boys and poor orphans, and v) limited training opportunities provided for vocational skills and trade apprentices.

In states where Universal Primary Education has been realized, or is in progress, the efforts to extend the offer of education to all children are commendable. However, in many cases, there is still a great need to improve on the quality and quantity of teachers and the infrastructure in order to minimise drop outs, especially of orphans who are at a high risk of child labour. Teachers' moral is often low and some teachers have been accused of abuse and exploitation of their charges, using children for domestic activities such as fetching water, cooking food, and gardening. In Uganda, it was noted that the

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<sup>11</sup> ILO-IPEC Educational Perspectives on the impact of the HIV/AIDS pandemic on child labour in Uganda, (2004-05)

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low teachers' morale was caused by the lack of attention paid to school needs by the government, the low quality of education and high drop out rates in schools<sup>12</sup>.

There is need to develop an HIV strategy and policy for schools to deal with people living with HIV, including the girls and boys and teachers. This strategy must cater for referral to medical assistance, nutritional advice and stamping out stigma and discrimination at school. Furthermore, a regular review of social protection delivery mechanisms must be undertaken and a shift where possible from curriculum based HIV/AIDS education to co-curricular activities must be pursued. This technique will reduce activity fatigue, improve participation and the effectiveness of teaching and reach those that need the services the most. There is also an urgent need to train school-based counsellors to be able to deal with HIV/AIDS challenges in school communities.

## 4.2 Health sector

The health sector is a key sector in the HIV/AIDS response, and links up with community and school activities. Necessary provisions include palliative care for sick children and adults, home based care, voluntary counselling and testing (VCT), drugs provision (including ART), transport for child and adult patients and education on sexual health and nutrition. The health sector demands professional expertise and not many actors are involved apart from government bodies and a few NGOs. Nevertheless, the services supplied in this sector require regular financial commitment and endeavours should be made to remove cost-sharing and improve access to the services for the population.

Home based service care includes nursing care and HIV positive support groups for children and adults. These provisions are effective in delivering basic HIV/AIDS services to the most affected households and making use of the social capital available to them. However, the quality and coverage of these services can be greatly limited by inadequate funding, poor coordination of public and private sector responses, the attitude of health workers, illiteracy levels and inadequate information, educational materials (IEC) and political influence which affect distribution and encourage discrimination.

The mobilization and sensitisation activities utilizing music, dance, drama and films have proven successful in terms of influencing the behaviour of society and engaging the project beneficiaries in the decision-making process<sup>13</sup>. It is usually difficult to measure the impact of NGO and CBOs in this sphere of intervention, especially given that the schemes are provided on a piecemeal basis depending on resources and are often uncoordinated. Nevertheless, the interventions are worthwhile for those who are reached. This form of social protection demands few resources as it relies mainly on human and community input to be a success, but its impact can be significant.

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<sup>12</sup> Uganda Ministry of Education Evaluation Report, 2005

<sup>13</sup> The ILO's SCREAM resource for educators is a highly useful tool for encouraging the participation of young people in the development process, especially the new Special SCREAM Module on HIV, AIDS and Child Labour. See [www.ilo.org/scream](http://www.ilo.org/scream)

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### 4.3 Psycho-Social support

The psycho-social impact of the HIV pandemic on boys and girls and their families has been acknowledged. This field has received the most support in terms of funds committed, people involved and the number of schemes put in practice in Uganda and across Sub-Saharan Africa. The support schemes include constructing houses in villages and paying for shelter (i.e. paying rent in urban centres), as well as providing food aid, clothing, bedding and other basic domestic needs. These are in most cases provided as short-term relief. Other support schemes in this area include counselling (peer counselling) to meet emotional needs, life skills education, material support, home visits, medicine, peer support groups, post test clubs, school visits, youth clubs and access to condoms and VCT.

Interventions in this area include sponsorship and child survival programmes through which children are placed in schools and vocational skills training centres, their fees and charges covered and their food and medical care provided. Other interventions in this area are related to emotional support and life skills development. These initiatives aim to reduce stigma and stress, sadness and anger among vulnerable people such as orphans, and promote love between foster parents and the girls and boys that stay with them. Although behavioural change is a gradual process and results cannot be realised in the short term, these provisions are preventative in nature and easy to undertake on a small scale once trainers and clients have been oriented in the “memory support programme”<sup>14</sup>.

Due to the growing number of orphans it is increasingly difficult to meet all of their needs; lack of harmonisation between schools, the NGO community and other providers, plus a lack of technical knowledge amongst providers and strict procedures for admission to programmes, leads to the duplication of some efforts and excludes many HIV induced child labourers from the benefits. Special focus needs to be placed on responding to the unique circumstances of girls.

### 4.4 Foster care, adoption and children’s homes.

Fostering is the temporary placement of a child with a willing guardian. In many countries, Uganda included, the law provides a mechanism whereby girls and boys in need of care and protection are put under the support of adults. However, due to high poverty levels among potential families and the cumbersome nature of the long legal process that is caused by the volume of orphans in the system, a lot of fostering is done informally.

Adoption is the process of creating a relationship between a parent and a child that is equal to that of a child with his or her natural, biological parents. Anyone wishing to legally adopt must pass through a court process, as the adoption is binding and permanent. When an adoption order is made, the parents and guardians of the child lose all their parental rights, duties and control over the child. Full and legal adoption is not a common practise in Uganda, however.

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<sup>14</sup> The memory support programme is a process of activities undertaken with children and communities to pass on vital family records, family history, property and other important information.

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In the context of fostering and adoption of boys and girls affected by HIV, once again the welfare of the children must be approached with gender sensitivity. Studies in Uganda have shown that when orphaned boys and girls are adopted, girls tend to be allocated housework, including fetching water from long distances, in order to “pay” the debt of their guardianship. Meanwhile boys tend to be given the opportunity to play and lead relatively normal lives.<sup>15</sup>

Children’s homes are designed to provide homes to vulnerable girls and boys in an institutional setting. Girls and boys in such settings are generally detached from their relatives for a substantial period of time. In Uganda, most of these homes are run by Faith-Based Organisations and normally count on schools and clinics in the close vicinity. The girls and boys in the homes have the opportunity for education, good health and meaningful participation. However, they are limited by the fact they fail to deal with the root causes of the child’s vulnerability, they cater for a very limited number of girls and boys, are very expensive to run (require constant flow of funds), they promote institutional dependency and many are not culturally and socially acceptable. Children’s homes are not sustainable and the institutionalisation of children is likely, and for these reasons, governments often favour helping orphans in a non-institutional setting within their communities.

#### **4.5 Self-help, care and support**

Self-help care and support groups are operated by volunteers who intervene to assist orphans and other girls and boys. These groups identify, plan and advocate for vulnerable children as they promote child protection and property rights, reduce stigma and pool labour together on a voluntary basis to provide basic services like food, water, shelter, and clothing.

The groups make use of community-based home care as well as providing material and emotional support for orphans. They keep girls and boys in homes with the support of village teams and foster the social integration of OVCs. They devise community solutions, are flexible in their operations and are based on volunteerism. They also promote advocacy for child labour and HIV/AIDS issues. These community initiatives are however, constrained by high poverty levels; lack of resources and hence their operations are sometimes prone to being money-driven.

#### **4.6 Legal Aid**

Legal Aid provisions deal with the most vulnerable and deprived members of society and are generally provided by government departments and international agencies, plus a few local NGOs. The actions include undertaking sensitisation programmes on laws, policies and legal support (enforcement and representation) to orphans and widows, will making, memory support and child rights protection.

In Uganda, the government takes the lead responsibility over legal aid, especially through probation and welfare, but it is the police and a few NGOs that deliver most of

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<sup>15</sup> MoGLSD and the Uganda AIDS Commission *Situation analysis of orphans in Uganda, orphanages and their households* (2002): Caring for their future-today.

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these provisions through the legal framework. Coverage of this service is limited in terms of personnel and area; and only a few NGOs are available, being located in urban centres. The legal processes are also usually very long which discourages intended beneficiaries.

#### **4.7 Income generation activities and poverty alleviation**

Income generation and poverty alleviation programmes are also elements of social protection in their endeavours to mitigate the negative affects on children of HIV/AIDS. Provisions are mainly guided by the Poverty Eradication Action Programme (PEAP) in response to the Millennium Development Goals (MDGs), and include micro-credit (soft loans), Income Generating Activities (IGAs), livestock and self-help groups. The objectives of these actions are to increase income levels and fight poverty among families to improve their standards of living. However, interest rates on these loans are often seen as inaccessibly high for the poor and opportunities for business are very few.

#### **4.8 Disaster Management**

Although in Uganda there have not been so many natural disasters, there is a long history of political turmoil and instability, which can have similar effects. The conflicts occurring in the last 25 years have led to massive external and internal displacements of people, especially in the north. Children have been consistently the worst affected in these environments. The country is ill prepared in this area and relies on development partners such as UNICEF, WFP, and UN-OCHA for such safety nets as blankets, tents, water, food and medical treatment.

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## **5. STRATEGY TO ENHANCE SOCIAL PROTECTION**

The following strategy has been developed with the aim of integrating and mainstreaming social protection into action programmes supported by ILO/IPEC as well as working with all major stakeholders to prevent HIV/AIDS induced child labour and taking pragmatic steps to absorb orphaned children into families and schools.

The strategy is built on three pillars, i) Sensitization of social partners and communities, ii) Community involvement and iii) Capacity building through training and support, which combine to develop social protection schemes and safety nets for HIV/AIDS induced child labour in affected areas. This strategy benefits from the experience of the recently developed Social Development Sector Strategic Investment Plan (SDIP) in Uganda, whose national focus is Social Protection for all vulnerable groups (elderly, unemployed people with disabilities, orphans, and women).

The following is an adaptation of the Social Protection Log Frame developed by ILO-IPEC and its implementing partners to structure the goals and purpose of social protection in the case of HIV/AIDS induced child labour. As in the log-frame, this chapter lays out the objectives and the activities planned to achieve them.

### **5.1 Development Objective**

To contribute to the elimination of HIV/AIDS induced child labour among families and communities through the enhancement of social protection. In order to measure the achievement of this objective, the quantity and breadth of activities aiming to reduce HIV/AIDS induced child labour will be monitored, as will the living conditions and livelihoods of Ugandan children. It will also be imperative to monitor and demand the continued commitment of stakeholders to expand social protection and child rights observation in the country. This progress will be verified by programme evaluation reports and the enforcement of relevant national laws and policies.

### **5.2 Assumptions**

The objectives presented in this strategy depend on the occurrence of the following assumptions:

- Political stability will prevail in the countries.
- Adequate and timely funds will be delivered.
- There will be support from all stakeholders.
- Target communities and groups will respond positively and cooperate.

### **5.3 Immediate Objective**

To enhance the ability of children, households, communities and the government to prevent, mitigate and deal with the vulnerability of HIV affected children. The progress in achieving this objective will be measured by the percentages of children prevented from working through social protection, of children trained in gainful employment skills, of central and local government budgets allocated to promote social protection programmes, of children at risk from child labour accessing essential services and of

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communities aware of child rights and other social protection measures. These indicators will be verified via programme monitoring and evaluation reports.

## **5.4 Outputs**

### **Output 1 - The Education Sector**

The education social protection schemes reach boys and girls affected by HIV with education on HIV awareness and prevention, life-skills, livelihood support, children's rights and child labour. This will be achieved through the following activities:

- a) Organise a periodic district level coordination meeting on educational social protection schemes conducted by the district education officer with the involvement of CBOs, NGOs and FBOs in the district.
- b) Build capacity of stakeholders at the district, sub-county and school level through training seminars in life skills and behavioural change.
- c) Strengthen self-help community groups, through intensifying the network and coordination mechanisms.
- d) Facilitate resource mobilisation to enhance social protection in the education sector.
- e) Undertake campaigns to enhance education availability to HIV affected children.
- f) Mobilise and involve adult child rights advocates and community watch groups to monitor abuse and exploitation of girls and boys in child labour.
- g) Support the link between schools, vocational training institutions and food sponsorship programmes such as the WFP.

INPUTS: Training workshops, community campaigns, official staff trained in childcare support.

The success of these activities will be monitored with respect to the number of key actors and social partners sensitized in the education sector at national and district levels, of support initiatives established in the education sector at various levels for children affected by HIV/AIDS induced child labour, the number of self-help groups supporting children in the education sector to acquire skills, the number of infected and affected children receiving care and support, and the number of campaigns undertaken by children either regarding HIV/AIDS, child labour, stigma or in support of social protection. Progress reports will verify these results.

### **Output 2 – The Health Sector**

Health sector social protection schemes reach HIV affected child labourers with their coverage. The following activities will be carried out towards this end:

- a) Build capacity of the health sector at the district, sub-county and health facilitation level through training seminars, counselling and home based care.
- b) Facilitate liaison and mobilise resources (e.g. from UNICEF, WHO, UNFPA, Global fund, OVC secretariat) to enhance social protection in the health sector.
- c) Involve the media in the promotion and dissemination of best practices, model community schemes and case studies on social protection.

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- d) Promote the utilisation and coverage of health insurance for HIV affected girls and boys.

INPUTS: Training workshops, community campaigns, official staff trained in childcare support.

The achievement of this objective will be monitored by measuring the numbers of health actors and key stakeholders at the district and sub-county levels sensitised about HIV/AIDS induced child labour and social protection and the number of social protection schemes at health facilitation level assisting children affected by HIV/AIDS induced child labour.

### **Output 3 - Psychosocial Support**

Social protection schemes provide HIV affected child labourers with psychosocial support. This requires the following activities:

- a) Build the capacity of the social partners involved in psychosocial support at the district, sub-county and community level through training seminars on counselling and psychosocial care.
- b) Organise periodic meetings with psychosocial support groups to enhance social protection and strengthen referral.
- c) Undertake campaigns against stigma and discrimination against people with HIV to help psychosocial aspects of child labourers and involvement in activities such as music, drama, and peer counselling.
- d) Strengthen self-help groups, peer networks and CBO activities through training workshops and seminars on social protection.
- e) Undertake Training of Trainer workshops (TOTs) in counselling, home-based care, life skills, problem solving and emotional support.
- f) Support recreation activities, games, music, dance, and drama events to build self-esteem.

INPUTS: Workshops, counselling, distribution of pamphlets, legal representation, facilitation for community sensitisation.

In order to measure progress, the number of social partners involved in psychosocial support at national, district and sub-county levels will be monitored, as will the number of community leaders, self-help groups and faith based groups sensitised about HIV/AIDS related child labour. In addition, through progress reports and annual reports, the supporting initiatives offered for HIV/AIDS induced child labourers and the number of community support programmes initiated for HIV infected and affected children or post-test groups will be tracked.

### **Output 4 - Foster Care, Adoption and Children's Homes**

HIV affected children are provided access to foster care, adoption and children's homes. In order to achieve this the following will be done:

- 
- a) Promote alternative care and community-based approaches for children through coordination meetings and workshops.

INPUTS: Training workshops, community campaigns.

The achievement of this output will be judged by the number of children resettled from children's homes, the key actors sensitized to promote alternative care and community based approaches for children, the number of psychosocial support initiatives established in the education sector at various levels for children affected by HIV/AIDS induced child labour and the number of infected or affected children receiving alternative care and support. This information will be verified in progress and annual reports and through sector support.

### **Output 5 - Legal Aid**

Social protection provides legal aid to HIV affected children in order to protect the entitlements of widows and orphans. To make this possible, the following activities must be realised:

- a) Liaise with Legal Aid funds to solicit legal support for HIV affected children.
- b) Involve legal aid lawyers and institutions to provide legal aid to HIV affected child labourers in their localities.
- c) Build capacity of the legal aid and law enforcement agencies such as the police, judiciary, probation officers, and labour officers on issues such as legal counselling, education, representation, awareness and 'pro bono' elements. Also include training on the issues of inheritance laws, will making, abuse, exploitation and child labour for HIV affected children.
- d) Promote networking, liaison and the active involvement of the Police, Probation officers, community child advocates, Local Councils and other law enforcement agencies to enforce mechanisms, laws and other By-laws addressing abuse and exploitation of girls and boys and child labour.
- e) Help local leaders develop By-laws prohibiting child labour and those that keep children in schools.

INPUTS: Training workshops, community campaigns, official staff trained in childcare support.

In order to monitor the progress of this output, the number of lawyers, legal aid agencies and firms sensitised about HIV/AIDS induced child labour and social protection will be monitored, as will the number of legal aid support services assisting children and their guardians. These will be verified through workshops, counselling, annual reports and legal aid reports.

### **Output 6 - Food, Care and Support**

Social protection provides access to food, care and support for HIV affected child labourers. This requires the following activities:

- 
- a) Build capacity of social partners on care and support at the district, sub-county and community level through training seminars on food provision, access and logistical management.
  - b) Organise coordination and management meetings on food distribution and social protection.
  - c) Undertake Training of Trainers (TOT) on home based care and support.

INPUTS: Workshops, counselling.

The number of social partners involved in the provision of food, care and support at district, sub-county and household levels will be measured via progress reports in order to monitor progress, as will support initiatives offered for HIV/AIDS induced child labour affected child labourers.

### **Output 7 - Policy and Institutionalisation of Systems**

HIV affected child labourers are well covered by social protection policy and programmes. This requires the following activities:

- a) Liaise with other development partners such as UNICEF, WHO, UNFPA, Global fund, and the OVC secretariat to enhance policies and institutions that promote social protection.
- b) Liaise with the OVC secretariat, Task Force on Social Protection and Ministry of Education (MOES) in coordination of the social protection strategy.

The number of psychosocial support initiatives main streamed into policies and the number of liaison meetings held on social protection schemes will be monitored to gauge progress in achieving this output. This information will be verified through progress reports, annual reports and sector support.

### **Output 8 - Poverty**

Social protection schemes provide socio-economic support to HIV/AIDS affected child labourers. The following activity will be carried out:

- a) Facilitate the mobilisation of resources from donors (e.g. from UNICEF, WHO, UNFPA, Global fund, OVC secretariat) and other development partners to introduce income generating activities.

The number of households that are assisted and the number of social protection schemes addressing poverty that are established will be tracked to measure progress. This data will be verified through monitoring reports and annual reports.

### **Output 9 - Disaster Management**

HIV affected child labourers are covered by disaster management. This output will be achieved through the following activity:

- a) Liaise with government disaster management unit, relief agencies, NGOs, OCHA and UNHCR on planning and expanding the contingent plans and safety

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nets to assist vulnerable families and households to minimise effects of HIV on children at the occasion of the disaster.

INPUTS: Workshops and meetings.

In order to measure the advancement of this output, the number of resources mobilised for children affected by HIV/AIDS induced child labour, and the support initiatives and safety nets offered for HIV/AIDS induced child labourers will be tracked and verified in Progress and Annual reports.

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## **6. INSTITUTIONALISING SOCIAL PROTECTION MECHANISM**

In institutionalising and mainstreaming social protection in HIV/AIDS induced child labour the key sectors are education, health and psychosocial support. It is important to note that social protection does not belong to one section of government or NGO/CBO, but must be mainstreamed across all sectors because the needs of vulnerable groups are diverse and one activity alone is not capable of meeting all the needs.

Interventions must strike a balance by identifying the strengths and constraints amongst social protection providers. There are constraints regarding the sustainability of schemes, the capability to regulate mitigating factors, levels of wastage of resources, the availability of funds, the fluid involvement of other stake-holders and the cases of conflicting vertical provisions that do not complement each other (e.g. giving school fees without providing meals/shelter for girls and boys, which can lead to drop-out). Therefore, it is important to network at the local and regional level and build on existing structures. This can then be complemented by community level activities such as child participation groups and community agents who monitor and report abuses and the exploitation of girls and boys to the law enforcement agencies.

It is also important to make people understand what vulnerability is, and regulate the informal provisions that crowd-out positive efforts rather than protecting the boy or girl (for instance encouraging young girls to work as house maids in cities, early marriages, prostitution, trafficking and pornography). A central coordinating authority (such as the MoGLSD in Uganda) should take the lead role in coordinating the actors at regional and national levels (including ILO-IPEC) and also generate political commitment for social protection initiatives. There is a need to promote local solutions, especially informal social protection schemes focusing on the local needs of girls and boys, in order to ensure sustainability since donors and NGO funding are generally short term and project based.

### **6.1 Responsible Agencies**

In order for social protection to be successful and effectively integrated, the following key actors must play their roles in doing the following:

#### **6.1.1 Central government and regional local governments**

The social protection mechanism cuts across many government departments, hence a central government agency must liaise with other sectors including the Ministries of Finance, Education, Health, Agriculture, Immigration, Local Governments, the Police and the AIDS Commission. The Ministry of Finance is especially implicated with regards to the budget allocation, as well as integrating the initiative into the national poverty alleviation strategy and the activities of national data collection agencies. In addition, it must work to mobilise donor support for the different actors including the government, NGOs, and the informal sector.

The roles at the national level should be duplicated and translated at the regional/district level. In Uganda, the District Probation and Welfare Officer, in conjunction with the labour officer, undertakes the capacity building activities at the district level with

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special regard to the district council social services committees and planning committees.

The local and community levels can be incorporated by holding coordination meetings and training seminars on social protection, ensuring the integration of the initiative into district budgets and making the appropriate logistical considerations, which include data gathering and dissemination. Coordinating the activities at the national level as well as at the district level, through the deployment of probation and welfare officers, the central government coordinating agency will have to consider the following,

- i. Fiscal sustainability. Any scheme put in place needs to have policies and funds to enable it to run on a permanent basis without deficit and shrinking to avoid political manipulation and interference.
- ii. Human and infrastructural capacity building in institutions.
- iii. The need for government support for institutions in order to drive the development and implementation of appropriate social protection efforts and projects. The government will also have to provide leadership and coordination of mechanisms that strengthen social networks and push further the cause of children affected by HIV.

### 6.1.2 Non-Government and Community Based Organization

NGOs and CBOs will have to ensure:

- i. **Stakeholder Collaboration:** The involvement of all key stakeholders e.g. faith based, private sector, self-help groups and NGOs, in the promotion of social protection and safety nets for HIV affected children.<sup>o</sup>
- ii. **Beneficiary Participation:** Social protection measures are to be delivered using a child-centred approach, rather than on the basis of charitable handouts to beneficiaries or “victims”, if it is to be truly empowering. Involvement of women’s groups and youth groups not just as passive beneficiaries but as active agents in causing change.
- iii. **The Facilitation and Regulation of Informal Provisions:** There are many informal and formal social protection providers but some appear to be exploiting children affected by HIV and child labour. The non-effective ones must be crowded out and the effective ones crowded in through capacity building, training, sensitization and advocacy.
- iv. **Documentation of Schemes:** The nature of social protection interventions that are performing well must be documented and disseminated to help others learn from and adapt them in their own contexts.
- v. **Vulnerabilities:** Dealing with factors that lead girls and boys into vulnerabilities especially child labour, HIV, poverty and obnoxious cultures.

### 6.1.3 Development partners and donors.

Development partners, especially ILO-IPEC, must cooperate and mobilise resources (e.g. from UNICEF, WHO, UNFPA, Global fund, OVC secretariat and other development partners) to enhance social protection in all sectors. In particular, the ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS) targets potential parents in the workplace with the goal of enabling workers with HIV to work in decent conditions and earn an income. This agenda complements the social protection

measures for HIV/AIDS induced child labour very well, and works to reduce child labour.

Examples of the key providers of social protection related measures are:

United Nations Organization	Area of intervention
ILO IPEC	Child protection, education, psychosocial support and support to programmes on child labour
ILO/AIDS	HIV/AIDS workplace education, prevention and HIV/AIDS workplace policies and programmes.
UNICEF	Child protection, education, psychosocial support, capacity building and domestic labour projects
WFP	Food provision and psychosocial support
WHO	Health services and training
UNFPA	Reproductive health and youth friendly health services

#### 6.1.4 Communities, self-help groups and peer support networks

Communities should take a lead in awareness-raising and social mobilisation as well as counselling, promoting life-skills for affected girls and boys, problem identification and solving, resource mobilisation and providing home based care and emotional support to bolster social protection. Girls and boys and young people should be involved in child-centred campaigns on HIV/AIDS, child labour, stigma and the need for social protection. This can be achieved using the ILO resource, *SCREAM Stop Child Labour*, which is a participatory, arts-based education and social mobilisation resource for young people. In particular the new *Special SCREAM module on HIV, AIDS and Child Labour* should be utilized.

Volunteering in self-help groups, peer networks and fostering should be encouraged as well as the use of traditional and indigenous schemes which support children and CBO activities through training workshops and seminars on social protection.

## 6.2 Sustainability issues and social protection

Sustainability considerations are vital to the success of programming. This may involve:

- i. Supporting the creation of village volunteer committees/self-help groups. These groups are able to organise a very responsive service, which is fairly well-coordinated, transparent and well-targeted. The volunteers who become service providers in this manner are able to promote a change in behaviour towards child labour and HIV/AIDS.
- ii. Achieving child and beneficiary participation. The greater the recipient's involvement in the delivery of valuable and successful services related to HIV/AIDS, such as reducing stigma in the community and income replacement activities (e.g. IGAs, savings culture etc.), the stronger the sense of progress and ownership and the more likely the positive aspects of the service will carry on after the intervention project ends.
- iii. Devising and carrying out local community solutions to the problems and taking on responsibilities to deal with the shocks and risks identified.

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## **7. CONCLUSION AND RECOMMENDATIONS**

### **7.1 Conclusion**

The HIV pandemic in Sub-Saharan Africa and other regions around the world is the crisis of a generation. The response from government, non-government, private and informal sectors must continue to expand and improve on all fronts as rapidly as possible in order to mitigate it. It is widely acknowledged that the most promising long-term channel to stopping AIDS is in the prevention of the spread of HIV, and many actors at all levels are working towards the sensitization, advocacy and resource mobilization necessary for that to happen. However, even in countries where HIV infection rates are on the decline, AIDS related illnesses and deaths remain high, and will do for many years to come. Whilst in prevention lies the hope of stopping AIDS, the lives of this generation's children and the next depend on the protection that society can offer them from the vulnerabilities that are inherent with the condition.

The responsibility of establishing and operating an effective social protection mechanism lies with the whole of society. The response must come from the informal, private and public sectors, which must combine their strengths under the supervision of a central coordinating authority to mitigate the effects of HIV.

Psychosocial support is one element that is essential to the social protection mechanism. It is generally conducted by NGOs and informal initiatives, which in most cases depend on indigenous knowledge, self-help groups and voluntarism. Whilst there is a strong level of interest in this sector from international and national providers, there is a need to harmonise efforts and improve coordination in order to maximise the impact of these programmes. In particular, the self-help group initiatives should be promoted fervently towards achieving sustainability.

In order to promote social protection schemes, there is a need to build capacity, and support and mobilise resources for social protection among the key sectors of education, health, psychosocial support, and legal aid. There is a need to periodically update relevant information/data on social protection schemes and target groups and increase budget allocations and the volume of programmes in order to provide a holistic social protection service to vulnerable girls and boys.

Self-help groups and informal systems have been found to be the most useful channel of access to meet the needs of vulnerable groups. These groups are sustainable since they utilise local resources and build on the existing efforts of communities. They can be helpful in prevention and assist in the coping and mitigation of the impact of HIV.

### **7.2 Recommendations**

- i. Informal social protection, by NGOs, CBOs and FBOs that relate to community needs in a holistic way should be strengthened immediately; beneficiaries should be further involved in determining their needs. This can be done through sensitisation of NGOs, FBOs and CBOs existing schemes and provision of safety nets particularly for HIV/AIDS induced child labour.

Here all girls and boys should be supported to take advantage of the Universal Primary Education (UPE) and Universal Secondary Education (USE) programmes.

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The impact of HIV/AIDS on productivity and income requires that young people be trained in marketable livelihood skills and income generating activities. If not, their survival and development as well, as the general well being, is at risk

- ii. Policies and programmes on social protection across government sectors, in the area of education, health and other social sectors, should be harmonised by the responsible central government agency. Special attention should be given to strengthening the coordination mechanism in areas where vertical interventions are not complementary to each other. This can be achieved through capacity building at all levels of administration.
- iii. A knowledge base on social protection schemes at various levels (central government, district, NGO, CBO, community level) should be built and periodically updated through continuous research. The data should be disaggregated specific to the geographical areas and the sectors of health, psychosocial, education, justice, enforcement and welfare.
- iv. A central coordinating authority should be established, such as the OVC secretariat in the Department of Youth and Children in Uganda, that will oversee the district probation and welfare officers who take charge at the district level. A constant flow of resources should be allocated for social protection at the central and district level.
- v. Development partners and NGOs who are already intervening to assist vulnerable girls and boys can aim to integrate their good practices in order to scale up services in the areas where they do not yet operate.
- vi. Awareness raising drives should be carried out amongst children and their households about the available social protection mechanisms. This can be achieved through campaigns, peer group sensitization, music and drama events and media workshops. The SCREAM initiative of the ILO, in particular the Special Module on HIV, AIDS and Child Labour should be utilized towards this end.
- vii. A Social Protection Task Committee, should be set up within the central coordinating authority which can centrally coordinate and mainstream social protection schemes in development programmes aimed at poverty reduction and those of other ministries such as in health and education.
- viii. Social protection should be mainstreamed into other relevant policies regarding girls and boys, health, HIV/AIDS. Concrete action on social protection must be factored into each policy.
- ix. Reasonable funding and budgets should be allocated, with resources channelled towards social protection so as to absorb the maximum number of girls and boys affected by child labour and to support training in social protection measures that reduce HIV/AIDS induced child labour.
- x. Ensure that in all policies and programmes designed to provide social protection to people living with HIV, particular attention and support is given to the girl child at risk, including pregnant girls and young and adolescent mothers, as part of the global effort to achieve the goal of universal access to comprehensive HIV prevention, treatment, care and support by 2010<sup>16</sup>;
- xi. Appropriate information should be provided to help young women, including adolescent girls, understand their sexuality, including their sexual and reproductive

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<sup>16</sup> 51<sup>st</sup> Commission on the Status of Women 2007. UN Division for the Advancement of Women

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health in order to increase their ability to protect themselves from HIV infection, sexually transmitted infections, and unwanted pregnancy.

Furthermore, men and boys should be provided education to accept their role and responsibility in the spreading of HIV and in matters related to sexuality, reproduction, childrearing and to promote equality between women and men, girls and boys;<sup>17</sup>

- xii. Identify and address the needs of girls and boys heading households in the context of the HIV pandemic, for protection, access to financial resources, access to health care and support services, including affordable HIV/AIDS treatment, and opportunities to continue their education, with particular attention to orphans and vulnerable children. Sensitize communities to increase men's responsibility for home-based care to address the disproportionate burden borne by women and girls in caring for the chronically ill<sup>18</sup>;
- xiii. The Government specifically needs to address the following:
  - a) A central coordinating authority should be specifically charged with leading the coordination, mobilization of psychosocial support and social protection at all levels including the district and sub-country levels.
  - b) The Ministry of Education should be specifically charged with leading the coordination of all social protection delivery in the education sector at all levels including the district and sub-country levels and working with other actors.
  - c) The Ministry of Justice is encouraged to identify appropriate legal frameworks in the legal sector and appropriate legal frameworks to ensure the mainstreaming of the initiative and the provision of infrastructure that address legal aid for vulnerable groups.
  - d) The Ministry of Finance must mainstream social protection in the national poverty alleviation strategy with the objective of increasing budget allocations.
  - e) The Ministry of Internal Affairs is encouraged to mainstream social protection into the law enforcement mechanism and the immigration department, especially in dealing with vulnerable groups, in order to curb the trafficking and exploitation of girls and boys.

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<sup>17</sup> *ibid.*

<sup>18</sup> *ibid.*



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## **Appendix 1: Practical measures by the government to address HIV/AIDS and child labour, Uganda**

There are many areas in which Uganda has made measurable strides towards the improvement of the development and welfare of children, including the protection of children from child labour. The state has signed international treaties and formulated sectoral policies, legislation and programmes, as detailed below.

### **1. International treaties**

#### **a) ILO Convention 138 – Minimum Age of Admission to Employment (1973)**

Uganda ratified the ILO Convention 138 on the Minimum Age for Admission to Employment No. 138 (1973) in 2002. This Convention provides for the development of a comprehensive national child labour policy. The government has declared the minimum age for admission to employment to be set at the age 14 years.

#### **b) ILO Convention 182 – Worst Forms of Child Labour**

The Convention defines the worst forms of child labour as practices similar to slavery such as sale and trafficking of children, child prostitution, debt bondage, the recruitment of children in armed conflict and any work which by its nature or the circumstances in which it is carried out is likely to harm the health, safety or morals of the children.

Prior to the ratification of the ILO Conventions on child labour, the government launched a national programme on the elimination of child labour. In its first phase, the programme targeted the most exploitative and abusive forms of child labour including children working in plantations, the informal sector, domestic service and children involved in CSEC and other hazardous work.

#### **c) United Nations Convention on the Rights of the Child (UNCRC) 1989**

The UNCRC commits Uganda to promote children's rights to survival, development, protection and participation. Article 32 of the Constitution provides that the child should be protected from economic exploitation, any work likely to be hazardous, that interferes with education, is harmful to the child's health or to his or her physical, spiritual, moral or social development.

Subscription to the above treaties indicates that Uganda has joined the rest of the world in committing itself to the progressive elimination of child labour. The challenge remains in fully integrating the treaties into the national legislation and programmes.

### **2. National legislation**

#### **a) The Constitution of the Republic of Uganda (1995)**

This is the supreme law, which prohibits the holding in slavery or servitude of any person in Uganda, including any child (Article 25). Furthermore, Article 34(4) of the

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1995 Constitution of Uganda protects children under the age of 16 years from social or economic exploitation. It emphasises that children shall not be employed in or required to perform work that is likely to be hazardous or interfere in their education, be harmful to their health or physical, mental and social development.

**b) The Children Act's, 2000**

The Children's Act gives legal status to many of the commitments in the CRC and follows the CRC principle of "The best interests of the child". It defines a child as any person below the age of 18 years Art 5 (3). It establishes the rights of children such as: the right to live with parents who have custody, protection from discrimination, violence, abuse and neglect Article 5 (6). More so, Article 5 (9) prohibits the employment of children or their engagement in any activity that may be harmful to their lives, health, education, mental, physical or moral development".

**c) Local Government Act (1997)**

The Local Government Act provides for a Secretary responsible for Children's Affairs at all local levels and presents them with a mandate to plan and implement programmes at the local government level.

**d) Legislation impacting on child labour**

According to the laws of Uganda chapter 219, the Employment Act (1997), section 55 sub-section (1) on unsuitable employment, it is stated that no young person may be employed in any work which is injurious to health, dangerous or otherwise unsuitable. However, section 51 which specifies employment of children states that: "*no person may employ a person of or under the apparent age of twelve years except on such light work as the Minister may, from time to time, by statutory order, prescribe.*"

A Sexual Offences Bill is being developed to provide more protection for children against sexual abuse and raise the age of consent to 18 years. In spite of the existence of a wide spectrum of laws to protect children from CSEC, lenience in enforcement of laws, lack of legal awareness and the prolonged legal process by law enforcement agencies deter justice from being exercised.

### **3. Policies and Programmes**

**a) National Programme of Action for Children**

Inspired by the UN Summit on Children, the Uganda National Programme of Action on Children (UNPAC) was developed and launched in 1993 to provide a framework for all actors to protect the rights of children in areas of child survival, development and participation.

**b) National Child Labour Policy**

This policy, adopted in November 2006, has defined child labour and its worst forms that need urgent action, including children engaged in CSEC. The policy mainstreams

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HIV/AIDS issues related to child labour throughout. The specific objectives of the policy are:

1. To integrate child labour concerns into the national, district and community programmes and plans.
2. To establish a legislative and institutional framework to initiate, coordinate, monitor and evaluate child labour programmes.
3. To stimulate collective and concerted efforts to eliminate child labour at all levels.

#### **c) Poverty Eradication Action Plan (PEAP)**

This focuses on the rural poor with the objective of increasing income generating activities and lifting the standards of living of the poor. The PEAP on the other hand does not specifically address the worst forms of child labour.

The National Council of Children established to guide and direct policies and actions in social services to address child survival lacks both human and financial resources to track and monitor child welfare in general.

#### **d) National Policy on HIV/AIDS and young people**

An HIV/AIDS policy has been developed placing emphasis on raising awareness about HIV/AIDS amongst young people and increasing their knowledge on prevention and control as well as access to appropriate sexual health information and counselling services.

#### **e) Health policy**

The Health Sector Strategic Plan emphasises the provision of Primary Health Care to the whole population but with a specific emphasis on women and children. The minimum health care package, integrated management of childhood illness programme, safe motherhood programme and Information, Education and Communication (IEC) activities all focus on improving the health of mothers and children.

#### **f) Child labour activities**

The MoGLSD, in collaboration with ILO/IPEC, has been spearheading various interventions in combating the problem of child labour. A wide partnership with various actors has been mobilised to implement specific projects targeting different categories of working children, including those in commercial sexual exploitation.

A Multi-sectoral National Steering Committee on Child Labour was established in 1999 comprising various line ministries such as the Ministry of Gender, Labour and Social Development (MoGLSD), the Ministry of Education and Sports (MES), Local Government, and social partners such as NGOs, the media and academic institutions. The committee brings together key stakeholders to monitor the child labour activities in the country and take decisions on policies and programmes regarding child labour.

A Child Labour Unit has been established in the MoGLSD as the focal point for government on child labour issues and to coordinate child labour activities in the

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country. The Child Labour Unit also serves as the Secretariat to the National Steering Committee on Child Labour.

The Family and Child Protection Unit (FCPU) of the Police Department, as a special partner to the MoGLSD, has created a cadre of officials specifically trained to protect women and children against abuse, violence and those children who come in conflict with the law.

#### **g) OVC policy and strategic framework**

The recently developed national Orphans and other Vulnerable Children Policy is an integral part of the PEAP and SDIP. The goal of the policy is to mitigate the impact of orphan hood and other causes of the vulnerability of children in Uganda and to improve the fulfilment of their rights. The policy priority areas are: child protection, care and support, socioeconomic security, psychosocial support, food security and nutrition, conflict resolution and peace building, legal support and capacity enhancement.

#### **h) Universal Primary Education (UPE)**

Efforts to expand education facilities under Universal Primary Education (UPE) by government have provided some preventive measures against child labour. Enrolments in primary education have grown from 2.9 million in 1997 to 5.7 million children in 1999. By the year 2000, UNICEF estimated the figure to have risen to 7.2 million. This has been beneficial to the girl child especially those from poorer households. However retention of children is still a major challenge to the education sector partly because of proximity to schools, gender factors, poverty in homes and the HIV epidemic. Complementary programmes focus on disadvantaged groups such as street children, nomadic groups and internally displaced children. Policies to improve the quality of education have been launched as part of the Education Strategic Investment Plan. They include, classroom construction programmes, curriculum development and the Plan of Action for the Girls' Education. Efforts to make UPE compulsory are underway. Universal Secondary Education has been implemented in some pilot schools from February 2007, with the enrollment of 140,000 of the most needy boys and girls.

#### **i) The AIDS Commission secretariat**

Established in 1992 and mandated to coordinate the government response to the HIV epidemic. It emphasises collective responsibility and partnership with different actors in prevention, control, treatment, care and support of those affected. It has a national strategic framework for HIV/AIDS 2000-2006 which includes the objectives:

1. To reduce the rate of HIV infection.
2. To mitigate the health and socio-economic impact of HIV at individual, household and community levels
3. To strengthen the national capacity to respond to the epidemic.

The new national strategic framework, 2007-2012 is being developed and is still in draft form.

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## Appendix 2: Glossary

**Co-variant:** Affecting numerous households, communities, a region, a country or several countries.

**Human rights:** Inherent claims or entitlements of an individual that protect each and every person from abuse and deprivation and that would prevent them from attaining their full potential. For example, each individual has the right to equality, non-discrimination, participation and inclusion. Citizens are right-holders and states are duty bearers.

**Psychosocial:** Psychosocial underlines the dynamic relationship between psychological and social experiences where the effects of each are continually influencing the other. ‘Psycho’ in this study refers to depressive, emotional, and behavioural problems. ‘Social’ refers to a person’s external relationships and to the influence of the social environment on his/her well being including stigma, physical and sexual abuse, and poor household and caregivers’ characteristics (Barton and Mutiti, 1998).

**Risks:** Risks are perils, hazards and threats, which confront children as a result of loss of one or both parents. These are either idiosyncratic i.e. affecting individuals or households, singly in time or co-variant (affecting large numbers of individuals/households at the same time).

**Risk prevention:** Refers to measures that are used to avoid or address a potential risk/shock before it occurs in the framework of social protection e.g. information and education campaigns, laws and regulation especially those related to rights of individuals and the provision of social services (infrastructures, vaccination, immunisation, agricultural extension).

**Risk mitigation:** Refers to measures put in place to facilitate more resilient responses in the event of the risks occurring. Most social protection interventions tend to take this approach.

**Risk coping:** Refers to measures taken after the risks have occurred aimed at trying to ease the burden of the risk. Risk coping interventions include formal transfers or social assistance and disaster interventions.

**Safety nets:** Measures put in place to prevent individuals from falling below given standards of living and usually used during short-term emergencies. Well-designed safety nets can be important part of social protection if their existence is well known before the crisis.

**Social protection:** Describes all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups.

**Social Security:** A sub-set of social protection which society provides for its members through a series of public measures to off-set the absence or substantial reduction of

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income from various categories (sickness, maternity leave, injury, unemployment, invalidity, old age and death) to provide people with health care and provide benefits to families with children.

**Vulnerability:** The condition of being at risk of becoming poor or being subject to other misfortunes such as violence and natural hazards (measured by one's exposure to risk, sensitivity to shock and level of resilience). Vulnerability of children in general has been described as multi-dimensional as it reflects not only relative susceptibility but also defencelessness against economic and other shocks linked to HIV/AIDS and also to child labour.

**Vertical provisions:** Programmes that consider one need of an individual and do not complement it with others.

**Vulnerable groups:** Categories of people who lack security and are susceptible to risk and/or exploitation.

## Appendix 3: Areas for Capacity building and training for social protection

Capacity building is central to increasing knowledge, imparting skills and changing attitudes towards social protection. Vulnerability and risks are diverse, therefore the exposure during training should encompass many fields. The table below represents the full range of disciplines in which capacities should be built.

<b>Community service provision</b>	<b>HIV/AIDS and prevention activities</b>
<ul style="list-style-type: none"> <li>• Training of groups in problem identification regarding children affected, prioritisation and taking necessary actions</li> <li>• Identification of targets and registration of vital statistics</li> <li>• Child and community participation schemes that affect them</li> <li>• Resource mobilisation, development, fundraising, increased productivity, pooled labour</li> <li>• Generating demand for services and advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Life skills</li> <li>• Behavioural change and communication</li> <li>• Peer activities and condom promotion</li> <li>• Services for ill persons, home care</li> <li>• Training in growth and nutrition</li> <li>• Basic care for PLWAs, VCT, ART</li> <li>• Referral and Home based care</li> <li>• Recreation</li> </ul>
<b>Psychosocial support and assistance</b>	<b>Agricultural and food provisions</b>
<ul style="list-style-type: none"> <li>• Home visiting and assistance with household chores</li> <li>• Counselling for guardians, children and other helpers</li> <li>• Integration, tracing and resettlement</li> <li>• Child fostering, adoption and alternative care</li> <li>• Child rights, forms of abuse and protection</li> <li>• Peer support networks</li> <li>• Succession planning, legal will writing etc</li> <li>• Relief assistance and shelter</li> </ul>	<ul style="list-style-type: none"> <li>• Communal field and other alternative strategies</li> <li>• Agricultural inputs</li> <li>• Savings and marketing, micro credit, asset provision</li> <li>• Business management training</li> <li>• Veterinary extension</li> </ul>
<b>Social Protection</b>	<b>Legal Aid</b>
<ul style="list-style-type: none"> <li>• Definitions</li> <li>• Groups prone to vulnerability, causes and nature</li> <li>• Social Protection Providers, levels of provision and opportunities</li> <li>• Advocacy activities and gender sensitivity</li> <li>• Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Training lawyers and other key stakeholders in the community (Government, CBOs, FBOs, NGOs)</li> <li>• Community involvement through watch groups</li> <li>• Village committees and informal schemes</li> <li>• Campaigns against child labour</li> </ul>
<b>Education</b>	<b>Others</b>
<ul style="list-style-type: none"> <li>• Young ones for education, and assistance needed</li> <li>• Big ones for vocational skills and other training schemes</li> <li>• Providers of educational Social protections support</li> </ul>	<ul style="list-style-type: none"> <li>• Youth activities, prevention, empowerment and protection</li> </ul>
<b>Self help groups and child labour committees</b>	<b>Sustainability issues</b>
<ul style="list-style-type: none"> <li>• Child participation, stigma and discrimination, better understanding the link between HIV/AIDS and child labour and generating community solutions</li> <li>• Community interaction and resource flow must also be promoted within the community and externally</li> <li>• Combating child trafficking</li> </ul>	<ul style="list-style-type: none"> <li>• Stimulate new activities and services</li> <li>• Increase productivity and quality of services</li> <li>• Foster the social integration of children from HIV/AIDS induced child labour, including the worst forms of child labour</li> <li>• Promote income replacement activities (e.g. IGAs, savings culture and access to micro-credit facilities)</li> <li>• Keep children at home with support of villages and self-help groups and other structures</li> </ul>

*N.B. These areas are diverse and may require inputs from several professions while undertaking training.*

## Appendix 4: Complete Summary Matrix of the challenges to the provision of social protection per sector, and the strategies proposed to overcome them, Uganda

Sector provisions	Existing social protection	Challenges in provision	Proposed strategy
<b>1. Education</b>	<ul style="list-style-type: none"> <li>▪ Universal primary education/ Universal Secondary Education</li> <li>▪ Vocational skills training</li> <li>▪ Complementary opportunities</li> <li>▪ Sponsorship</li> <li>▪ Lunch allowance</li> <li>▪ Scholastic materials</li> <li>▪ Counselling</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited awareness of social protection schemes</li> <li>▪ Gaps in availability accessibility and affordability in some areas</li> <li>▪ Limited capacity to mobilise resources</li> <li>▪ Associated needs are not fully met such as lunch and books</li> <li>▪ Discrimination and stigma</li> <li>▪ Low teacher morale</li> </ul>	<ul style="list-style-type: none"> <li>▪ Universal primary education (UPE)</li> <li>▪ Government and district bursaries and school based scholarships</li> <li>▪ Community, Faith based and NGO schemes</li> <li>▪ UN Development agency support</li> <li>▪ Advocate for reallocation of resources</li> <li>▪ District coordination meeting on social protection</li> </ul>
<b>2. Health</b>	<ul style="list-style-type: none"> <li>▪ Free medical services</li> <li>▪ Friendly health workers</li> <li>▪ Free ARVs</li> <li>▪ VCT</li> <li>▪ Home based care</li> <li>▪ Counselling, etc</li> </ul>	<ul style="list-style-type: none"> <li>▪ Awareness, accessibility, affordability, coverage</li> <li>▪ Limited supply/ lack of drugs</li> <li>▪ Limited capacity of health personnel to deliver</li> <li>▪ Unfriendly attitudes of health workers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mobilise resources</li> <li>▪ Capacity building meetings and media involvement</li> <li>▪ Promotion of health education</li> <li>▪ Home based care and Palliative care to the sick</li> <li>▪ Government hospital/health centres</li> </ul>
<b>3. Psychosocial support</b>	<ul style="list-style-type: none"> <li>▪ Self-help groups</li> <li>▪ Household support</li> <li>▪ Life skills</li> <li>▪ Peer support</li> <li>▪ Child campaigns</li> <li>▪ Food aid, basic items</li> <li>▪ Volunteers</li> <li>▪ Behavioural change, child care, etc</li> </ul>	<ul style="list-style-type: none"> <li>▪ Gap in coverage (geography, time)</li> <li>▪ Limited awareness of schemes</li> <li>▪ Limited capacity for counselling &amp; follow- up of children</li> <li>▪ Discrimination &amp; stigma of affected children</li> <li>▪ Personalised needs are not fully solved</li> <li>▪ Poor coordination mechanisms</li> <li>▪ Duplication of services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Build capacity of the social partner.</li> <li>▪ Organise periodic meetings</li> <li>▪ Undertake campaigns against stigma and discrimination</li> <li>▪ Strengthen self-help groups</li> <li>▪ Undertake training of trainers (TOT) in Social protection</li> <li>▪ Support recreation activities</li> </ul>
<b>4. Foster care, adoption and children's homes</b>	<ul style="list-style-type: none"> <li>▪ Foster care</li> <li>▪ Adoption</li> <li>▪ Children's homes</li> <li>▪ Informal fostering</li> <li>▪ Orphanages</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited capacity to accommodate children</li> <li>▪ Institutionalisation effects on children</li> <li>▪ Misused for trafficking or abuse of children</li> </ul>	<ul style="list-style-type: none"> <li>▪ Promote alternative care.</li> <li>▪ Capacity building and coordination meetings</li> <li>▪ Training of TOT and campaign against abuse</li> <li>▪ Enforce reporting system</li> </ul>

Sector provisions	Existing social protection	Challenges in provision	Proposed strategy
<b>5. Legal Aid</b>	<ul style="list-style-type: none"> <li>▪ Probation work</li> <li>▪ Child advocates</li> <li>▪ Children's Act</li> <li>▪ Police</li> <li>▪ Watch groups</li> <li>▪ Human rights commission</li> <li>▪ FIDA</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited awareness and coverage of legal aid</li> <li>▪ Lengthy time to resolve disputes</li> <li>▪ Low literacy level and high corruption</li> <li>▪ Poor law enforcement mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>▪ Liaisons with Danida legal aid fund</li> <li>▪ Build capacity of legal aid and law enforcement agents</li> <li>▪ Promote networking</li> <li>▪ Use of Community watchdogs</li> </ul>
<b>6. Food, care and support</b>	<ul style="list-style-type: none"> <li>▪ Food and lunch allowance</li> <li>▪ Agricultural support</li> <li>▪ Community gardens</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited awareness and accessibility</li> <li>▪ Gaps in coverage and logistics</li> <li>▪ Increasing urbanisation</li> <li>▪ Stigma, discrimination and norms</li> </ul>	<ul style="list-style-type: none"> <li>▪ Build capacity of social partners</li> <li>▪ Organise coordination and</li> <li>▪ Management meetings</li> <li>▪ Undertake training of trainers (TOT)</li> </ul>
<b>7. Policy and institutionalisation of social protection</b>	<ul style="list-style-type: none"> <li>▪ HIV/AIDS,</li> <li>▪ Gender</li> <li>▪ OVC</li> <li>▪ Youth</li> <li>▪ Health</li> <li>▪ Poverty eradication action plan etc</li> <li>▪ National Child Labour Policy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack resources for implementation</li> <li>▪ Limited awareness, coverage and poor coordination</li> <li>▪ Government capacity to implement is weak</li> </ul>	<ul style="list-style-type: none"> <li>▪ Liaise with other development partners</li> <li>▪ Liaise with OVC secretariat</li> <li>▪ Mainstream social protection in UPE, OVC Policy, HIV Policy, Gender Policy, Employment Bill (draft)</li> </ul>
<b>8. Poverty</b>	<ul style="list-style-type: none"> <li>▪ IGAs,</li> <li>▪ Self help groups</li> <li>▪ Micro finance</li> <li>▪ Live stock, etc</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited access/opportunities to incomes</li> <li>▪ High interest rate</li> <li>▪ High poverty &amp; high dependence rate</li> <li>▪ Variability in area resources endowment</li> <li>▪ Conflict (northern part)</li> <li>▪ Capacity to run IGAs limited among households</li> </ul>	<ul style="list-style-type: none"> <li>▪ Facilitate the mobilisation of resources from donors</li> <li>▪ Promote Livelihood skills</li> <li>▪ Social-economic support.</li> </ul>
<b>9. Disaster management</b>	<ul style="list-style-type: none"> <li>▪ Safety nets and relief items by development partners and government (contingency plans)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Difficulty to identify individuals affected.</li> <li>▪ Definition and 'disaster' is vague</li> <li>▪ Weak contingency plans</li> <li>▪ Lack of reserved fund budgets</li> </ul>	<ul style="list-style-type: none"> <li>▪ Liaise with government disaster management units.</li> </ul>

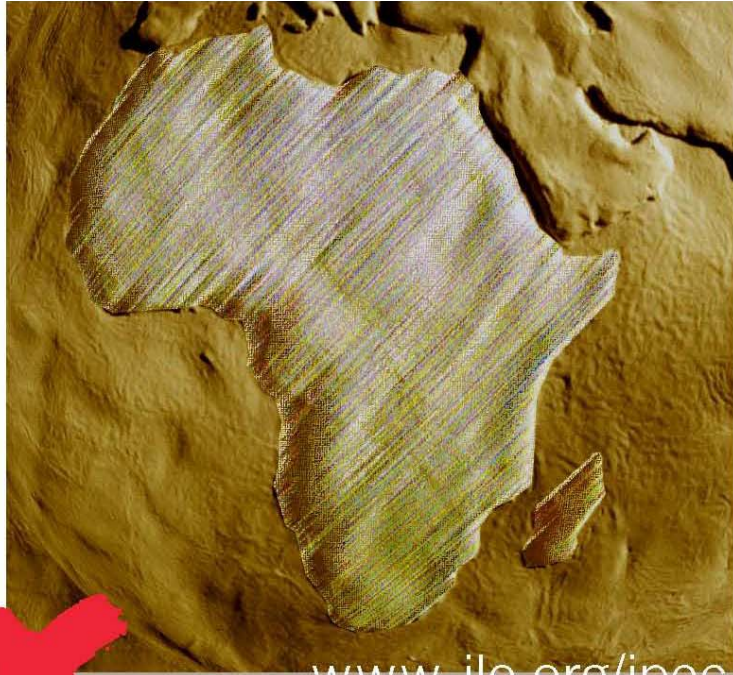
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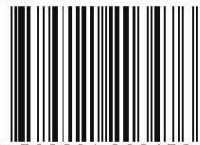


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