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Educational perspectives on the impact of the HIV/AIDS pandemic on child labour in Uganda

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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

Child labour is a widespread phenomenon in Uganda where approximately 2.7 million of 7.9 million girls and boys between 5-17 years old are working.[1] Among the critical factors identified as root causes of child labour in the country in 2003/4 ILO-IPEC round of studies, HIV/AIDS, which has already led to death of an estimated 1.8 million people and which is deepening the existing orphan crisis, was found to be a crucial factor leading girls and boys to drop out school and engage in work through various ways.

This policy paper on educational perspectives on the impact of the HIV/AIDS pandemic on child labour in Uganda aims at (1) evaluating the impact of HIV/AIDS on girls and boys and their educational attainment in Uganda and its link to child labour, (2) documenting existing policies and programmes, and identify existing good practices that address the HIV/AIDS pandemic and its impact on child labour and (3) making recommendations on the necessary measures that should be taken by governmental and non-governmental actors including the education, counselling, HIV/AIDS/Child labour awareness raising sectors and employers of girls and boys and developing a strategy for building partnerships with existing programmes concerning HIV/AIDS and its effects on child labour.

The growing body of literature on HIV/AIDS and child labour indicates that the over 1.7 million HIV/AIDS orphans represent the largest proportion of girls and boys vulnerable to child labour. Among these, girl orphans are at higher risk of dropping out of school, engaging in child domestic work, commercial sexual exploitation, unpaid work and being subject to sexual abuse. HIV/AIDS orphans are more likely to lack auxiliary school needs, such as uniforms, perform poorly and drop out of school compared to their non-orphan peers. School attendance of the in-school children is often irregular and entails less hours of schooling than the normal school day. They are usually forced to leave school and start fending for themselves, their siblings and other family members with a rising number. As much as 80 per cent of the AIDS orphans are forced to drop out of school and get into early marriage, prostitution, crime or begging on the streets.

Orphans in foster care homes suffer from discrimination, are largely treated poorly and engaged in work as unpaid family workers, often doing twice as much work as the other children and deliberately prevented from attending school in order to provide domestic services, farm work or caring duties. This is the case mostly for the girl orphans.

In spite of the recently reported dramatic falls in HIV/AIDS prevalence, the challenges of orphanhood, poor school participation and attendant child labour for the affected girls and boys remain high. A more comprehensive policy framework related to employment in general and child labour in specific might be favourable to overcome some part of the challenge. Some commendable work has been carried out by a number of NGOs with assistance of ILO-IPEC. Other work has been done by some ministries. However, the coordination of these efforts and their scaling up need an enabling policy framework and programming by the state. In addition, there are opportunities for engaging other actors, especially those NGOs which are working on HIV/AIDS prevention, patient care, and psychosocial support, into performing a lot more work with regard to mitigating the factors

[1] According to Report on Child Labour in Uganda 2003, a report based on the 2000/2001 Uganda Demographic and Health Survey, http://www.ilo.org/public/english/standards/ipec/simpoc/uganda/report/ug_rep_2001.pdf .

that are driving girls and boys into child labour and/or preventing them from optimizing the schooling opportunities.

It is therefore recommended that: (1) the ongoing policy design regarding child labour and HIV/AIDS be expedited and harmonized; (2) increased coordination and collaboration among government departments and between government and NGOs be undertaken; (3) resources be provided to support the process of policy harmonization; and (4) increased support for NGOs and community initiatives aimed at assisting orphans to get out of their plight be scaled up and several education sector reforms be undertaken to improve girls' and boys' school participation and withdraw them from child labour.

List of abbreviations

ACFODE	Action for Development
ACP	AIDS Control Programme
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical and Research Foundation
ANNPCAN	African Network for the Prevention and Protection against Child Abuse and Neglect
CBO	Community based organizations
CDW	Child domestic work
CHOGM	Commonwealth Heads of Government Meeting
CRC	Convention on the Rights of Children
CRO	Child Restoration Outreach
CSEC	Commercially sexually exploited children
CSO	Civil society organization
DEMMIS	District Education Monitoring and Management Information System
DHAC	District HIV/AIDS Committees
ESIP	Education Strategic Investment Plan
FAWE	Forum for Africa Women Educationists
FBOs	Faith based organizations
FIDA	Federation of Uganda Women Lawyers
FUE	Federation of Uganda Employers
GDP	Gross domestic product
GOU	Government of Uganda
HIV	Human Immunodeficiency Virus
IEC	Information, education and communication
ILO	International Labour Organization
IPEC	International Programme on the Elimination of Child Labour
KIN	Kids in Need
LWF	Lutheran World Federation
MDG	Millennium Development Goals
MFS	Mobile Farm Schools
MMM	Medical Missionaries of Mary
MOGLSD	Ministry of Gender, Labour and Social Development
MOES	Ministry of Education and Sports
NACWOLA	National Community of Women Living with HIV/AIDS in Uganda
NGO	Non-governmental organization
OVC	Orphans and other vulnerable children

PEAP	Poverty Eradication Action Plan
PEPFAR	President Bush's Emergency Plan for AIDS Relief
PHA	Networks of People Living with HIV/AIDS
PLWHA	People Living with HIV/AIDS
SCE	Self coordinating entities
SDSSIP	Social Development Sector Strategic Investment Plan
SODECO	Social Development Consultants
STDs	Sexually transmitted diseases
TASO	The AIDS Support Organization
UAC	Uganda AIDS Commission
UCOBAC	Uganda Community Based Association for Child Welfare
UDHS	Uganda Demographic and Health Survey
UDP	Uganda Women's Effort to Save Orphans Development Project
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
USCS	Uganda Women's Effort to Save Orphans Savings and Credit Scheme
UWESO	Uganda Women's Effort to Save Orphans
UYDEL	Uganda Youth Development Link
WFP	World Food Programme
WHO	World Health Organization

1. Background

1.1. Introduction

Child labour has been identified as a major violation of the rights of girls and boys. It is known to be detrimental to children's education, destroying their childhood and their rights to normal development and progress. It has more severe impacts on girls and boys and calls for urgent interventions in a country like Uganda where HIV/AIDS led to death of many people (parents/guardians) and is believed to further increase the mortality rate, especially the rate for adults. The number of girls and boys orphaned by HIV/AIDS in Uganda is increasing, which deepens the already existing orphan crisis, seriously affecting girls and boys who lose their parents and destabilizing extended families and local communities who take responsibility for orphans.

Poverty is one of the several reasons behind child labour. Recent reports have indicated that there is growing impoverishment in Uganda. [1] Declining producer prices have fuelled the plight of poor households leading to household inability to provide for all their members especially girls and boys who often have no alternative but to seek work to supplement family needs for food and other basic needs. Armed conflicts have also apparently increased the phenomenon of child labour. In the mid-eighties, after two decades of civil strife, many girls and boys in Uganda had already lost their parents. Since then, insurgencies in eastern Uganda (1986-1992), northern (1987 to-date) and western Uganda (1996-2001) has increased adult mortality and the orphan load.

In 2003, ILO-IPEC supported a number of studies linked to identifying the root causes of child labour in different districts of Uganda. These studies form a useful analysis of the current state of child labour, HIV/AIDS and a number of other child labour causative factors such as armed conflict. The appendix provides a summary of these studies which confirm that the problem of child labour in its general and worst forms remains pertinent in Uganda. The gender dimensions of child labour and low educational attainment of girls are more apparent with HIV/AIDS induced child labour compared to child labour resulting from other causes.

The studies reveal that, HIV/AIDS induced child labour is seriously hindering the attainment of the goals of Universal Education, which was introduced in 1997 and requires each family to send their children to school. All the studies call for a concerted action on the part of governmental and non-governmental actors if child labour problem, particularly HIV/AIDS induced child labour, is to be effectively eliminated.

In view of the above facts, it is believed that actions/initiatives should accompany the research. Therefore, a strategy for combating the compound problem of HIV/AIDS and child labour is called for. ILO-IPEC commissioned a consultant to prepare a policy paper on educational perspectives on the impact of the HIV/AIDS pandemic on child labour in Uganda. The specific objectives of the paper are as follows.

[1] The UN Development Report published in August 2003 indicates that 82.2 per cent of Ugandans live on less than one dollar a day making the country's population the second most poor in the World after Nicaragua.

1.2. Objectives of this working paper

1. To evaluate the impact of HIV/AIDS on children's well-being and educational attainment in Uganda and its link to child labour.

2. To document existing policies and programmes, and identify existing good practices addressing the HIV/AIDS pandemic and its impact on child labour.

3. To make recommendations on the necessary measures to be taken by governmental and non-governmental actors including education, counselling, HIV/AIDS/child labour awareness raising sectors and employers of child labourers.

4. To recommend mechanisms for the mainstreaming and integration of HIV/AIDS and its effects on child labour concerns into all existing projects and action programmes as well as to develop a strategy for building partnerships with existing programmes concerning HIV/AIDS and its effects on child labour.

1.3. Uganda's experience related to HIV/AIDS

Uganda was among the first countries to be badly affected by HIV/AIDS epidemic in Africa. By December 2001, it was estimated that there were 1,050,555 people living with AIDS according to the Ministry of Health Surveillance Unit; [2] while more than 1.8 million had already perished since the onset of the epidemic. [3]

AIDS is currently responsible for 12 per cent of the annual deaths in Uganda and is the leading cause of death amongst persons between 15-49 years old, surpassing malaria and other diseases. [4] According to UNAIDS Report on the global AIDS epidemic, [5] the overall antenatal HIV prevalence rate in 2002 was reported to be 6.5 per cent. Number of people (0-49 years old) living with AIDS was 530,000 and number of AIDS deaths in the same age group was 78,000 in 2003. AIDS related mortality has led to the downward revision of the average life expectancy in Uganda to 46.2 years (46.9 for female and 45.4 for male) in 2000. [6]

According to the Uganda AIDS Commission, although the prevalence rates have levelled out, two decades of the epidemic have taken their toll and it is estimated that by the year 2010, Uganda will have 2 million fewer working age people than at present and a workforce 12 per cent smaller than it would have been without AIDS. The Commission estimates an annual loss in GDP of 0.9 per cent. About 25 per cent of households in nearly all communities in Uganda care for orphans, 70 per cent of which are female-headed households. It is expected that by 2010 there will still be more than 2 million orphans and

[2] http://www.aidsuganda.org/aids/index.htm .

[3] Tumushabe, J. (2000): *Armed conflict, HIV/AIDS and child labour in Uganda*-Field Assessment Report, Government of Uganda-UNICEF Country Programme.

[4] UNICEF: Children in the Shadow of AIDS, 2001.

[5] UNAIDS 2004 Report on the global AIDS epidemic, http://www.unaids.org/bangkok2004/GAR2004_pdf/UNAIDSGlobalReport2004_en.pdf .

[6] United Nations Population Division. 2001. *World Population Prospects: The 2000 Revision* (Data Disk 1, Standard set). New York: United Nations.

such large numbers, combined with widespread poverty, have stretched the capacity of extended families and communities to the limit. [7]

1.4. The orphan crisis

HIV/AIDS presents numerous new problems and situations that compromise development achievements and initiatives. As the HIV/AIDS pandemic in sub-Saharan Africa has grown in size and intensity, the situation of children has become more precarious. Advances in the social and health well-being of girls and boys, achieved over several decades, are being compromised in both the short- and long-term. Older girls and boys are also at risk of becoming HIV-infected. At the same time, girls and boys whose parents became infected and later became ill and died are affected in multiple ways. [8]

One of the most devastating aspects of HIV/AIDS epidemic is the growing proportion of girls and boys that the disease has orphaned. The orphans are found to constitute around 14 per cent of all children in Uganda [9] and as 1995 Uganda Demographic and Health Survey (UDHS) showed, one in every four households in Uganda was looking after a foster child less than 15 years old. Orphans in Uganda represent the largest proportion of vulnerable girls and boys. By the year 2000, Uganda had already had an estimated 1.7 million orphans resulting from AIDS, a figure expected to rise to 3.5 million within 10 years. [10] The Population and Housing Census of 2002 found that there were 2.3 million children less than 18 years old that had lost one or both parents. [11] However, the findings of 2000/2001 UDHS suggest that the per cent of orphan girls and boys aged 5-17 declined from 31 per cent in 1995 UDHS to 21 per cent (among which 12 per cent lost their father and 5 per cent lost their mother). Yet, while prevalence levels may have stabilized, the number of orphans is expected to remain high for several years as the parents already infected continue to die from the disease. UNICEF estimates that as much as one-third of the population below 18 years old may be orphans by the year 2010. [12] The orphan crisis poses one of the greatest challenges to the country's development efforts.

[7] Uganda AIDS Commission (2002): *HIV/AIDS in Uganda: The Epidemic and the Response*, Uganda AIDS Commission, Kampala, Uganda.

[8] ILO-IPEC (2003), unpublished document.

[9] Basaza, R. and Kaija, D. (2001): *The Impact of HIV/AIDS on Children: Lights and Shadows in the "Successful Case" of Uganda*.

[10] GOU-UNICEF Country programme, 2001-05, [Draft] *HIV/AIDS and the Right to Self Protection Programme Plan of Operations, 2001-2005*, Kampala. The Uganda AIDS Commission (UAC, 2001) estimates that by 1999, over 1.77 million children had been orphaned by HIV/AIDS, the highest figure in the world. Hunter and Williamson (2000) placed the number of Ugandan orphans as high as 2.35 million in 2000.

[11] Uganda Women's Effort to Save Orphans (UWESO), The Orphans Crisis in Uganda, http://www.uweso.org/orphans.php .

[12] Uganda Women's Effort to Save Orphans (UWESO), op. cit.

Table 1.1. The socioeconomic impact of HIV/AIDS

Level	Socio-economic impact		Mitigating/aggravating factors
	Short-term	**Long-term**	
Orphan	– Loss of inheritance – Reduced health, nutrition – Reduced school attendance – Increased labour – Increased social isolation, vulnerability and abuse – Increased homelessness	– Reduced productivity – Reduced socialization	– Causes of death of parents – Family or non-family living arrangement – Head of household – Personal characteristics (age, health, sex) – Family, community factors
Family	– Increased dependency ratio – Increased poverty – Increased work load – Reduced per person food consumption and uptake of services (Education, health)	– Entrenched poverty – Engendering of poverty – Further break down of traditional extended family structures	– Previous family assets and income – Number, age, health of orphans – Cause of death of parents – Head of household – Availability of aid
Community and nation	– Increased poverty – Reduced child health, school enrolment – Increased inequalities – Increased crime, homelessness – Changes in cultural practices – Diversion of resources for orphan care	– Reduced quality of human capital – Entrenched poverty – Increased inequalities – Increased economic growth, development – Increased social, political instability – Diversion of resources for orphan care	– Historical economic strength – Access to services – Availability of assistance – Effective anti-poverty programmes – Effective programmes for orphans

Source: USAID (2002), Situation Analysis of Orphans in Uganda.

Girls and boys orphaned by HIV/AIDS are disadvantaged in numerous ways and are at a greater risk of being subject to abuse, exploitation, discrimination, developmental problems and illness compared to non-orphans. Many girls and boys in Uganda: (i) are living in child- or grandparent-headed households; (ii) have taken on adult responsibilities; (iii) have dropped out of school; and (iv) have succumbed to the worst forms of child labour. In human terms, the impact of HIV/AIDS on affected girls and boys poses serious threats to child welfare in form of psychosocial distress, discrimination and stigmatization. Others include increased malnutrition, lack of security and parental guidance, homelessness, vagrancy and crime. Generally, orphans have fewer opportunities for schooling and education, are more exposed to HIV infection and other STDs and sexual exploitation, either commercially or at home. A schematic summary of the above effects at different levels are indicated in the table 1.1.

1.5. Child labour in Uganda

The phenomenon of child labour as described by ILO Convention No. 138 is the labour: *which is harmful or dangerous to the health, safety and moral development of the child*. The worst forms of child labour defined by ILO Convention No. 182 include practices such as slavery, forced labour, trafficking, use of children in armed conflict, debt bondage, serfdom, prostitution, pornography, illicit activities and other forms of hazardous exploitative work. Hazardous work includes, among others, exposure to dangerous chemicals and or substances, carrying of heavy loads, work at night, long hours of work, use of dangerous tools and exposure to sexual abuse.

Some of the worst forms of child labour identified in Uganda include; child domestic work, commercial sexual exploitation, self employment on the streets and in the informal sector, use of children in armed conflict, involvement of girls and boys in illicit activities such as cross border trade and smuggling, commercial agriculture, construction work, fishing and stone quarrying. [13]

Although Uganda is a signatory party to the UN Convention on the Rights of Children, the African Charter on Rights and Welfare of the Child and ratified the ILO Convention No. 138 (Minimum Age Convention) and ILO Convention No. 182 on the worst forms of child labour in May 2002, [14] child labour is still widespread throughout the country. Most of the working girls and boys are employed in the informal sector, in agriculture (often on subsistence farms), as domestic servants, in prostitution and in cross-border smuggling of goods (MOGLSD, 2004).

While child labour in Uganda is not entirely an HIV/AIDS phenomenon or indeed entirely constituted of girls and boys who have lost their parents, AIDS orphans make a significant proportion of child labourers in the country. Collapse of traditional norms and practices that previously provided protection for girls and boys, the increased number of vulnerable girls and boys orphaned by HIV/AIDS, armed conflicts causing internal displacement and widespread household poverty can be listed as the main problems related to child labour in Uganda.

Two types of child labourers were identified in Uganda. [15] These include girls and boys who are taken advantage of because they provide cheap or free labour to exploitative adults. The second category is that of children who are desperate and work because of conditions of survival. Girls and boys engage in some forms of work, such as domestic work and prostitution, in line with these categories. The overall labour force participation rate is 34.2 per cent for children aged between 5-17 years old. More than half of the working girls and boys (54 per cent) are aged 10-14 years, one-third is less than 10 years

[13] GOU and ILO-IPEC (2004): *Report of the thematic study on child labour and HIV/AIDS*, Geneva, Switzerland.

[14] Provisions of these ILO Conventions have been incorporated into the Employment Decree No. 5 of 1975. Uganda also ratified the UN Convention on the Rights of the Child in 1989 and the Constitution of the Republic of Uganda (promulgated in 1995) contains provisions for protecting children's rights.

[15] ANPPCAN Uganda Chapter Report 2001.

old, 800,000 were not in school, and over 300,000 girls and boys between 5-17 years old had no formal education. [16]

1.6. Child labour and HIV/AIDS: Linkages found in secondary sources

The extent to which child labour can be explained by HIV/AIDS is becoming clearer with the evidence from the literature, yet it still needs to be supported by further analysis. While child labour has been linked to poverty as indicated in the introduction, the need for girls and boys to work is exacerbated by the HIV/AIDS scourge. The phenomenon of single parent and child-headed households occurring as a result of HIV/AIDS or armed conflict associated mortality and displacement has put a strain on many already impoverished families. Many of the HIV/AIDS orphans are staying in child-headed households or with grandparents who are also in need of care. Left on their own for personal survival, or with an additional burden of caring for siblings and grandparents, such girls and boys have become part of the pool for potential child labourers.

1.6.1. HIV/AIDS, orphanhood and child labour

The incidence of AIDS induced child labour and the orphanhood predisposing factors to child labour are on the increase. A UNICEF study in the year 2000 [17] found that AIDS has tremendously increased the social costs of caring for the sick people and orphaned girls and boys by communities and households. As a result of HIV/AIDS, the extended family system has been strained to the limits due to the large family size and the fact that absence of young adults often entails the merging of several children under the care of older orphans or grandparents. According to the study of GOU-UNICEF in 1996, [18] in nearly all HIV/AIDS affected families, many orphans and children were forced to leave school and care for themselves and other family members or provide nursing care for sick relatives. As a consequence of inadequate and often total lack of care from parents, an estimated 23 per cent of girls and boys between 10-14 years old were working by 2000. Many of these were AIDS orphans. Of the working girls and boys nine out of ten were working in the informal sector or as self-employed. [19]

A study on child labour and HIV/AIDS conducted by ILO-IPEC and GOU in June 2004 [20] in the districts of Kampala, Jinja, Mbale and Nebbi found that out of 929 child respondents, 417 had been affected by HIV/AIDS and 398 of the AIDS affected girls and boys were working. Most of the working girls and boys (88 per cent) were involved in domestic chores, 24 per cent in child labour, and 22 per cent were involved in the worst forms of child labour. The majority (58 per cent) of the HIV/AIDS orphans were

[16] According to Report on Child Labour in Uganda which is based on the 2000-01 Uganda Demographic and Health Survey conducted in cooperation with ILO/IPEC and the Uganda Bureau of Statistics.

[17] Tumushabe J. (2000), op. cit.

[18] Mwaka, V.M. and Tumushabe J. (1997): The State of Child Labour in Uganda (unpublished National Child Labour Study Report).

[19] GOU-UNICEF Country programme, 2001-05, [Draft] *HIV/AIDS and the Right to Self Protection Programme Plan of Operations*, *2001-2005*, Kampala.

[20] GOU and ILO-IPEC (2004), op. cit.

fending for themselves through the supply of their labour, which was the only coping strategy for them.

The above study found that 64 per cent of the girls and boys were carrying out work at the family dwelling, 20 per cent at the employer's house, 9 per cent on the street, 3 per cent at construction sites and 2 per cent at factories. Eighty-seven per cent of the girls and boys worked more than 16 hours per day, while 16 per cent (mostly female) worked both day and night, exposing them to risks of sexual abuse, HIV/AIDS and other risks associated with night work.

Tumushabe (2000) noted that on all activities that required girls and boys to work (domestic duties, care for siblings, the sick and elderly, home construction, subsistence production, employment outside the family) the children in HIV/AIDS affected families spent on average more time than their counterparts in non-AIDS affected families. Mwaka and Tumushabe (1996) also found that the prevalence of child labour in AIDS affected communities was comparatively higher due to the absence of non-formal training opportunities and primary schools and the high demand for cheap labour on time-consuming, labour intensive and seasonal economic activities, i.e. pastoralism and crop farming.

ILO-IPEC (appendix) has recently engaged a series of studies on the prevalence of child labour in Uganda. While the studies focus on different thematic areas, they have all established a clear linkage between the incidence of orphanhood and education. The studies revealed that as result of reduced education opportunities, many orphaned girls and boys were more likely to engage in the worst forms of child labour.

For instance, findings of the studies conducted by ILO-IPEC on commercial sexual exploitation and the urban informal sector showed that as a result of their circumstances, many orphaned girls and boys had been forced to migrate to the urban areas and landing sites in search of work opportunities and had ended up in prostitution and other illicit activities. The Report of the thematic study on the Child Labour and HIV/AIDS in Uganda [21] also stated that proportion of migrant girls and boys in total children affected by HIV/AIDS was about 60 per cent. The reasons for migration were found to be deaths of parents (48.3 per cent), search for jobs (33.5 per cent) and other reasons including security reasons and convinced by friends.

Many studies have pointed to the under-privileged position of orphans living under the foster care of relatives. [22] The same children are more vulnerable to violation of other rights, such as exploitation by greedy relatives or neighbours. The latter do not fulfil their rights to inheritance, [23] education, [24] health and other social services. [25] When orphans are

[21] GOU and ILO-IPEC (2004), op. cit.

[22] Oulai, D. and Carr-Hill, R. (1994): *The Impact of HIV/AIDS on Education*, Report of IIEP seminar, Paris, 8-10 December 1993 and Tumushabe J.; Bantebya, G.; and Ssebuliba, J. (1993), op. cit.

[23] Barnett, T. and Blaikie, P. (1992): *AIDS in Africa: Its Present and Future Impact*, Belhaven Press, London, 1992.

[24] Hunter, S. (1990): Orphans as a Window on the AIDS Epidemic in Sub-Saharan Africa: Initial Results and Implications of A Study in Africa. *Social Science and Medicine*, Vol. 31, No. 6, pp. 681-690.

taken into other homes they are often treated badly. They are made to do twice the household chores as the children of their new caretakers, segregated at meal times, given less food or less nutritious food and have limited access to beddings. [26]

1.6.2. Gender and child labour

Gender is found to be an important factor affecting the household decision making process on time allocation of girls and boys. [27] In addition, there is segregation along gender lines in the tasks that girls and boys perform. As stated in the study of Erturk and Dayioglu (2002), "reproductive responsibilities, whether performed in or outside the home, are disproportionately assigned to women and girls due to the historically rooted sex-based division of labour. The sex-based division of labour and the corresponding structure of gender relations not only determine how work is allocated among household members, but also directly impacts on intra-household decisions on schooling and on the gender differentials in educational attainment, where girls are particularly adversely affected." [28]

Tumushabe et al. (1993) found that while boys from HIV/AIDS afflicted households could continue with their education, girls were often required to drop-out in order to perform household chores and provide nursing care for patients as well as take care of their siblings. [29] Moreover, in his study on child labour in the context of armed conflict and HIV/AIDS, Tumushabe (2000) found that even where boys performed domestic chores, it was shorter and lighter than that heaped onto the girls. The boys spent more time on employment outside the house. [30]

The gender differences in child labour issues have important implications for policy and programme development in addressing the phenomenon of HIV/AIDS related child labour. While it may be easy to identify a boy child in employment in both informal and formal sectors, a girl's contribution may not be easily documented due to the hidden nature of girls' work, for instance she may not be in paid employment. Thus, current efforts at addressing child labour challenges and rehabilitation of working children should be extended to include the working girls, such as the girls who engage in domestic unpaid work.

[25] Muller, O. and Abbas, N. (1990): The impact of AIDS mortality on children's education in Kampala (Uganda) in *AIDS Care*. 1990; 2(1), pp. 77-80.

[26] GOU-UNICEF Country Programme, 2001-05, op. cit.

[27] Levison, D.; Moe, K.S.; and Knaul, F.M. (2001): "Youth Education and Work in Mexico", *World Development*, Vol. 29, No. 1, pp. 167-188.

[28] Erturk and Dayioglu (2004): *Gender, Education and Child Labour in Turkey*, ILO-IPEC, Geneva.

[29] Tumushabe J.; Bantebya, G.; and Ssebuliba, J. (1993): *The Impact of HIV/AIDS on Agricultural Production Systems in Uganda*, unpublished FAO report.

[30] Tumushabe J. (2000), op. cit.

Gender dimensions of the HIV/AIDS and child labour links

Gendered dimensions of child labour leading to increased risk of HIV

- Girls are generally at higher risk of being sexually abused and of contracting HIV through their work than boys.
- Among the urban population, girls are at higher risk of contracting AIDS through commercial sexual exploitation or through sexual abuse from their employers. Older men tend to prefer girls in belief that they are free from HIV/AIDS.

Gendered dimensions of the impact of HIV on the risk of child labour

- Girls are more likely to stay at home and look after ill parents or younger siblings, forgoing their education, than boys, who are kept in school longer.
- Boys are more likely to find themselves in hazardous labour in the fields, plantations and in mines. As orphans, they may replace the father as the principal breadwinner in the family.

1.6.3. Care and domestic work: A gender issue

"In Uganda, the participation of girls and boys in domestic activities is regarded as part of their learning and preparation for adult life as well as making a contribution to the maintenance of the household". [31] However, these activities that are regarded as ordinary and normal can be excessive or exploitative and be a form of child abuse. Hazardous domestic work, such as working as domestic servants (house-boys and house-girls), was accepted as one of the worst child labour abuses in Uganda.

A GOU-UNICEF study in 1996 [32] found that in nearly all HIV/AIDS affected families, many orphans and children, mainly girls, were forced to leave school and care for themselves and other family members or provide nursing care for sick relatives. Some of the girls and boys orphaned by AIDS were found to have full responsibility of looking after AIDS patients and/or their parents including cooking, doing laundry, interrupted sleep to offer drinks or other services and keeping watch over sick patients. [33] At this point, it should be emphasized that the societal norms that influence gender roles often result in women/girls having a much heavier burden in terms of their responsibilities for care giving than men/boys have. [34]

AIDS has tremendously increased the social costs of caring for sick people and orphaned girls and boys by communities and households. In addition, with the increased prevalence of AIDS and onset of armed conflict, girls' and boys' participation in domestic and farm work has increased and has often interfered with schooling and the health of the children. In a survey on girls and boys in domestic service conducted by Federation of Uganda Women Lawyers (FIDA) in Kampala, 522 child domestic workers are found, of which 84 per cent were girls. A Rapid Assessment of child domestic workers in the

[31] Institute of Development Studies, "Chapter 3: Analysis of Vulnerability in Uganda", Social Protection in Uganda, http://www.ids.ac.uk/ids/pvty/pdf-files/UgandaCh3.pdf, Sussex, UK.

[32] Mwaka and Tumushabe (1996), op. cit.

[33] Tumushabe, J. (2000), op. cit.

[34] Institute of Development Studies, op. cit.

districts of Kampala, Wakiso and Mpigi revealed that girls and boys are leaving the villages in big numbers to do child domestic work in urban areas. [35]

1.6.4. Commercial sexual exploitation of girls and boys

The deprivation of parental care due to HIV/AIDS and the situation of insecurity, poverty, and food deprivation have not only become factors leading to child labour but have resulted in girls' and boys' exposure to more life-threatening hazards. Commercial sexual exploitation may provide girls and boys and their families with the immediate cash earnings, which is a survival strategy in the short-run, however, the hazards of which, such as HIV/AIDS infection, may result in long-term suffering of children.

Child prostitution is reported to be on the increase and is well established in Kampala and other urban areas. A UNICEF study conducted on child prostitution, in Nakulabye Parish by Slum Aid Project in 2000, revealed that the number of girls involved in prostitution is increasing and that more and more girls are engaging in the practice at a very young age. [36]

Child prostitution in Uganda

A team of four trade unionists was dispatched to eastern Uganda (covering Malaba border point to Jinja) to assess the incidence of child labour in the commercial sex sector. The methodology used in the assessment was through interviews, observations and participatory approaches by offering drinks. The specific areas visited included Kutch road, Oboja road, Mango Bar and Restaurant along Scindia road, Rich Rich Bar, Restaurant and Lodging, and Malaba border point.

For a period of two hours, the team interviewed four girls, aged between 13 and 16 years. The girls intimated that they have been in the trade for between one and three years. The reasons for their involvement in the sex industry were given as family break-ups, domestic violence, peer group pressure, running away from armed conflicts, and simple truancy.

Problems faced by children in the sex industry:

- no regular income;
- refusal by customers to pay;
- police harassment, rape, arrest, etc.;
- offering credit to regular customer who later fail to pay;
- some clients not interested in the use of condoms;
- forced extra sex, after defying the agreement made;
- missing sleep due to lack of accommodation;
- continuous work environment (day and night service);
- clients steal money from them;
- rivalry amongst sexual workers, particularly adult women;
- unhygienic and dirty customers;
- exposure to sexually transmitted diseases (STDs).

Source: Mwamadzingo, M.; Mugeni, O.; and Mugambwa, H. (2002): *Trade Unions and Child Labour in Uganda, A Worker's Education Handbook*, http://www.ilo.org/public/english/dialogue/actrav/genact/child/download/ugaman.pdf.

[35] SODECO (2001): *Rapid assessment of child domestic labour in Uganda*, conducted for WAYS 2001.

[36] Information on whether boys engage in commercial sex and the statistics was not available from this project.

2. Impact of HIV/AIDS on children's education and child labour and existing policy interventions dealing with the OVC crisis

2.1. Linkages between HIV/AIDS and child labour

There has been a growing literature on the linkages between HIV/AIDS and child labour, which are two major issues related to welfare of girls and boys. "The research findings from community-based and advocacy organizations, universities and international organizations such as the ILO, UNICEF, UNAIDS, World Bank, on HIV/AIDS, child labour and child protection, confirm the link between child labour and HIV/AIDS. In fact, for a child, the loss of the mother or father (or both) has a strong link to her/his economic exploitation, as orphans are twice likely to work than non-orphans". [1] The HIV/AIDS epidemic is a barrier for the elimination of child labour, i.e. it brings about child labour, since it increases the number of vulnerable girls and boys, especially the orphans, the economic pressure on households resulting in girls' and boys' engagement in work to contribute to income rather than going to school, the burden on the community groups and institutions assisting caregivers and vulnerable girls and boys, the likelihood of vulnerable girls and boys being commercially sexually exploited hence their risk of HIV infection. [2]

The majority of the people who have died due to AIDS related illnesses are adults and constitute the largest and most productive segment of the labour force. For instance, according to the Revised National Strategic Framework for HIV/AIDS Activities in Uganda, 2003/04-2005/06, over 80 per cent of the reported AIDS cases are among people between 15-45 years old. The subsequent death of these people has negatively impacted the economy and labour force supply and may induce child labour by:

(1) reducing adult labour supply and hence, production shortages, resulting in a shift towards a younger and inexperienced work force;

(2) increasing labour demands particularly in nursing care and management of vulnerable girls and boys and households;

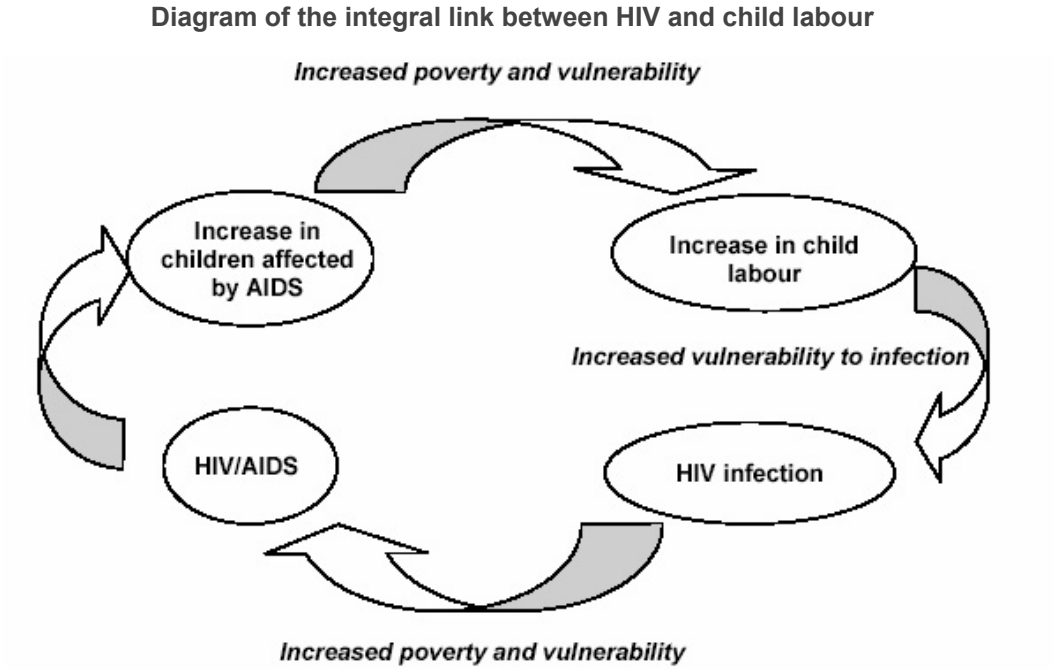
(3) reducing the generation of capital and resources available for the production process as resources are diverted to treatment and care of people affected by HIV/AIDS;

(4) necessitating the migration of HIV/AIDS affected girls and boys to other homes and hence increased stress on those households.

[1] ILO-IPEC Workshop on the Impact of HIV/AIDS on Child Labour in sub-Saharan Africa, 6-8 May 2003, *Participant's Strategy Paper*, Lusaka.

[2] GOU and ILO-IPEC (2002): Combating child labour and HIV/AIDS in sub-Saharan Africa, p. 1.

Figure 2.1. Diagram of the link between HIV/AIDS and child labour

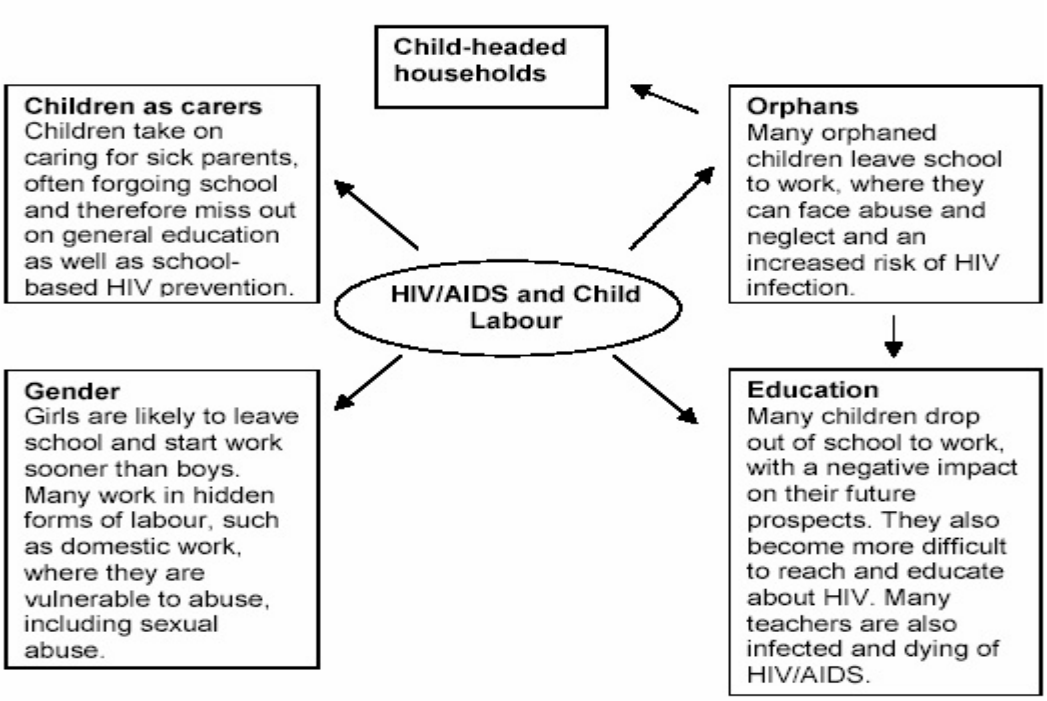


Source: Le Breton, S. and Brusati, A. (2001): *Child labour and HIV/AIDS: Exploring the interface, A brief overview of recent literature, research and organizational commitment*, Policy and Practice Unit.

The diagram above illustrates the basic links between child labour and HIV/AIDS. The increased poverty and vulnerability stemming from HIV infection lead to an increase in the number of people living with HIV/AIDS. This situation affects girls and boys through various ways – which are argued above – such as loosing one or both parents and leaving many households vulnerable and poor because of the lack of working-age adults. The girls and boys affected/orphaned by HIV/AIDS are at higher risk of engaging in different kinds of work as a result of increased poverty and vulnerability in their households, thus child labour increases. This may result in a rise in HIV infection in return since girls and boys may get involved in the worst forms of child labour like prostitution. All these interactions, at the end, lead to a vicious cycle.

Households and girls and boys affected by HIV/AIDS suffer many challenges triggered by declining household income, including reduced opportunities for education. A schematic summary of the linkage between HIV/AIDS, education and child labour is shown in the diagram below, which considers the linkage in terms of gender, care giving and orphanhood. As discussed in the literature, HIV/AIDS may lead orphaned girls and boys to work since they are lack of the social and economic protection that parents can offer. Girls and boys may need to drop out of school to supplement household income and/or take care of the sick persons and/or their siblings. Moreover, as widely recognized, girls are in a more disadvantaged position in terms of types of work they are engaging in and human capital accumulation compared to boys.

Figure 2.2. Examples of the experiences of children affected by AIDS related to child labour



Source: Save the Children Fund, UK, 2001.

2.2. School attendance and performance

The literature on the linkages between HIV/AIDS and child labour indicates a number of factors affecting educational attainment of orphans in terms of enrolment, attendance and performance. It should be noted that while enrolment of all girls and boys in school is a crucial step in withdrawing them from child labour, ultimately the benefits of education to these girls and boys will depend on their performance in school, which is as much an outcome of the quality of schooling provided by the system, as the level of attendance that the girls and boys put into the schooling process.

HIV/AIDS impacts on both the availability and utilization of schooling. The study of Ntozi et al. (1997) [3] on the incidence of orphanhood in Rakai district shows that only 19 per cent of the girls and boys in the target group continued undisrupted with schooling after the death of their parents, while the majority lost school time or left school. The study, therefore, concluded that girls and boys with a surviving parent had the highest likelihood of continuing with their education. Those fostered by grandparents before and after death of the parents had the least likelihood.

A study conducted by Tumushabe et al. (1997), [4] under the Strategic Resources Planning for Africa programme in the Ministry of Education and Sports, a year after the introduction of Universal Primary Education (UPE) found out that although there was a

[3] Ntozi, J.P.M.; Sekatawa, E.K.; Konde-Lule, J.; Tumushabe, J.; Kirunga, C.T.; Nakayiwa, S.; Ahimbisibwe, F.E.; Lubaale, Y.A.M.; and Zirimenya, S. (1997): *HIV/AIDS Research Results and its Summary.* Consultancy Report. Kampala: Uganda AIDS Commission.

[4] Tumushabe J.; C. Barasa; F. Muhanguzi; and J.O. Nape (1999): *Gender and Primary Schooling in Uganda,* Partnership for Strategic Resource Planning in Africa, IDS, Brighton, Sussex.

specific provision for the free education of orphans in the UPE policy, the school fees waiver has not been sufficient in keeping girls and boys in school. Earlier findings [5] had indicated that significantly more pupils from HIV/AIDS afflicted households than non-afflicted lacked books and proper uniforms. Guardians and parents are still expected to provide auxiliary needs, notably uniforms and scholastic materials, which many cannot afford. In addition, a recent GOU and ILO-IPEC study [6] on child labour and HIV/AIDS found that even when they stayed in school, the attendance of girls and boys affected by HIV/AIDS was irregular, averaging three to four times a week for less than six hours a day. Many such girls and boys had to take on additional responsibilities including paid and unpaid work leading to high rates of absenteeism and tardiness and subsequent decline in academic performance.

2.3. Girls' education

Significant attempts are being made towards achieving Universal Primary Education (UPE) in Uganda and the UPE policy provides free education for all children in each household including all girls. According to the report on Girls Education in Uganda prepared by UNICEF, [7] school enrolment of girls and boys has increased from 2.6 million girls and boys in 1997 to 6.9 million in 2002. While there is almost gender equality in the first grade, drop out rates are unacceptably high especially for adolescent girls and learning achievement for girls is low.

The same report of UNICEF suggests some factors including HIV/AIDS as the barriers for the girls' education, which can be seen in the following box.

Barriers for girls' education

- **Poverty, socio-economic factors and the indirect costs of education**. These include textbooks and uniforms, or losing the labour of the girl in the home, are preventing girls and other excluded children from going to school. At least 35 per cent of Ugandan households live below the poverty line. Approximately 30 per cent of families are polygamous, and in a paternalistic society boys are invariably favoured.
- **HIV/AIDS**. This pandemic is decimating the education system. There are 880,000 AIDS orphans under 15 years, so girls often stay at home to care for sick relatives, and many teachers are becoming victims of AIDS.
- **Lack of policy in key areas**. Uganda has a very high rate of adolescent pregnancy. Some 35 per cent of girls are either pregnant or have given birth by age 17. Yet policies exclude pregnant or new mothers from school.
- **Safety and security issues**. Sexual harassment and exploitation are deterring girls from going to school. Corporal punishment, although illegal, is widely used. Few schools have separate latrine facilities.
- **School-based factors**. Retention and performance are matters of concern. The curriculum is rigid and lacks clearly articulated quality learning outcomes, competencies, and assessment criteria. Classrooms are still characterized by gender insensitive, non-participatory, and non-interactive methodologies.
- **At least 1.5 million children work**. The majority are child domestic workers in urban areas.

Source: http://www.unicef.org/girlseducation/files/Uganda_2003_(w.corrections).doc

[5] Tumushabe J.; R. Nyakikongoro; and B. Kakuhikire (1997): *Gender, HIV/AIDS and Primary School Enrolment and Dropout in South Western Uganda.*

[6] GOU and ILO-IPEC (2004), op. cit.

[7] UNICEF (2003): *Girls Education in Uganda*, http://www.unicef.org/girlseducation/files/Uganda_2003_(w.corrections).doc

According to a study carried out in south-western Uganda, school absenteeism in AIDS affected households is significantly higher among girls than boys. [8] The majority of guardians (57 per cent) indicated preference for girls in comparison to 14 per cent for boys, on which child should stay at home and assist with the domestic duties.

The study found that girls from afflicted households miss more days than their counterparts from non-afflicted households, and the percentage of girls in AIDS afflicted households that had missed more than 14 days in the two years prior to the survey (73 per cent) was significantly higher than that of boys (59 per cent). The same difference was not significant among the non-afflicted household respondents and the difference between boys in afflicted households and their counterparts from non-afflicted homes.

2.4. The policy environment

By the year 1998, there were reports by the AIDS Control Programme (ACP) that sentinel surveillance in some health units had indicated a decline in HIV prevalence among antenatal women. At the African Development Forum in Addis Ababa in the year 2000, the President reported dramatic declines in the prevalence of HIV/AIDS in Uganda when he said:

> Uganda's estimated prevalence rate reduced from around 30 per cent in the early 1990s to around 8 per cent in the late 1990s; the age at first sex among girls increased from 14 to 16 years; and from 14 to 17 among boys between 1995 and 1998; sex with non-regular partners has also considerably reduced; and condom use increased from 57.6 per cent in 1995 to 76 per cent in 1998. Next year, we shall require 80 million condoms. Most important of all, the stigma attached to people living with HIV/AIDS has virtually evaporated. [9]

In 2002, at the Commonwealth Heads of Government Meeting (CHOGM) in Coolum, Australia, the President of Uganda was given a special award in recognition of his personal leadership and strong commitment to the crusade against HIV/AIDS. The 2004 Report on the global AIDS epidemic also support the improvements in the HIV/AIDS stating that as a result of a strong national commitment to awareness and health promotion about HIV/AIDS in Uganda, an average 18 per cent decline in the prevalence rate in the early 1980s to its current stagnation around 6 per cent. [10] This global acclamation is accompanied by massive donor resources.

Unfortunately, there are still some drawbacks in the epidemic's prevention, protection of adolescents and youth (especially girls between 14-20 years old) from infection, and putting in place comprehensive systems that will socially and economically provide for the over two million Uganda girls and boys orphaned largely due to AIDS and armed conflict. This is not to mention the complacency within the population regarding the need for intensifying prevention and hence future HIV/AIDS orphans.

In spite of the existence of some policy drafts on employment in general and child labour in specific, implementation of a more definitive and explicit policy is necessary. Nonetheless, the major responsibility for taking care of the rights and welfare of girls and

[8] Tumushabe J.; Nyakikongoro, R.; and Kakuhikire, B. (1997), op. cit.

[9] Museveni, Y.K. (2000): *AIDS The Greatest Leadership Challenge,* Statement of the President of the Republic of Uganda at the African Development Forum 2000, Addis Ababa.

[10] UNAIDS 2004 Report on the global AIDS epidemic, http://www.unaids.org/bangkok2004/GAR2004_pdf/UNAIDSGlobalReport2004_en.pdf .

boys is vested in the Ministry of Gender, Labour and Social Development. Other Ministries with minor responsibilities include Education and Sports, Health, Local Government, and Internal Affairs. Most of the drafted policies of the relevant Government Departments, including the Uganda Constitutional provisions, have not been passed by Parliament into Law and therefore cannot be implemented without a challenge. Worse still there is very little public education about these policies and they have not been nationally debated and owned.

2.4.1. International commitments

Uganda has ratified three ILO International Labour Conventions that provide for the protection of girls and boys from certain categories of employment. These are the Minimum Age (Industry) Convention, 1919 (No. 5), Minimum Age (Underground Work) Convention, 1965 (No. 123), Worst Forms of Child Labour Convention, 1999 (No. 182) and Minimum Age Convention, 1973 (No. 138). Provisions of the latter two Conventions have also been incorporated into the national labour legislation, namely the Employment Decree No. 5 of 1975. Uganda also ratified the UN Convention on the Rights of the Child in 1989.

2.4.2. The 1995 Constitution

The 1995 Constitution of Uganda provides that girls and boys under the age of 16 years are to be protected from social and economic exploitation and shall not be employed in or required to perform work that is likely to be harmful to their health or physical, mental, spiritual, moral or social development (Art. 34-4 and 5). In addition to this protection, the GOU has also developed a number of policies, which in varying degrees, respond to the needs and rights of children susceptible to exploitative forms of child labour.

2.4.3. The Children's Act

Towards commitment to the Convention on the Rights of Children (CRC) principles, the Government of Uganda (GOU), utilizing Article 34 of the Constitution, [11] enacted the Children's Act, which consolidates all matters pertaining to the rights of girls and boys. Part II of the Act [12] states that: "A child has the right not to be made to work or take part in any activity whether for pay or not which is likely to injure the child's health, education, mental, physical or moral development". Girls and boys may engage in housework, but they must do so according to their age and ability.

2.4.4. The National Child Labour Policy

This policy identifies the worst forms of child labour based on data generated from various studies supported by ILO-IPEC and other partners. The worst forms of child labour include: girls and boys engaged in commercial agriculture on plantations; fishing along the lake shores and in the islands; girls and boys in domestic labour; girls and boys in armed conflict; girls and boys in the informal sector, street activities and commercial sexual exploitation; and children in construction.

[11] Article 34 of Constitution of the Republic of Uganda 1995 provides for the enactment of laws in the best interests of children including those in conflict with the law.

[12] Sections 89-110 of the Children's Statute 1996, simplified version, pp. 47-55.

2.4.5. The Poverty Eradication Action Plan (PEAP)

The overarching policy and framework for all development interventions is the Poverty Eradication Action Plan (PEAP) currently under revision. The PEAP underscores HIV/AIDS and social protection as critical crosscutting issues. The PEAP recognizes the various dimensions of poverty and vulnerable groups including orphans and particularly those orphaned by HIV/AIDS as some of the poorest groups.

According to the National Household Survey 2002/2003, 3.2 per cent of girls and boys aged less than 18 years had lost both parents while 8.4 per cent and 32.2 per cent had lost their father and their mother respectively. [13] A study carried out by GOU and ILO in 2004 also showed that over 60 per cent of the girls and boys covered in the study reported to be affected by HIV/AIDS following the deaths of at least a parent/guardian. The death of the mother affected 67.7 per cent of the girls and boys while those affected by the death of the father formed 87.4 per cent. On the other hand 54.7 per cent (228 girls and boys) of the orphaned girls and boys had lost both parents as a result of HIV/AIDS. [14] The fact that HIV infections are still high poses a serious threat to what has been achieved already in reducing poverty and is an obstacle to the realization of national goals.

While the PEAP does not directly address child labour issues, its multi-dimensional approach and interventions to address poverty and HIV/AIDS have some bearing on reducing the incidence of child labour. Therefore, policy actions listed in the PEAP in response to HIV/AIDS and its consequences, including the challenge of orphans, incorporate the prevention and treatment of those affected; mainstreaming of HIV/AIDS in human resource planning in all sectors and areas of government; [15] and provision of social protection measures through the implementation of the Policy and Programme Plan of Orphans and Other Vulnerable Children (OVC) under the Social Development Sector Investment Strategic Plan (SDSSIP).

2.4.6. Social Development Sector Strategic Investment Plan (SDSSIP)

The newly developed SDSSIP aims at ensuring full realization of economic, social, cultural and civic rights as well as improved livelihoods for the people of Uganda, with particular focus on protection of the poor and vulnerable groups, for sustainable and gender responsive development. Recognized categories of vulnerable people include child labourers, abused and neglected girls and boys and orphans. The SDSSIP is recognition of the importance of social protection and will focus on processes and mechanisms that will increase access to and benefits from services delivered from various sectors for the identified vulnerable groups.

2.4.7. The National Orphans and Other Vulnerable Children Policy

The recently developed National Orphans and Other Vulnerable Children policy is an integral part of the PEAP and the SDIP. The goal of the policy is to mitigate the impact of

[13] UBOS: Uganda National Household Survey 2002/3, Socio-Economic Survey Report, Uganda Bureau of Statistics, Entebbe.

[14] GOU and ILO-IPEC (2004), op. cit.

[15] National Strategic Framework: A guide for all HIV/AIDS Stakeholders, January 2004.

orphanhood and other causes of vulnerability on girls and boys in Uganda and improve the fulfilment of their rights. Priority areas of focus are: care and support, child protection, education, health, food security and nutrition, psychosocial support, socio-economic security, conflict resolution and peace building, legal support and capacity enhancement. These interventions will constitute the Uganda Minimum Essential Service Package for orphans and other vulnerable children.

2.4.8. Universal Primary Education (UPE)

The UPE Policy introduced in 1997 provides a framework for the mitigation of the psychosocial effects of HIV/AIDS amongst OVCs through the provision of free education. In response to child labour, UPE provides girls and boys with the opportunity to continue their education and attain better opportunities and life skills development. Initially targeting only four children per family, the policy has been extended to all school going children.

Since its introduction, the number of school going girls and boys has increased from 2.8 million in 1996 to 7.3 million by 2003. However recent studies point to challenges of retention in terms of dropouts, absenteeism and repetition to the extent that only about 22 per cent of the girls and boys that enrolled in primary one in 1997 managed to get to primary seven in 2003. [16] In addition, while the gender gap in enrolment between boys and girls stands at only 1.1 per cent in primary one, it rises to 15.7 by primary seven. [17]

Reasons cited for the decline in retention figures include the low quality of education, high average enrolment at the beginning of the UPE implementation process, proximity to school, gender issues, high costs, poverty and the HIV/AIDS pandemic which has necessitated the drop-out of girls and boys from school to care for sick parents and siblings, or as a result of declining household incomes, shortage of fees and hence the need for the girls and boys to seek alternative means of survival through provision of their labour.

Complementary policies to improve access, retention and the quality of education have been launched lately as part of the Education Strategic Investment Plan (ESIP) and include the National Strategy for Girls Education and alternative non-formal education programmes.

2.4.9. National Strategic Framework for HIV/AIDS activities in Uganda

The National Strategic Framework provides a framework for policy and programme development, resource allocation, partnerships, coordination and monitoring of HIV/AIDS interventions in Uganda.

Under Goal 2b 2: “To mitigate the psychosocial and economic support to Orphans and Vulnerable Children (OVCs), Persons Living with HIV/AIDS (PLWHAs) and affected families to at least 50 per cent of those in need,” the framework lists the following as key activity areas: (i) assessing the needs of all vulnerable groups including OVCs; (ii) extending financial/material support for OVCs and child-headed households, guardians

[16] MOES (2003): *Primary Education Enrolment Inflows since Inception of UPE in 1997*.

[17] Kirungi, F. (2000): “Uganda tackling school bottlenecks: After rapid primary growth, focus shifts to quality and to secondary education”, *Africa Recovery*, Vol. 14-2, p. 20.

and foster families; (iii) establishing child/adolescent friendly services at district and lower levels; and (iv) ensuring enrolment and retention of OVCs in schools.

Table 2.1. shows that priority has been placed on the reduction of the rate of HIV infection (i.e. prevention) at all levels, taking a 46 per cent share of the estimated total cost. Mitigation of the health and socio-economic effects of HIV/AIDS follows with a share of 32.9 per cent while strengthening national capacity to respond to the epidemic takes 21.0 per cent of the total estimated cost. It should be noted that these figures include all categories of society and are not specific to children.

Table 2.1. Estimate for the HIV/AIDS plan by goal major activity (in US$)

Item	5-year cost estimate	Percentage
Goal 1: Reduction of HIV infection by 25 per cent by 2005/6	83 707 680	46.1
Goal 2: Mitigation of effects of HIV/AIDS	59 672 693	32.9
Goal 3: Strengthening national policy for response	38 085 657	21.0
Grand Total	181 466 030	100.0

Source: The National Strategic Framework for HIV/AIDS Activities in Uganda 2000/1-2005/6, March 2000.

2.4.10. Draft National Policy on Young People and HIV/AIDS

The overall goal of the policy is to prevent and control the spread of HIV/AIDS and to strengthen care and support to young people infected and affected by HIV/AIDS. Based on the rights based approach, the policy also seeks to promote the involvement of young people in the conceptualization, design, implementation, monitoring and evaluation of HIV/AIDS related interventions in partnership with all stakeholders, government and civil society.

2.4.11. The National Policy on HIV/AIDS and the World of Work

The policy provides a framework for prevention of the further spread of HIV and mitigation of the socio-economic impact of the epidemic within the world of work in Uganda. The policy recognizes the impact of HIV/AIDS on the labour force and productivity as well as consequences such as the increased number of girls and boys entering the workforce for survival of their families. In this case, HIV/AIDS has exacerbated the worst forms of child labour as well as promoting gender inequalities at the workplace due to the gender roles and expectations of women. The policy is expected to yield care, treatment and support provided to people infected and affected by HIV/AIDS within the world of work.

To sum up, when considered broadly, the above policies provide a framework through which all duty bearers should create a supportive environment that should mitigate the impact of HIV/AIDS on orphaned girls and boys as well as promote their protection from the exploitative and harmful forms of labour. One may therefore conclude that the government is committed to protecting girls and boys against child labour in Uganda.

However, it is essential to translate the things stipulated in legislation and policy guidelines into action. While there is clear recognition of the rights and welfare needs of girls and boys affected by HIV/AIDS, the successful implementation of many of these policies necessitates clarity of the laws, awareness rising on these laws, comprehensive data, strategies specifically targeting this group of girls and boys, indicators, strong

enforcement mechanisms as well as adequate resource allocation. These are in addition to the challenges of coordinating a multi-sectoral approach to issues related to girls and boys vulnerable to child labour. For an issue as complex as this, more collaboration and cooperation is required among government ministries, district authorities, employers and workers organizations, intergovernmental organizations and NGOs in order to address the needs of these girls and boys in a more comprehensive manner, eliminate duplication and maximize the efficient utilization of resources.

2.5. Initiatives to combat child labour in Uganda

A number of initiatives have been taken by the government to provide more protection to girls and boys against child abuse and exploitation. The work of Government in combating child labour and addressing vulnerable girls and boys especially those affected by HIV/AIDS and other causes of child labour are vested in different government institutions. Leading among these are the MOGLSD, UAC, the Ministry of Education and Ministry of Local Government.

2.5.1. Ministry of Gender Labour and Social Development (MOGLSD)

As discussed in the previous sections, understanding child labour issues and finding ways to eliminate the worst forms of child labour necessitate a gender perspective. The importance of mainstreaming gender in the policies and programmes is widely accepted world-wide. The Millennium Development Goal for promoting gender equality and empowerment of women indicates this recognition. In line with these goals, it is required to promote strategic alliances between government, NGOs and civil society, encourage partnerships between governmental and non-governmental agencies involved in implementing initiatives for the advancement of women/girls. In this sense, MOGLSD has a crucial role in Uganda.

The objectives of MOGLSD with regard to child labour are:

1. to put in place a legal institutional framework to address child labour;

2. to address the causes of child labour, such as poverty, failings in the education system, HIV/AIDS, armed conflict, social and cultural attitudes.

In terms of policy development, MOGLSD has initiated the process of drafting a comprehensive welfare policy that will address issues responsible for increasing vulnerability of girls and boys. The policy guidelines emphasize partnership and awareness rising on issues related to child survival, development and protection.

Institutional mechanisms to fulfil its mandate include the establishment of Child Labour Unit within the ministry and a national steering committee on child labour composed of representatives from government line Ministries, the Federation of Uganda Employers (FUE), the National Organization of Trade Unions and NGOs. The MOGLSD is planning to form a National Coalition against child labour with the assistance of ILO-IPEC.

At district level, the Ministry has set up District Child Labour Committees constituting line departments such as Probation and Welfare, Agriculture, Women and Youth departments, Local Councils and CSOs. These committees are expected to play a monitoring and advocacy role as well as lobby and to influence the development of supportive by-laws. Monitoring units have also been established within the FUE and labour unions.

The Ministry plans to integrate the existing child labour and related laws into the broader labour legislation. Key areas of focus include: (i) setting a minimum age for employment; (ii) establishing time limits for child labourers; (iii) classification of hazardous work (commercial agriculture, CSEC, construction, fishing).

The main challenges for the Ministry with regard to legislation include limited financial resources and reconciliation of the legislation against child labour with the notion of creating an investor friendly environment.

At the programme level, the Ministry has established child labour awareness rising programmes in 16 districts, which are Kampala, Wakiso, Mpigi, Mukono, Masindi, Nebbi, Kalangala, Kabarole, Bushenyi, Lira, Busia, Rakai, Tororo, Mbale, Kasese, Kyenjonjo and will soon cover Arua.

In collaboration with National Council for Children, International Federation of Women Lawyers (FIDA), Platform for Labour Action and ANPPCAN, the Ministry is conducting an on-going campaign against child domestic work (CDW). Specific actions taken so far include the institution of a help line to assist CDWs in distress. If sustained, the help line may prove to be an effective tool.

A number of pilot programmes have also been formulated in partnership with other organizations including the Federation of Uganda Employers and the National Union of Plantation and Agricultural Workers specifically targeting communities and girls and boys engaged in the worst forms of child labour i.e. in plantations. The Ministry has plans to expand its partnership to schools and training institutions.

Other partnerships include those with the following NGOs: Kids in Need, Uganda Youth Development Link (UYDEL) and ANPPCAN on girls and boys engaged in commercial sexual exploitation. The programme includes rehabilitation and resettlement of girls and boys back into school, fees sponsorship, counselling, health care, skills training and reintegration back into the communities.

2.5.2. Uganda AIDS Commission

The Uganda AIDS Commission was established in 1992 and mandated to coordinate the GOU's response and approach to the HIV/AIDS epidemic. This approach emphasizes the notion of collective responsibility and partnership between different agencies and communities in the prevention, control, treatment, care and support of those affected. Implementation of the multi-sectoral approach is guided by the National Strategic Framework for HIV/AIDS Activities in Uganda (2000/1-2005/6) whose objectives are:

- to reduce the rate of HIV infection;
- to mitigate the health and socio-economic impact of HIV/AIDS at individual, household and community levels; and
- to strengthen the national capacity to respond to the epidemic.

Institutional mechanisms established include ten Self-Coordinating Entities (SCE) representing: Parliament, Line Ministries, donors, NGOs, International NGOs, private sector, Faith Based Organizations (FBO), Networks of People Living with HIV/AIDS (PHA), the Decentralized Response (at district and lower levels), Research, Academia and Science. A new SCE for Youth was launched on 1 December 2003 (World AIDS Day) and an additional SCE for the media is being considered in order to improve advocacy and awareness rising activities.

A district-level plan is in place that includes the formation of District HIV/AIDS Committees (DHAC) to coordinate HIV/AIDS activities at that level.

2.5.3. Ministry of Education

The Ministry of Education has an important role in the prevention, protection, rehabilitation and mitigation of the effects of both HIV/AIDS and child labour since:

- enrolment of girls and boys in the school engages them and withdraws them from the world of work;
- education provides girls and boys with knowledge, life skills and better opportunities for avoiding hazardous work; and
- technical skills training is important for those who may have already been engaged in child labour.

Since 1994, there have been initiatives to institutionalize preventive education in the sector through integration of HIV/AIDS issues into the curricula at different levels of formal education. In relation to the multi-sectoral response against HIV/AIDS, the Ministry, with support of UNICEF sustained school health programmes in the mid 1990s. The aim of these programmes was to address the issues of life-skills, education and responsible sexuality.

Since then the Ministry has set-up an HIV/AIDS Coordination Unit and Steering Committee which is responsible for overseeing all the HIV/AIDS activities within the Ministry. Each department in the ministry is expected to select and develop HIV/AIDS programmes within such priority areas as prevention, care and support, impact mitigation, capacity building and research dissemination.

The Ministry has put in place a mechanism for: (i) reviewing and mainstreaming of HIV/AIDS into the Education Sector Strategic Framework and Action Plan; (ii) training of counsellors to provide workplace/school based counselling services for staff and students in every primary and secondary school in Uganda (30 per cent of the schools have been covered so far); (iii) development of HIV/AIDS child-centred teaching materials under the President Bush's Emergency Plan for AIDS Relief (PEPFAR); (iv) establishment of a District Education Monitoring and Management Information System (DEMMIS) to continuously assess the impact of HIV/AIDS on school systems and to support and increase retention of girls and boys affected by HIV/AIDS; (v) development of the strategy for the girls' education to increase access, enrolment and retention of girls in schools; (vi) establishment of a Gender Desk within the Ministry to promote education of the girls and implementation of the National Strategy for the Girls Education. The desk is responsible for exploring related initiatives that will improve girls access to education i.e. development and use labour saving technology to reduce the demand for girls labour in the domestic arena; and (vii) implementation of the School Health Education Project – a Government of Uganda/UNICEF programme that aimed at increasing awareness and controlling the spread of STDs among primary school going girls and boys.

2.6. District-level initiatives

It is quite impossible to mention about the existing district-level initiatives in Uganda. During the preparation of this paper, field visits to the districts of Rakai and Luwero, both of which have fairly large populations of orphans affected by HIV/AIDS and now engaging in child labour, were made. It was noted that while district authorities are aware of prevalence and dangers of child labour, there are hardly any district activities to address

these ills. In both districts, the UPE programme was the only remedy cited, apart from the ad hoc sensitization of communities on child labour. None of the districts have made provisions for the protection of vulnerable girls and boys, child labourers and orphans.

The district officials, however, recognize the importance of developing specific programmes for this category of children and depending on the availability of funds identified the following as critical:

- free and compulsory education for all girls and boys;
- provision of psychosocial support services for HIV/AIDS orphans;
- scaling up of HIV/AIDS awareness/education campaigns to target girls and boys;
- income generation for HIV/AIDS affected families;
- establishment of vocational training centres;
- introduction of life skills into the curriculum.

2.7. The non-state actors

Besides government, non-state actors have undertaken important work in terms of addressing HIV/AIDS and child labour issues. These include NGOs, community based and faith based organizations, and some private sector operators. Nearly all these actors can be engaged in the child-labour struggle. The fight against child labour and the ultimate realization of the country's effort to achieve universal primary education will need to recognize and build upon the work that is already being undertaken in the struggle against HIV/AIDS. Of particular importance is the work that is being undertaken by different actors in support of girls and boys affected by HIV/AIDS. It is estimated that there are over 150 small and medium sized CBOs and NGOs supporting girls and boys affected by HIV/AIDS. Approximately 100,000 girls and boys have benefited from the actions of UCOBAC, TASO, UWESO, Action AID, AMREF Uganda, AWOFS, Feed the Children, FXB Foundation, Horizon, NACWOLA, Plan International, Save the Children Uganda, Uganda Children Charity Foundation, and World Vision. [18]

An inventory of all these actors and the work they are doing would be essential in order to identify the most plausible partnerships for programme design. However, the time and resources for this task are well out of the mandate of this paper. Below we attempt to analyse basic facts about some of the actors and their potential for partnership in addressing the child labour challenges in the context of HIV/AIDS. It is recommended, however, that a full inventory of the actors and a data bank of their activities and achievements be set-up and regularly maintained to enable effective planning for the minimization of the vulnerability of girls and boys affected by HIV/AIDS and other causes of child labour.

In Uganda, the majority of activities towards addressing child labour issues are generally being undertaken by NGOs. Many of these have already set up partnerships with ILO-IPEC. Both local and international NGOs have played a major role in assisting and protecting girls and boys affected by HIV/AIDS.

[18] AMREF-Uganda (2001): *Inventory of Agencies with HIV/AIDS Interventions in Uganda*. Kampala.

2.7.1. Uganda Youth Development Link (UYDEL)

UYDEL is one of the organizations already working in cooperation with ILO-IPEC. Since its establishment in 1995 with the objective of supporting drugs afflicted communities, UYDEL has become involved in elimination of the worst forms of child labour, particularly commercial sexual exploitation.

The programme operates in slums, schools and streets of Kawempe Division and targets commercially sexually exploited girls and boys aged from 10 to 18 years old. A study commissioned by UYDEL in 1999 indicated that approximately 500 children (20-30 per parish) in the 21 parishes of Kawempe were affected by CSEC. The study established that the majority of these children are girls who had dropped out of school due to school fees. Most of them had been living with guardians, which means that they had lost one or both parents and most likely due to HIV/AIDS.

UYDEL has applied a multi-pronged approach towards the elimination of CSEC and activities include the following:

- withdrawal of girls and boys from hazardous work;
- provision of non-formal education;
- pre-vocational training for working girls and boys;
- provision of support services;
- awareness raising.

Educational opportunities

As a result of its activities, UYDEL has withdrawn 350 girls and boys from prostitution and other forms of sexual abuse and provided them with support in form of medical treatment, psychosocial counselling as well as placement with local artisans for vocational skills training. UYDEL has also returned 161 children (50 boys and 111 girls) to school for continuation with the formal educational system.

A report prepared by UYDEL in 2002 states that children are given the opportunity to choose a vocational skill that appeals to them without the undue influence of others. The statistics show that the girls mainly opt for hair dressing and tailoring which take a short time, and do not demand high educational qualifications and start up capital. The boys on the other hand, preferred motor vehicle mechanics, which they consider an easier option than welding, carpentry and electronics. In terms of placement, the children preferred local artisans whose training is considered more practical than that of the formal vocational training centres which are perceived to be more theoretical in nature.

Upon satisfactory completion of the training, the graduates are given a toolkit to enable them to set up their own businesses, and subsequent follow up visits to ensure that they do not revert to commercial sexual exploitation. UYDEL also provides resettlement packages for those girls and boys who wish to return to their families and original home areas.

Table 2.2. Beneficiaries of the vocational skills training component

Type of vocational skills	Boys	Girls	Total number of children
Tailoring	4	164	168
Hairdressing	1	132	133
Welding and metal fabrication	17	0	17
Carpentry	5	0	5
Motor vehicle mechanic	46	2	48
Brick layering and concrete practice	1	0	1
Electronics	1	0	1
Catering	0	2	2
Secretarial	0	3	3
Driving/motor vehicle washing	1	0	1
Music, dance and drama	1	0	1
Income-generating activities/start-up capital	3	18	21
Grand total	**80**	**321**	**401**

Source: UYDEL report, 2002.

Drop-in centre

UYDEL has also set up a rehabilitation/drop-in centre in a suburb located at Mpererwe, about 12 kilometres to the north of Kampala. Equipped with the basic necessities for boarding, the centre offers temporary accommodation for girls withdrawn from commercial sexual exploitation. In partnership with the World Food Programme, the drop-in centre provides some girls and boys with basic food items. In addition, the centre offers counselling, healthcare, medical treatment, behavioural change and life skills programmes, as well as recreation and other support services for resident and non-resident girls and boys. The centre has an accommodation capacity of 20. By June 2004, a total number of 127 girls had been rehabilitated through the centre.

Sensitization

In terms of awareness rising, UYDEL has been the pioneer in the production of a number of Information, Education, and Communication (IEC) materials on CSEC, Reproductive Health (RH) and Drug Abuse. UYDEL has also produced teaching guides and manuals for peer educators and counsellors. The overall goal is to support sensitization efforts and behavioural change. These materials have been disseminated to over 78,000 children and adults. Sensitization efforts have targeted Local Councils, teachers, religious leaders, peer counsellors, educators, CBOs, health workers, police, Local Defence Units, the impact of which has included the increased referral of affected girls and boys to UYDEL centres and allocation of resources to assist them.

A number of partners have also been attracted to the programme on the elimination of CSEC. Partners including WFP, WHO, Ministry of Health, local authorities, parent support groups, police, AIDS Information Centre and NGOs such as Hope after Rape have supported the programme through the provision of IEC materials, drugs, condoms, counselling services, food items and establishment of bye-laws to discourage the practice and prosecution of those luring girls and boys into CSEC.

2.7.2. Integrated Rural Development Initiative (IRDI)

IRDI is yet another partner of ILO-IPEC, which is supporting a child labour programme in Mbale district as part of its natural resource management programme. IRDI is involved in strengthening communities for sustainable development and its objectives include: ensuring food security, promotion of energy saving technologies and institutional capacity building of community groups.

In Mbale as in many other places, poverty has been identified as one of the main hindrances to the use of labour saving technologies in the cultivation and production of coffee on which many people depend for their livelihoods. Many small holders depend on family labour for the cultivation of coffee. Girls and boys form the cheapest source of labour and are engaged in fetching water, watering seedlings, looking after nurseries and drying the coffee. All these are time consuming and affecting schooling and normal development of girls and boys.

While addressing its core objectives: the promotion of energy (and labour) saving technologies, IRDI is attempting to address some of the problems of women and children who are mostly responsible for this activity. The use of solar dryers instead of traditional crop drying practices reduces the demand for women and children's time and labour and for the latter allows them to go to school.

The programme recognizes that labour saving technologies alone will not stop child labour and have integrated other components including income generating activities from which families can generate additional income to send their children to school. About 100 households have been facilitated.

Child labourers engaged in agriculture have been withdrawn and provided with education opportunities depending on their age. The project has also started a child sponsorship programme, which includes the provision of stationery and school fees. Girls and boys under 14 years have been taken back to formal school, while those aged above 14 years are attached to local artisans for training. Some 100 children have so far benefited from the formal school programme while 50 have acquired artisan skills in carpentry, tailoring, photography, bicycle repair and others. The latter have been given start-up capital to establish their own small businesses. Other training given to the girls and boys and their parents included business management skills training, HIV/AIDS education and counselling. Teachers have also been equipped with counselling skills to support the girls and boys some of whom may have been psychologically injured by their involvement in child labour.

2.7.3. Kids in Need (KIN)

KIN is an NGO that exists to build the capacity of vulnerable girls and boys (who live and work on the streets) and create a conducive environment for them, as a contribution towards the promotion of children's rights. KIN works with street children, the majority of whom have wound up on the streets as a result of HIV/AIDS, armed conflict, broken homes, domestic violence and general poverty which may have led to their dropping out of school. To survive on the streets, the girls and boys have subsequently been involved in both illegal and legal activities and become susceptible to the worst forms of child labour such as prostitution, drug-trafficking and organized theft.

In its almost ten years of existence, **Kids in Need** has benefited more than 800 suffering Ugandan children, who have gone on to become productive members of their communities. These 800 represent a happy ending to the Kids in Need story. But with thousands of children living and working on Uganda's streets, much of that story is still to be written.

Source: usinfo.state.gov/journals/ites/0505/ijee/wakiraza.htm .

KIN in partnership with ILO-IPEC is implementing a programme in Kampala, Wakiso and Mbale districts that targets girls and boys who are engaged in dangerous and exploitative work on the streets and aims at providing viable alternatives to hazardous labour. This is being done in the following ways:

Withdrawal and reintegration

Girls and boys withdrawn from the street are subjected to an intense rehabilitation programme and later integrated back into their communities. Since 2001, KIN has reintegrated more than 354 girls and boys who were living and working on the streets of Kampala.

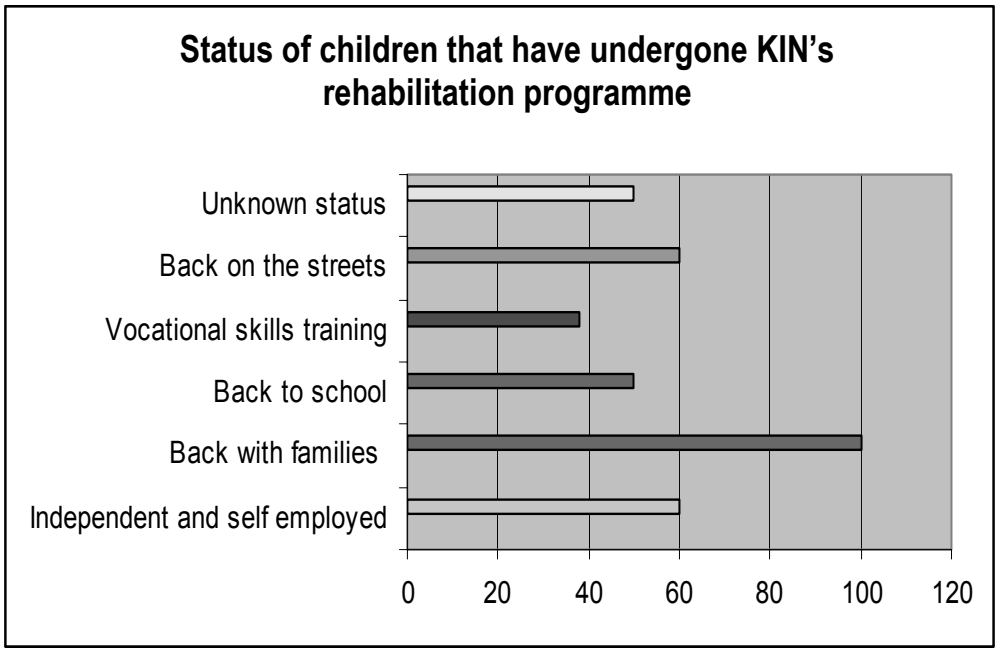
KIN runs a transit centre, which provides temporary accommodation to street children and provides them with appropriate nutritional care, medical treatment, shelter, clothing and counselling. A separate centre for former street girls, whose gender increases their vulnerability, who may have been subjected to different forms of abuse and exploitation and thus require a slightly different support programme, has been established in Nansana.

Rehabilitation for the withdrawn girls and boys also includes a re-orientation programme with a non-formal education component prior to the children's re-entry into the formal education system or vocational training. The rationale behind the non-formal education is to raise consciousness of girls and boys about their life situation and thereby enable them to assess and make informed decisions about their future.

The last stage of the rehabilitation programme is reintegration. This involves reuniting girls and boys with their families as well as supporting them to go back to school for those under 15 years old and vocational training for the ones in 15-18 year group. KIN has so far sponsored 120 children in primary and secondary education and as many in vocational centres. KIN has also partnered with experienced local artisans who take on the children on apprenticeship basis. Those attending the latter have been equipped with practical skills in carpentry, motor vehicle mechanics, tailoring, catering and car washing.

The figure below indicates the number of girls and boys who have passed through KIN and their status in terms of the withdrawal and rehabilitation of the street children. While the majority have been successfully rehabilitated and supported to start a better life, there are those cases that return to street life.

Figure 2.3. Number of children that have undergone KIN's rehabilitation programme, according to their status



Child labour awareness rising and sensitization

KIN is also conducting sensitization programmes for key stakeholders, namely parents, communities, local councils, police and employers with the aim of raising their awareness on issues related to child labour. KIN employs a variety of methods to educate the community on the exploitative nature of child labour as well as the problems and needs of vulnerable girls and boys in need of support, including workshops, wall murals and advocacy materials. One of the benefits of this strategy has been the improvement of working conditions for working girls and boys above 15 years old. Many of the employers are beginning to give girls and boys tasks that commensurate to their age and ability and respect their rights such as the right to have meals and lunch breaks. Child labour peer groups comprising of such girls and boys have been established to provide peer support, monitor and ensure constant advocacy on the rights of working girls and boys including payment of services.

2.7.4. Uganda Association for Social Economic Progress

Uganda Association for Social Economic Progress, which is working on withdrawing girls and boys from hazardous forms of labour such as plantation in agriculture, is one of the most recent partners of ILO-IPEC. The organization's current focus is on Mukono District where the targeted children engage in the cultivation of Vanilla. Mukono district has benefited form commercial agricultural production of high value crops, which are also labour intensive and therefore require the hiring of additional labour. Unfortunately, adult labourers have proved very expensive and as a result, many farmers have resorted to employ girls and boys who can easily be exploited.

The activities of Uganda Association for Social Economic Progress in the fight against child labour include the sensitization of parents, vanilla farmers and community as

a whole on the hazards of employing girls and boys and particularly the opportunity costs for education and future career prospects.

The initiative has so far withdrawn 150 girls and boys and has sponsored their tuition and other costs to facilitate their return to formal education. An estimated 50 other children have enrolled for vocational skills training under an apprenticeship scheme. Options include motor vehicle mechanics, tailoring and carpentry and girls and boys are encouraged to select a course of their interest.

The withdrawn children from working represent only about 30 per cent of the children employed on the vanilla farms. Many more children are employed in the fishing industry in Mukono. In the short-term, child labour committees have been established to maintain the advocacy campaign against child labour.

The above are examples of the existing partnerships of ILO-IPEC and serve as an indicator of the effective work that can be accomplished in pro-actively addressing the challenges of HIV/AIDS induced child labour. It is important to note that ILO-IPEC has a potential for engaging with many non-state actors to bring child labour issues into active programmes with limitless benefits to both the anti-AIDS and its impact struggle as well as to the managing the challenges of child labour which is its direct mandate. The following existing organizations provide a broad framework of AIDS organizations in Uganda, which can be engaged to handle child labour issues.

2.7.5. The AIDS Support Organization (TASO)

The global fight against HIV/AIDS and particularly in Uganda would have been much different if it had not been for the pioneering work of PLWHA and their spirited fight against the stigma surrounding the disease. The AIDS Support Organization (TASO) was founded in 1987 by a group of volunteered PLWHA and care-givers for psychosocial and medical support of HIV/AIDS afflicted families.

TASO has since grown into one of the biggest and most organized responses to the HIV/AIDS epidemic and currently has eight branches countrywide. TASO works closely with the AIDS Information Centre (AIC) and provides a range of services including care, treatment, counselling and psychosocial support for families affected by HIV/AIDS. Through its community initiatives programme, it is able to reach out to many families affected by HIV/AIDS and provide them with critical skills for HIV/AIDS prevention and impact mitigation.

TASO mission statement

TASO was founded to contribute to a process of restoring hope and improving the quality of life of persons and communities affected by HIV infection and disease and exists to offer.

At personal level

One to one counselling which empowers the infected\affected persons to make informed decisions, which improve the quality of life and facilitate the balance between RIGHTS and RESPONSIBILITIES. Sensitive and compassionate care which provides early diagnosis and treatment of opportunistic infections and enhances living positively and dying with dignity.

At family level

Counselling for the family members, which dispels their fears of contracting HIV through casual contact, facilitates care of the infected and affected persons, prepares the family and supports them during bereavement. Facilitation of provision of home nursing care and nutritional materials.

At community level

Community counselling which empowers the community to organize an appropriate response to the problems generated by HIV. Facilitation of community planned responses, community resources of their responses and mobilization of community evaluation.

At national and international level

Sensitization of the public about "Positive Living". Training appropriate personnel for service delivery. Mobilization of resources for achievement of goals. Join International efforts and forums for the total defeat of HIV infection and disease.

Source: http://www.tasouganda.org/docs/informat.pdf .

Thus, to the extent that TASO effectively reaches out to the HIV/AIDS affected individuals and their families through the community outreach initiatives, the organization, through its nationwide network can, if sensitized about the need to mainstream the management of the problem of child labour, be a useful partner in carrying out interventions in this field. It is also important to note that TASO has one of Africa's leading counsellor training programme in which both HIV/AIDS and child labour counsellors and community workers can be trained.

2.7.6. The Uganda Women's Effort to Save Orphans (UWESO)

The Uganda Women's Effort to Save Orphans (UWESO) was founded in 1986, as a non-profit, non-governmental development agency concerned with improving the lives of orphans. In 1994, with financial and technical support from the Belgian Survival Fund (BSF) and International Fund for Agricultural Development (IFAD), the UWESO Development Project (UDP) was designed. The project was aimed at capacity building within UWESO and initiation of pilot activities to empower indigent orphan families with knowledge and resources of running small-scale income generating projects through micro-savings operations training, and a loan scheme.

UWESO is an indigenous national development organization registered with the Uganda Non-Governmental Organizations Board. It is non-political and interdenominational governed by its constitution and the laws of Uganda

Mission of UWESO

To improve the quality of life of needy orphans by empowering the local communities to meet the social, moral and economic needs of these children in a sustainable manner.

Objectives

- To help, protect, love and generally care for the orphans so that they may grow up as happy and normal children.
- To foster and promote the life standard of orphans in Uganda through education and material provision of the essentials of life.

Source: http://www.uweso.org .

Today, UWESO is targeting HIV/AIDS orphans as well, and supports them in the area of vocational training, HIV/AIDS counselling, income generating activities including credit schemes, day care centres and school fees sponsorship. UWESO has twelve district branches and over 5,000 active members, who have volunteered to identify needy orphans, link them with foster-families, serve as foster parents, monitor school fees payments and engage in income-generating and food-generating activities. By the end of November 2001, UWESO was looking after 120,271 orphans under the age of 18.

Relatives taking care of girls and boys are encouraged to become members and supported with income generating activities.

The UWESO model aims at creating capacity for sustainability and self-support among orphan care households and communities. The model is based on a strategy of community care for orphans and girls and boys affected by HIV/AIDS. The focus is on enabling such families to have the capacity to generate long-term decent incomes and facilitating the improvement of the quality of their lives. Starting with a ten-week training programme, UWESO progressively builds on the capabilities of the households and communities to respond appropriately to their own basic needs. Once sufficient skills and capabilities have been built, households are provided with a small microcredit facility. They are closely monitored to ensure compliance, discipline and savings as well as good orphan care practices.

To ensure the minimization of stigma and positive living and respectability, the UWESO model approaches AIDS care through offering support to all orphan caregivers without specifically targeting AIDS orphans. The reality on the ground however is that over 90 per cent of the clients are AIDS orphan caregivers.

One of the main pillars of the UDP is a comprehensive training programme that is integrated within the whole process of initiating, recruiting, preparation, loan disbursement, monitoring, loan recovery and evaluation of individual client performance. The pre- and post-loan training usually involve the incorporation of additional components to micro-savings operations primarily dependent on client demands. When the UWESO staff lack the technical capacity to handle the specific requests of a particular cluster, they identify and provide logistic support for external trainers who come from among district extension staff and/or other NGOs.

For the out-school orphans, UWESO has set-up an apprenticeship-training programme through community artisans. The UWESO Savings and Credit Scheme (USCS) provides vocational training such as carpentry, brickwork and concrete practice, metal works, bicycle, radio and TV repair, tailoring, catering and hairdressing. Trainees attain on the job training and earn as they learn. After this training, the orphans are introduced to business enterprise management and subsequently loaned money to start their own micro-businesses. For the child-headed households, these enterprises are of critical importance, as they often become sole sources of income for their families.

2.7.7. Kitovu Mobile Home Care AIDS Project

The Programme was initiated by nuns of the Medical Missionaries of Mary (MMM) Society in 1986 to provide care for PLWHA in their homes and community areas. In 1987, it started giving services such as counselling and preventive AIDS education. The group has more than 700 volunteers. Between 1988 and 1997, Kitovu Mobile provided school fees, uniforms and scholastic materials, assistance to over 8,000 orphans as well as school support in the form of construction and rehabilitation of school buildings, training teachers and income generating activities.

Among its activities, Kitovu Mobile has a home care for PLWHA, orphans and family support, including training of teenage school drop-outs on modernized, sustainable organic agriculture, facilitating literacy programmes, counselling to trainees of Mobile Farm Schools (MFS), life skills and provision of technical, financial, and material support to OVC. Others include supporting orphans in post primary and tertiary education; counselling and training PLWHA and traumatized girls and boys; counselling individuals, peers, groups and families affected by HIV/AIDS and other psychosocial problems, training community volunteers in basic counselling skills, HIV/AIDS facts and patient care

at home and organizing workshops for the youth and women as well as staff of sister NGOs.

2.7.8. Rotary International

Rotary International started to be active in Uganda in 1995 and operates in the areas of Kabula and Kooki sub-counties, Rakai district. At the district-level, Rotary International collaborates with the district authorities and the Uganda AIDS Commission in the implementation of specific objectives of the National Strategic Framework.

Programme activities include microfinance schemes; counselling services to HIV/AIDS affected people; awareness rising and education on children's rights and HIV/AIDS, research; community development activities; psychosocial support to orphans; house construction for HIV/AIDS affected families and vocational training services.

2.7.9. Lutheran World Federation (LWF)

Lutheran World Federation has trained 555 community volunteers in two counties of Rakai District. The organization carries out child support programmes in the areas of nutrition, psychosocial support, literacy and home construction for child-headed households.

2.7.10. Concern International

Concern International established activities in Uganda in 1992 in response to the HIV/AIDS crisis in Rakai District. Prior to the UPE programme, Concern used to pay fees for some HIV/AIDS orphans. Currently the NGO supports care, treatment and support of PLWHAs in collaboration with CBOs such as Buwama Home Care volunteers in Mpigi district, Uganda Domestic Sanitation in Kampala District and Kitovu Mobile in Rakai district.

2.7.11. Child Restoration Outreach (CRO)

Child Restoration Outreach (CRO) is a non-government-organization working with street children and their communities in Mbale, Jinja and Masaka Districts in Uganda. CRO is governed by a National Board, while each project in Mbale, Jinja and Masaka has its own Board of Directors. Presently CRO has worked with over 1,200 street children and employs 22 staff. All CRO activities are in line with the government guidelines for NGO's working with street children in Uganda.

The drop-in centres have their own rehabilitation school, where children receive education and medical programme. Counselling is the most important activity at the centres, for children to make their choices for future. There are also individual, peer group and family counselling sessions. The women are taught in adult education, primary health care and income generating activities. CRO re-integrates 80 per cent of the street children in their communities. CRO is currently implementing ILO-IPEC action programme on child labour in Mbale District in Uganda, "Prevention and withdrawal of 400 HIV/AIDS affected children from entering into child labour in Mbale District".

2.8. Concluding remarks: A focus on education

Despite the initiatives and improvements, the education sector is plagued with a number of bottlenecks that are threatening even the Universal Primary Education

Programme. As noted, the UPE policy provides for school fees sponsorship of all girls and boys up to primary seven. Being enrolled at six years, girls and boys generally complete primary education at the age of 13. Without further support, many shift to the world of work at this early age. It has also recently emerged that despite the UPE programme, more than 75 per cent of all the children who enrol in primary one dropout before they start primary seven largely due to the auxiliary school needs, the high opportunity cost of girl's and orphan's schooling and lack of food at school.

AIDS orphans and particularly girls are likely to fail to enrol or drop out early as a result of the high opportunity cost of their schooling (demands of domestic and farm labour, caring for siblings the elderly and the sick), lack of financial support for direct costs of schooling (such as school fees and scholastic materials and uniforms). [19] Many of the orphans and particularly the girls drop out well before acquiring permanent literacy and related benefits of additional schooling. As Yusuf K. Nsubuga, Commissioner for Secondary Education [20] states: "Failure to absorb the growing number of primary school leavers will undermine Universal Primary Education and broader national goals like the elimination of poverty."

To optimize enrolment of HIV/AIDS affected girls and boys and reduce the depletion of resources on drop-outs, calls for measures to ensure economic support and alternative labour safety nets in AIDS affected households. It is important to note that the direct costs of schooling at primary level have been considerably cut by the state intervention with the promotion of Universal Primary Education. However, the remaining costs of schooling in form of scholastic and hygiene materials, uniforms and food remain critical and are reported to prevent attendance of especially girl orphans. The most effective means of ensuring girls and boys offset these costs is to enable foster homes access training and start-up capital to effectively carry out income generating activities that will in the long run have multiplier effects such as those illustrated above in the UWESO Model. It is, therefore, imperative that mechanisms that will enable civil societies including faith-based organizations to empower households caring for orphans towards economic sustainability be quickly enhanced and since the civil society organizations have already demonstrated capacity to economically empower communities, they should be given the leading role and coordinate with the vast human resource base in the district to address economic empowerment of care-giving households.

Another factor affecting the participation of children, especially girls and orphans, in either education or child labour appears to be their ability to access secondary schooling. Findings of the studies in the literature, such as Tumushabe et al. (1999) [21] suggests that, even without HIV/AIDS, education in Uganda is perceived by many parents and guardians as an economic investment rather than a social right of girls and boys. Many guardians weigh the benefits they will gain from educating a particular orphan or their own child, against the direct benefits they will gain. It is for this reason that many orphans and in particular girls are not encouraged to progress beyond the acquisition of basic literacy. Thus, many poor and often low educated guardians are aware that not only is education costly but also, for particularly girl AIDS orphans, higher education will delay the bride wealth and is inversely related to the benefits they would get from their domestic work.

[19] Tumushabe J.; Barasa, C.; Muhanguzi, F.; and Nape, J.O (1999), op. cit.

[20] Kirungi, F. (2000), op. cit.

[21] Tumushabe J.; Barasa, C.; Muhanguzi, F.; and Nape, J.O. (1999), op. cit.

In Uganda, many pupils, parents and guardians are aware of the limited opportunities provided by primary education as a means towards gaining paid employment and improving household incomes. Improved access to secondary schooling can therefore influence demand for primary schooling. Despite this realization, enrolment in secondary schools remains very low especially for girls. For the majority of orphans secondary education is not possible on the account of lack of affordable schools with reasonable quality. The costs of secondary education in Uganda are very high largely because of statutory fees and boarding costs. Boarding costs include cost of basic supplies like mattresses, basins, pocket money, soap and dormitory/hostel fees, and feeding which many families cannot easily afford.

Despite the potential and desire to expand admission to secondary education, many foster families are too poor to afford it. Government is faced with limited resources and has to make a choice between improving the quality of primary education and scattering resources between the primary and secondary school sectors. Since the introduction of UPE, government has increased the share of education in the recurrent and capital budget expenditure, and expanding it much further to cater for the needs of expanding secondary education is not likely to be immediately feasible.

The Government proposes the opening up of a secondary school in every sub-county in Uganda and has encouraged private initiatives in this sector through offering tax relief on private school proprietors as well as offering tax relief on scholastic materials including science laboratory equipment and materials for schools.

A study conducted in four districts of Uganda in 1999 (Tumushabe et al., 1999) found out there was high absenteeism for both boys and girls, with the leading cause of being ill. Nearly one-half of the pupils had missed a day or more of schooling in the two weeks prior to the survey. In the majority of school girls and boys from poor, food deficient households went to school without breakfast and had no lunch leading to their inability to remain attentive and eventually poor performance.

Opportunity cost of schooling, especially for girls

The opportunity cost of orphans and schooling has been found to influence absenteeism considerably. Kwesiga (1993), Mwaka and Tumushabe, (1997) and Tumushabe et al. (1999) [22] found relatively higher per cent of girls compared to boys reported working in the fields, looking after siblings, doing household chores, attending funerals, and caring for the sick as reasons for their absenteeism. Higher percentage of boys compared to girls, on the other hand, cited their obligation to look after animals and trade as the main reasons for their absenteeism from school.

The relatively higher demand for girls' domestic labour increases the opportunity cost of their schooling. The situation is worsened when there are long periods of illness in the family especially due to AIDS. Barnett and Balaikie (1992) [23] noted that frequent illness in an AIDS afflicted family initially prolongs the periods of absence of girls, who has to take care of the domestic chores such as cooking, cleaning and care for the sick, from school. Moreover, often the girls' labour is required on the farm to replace that of the mother who

[22] Kwesiga J.C. (1993): *Access to Higher Education in Uganda: An analysis of inequalities, barriers and determinants*, Ph.D. thesis, University of London, Institute of Education; Tumushabe J.; Barasa, C.; Muhanguzi, F.; and Nape, J.O. (1999), op. cit. and Mwaka, V.M. and Tumushabe, J. (1997), op. cit.

[23] Barnett T. and Blaikie, P. (1992), op. cit.

is sick or caring for a sick member of the family, which implies the substitutability between girls and women labour force.

Sexual harassment and pregnancy of schoolgirls

Most of the emerging literature on sexual harassment and pregnancy of schoolgirls proves that sexual harassment, pregnancy of schoolgirls and early marriage are increasingly leading to early drop-outs and poor performance of girls relative to boys in Uganda. At secondary education level, girls have higher drop-out rates than boys partly on account of pregnancy. The situation is particularly alarming where it involves teachers. Tumushabe et al., (1999) noted that one of the reasons for girls' drop out from primary schools was their parents' or guardians' feeling that the school environment was no longer secure for them. The cases where teachers were forced to marry schoolgirls after impregnating them are abhorrent to most societies and notably unethical in Uganda.

While on-time enrolment and automatic promotion may ensure that girls will complete primary education by the time they reach puberty, it will be inadequate as a measure towards preventing sexual harassment and pregnancy of schoolgirls. Gender training as well as specialized training on counselling and guidance of a senior teacher in every school will help creating a forum for discussion of the problem and guidance for pupils and teachers. However, the content of the training needs to be expanded, particularly with regard to the issues of elimination of child labour. Other measures such as community sensitization and tougher legislation against sexual offenders are required to reassure parents and guardians that their children will not be sexually harassed or become pregnant. Furthermore, setting-up regulations for all schools governing the ethical conduct of teachers is needed.

To sum up, it is important to note that while the Education Act of 1970 specifies ethical conduct for teachers, the years of turmoil in Uganda has also affected the teaching profession. Cases of sexual harassment, gender and orphan insensitive teaching, teachers' participation or silent acceptance of abuse and teasing of girls in class are unfortunately still happening. The accumulating body of literature on sexual harassment and pregnancy of schoolgirls provide an opportunity for a review of existing laws and design of appropriate regulations governing the way teachers relate to pupils.

Early marriage

In many regions of Uganda a cultural ideal for men is to marry once they have finished school and have a job and for girls to marry at a young age. By 19 years more than 80 per cent are married. As many as 23 per cent gets married before the age of 15 (Barton, p. 119). [24] The minimum legal age for marriage in Uganda is 18, however, this does not seem to be enforced in practice. In many cases studied in the literature, marriage was reported as a principal cause of girls' attrition from school. Early marriage is sometimes encouraged by parents in a bid to obtain money from dowry. Other times, it is "voluntary" propelled by household poverty, the failure of a fostering system, and the need to get economic support from a spouse (in case of girls). In some instances, it may be a combination of these with other factors such as: (i) lack of female role models who have become successful through education; (ii) lack of counselling and guidance about the negative sides of early marriage; (iii) loss of faith in education as a vehicle for human capital accumulation; and (iv) peer pressure from drop-outs who join commercial sexual exploitation or business such as petty trading and *boda-boda* (motorcycle transportation).

[24] Institute of Development Studies, op. cit.

3. Recommendations

In Uganda, like elsewhere in sub-Saharan Africa, most girls and boys are brought up in extended families that consist of multiple generations of grandparents, aunts, uncles, and older cousins, brothers and sisters. However, death of any of these adult household members is often temporary in nature with regard to the production of a child's welfare. Parental death, on the other hand, is likely to have a more permanent effect as parents, with a higher stake in investing in the welfare of the children, can rarely be substituted by relatives. While an adult in the household can be replaced, the loss of the special attention given a child by a parent is likely to have long-lasting implications.

Ultimately, the solution to HIV/AIDS induced child labour will depend largely on the efforts to prevent HIV/AIDS infection and death of adults, effective management of the poverty induced by the epidemic and mitigation strategies to address the already affected girls and boys and their households. All stakeholders (Government, NGOs, international organizations, FBOs, communities, donors, households and individuals) will have to undertake a series of responses while working in a coordinated manner towards common goals and objectives. The structure for the concerted work of the duty bearers was set-up in different government departments such as the MOGLSD, UAC, Ministry of Education and other government departments.

Policy development

To achieve the dual goal of halting the spread of the HIV/AIDS and mitigating the effects of child labour can be attained by addressing the drawbacks inhibiting government departments, such as the MOGLSD and UAC, from performing their coordinating role. These include, among others, addressing the inadequacies in the legislative process. While a number of conventions regarding child labour have been ratified and policies drafted to support the ratification in Uganda, the final legislative process requiring Parliament to pass laws is yet to be finalized. The sensitization of the public to make them aware of the hazards of child labour should also be ensured. It is, therefore, recommended that the responsible government departments should ensure that:

1. The finalization of the process of passing of these policies into law is given priority.

2. The policies are harmonized with existing policies such as the Rights of Children, education policies and other draft policies notably the OVC Policy, the Universal Primary Education Policy and Workplace Policies.

3. Parliament work together with partners (donors, the civil society, private sector, local governments) to put in place capacity to implement the policies when they are passed.

4. National and district plans in education, poverty eradication and HIV/AIDS identify mechanisms for mitigation of the impact of AIDS on welfare of girls and boys, including protection of girls and boys from child labour. One way of doing this for Parliament and the Executive, for instance, is to pass a law requiring all government and private investment programmes to indicate how they intend to reduce child labour and integrate HIV/AIDS programmes in their work as a requirement. This would enable donors and government to demand that for anyone to get a service tender from central government and local governments, they must have a plan costing a minimum percentage of the total cost into social protection of the population where HIV/AIDS and protection of girls and boys from child labour would be among the leading activities.

Coordination of programmes at national level

There is a limited awareness rising on both child labour and HIV/AIDS programmes bringing the need the line Ministries to work together under the coordination of either the MOGLSD or the Uganda AIDS Commission to design strategies and plans geared towards addressing the interlinked challenges of poverty, food insecurity, HIV/AIDS, child labour and poor participation of AIDS affected girls and boys in education. In this regard, a common campaign strategy with common messages will be cheaper and less confusing to the public.

To ease the task of monitoring progress in activities geared towards reducing vulnerability and increase awareness of individuals and communities, about child labour, its linkages to HIV/AIDS and education system performance, ILO-IPEC should design guidelines and train stakeholders in using these guidelines. During the design of these guidelines, it will be necessary to harmonize the process with other stakeholders such as the Ministry of Education and Sports who are already in advanced stages of establishing a District Education Management and Monitoring Information System in which monthly data on orphanhood, absenteeism and withdrawal from school for all pupils and orphans is being designed.

For this to happen, agencies with a comparative advantage in the area of HIV/AIDS mitigation, protection of girls and boys from the hazards of child labour, and improving household incomes among households affected by HIV/AIDS and fostering orphans need to be facilitated to come out with a joint plan that would avoid the child form being vulnerable to child labour and the effects of HIV/AIDS. Organizations such as ILO-IPEC and UNICEF can facilitate this joint programming process.

Improving local government and civil society coordination

There is a need to strengthen the linkage between the local governments and CSOs/FBOs involved in the protection of rights of girls and boys, especially orphans, taking into regard the unique education, gender and other protection needs of these orphans and other girls and boys made vulnerable by HIV/AIDS. It is also important to appreciate within these programmes that HIV/AIDS orphans will have unique psychosocial and economic needs that will need well coordinated multi-stakeholder interventions.

Community sensitization and awareness

Parents and children should be sensitized on the hazards of child labour and its link to HIV/AIDS and as well as on how they can be involved to eliminate it. Sensitization should be handled with as much care as is necessary to ensure sustainability of the benefits created by such programmes. Deliberate emphasis should be placed on sensitizing communities on care and support for girls and boys, particularly in poor HIV/AIDS affected households, with a view to identifying appropriate education strategies and ensuring their protection from child labour and its associated abuses. Existing bi-laws and related regulatory laws should be enforced by relevant authorities in collaboration with the local communities.

Although there has been some awareness rising with regard to HIV/AIDS and child labour as well as the need for supporting orphans in school, Uganda still has a long way to go to ensuring the full realization of children's rights or providing a solution to the challenges of HIV/AIDS induced child labour. There is a need for a protracted awareness raising campaign that will challenge duty bearers to such an extent that they appreciate the dual problem of child labour and HIV/AIDS. It is recommended, therefore, that an

awareness-raising campaign strategy and plan be designed to reinvigorate the current existing efforts and ensure that at all levels from national to communities and households appreciate the challenges poised by HIV/AIDS, child labour to education and children's rights and devise community specific mechanisms for managing these challenges.

Initially, the awareness raising should start with the key line government departments such as the Uganda AIDS Commission and Ministries of Local Government, Agriculture, Health and Education. A country programme integrating HIV/AIDS into policies and programmes combating child labour is extremely important. Establishing a mechanism through which the elimination of child labour among HIV/AIDS orphans will be carried out can best be accomplished within the existing structure established by specific government departments.

To reduce the stigma of AIDS, social service agencies should work to increase the sensitivity of community members, including children, to the needs of AIDS-affected girls and boys and their families. This should include communal efforts to monitor and reduce mistreatment of these girls and boys, such as teasing, neglect, and physical and sexual abuse. As innocuous as they may seem, teasing and gossip are widespread and painful manifestations of stigma directed at girls and boys affected by AIDS.

Protection of widows' and orphans' property

One of the causes of HIV/AIDS induced child labour is the dispossession of the orphans and widows of their property upon the death of male head of households. This calls for legislative and community sensitization about the need to protect widows and orphans from property grabbing. Community groups and leaders (local government officials, clan leaders, spiritual leaders, etc) should help to enforce property rights, which may require enacting or strengthening national and religious inheritance laws.

Poverty eradication and income-generation activities

The sustainability of household incomes and production is critical for the success of eradication of HIV/AIDS induced child labour and for the enrolment and retention of girls and boys in schools. It is, therefore, recommended that all programmes for poverty alleviation and reducing child labour should mainstream (including objective setting, planning, indicator development, resource allocation etc.) the orphan and most vulnerable child-care households to enable them to have economic self-sufficiency and not to depend on girls and boys for food and economic support. In this regard, income generating activities along with necessary skills training should be considered as a critical part of the package of the economic and material support for households caring for PLWHA in order to prevent them from further destitution and the girls and boys in these households from engaging in child labour.

Scaling up HIV/AIDS testing and anti-retroviral therapy up to rural areas

Besides new pragmatic programme designs that take both the need for HIV/AIDS prevention and the protection of girls and boys from child labour into consideration should be undertaken by the MOGLSD in consultation with other line Government departments especially the UAC, relevant NGOs in both fields of HIV/AIDS and child labour, the anti-retroviral programme of the UAC and her partners should be scaled-up immediately to cover the poor so as to reduce the rate of generation of HIV/AIDS orphans without adults to take care of the household production and labour needs.

Education reform recommendations

(a) Alternative education for drop-out children

Among the girls and boys engaged in child labour, those who can no longer be absorbed into Universal Primary Education for a number of reasons, including advanced age and lack of interest in formal education should be addressed. It will, therefore, be necessary to provide viable and sustainable alternatives to enable these girls and boys grow up normally and contribute to community development. The most viable alternative for withdrawn child labourers is to enable those who are above a certain age to acquire skills in marketable trades and basic vocational skills that will allow them lead a meaningful life in future. Girls and boys who complete training should be provided with start up kits (such as sewing machines for those training in tailoring) and be followed up in the field to assess their performance and advise them accordingly.

(b) Affirmative action for orphans in post-primary education

To encourage increased enrolment of the most vulnerable groups of children including HIV/AIDS orphans, stop the too high tide of school drop-outs and reduce the pace of girls and boys sliding into the world of work, it is recommended that bursary schemes that are gender sensitive and aim at orphans be set-up to cater for any auxiliary school needs (uniform, stationery etc.) at primary education level and full bursaries for orphans and vulnerable girls and boys at secondary education level. For the government, such a scheme can be feasible without constraining the education budget through increasing the teacher to pupil ratio from the current 1.30 to 1.40, which will reduce the number of new classrooms and teachers needed. Moreover, a portion of funds from the increased donor support for HIV/AIDS activities and training can be considered for both economic empowerment of foster homes and bursaries to affected girls and boys. It should be noted that increasing orphans access to education would not only alleviate their participation in child labour and save these girls and boys from the danger of infected by AIDS, but will be a sound investment in the long run in improved productivity accruing out of higher educational attainment.

(c) Health and nutrition of pupils and especially orphans

Government and guardians should ensure pupils get meals at school. There is a need, however, to ensure that under the latter arrangement, preparation of these meals at school is the responsibility of a school employee and not pupils.

Secondly, to encourage pupils and particularly orphans to attend school, there is also a need to improve their health at home. Parental/guardian sensitization about the need to care for children, improvement in household nutrition and sanitation, proper sleeping and bedding times, will go a long way in improving the health of girls and boys and consequently their rates of attendance, attentiveness in class and performance. Other strategies that can be pursued by government in cooperation with partners such as UNICEF, the World Bank and WHO may include testing for and treatment of worms and other abdominal illnesses and supply of iron, iodine and Vitamin A tablets at school. There

is evidence that such feeding and food supplement programmes positively affect school performance (Bautista et al. 1982). [1]

(d) Reducing opportunity cost of orphans' schooling

A number of pragmatic steps can help to reduce domestic child labour. Sensitization of parents about the need for more equitable distribution of household work and the need for eradication of gender stereotyping will help. At schools, more flexible scheduling and remedial classes for girls and boys that are genuinely absent may also be organized. Carrying out of homework at school with an hour of study being organized at the end of every school day will enable more disadvantaged orphans without enough time and adequate lighting at night to complete homework and improve their opportunities.

The high opportunity cost of orphans' (and especially girl-orphans') schooling calls for community sensitization and other medium-term development strategies such as the bursary scheme mentioned above and advocacy for orphans. A coordinated, nation-wide strategy of non-government organizations like Action for Development (ACFODE), the Forum for Africa Women Educationists (FAWE) and the Uganda Women's Effort to Save Orphans (UWESO) will be required to ensure greater participation of especially the girl orphans' in schooling. Legislation and working with local government at the lowest level, aiming at ensuring the retention of orphans will yet be an additional measure that will ensure orphans are not herded-off into domestic child work.

(e) Reducing sexual exploitation of children in and out of school

Fresh regulations governing punishment and correction of pupils, habits and manners with behaviour aspects such as drinking, dressing, smoking in the presence of pupils and in public, in addition to sexual conduct of teachers need to be set-up by Parliament. Regulations protecting all pupils from school-based child labour and drawing a line between normal extra-curricula activities and child labour in school should be set up and taught to all pupils. A mass media campaign towards attaining the same effect should also be developed. A strong teachers' association needs to be established to regulate the behaviour of its members, and advice teachers, school administrators and government on ensuring ethical conduct of its members. These recommendations will not only address the sexual harassment and other ethical misconduct of teachers, but are likely to lead to improvement in the quality of teaching, school attendance, protection of girls and boys from HIV/AIDS and the performance of vulnerable children, especially girls.

If these measures are established, communities and pupils will need to be sensitized about them. Orphans and girls need to be taught their rights and how to demand that such rights be respected. They also need to be taught how to guard their colleagues against such abuses. Participatory approaches in designing society specific strategies for protection of girls and boys from child labour, sexual harassment, in and out of school pregnancies should be evolved. It is in this field where the Ministry of Gender, Labour and Social Development and CSOs including donor agencies have a critical part.

[1] Bautista A.; Barker P.A.; Dunn J.T.; Sanchez M.; and Kaiser D.L. (1982): "The effects of oral iodized oil on intelligence, thyroid status, and somatic growth in school-age children from an area of endemic goiter". *American Journal of Clinical Nutrition* 35, pp. 127-134.

(f) Addressing early marriage

Reforms are needed to address the issue of early marriage and associated factors. The debate today has tended to concentrate on legislation and condemnation. The persistence of dropouts due to marriage is however testimony to the fact that legislative means may not provide all, or most of, the answers. These commendable measures need to be supplemented by other remedies such as (1) widening the scope of gender training among all the teachers, which should be done in all teacher-training colleges and during in-service training of teachers; (2) improving counselling in all schools and setting up the post of the senior teacher who should be equipped with skills and motivation to undertake the challenging task; (3) sensitization through the mass media, posters, drama and role-plays about the hazards of early marriage, promiscuity, attachment of dowry to daughters and the position of women in general, which is done by The Ministry of Gender, Labour and Social Development in conjunction with the Ministry of Education, and alternatively, by CSOs; and (4) increasing opportunities for training orphans and girls in secondary education and at higher levels through affirmative action.

In addition, more pragmatic reforms need to be taken if the question of orphans and girl drop-outs and lack of gender and social equity in schooling is to be addressed. New approaches such as attaching proportions of tax relief to investments that support the education of rehabilitated child labourers, girls and orphans need to be pursued.

Appendix

Summary of ILO-IPEC 2003/4 studies on the status of children, orphanhood and child labour in Uganda

Study	Sample size	HIV-affected children	Characteristics of HIV/AIDS orphans	Impact on education
Child labour and HIV/AIDS in Uganda	929 children Kampala Jinja Mbale Nebbi	417 children	– 398 working children – 24 per cent in child labour – 21.8 per cent in worst forms – 80.6 per cent work for over 16 hours a day – 16 per cent mostly female children work both day and night and at risk of sexual abuse – 49.3 per cent paid in kind (clothing/food/shelter)	– Out of 417, 220 attend school – 67 per cent attend regularly – 26.8 per cent attend irregularly – 5.9 per cent attend 3-4 days a week
Child labour and commercial sex exploitation of children in Uganda	728 children Mbale Busia Lira Kabarole	48 per cent orphans to HIV/AIDS, war and accidents	– 24 per cent living with grand parents – 16 per cent living in child-headed households – Girls are more vulnerable – Majority migrants to urban areas and landing sites to engage in CSEC – 85 per cent between 15 and 17 years old – 26 per cent suffer non-payment of services	– 54 per cent had left school – 11 per cent had never attended school – 65 per cent out of school – 35 per cent combining school and work
Child labour and armed conflict in Uganda	16 345 households Gulu Bundibugyo Kumi Masindi	30.4 per cent orphans to war and HIV/AIDS	– 213 children former abductees – Majority are between 14 and 17 years old – 52.3 per cent living with relatives – 35 per cent living in child-headed households – Majority of male abductees – combatants/carrying supplies – Girl abductees mainly commercially sexually exploited and cooks	57 per cent of former abductees attend school
Child labour and the urban informal sector in Uganda	433 children Kampala Bushenyi Tororo Kasese	63 per cent orphans	– 44 per cent have migrated to other districts in search of work – 24.4 per cent involved in hawking and trading – 19.2 per cent in the food business	– 73 per cent drop outs – 16 per cent in school

Study	Sample size	HIV-affected children	Characteristics of HIV/AIDS orphans	Impact on education
			– Child labourers spend up to 61 hours a week – Girls work longer hours – Majority not living with parents	
Child labour and cross border trade in Uganda	342 children Arua Kabale Tororo	8.5 per cent orphans	– 90 children not living with parents – 7 per cent living in child-headed households – 35 per cent of children involved in transporting of goods and trading – A small number in prostitution – Majority between 14 and 17 years old – 17 per cent spend nine hours or more in cross border trade	– 55 per cent combine school and work – 20 per cent of working children dropped out of school, mainly boys

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