The Quest for Sustainable Solutions to Uganda's Orphan Care Crisis

Undergraduate Honors Thesis

Indiana University
School of Public and Environmental Affairs

Kate White
May 2012
Faculty Mentor: Asita Afuaku
**Abstract**

Today, Uganda is home to approximately two million orphaned children. The primary aim of this paper is to examine the role of international nongovernmental organizations in alleviating Uganda’s orphan care crisis in order to determine how NGOs can create more sustainable orphan care systems. The first section of the paper will discuss the factors that have contributed to this national crisis. Subsequently, I will describe the resulting changes to indigenous methods of care which have necessitated NGO intervention. In the second section I will review the current state of NGO involvement in this critical aspect of Ugandan public policy, with a particular focus on the methods of care employed by the NGOs. Against this backdrop, I intend to make an argument for strategic partnership between international NGOs and the local voluntary sector as a sustainable alternative to direct intervention. In conclusion, this paper will show that the best way to meet the needs of Uganda’s orphans is by enabling the local population to build a strong voluntary sector.
# Table of Contents

Introduction .......................................................................................................................... Page 3
Recognition of the Crisis ..................................................................................................... Page 4
Causes of the Orphan Crisis ............................................................................................... Page 5
The Implications of Orphanhood ....................................................................................... Page 8
Indigenous Practices of Orphan Care ................................................................................ Page 11
Changes to the Extended Family Care System ................................................................. Page 12
Intervention by International NGOs ................................................................................ Page 19
The Current Impact of NGOs .......................................................................................... Page 24
Appropriateness of the Current Interventions ................................................................. Page 24
Recommendations ............................................................................................................ Page 29
  The Growing Ugandan Voluntary Sector ................................................................. Page 30
  Creating Sustainable Solutions .................................................................................. Page 31
Conclusion ....................................................................................................................... Page 34
Bibliography .................................................................................................................... Page 35
Introduction

Currently, Uganda is home to approximately two million orphaned children who often lack even the basic necessities (Save the Children, 2011). Many aid organizations including many nongovernmental organizations (NGOs) have rushed to ‘rescue’ Uganda’s orphans; however, the orphan crisis still persists. The impact of international agencies on the ensuing orphan crisis has thus far been minimal. The unsettling fact is, despite international efforts, 95 percent of orphaned children in Uganda have received no external assistance whatsoever (Williamson & Hunter, 2000). The World Bank stated: “in Uganda, the magnitude of the problem is such that a vast number of institutions and agencies are able to meet the needs of only 5–10 percent of the affected children” (Subbarao & Coury, 2004).

The primary objective of this paper is to determine how international NGOs can create more sustainable orphan care in Uganda. In order to accomplish this goal it is first necessary to determine not only why the current orphan crisis exists but why it continues to persist. This paper argues that a solution cannot be imposed by foreign NGOs; the solution must be incorporated into the Ugandan system. It is therefore imperative to determine what indigenous methods of care exist in the Ugandan cultural context and subsequently explore what, if any, impact the expanding number of orphans has had on these practices. Understanding the effects of the orphan crisis will enable us to answer the question of why NGO intervention has become necessary and subsequently determine the modes of care implemented through international

---

1 It must be noted that the meaning of the word ‘orphan’ in the Ugandan cultural context differs slightly from Western definition of orphanhood. In the West, the perception of an orphan has traditionally been a child with neither a mother nor a father. In Uganda the word orphan, “antin kic,” describes a child who has lost either one or both parents (Phiri & Webb, 2002) (Oleke, Blystad, & Rekdal, 2005). Children who have lost their mother are termed maternal orphans while children without a father are called paternal orphans (Oleke, Blystad, & Rekdal, 2005).
NGOs. The paper concludes by arguing that the best way to improve orphan care is to build up the capacity of the Ugandan voluntary sector. As Betty Beard states in her study of orphan care in Milawi: “by listening to the people of Africa, the world wide community can learn how to work with them as they care for millions of orphaned children” (Beard, 2005).

**Recognition of the Crisis in Uganda**

Uganda’s orphan crisis has been mounting for decades. Although the international community has only recently become concerned with the growing number of orphans in Africa, the Ugandan government realized the enormity of the crisis much earlier (Hunter, 1990). The Ugandan government officially recognized the first wave of the emergent orphan crisis in the late seventies following the Tanzanian war (Hunter, 1990). This first wave of orphans was just a precursor to the greater crisis that was to follow. The government’s public acknowledgment of the ensuing crisis has been called “the first benchmark in identifying orphans as a ‘problem’ in the country’s consciousness” (Hunter, 1990). From this point forward the growing orphan crisis has been at the forefront of the minds of the Ugandan people.

Although the Ugandan people recognized the orphan crisis in the late 1970’s it wasn’t until the late 1980’s that the world began to recognize the gravity of the growing problem of orphanhood in Uganda (Hunter, 1990). The first study of orphanhood was undertaken by the Ugandan District Administrator after prompting by the Save the Children Fund in 1989 (Hunter, 1990). The study attempted to determine the scope of the orphan crisis throughout the four main districts of Uganda. Initial studies estimated that the number of orphaned children ranged from four hundred thousand to 1.1 million (Hunter, 1990). Today it is estimated that there are over two million orphans in Uganda, a stark increase from the number estimated in
1989 (Save the Children, 2011). The number of children orphaned in Uganda has continued to steadily increase primarily as a result of disease and armed conflict (Hunter, 1990).

**Causes of Orphanhood**

Uganda’s history mirrors that of many African countries; to understand the current orphan crisis Uganda faces, one must first understand the chronicles of its past. Political unrest has resulted in frequent outbursts of armed conflict and massacres in past decades. Throughout the 1980’s struggles for political power resulted in the mass killings of thousands of Ugandan civilians; the installment of each new political leader precipitated the brutal deaths of the opposition’s supporters (U.S. Department of State, 2012). These chronic outbreaks of conflict have led to the massacre of countless Ugandans, leaving generations of orphans in their wake (U.S. Department of State, 2012).

Although the entire country of Uganda has suffered from the brutality of war and civil unrest, individuals residing in northern Uganda have suffered added horrors of rebel warfare. For twenty years the people of northern Uganda were terrorized by the brutal rebel troops of the Lord’s Resistance Army (LRA). The LRA conducted raids within the northern district from 1986 until 2006 when the rebel group was finally pushed out of Uganda by the Ugandan People’s Defense Force (Agena, 2009) (U.S. Agency for International Development, 2006). Although attacks on Ugandan civilians have ceased since 2006 the effects of the two decades of conflict are still visible in the region. During the twenty year period of LRA operations in Uganda 1.7 million people were displaced. These individuals were forced to move into refugee camps with the promise of greater security (U.S. Agency for International Development, 2006). However, the camps did not live up to the promise of a better life. Frequent outbreaks of
disease, inadequate access to food and water, and unfulfilled promises of protection have left many Ugandans in desperate situations (U.S. Agency for International Development, 2006).

The LRA is responsible for the brutal deaths of countless individuals in northern Uganda. Despite the efforts of the Ugandan military and the promise of increased security from the Ugandan People’s Defense Force it is estimated that 30,000 individuals have lost their lives as a result of LRA raids (British Broadcasting Corporation, 2011). Thousands of children are now orphans as a result of the LRA, although the exact number of children orphaned by LRA killings is unknown. However, it is obvious that northern Uganda has a larger percentage of orphaned children than any other region of the country. To date, 22% of children in northern Uganda are orphans (Omwa & Titeca, 2011). The LRA’s actions have not only increased the rate of orphaning in northern Uganda but also hindered the ability of Ugandans to care for orphaned children as a result of displacement. This is evidenced by the fact that only six percent of northern Uganda’s orphans have their basic needs met (Omwa & Titeca, 2011).

Marred by instability and civil unrest for decades, Ugandans now are trying to put the pieces together. Decades of unrest have stunted economic growth; as a result 64% of Ugandans currently live on less than two dollars a day (The World Bank). Poor economic conditions and the escalating numbers orphans have the decreased the ability of families to cope. This has, in part, led to the progressive and longstanding orphan crisis that exists today.

The influence of armed conflict on Uganda’s orphan crisis cannot be denied; war has taken the lives of hundreds of thousands of Ugandans (U.S. Department of State, 2012). Even with the high death toll resulting from armed conflict, orphans of war are just a small fragment of the orphan population. The main killer in Uganda and the primary cause of orphanhood is
disease (Oleke, Blystad, & Rekdal, 2005). HIV/AIDs, which first appeared in Uganda in 1982, takes more Ugandan lives than any other disease (Ntozi & Mukiza-Gapere, 1995). The Rakai district was first to succumb to the devastating effects of the HIV/AIDs virus; however, it did not take long for the disease to spread across Uganda and overwhelm the population. Within a decade this crippling epidemic had killed a reported forty-three thousand and infected nearly two million individuals (Ntozi & Mukiza-Gapere, 1995). The high death toll caused by AIDs in Uganda generated international concern, and throughout the 1990s greater awareness of the disease brought with it international funding for HIV/AIDs prevention (Ntozi & Mukiza-Gapere, 1995). Still, international efforts have not succeeded in eradicating this epidemic; the Ugandan people continue to deal with a stunningly high rate of HIV/AIDs. Researchers suggest that 6.5 percent of Ugandans over the age of 18 are living with AIDs (The World Bank).

The AIDs epidemic has hit the working age population of Uganda the hardest, leaving the country with a shortage of able-bodied individuals (Ntozi & Mukiza-Gapere, 1995). Homes have been left without primary care takers or with sick adults who now must rely on the support of the children they once cared for. According to the Save the Children, Uganda is home to the largest number of AIDs orphans in the world and AIDs continues to be the main cause of orphaning throughout Uganda (Save the Children, 2011). Of the almost two million orphaned children in Uganda an estimated 48 percent are AIDs orphans (Oleke, Blystad, & Rekdal, 2005) (Save the Children, 2011).

The effect of AIDs is evidenced by the rising number of double orphans in Uganda. Prior to the AIDs epidemic double orphans were relatively rare; however, due to the nature of HIV/AIDs transmission the infection of one spouse usually leads to the infection of the other. As
a result children with an HIV infected parent have an increased likelihood of becoming double orphans (Ntozi & Mukiza-Gapere, 1995) (UNICEF, 2004). UNICEF estimates that as of 2009 there were 470,000 double orphans in Uganda (UNICEF, 2011). The staggering statistics presented here hardly gives light to the problem; numbers can never truly convey the picture of human suffering. The words of an elderly woman living in the Lira District of Uganda portray the true state of the crisis; she remarks: “the problem of orphans is incomprehensible; they have no clothes, no proper feeding and at night they sleep like dogs. If you see the problems with your own eyes, you feel that it would have been better if the children had passed away together with their parents” (Oleke, Blystad, & Rekdal, 2005).

The orphan crisis will be a long standing problem. It has been suggested that if the AIDS epidemic were to level off in coming years (which is not likely) the number of AIDS orphans would not substantially decrease until 2030 at the earliest because of the “long incubation period of the virus” (Phiri & Webb, 2002). The Ugandan government and society will undoubtedly continue to contend with the complex problem of AIDS orphans for many years to come.

The Implications of Orphanhood

Orphanhood is a problem of international concern not only due to the large proportion of orphans but also because of the implications of orphanhood on children’s lives. Today, Uganda’s orphans encounter obstacles that would have been unthinkable before AIDS and armed conflict. The life of an orphan is marked by numerous hardships that begin well before a child loses his or her parents (Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda). Although children without parents are typically recognized as the most vulnerable population, studies
have shown that children become susceptible to many of the same obstacles of orphanhood when parents are ill. These problems only increase when the guardian dies as a result of disease (Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda).

Often the first threat to an orphan’s wellbeing following the death of one or both parents is the increasingly prevalent practice of ‘property grabbing.’ This practice is defined as “a phenomenon whereby inherited property is taken from the surviving family members and heirs to whom it rightfully belongs” (Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda). This type of theft has become more common as the orphan crisis has increased. A study performed by the Horizons Program and Makerere University found that property grabbing is a practice most commonly undertaken by paternal relatives of orphans. However, non-related members of the community have also been found to assert claim over an orphan child’s property (Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda). The study found that twenty-one percent of the sample group of orphans, ages 13-18 years old, were victims of property grabbing (Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda). This practice strips children of the land that is rightfully theirs and often leaves them without any source of income or means to care for themselves. When children lose their family homes they are often left with inadequate shelter and no source of income (Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda).

Orphaned children who manage to keep their inheritances and remain living on their own property are also disadvantaged compared to their non-orphan peers. Older orphans are often charged with caring for their younger siblings (Subbarao & Coury, 2004). The World Bank states that “child-headed families are becoming more and more visible” and estimates that twenty percent of orphaned children are under the primary care of an older orphan (Subbarao .
& Coury, 2004). The story of a sixteen-year-old girl from Uganda who now cares for two young siblings after the death of both parents conveys the state of many child-headed homes. According to UNICEF officials, because they were “unable to properly feed and shelter themselves, [she] and her siblings frequently fell ill. Their home was in disarray as were their crops” (UNICEF, 2004). This story depicts the reality for many child-headed homes throughout Uganda. Households led by orphaned children almost always lack a skilled provider and thus find it difficult to meet basic survival needs (Subbarao & Coury, 2004).

All orphans, not just those who reside in child-headed homes, are at greater risk of falling ill and becoming malnourished. In Reaching Out to Africa’s Orphans, the World Bank reported significantly higher rates of growth stunting as a result of malnutrition among orphans in comparison to their peers with living parents (Subbarao & Coury, 2004). This finding is reinforced by a study conducted by Makerere University. According to the study, 37 percent of orphans reported going hungry at least a few times a month (Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda). Additionally, 25 percent of orphans in their teens do not get enough to eat a few times a week or more (Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda).

Orphans are also disadvantaged because of their lack of educational opportunities. As a whole orphans are less likely to be enrolled in school than their non-orphaned peers. For example UNICEF found that 43 percent of double orphans report being absent from school for a full term in comparison to 16 percent of their non-orphaned peers (The United Nations Children’s Fund (UNICEF), 2003). Lack of school supplies and uniforms continue to keep many children out of school (The United Nations Children’s Fund (UNICEF), 2003). Orphans often lack the basic necessities for survival; therefore, receiving an education must come second to
meeting basic needs by working in the family garden or tending to other household duties (The United Nations Children's Fund (UNICEF), 2003).

**Indigenous Practices of Orphan Care**

Orphanhood is of course not a new phenomenon; Ugandans were caring for children without parents long before international NGOs became involved. It is therefore necessary to understand indigenous methods of orphan care in order to determine how Ugandan’s successfully provided care in the past. Without the knowledge of culturally acceptable methods of care NGOs cannot effectively help communities struggling with the absence of able guardians.

For generations Ugandans have maintained a set practice of care for orphans. Strong kinship relationships and culturally mandated loyalty to family and clan created the basis for the extended family care system which defines orphan care in Uganda (Oleke, Blystad, & Rekdal, 2005). The ill, elderly, disadvantaged, and children without parents have historically been provided for by the resilient safety net spurred on by the importance of kinship relationships. The practice of the extended family care system has been ingrained in each generation. This system dictates that a child who, for one reason or another, is no longer in the care of his or her father should be put into the care of a male relative. In their research Oleke, Rekda, and Blystad termed this relative the “obvious brother” (Oleke, Blystad, & Rekdal, 2005). The concept of an obvious brother was frequently described when researchers in Amach, Uganda, discussed methods of care with elderly villagers. These individuals described the once unquestioned method of determining who should care for a fatherless child. The “obvious brother” has customarily been the male relative from the paternal line of an orphaned child’s
family deemed able to provide the best care. This relative is usually a brother, uncle, nephew, or other close male family member of the deceased chosen by paternal kin or clan leaders (Oleke, Blystad, & Rekdal, 2005). In the past, there was never a question about whether an orphan would be taken into the home of a relative or a member of the community (Oleke, Blystad, & Rekdal, 2005). This is because in the Ugandan culture children have traditionally been perceived as belonging to the community (Ntozi & Mukiza-Gapere, 1995). Because of this refusing to foster a deceased relative’s children would bring shame and dishonor to the family. This traditional system of orphan care has provided orphans with proper care in a family environment for generations (Ntozi & Mukiza-Gapere, 1995).

Another aspect of the extended family system is widow inheritance. In the event of a husband’s passing a widow would be “inherited” by a relative of her deceased husband, who would be chosen by the clan (Oleke, Blystad, & Rekdal, 2005). This marriage (referred to as widow inheritance), would insure that she and her children would be cared for. Passed down from generation to generation, this customary practice is second nature to the Ugandan people (Oleke, Blystad, & Rekdal, 2005).

**Changes to the Extended Family Care System**

Times have changed in Uganda as a result of the increased prevalence of HIV/AIDs and continued outbreaks of violence towards civilians. This is apparent in the present shifts occurring within the extended family system as a result of the orphan crisis (Oleke, Blystad, & Rekdal, 2005). One of the most striking differences in the care of orphans today in contrast to past generations is the emergence of the female headed home. Households headed by females should be uncommon in Uganda because of the extended family system which deems it the
role of male family members to care for both widows and orphans (Hunter, 1990). Widows should, according to this system, marry a surviving male family member of her deceased husband. In keeping with Ugandan culture, previous generations seldom left widows or female caretakers without the support of a male family member (Oleke, Blystad, & Rekdal, 2005). However, as the number of orphaned children continues to rise, female headed homes are becoming increasingly common. A study in Amach, Uganda, found that women now head 63 percent of homes caring for orphans (Oleke, Blystad, & Rekdal, 2005). Other studies suggest that 48% of households caring for children are now female headed (The United Nations Children's Fund (UNICEF), 2003). This uncharacteristic form of care is a symptom of the orphan crisis in Uganda.

The AIDs epidemic has basically eradicated this once unquestioned tradition of widow inheritance. In their discussions with villagers of six Ugandan districts respondents told researchers that presently “if there is no successor to [a woman’s] husband, no relative is obligated to care for the orphans” (Ntozi & Mukiza-Gapere, 1995). The fear of AIDs is the main culprit behind the discontinuation of this traditional practice. As a result of a shortage of medical resources in the country and the expense of medical care many people don’t have access to HIV/AIDs testing (Beard, 2005). Because communities may not know what disease a woman’s husband died from, men now shy away from marrying widows whose husbands have died of any disease because they fear contracting AIDs. As a result single orphans are at a greater disadvantage today than ever before (Oleke, Blystad, & Rekdal, 2005).

Even more worrisome than the discontinuation of widow inheritance is the effect the orphan crisis has had on the tradition of extended families providing financially for widows and
their children. Traditionally, when a widow was not inherited, either by her own choice or for lack of a suitable partner, she would be cared for financially by her late husband’s family. (Oleke, Blystad, & Rekdal, 2005). However, researchers in northern Uganda found that: “the sudden discontinuation of the ‘widow inheritance’ institution...was said by informants to leave paternal kin uncertain about how to handle their new roles, which often caused them to shy away from widows and their children all together” (Oleke, Blystad, & Rekdal, 2005). It is therefore now becoming increasingly common for widows to be the sole providers for their households. This is a stark contrast to the once obligatory tradition of kinship care which required widows and their children to be unconditionally cared for by relatives of late husband. This demonstrates that the fear of AIDS is not the only cause of the changing dynamics of widow inheritance and extended family care. AIDS has had a much bigger impact on family ties as well as communities overall structure (Oleke, Blystad, & Rekdal, 2005).

Widows and their children are not the only ones suffering from the changing dynamics of the extended family system. In their survey of several rural villages, researchers from Makerere University found that formerly in the event of mother’s death, the surviving father would be capable of providing care for the child (Ntozi & Mukiza-Gapere, 1995). The researchers found that a widower, unlike a widow, would likely have had the resources to care for his children in the past. The difference in ability to provide is a result of traditional gender roles which deem the male to be the main provider for his family. Because widowers have been able to provide for their children in the past, maternal orphans were formerly not considered orphans at all (Ntozi & Mukiza-Gapere, 1995). AIDS has now changed what it means to be an orphan; children who would not have been considered orphans in the past are more frequently
viewed as such. This shift has occurred because fathers are now often unable to care for their surviving children. This is due in part to the expense of caring for an HIV positive spouse which can create a substantial drain on a family’s resources. The cost of care has forced many individuals to sell their livestock and even their homes (Oleke, Blystad, & Rekdal, 2005). Additionally, due to the nature of the AIDS virus, many AIDS widowers are suffering from the disease themselves. Orphans are therefore often left with nothing when parents succumb to this disease (Oleke, Blystad, & Rekdal, 2005).

AIDS has also changed the traditional system of widower remarriage, which has had an adverse effect on single orphans. In the past a widower would typically marry the sister of his diseased wife and his children would be cared for by the new wife. Customary remarriage has become less prominent due to the stigma of AIDS (Oleke, Blystad, & Rekdal, 2005). Researchers found that “few women now agree to be married to a widower” whose wife might have died from AIDS (Oleke, Blystad, & Rekdal, 2005). Even if a widower is not infected with HIV/AIDS the stigma of the disease follows him, leaving him unable to find a partner who will care for his surviving children. This has left maternal orphans unprecedentedly susceptible to the effects of orphanhood (Oleke, Blystad, & Rekdal, 2005).

Presently, the effects of the rising orphan population can be seen in the alteration of the traditional family care system. In the past, there was a set protocol for determining who would care for an orphaned child and “families readily welcomed orphans of their relatives” (Oleke, Blystad, & Rekdal, 2005). However, the emergent orphan crisis has shaken this once solid foundation of care. The previously accepted norm of choosing an obvious brother to care for double orphans is no longer as customary. This is because the obvious brothers are no
longer so recognizable. Often, there is no obvious brother to care for a child (Oleke, Blystad, & Rekdal, 2005). Men who would customarily be chosen as care takers are often already providing for orphans. Those who are not already caring for orphans are often suffering from AIDS themselves and are therefore too sick to provide care. In fact, studies have found that 40 percent of individuals caring for orphans were HIV positive (Ntozi & Mukiza-Gapere, 1995). This has led to a decline in the amount of caretakers available (Ntozi & Mukiza-Gapere, 1995).

As the extended family system has been put under greater pressure, a growing number of orphans depend on relatives who lack the resources to support them. A study by the Horizons institute found that the majority of individuals charged with caring for orphans are at least 48 years old (Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda). Additionally, 22 percent of orphans are now being cared for by grandparents (Subbarao & Coury, 2004). When the current average life expectancy in Uganda of 57 years is taken into account it is obvious that these homes are not ideal safety nets for orphans (The World Bank). Oftentimes, older relatives no longer have a viable source of income and are therefore not able to offer orphans proper care. Additionally, sick or elderly caregivers may pass away and leave the child orphaned again (Ntozi & Mukiza-Gapere, 1995).

Researchers from the Horizons program and Makerere University found that individuals who are expected to act as “standby guardians” feel unprepared to care for orphaned children (Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda). Although the traditional method of community care absorbs some orphans, many communities don’t have the ability to care for the increased orphan population. Adding to the problem is the lack of succession planning within many Ugandan communities. The study further revealed that only half of HIV positive
parents have a guardian in place to care for their children when they are no longer able to care for them (Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda). This may be a result of the reliance on the community based care system which assumes that children belong to the community and will therefore be cared for by the community. Unfortunately, this is often no longer the case in communities throughout Uganda. An estimated 20 percent of orphans in northern Uganda are now in the care of an older orphan (Subbarao & Coury, 2004).

The orphan crisis impacts not only children and surviving families but also the community as a whole. In some areas of northern Uganda the median number of orphans per household has risen to three (Oleke, Blystad, & Rekdal, 2005). The World Bank points out that when a child is absorbed into a foster household (through the extended family care system) “resources per capita are likely to decrease” (Subbarao & Coury, 2004). These once capable guardians are now feeling the financial strain caused by the orphan crisis.

Orphans who are in the care of relatives are now often seen as a burden because of the added expense they bring (Witter & Bukokhe, 2004). This is demonstrated by a Kasese man’s response to the growing number of orphans needing homes: “today many people are not interested in supporting children who are not theirs” (Witter & Bukokhe, 2004). The limited availability of resources to the average Ugandan household has discouraged the absorption of orphans; currently, 64 percent of all Ugandans live on less than $2 a day (The World Bank). Numerous studies have reported that when resources are limited foster families tend to care for their biological children before they care for orphans (Subbarao & Coury, 2004). This happens because the financial strain of caring for additional children leaves many families with no choice but to care for some children at the expense of others. As a result it has been found
that foster children generally receive significantly less health care services than the biological children of their foster parents (Subbarao & Coury, 2004). Additionally, they are less likely to be enrolled in school than non-orphans (Subbarao & Coury, 2004). Lack of access to healthcare and education can leave orphaned children disadvantaged for a life time (Subbarao & Coury, 2004).

Because of the strain put on families responsible for providing for an additional child, orphans are often resented either by their guardians or the biological children of their guardians (Witter & Bukokhe, 2004). It has also been reported that “children living with non-natural parents feel obligated to act in a submissive manner, always feeling that [they are] at risk of being thrown out” (Witter & Bukokhe, 2004). This is demonstrated by reports of orphaned children being referred to as “antin kic,” which means orphan, instead of their proper name (Oleke, Blystad, & Rekdal, 2005). The orphan crisis has changed the way in which children are viewed as belonging to the community and guardians are now forced to prioritize one child over another. In some areas the overwhelming number of orphans has led to the once unthinkable act of turning orphans away because families are incapable of providing for more children (Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda).

As a result of the newly emerging threat to the extended family system there is a growing concern about the fate of Uganda’s population of orphans. Questions have been raised concerning the ability of the traditional systems to provide for and protect orphans. The current state of affairs has led some scholars to contend that the traditional family system is ‘broken.’ This belief is often termed the “social rupture” theory (Omwa & Titeca, 2011). Proponents of the social rupture theory contend that the rising number of orphans have left communities and
families utterly unable to provide care for children. However this pessimistic perspective is disputable; communities and extended families throughout Uganda continue to be the main providers of care for orphaned children (Williamson & Hunter, 2000). The fact that 95 percent of orphans continue to rely on community and family support contradicts the above theory (Williamson & Hunter, 2000). The extended family system has not collapsed; the changes currently taking place suggest that the system is being stretched. In light of this precarious situation external intervention on behalf of Uganda’s orphan population has become necessary.

**Intervention by International NGOs**

The large scope of the orphan crisis in Uganda has necessitated international action. Currently 19 percent of Uganda’s children are considered to be orphaned or otherwise vulnerable by international standards (The United Nations Children's Fund (UNICEF), 2003). There are approximately two million children living in Uganda today who have lost one or both parents and are now considered orphans and approximately a quarter of these children are double orphans (The United Nations Children's Fund (UNICEF), 2003). The sheer number of orphaned children should cause international concern but the implications of orphanhood on a child’s life are perhaps even more worrisome. The large scope of the AIDS epidemic and the impact of armed conflict have deprived communities of able caretakers. Those surviving have been forced to fill the gap left by the diseased. This burden has often been too heavy for communities. As a result NGO intervention is now vital to insure that Uganda’s children have proper care.

There are many actors that can play key roles in the alleviation of a social problem including governments (local or international), individuals and civil society groups. Many argue
that the orphan crisis in Africa is not of Western concern and the use of Western NGOs is therefore overstepping acceptable boundaries. However, there are a number of reasons why NGO intervention is now necessary. First, the Ugandan government is currently not capable of supporting the vast number of children orphaned by disease and war. Barr and Fafchamps argue that NGO involvement has become more prominent in recent years because of “the growing frustration and perceived failure of governmental development assistance” (Barr & Marcel, 2006). Additionally, USAID reports that in Uganda “widespread corruption has negatively impacted the capacity of all government institutions in all sectors to respond to the needs of the people” (USAID Uganda). There is no intent here to minimize importance of the government in orphan care but rather to demonstrate that the rising number of orphans has surpassed the government’s capacity. For instance, the World Bank estimates reveal that it would cost the government of Uganda $36 million dollars a year to provide just 20 percent of orphaned children with needed food subsidies and educational support (Subbarao & Coury, 2004). Basic care for just 20 percent of orphans would therefore translate to approximately .6 percent of Uganda’s GDP or more than 36 million dollars (Subbarao & Coury, 2004).

Unfortunately, Uganda’s government does not have the resources to provide even this small portion of orphans with basic necessities.

The need for NGO intervention was first realized in 1989, long after the Ugandans had identified orphanhood as a critical national concern. During a visit to Kampala, World Bank representatives saw firsthand the plight of the Ugandan people and identified the orphan crisis as “a problem in need of social alleviation” (Hunter, 1990). Against this backdrop, international actors began to acknowledge the inability of an impoverished, war torn Uganda to care for the
growing number of children without guardians. International NGOs decided to step into the picture as “gap fillers” (Barr & Marcel, 2006). In 1989, the Program for the Alleviation of Poverty and Social Costs of Adjustment, a World Bank initiative, invited NGOs to submit proposals for orphan care programs in Uganda (Hunter, 1990). As a result of this development NGOs began to emerge as central players in the orphan care arena.

The growing presence of NGOs has altered the modes of orphan care in Uganda. International NGOs have introduced western models of orphan care. A study undertaken by Makerere University’s Department of Population Studies (1995) found that NGOs often set up institutional care systems which are not indigenous to Uganda (Ntozi & Mukiza-Gapere, 1995). The report stated that: “in the past there were very few ‘Babies Homes’ to look after homeless babies; since the AIDS epidemic started, many non-governmental organizations have assisted orphans” (Ntozi & Mukiza-Gapere, 1995). Save the Children reports similar findings regarding the increased use of residential care throughout sub-Saharan Africa (The International Save the Children Alliance, 2003). In general NGOs provide two types of care, either direct institutional care or indirect care through financial support to the families of orphans.

Notably, the residential care system was motivated by the social rupture theory, which views the traditional extended family system as broken and as such perceives a need for a new method of care outside of the community (Omwa & Titeca, 2011). Residential care is defined as: “a group living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers [sic] within the wider society” (The International Save the Children Alliance). This is the most formal type of care which has been
traditionally referred to as orphanages, children’s homes, or children’s villages (The International Save the Children Alliance, 2003).

An orphanage, in contrast to a children’s home, generally consists of a single building housing many children. Children in orphanages are cared for either by paid staff or volunteers. Orphanages typically provide the basic necessities such as food and clothing (Subbarao & Coury, 2004) (The International Save the Children Alliance, 2003). In an attempt to create a more natural environment for orphans NGOs are moving towards the children’s home or children’s village system of institutional care. The World Bank defines a Children’s Home as “an arrangement in which a paid and usually trained foster mother lives with a group of orphans in an ordinary home (rather than an institutional building) within the community” (Subbarao & Coury, 2004). NGOs using this system seek to replicate a family structure in an attempt to provide a more natural childhood experience for the children in their care. NGOs implementing this type of care must first build homes for the newly formed “families.” These homes are usually located within a fenced-in area and often are clustered together around a main building (Beard, 2005). Live-in group mothers, who are typically indigenous to the surrounding areas, are assigned to groups of 4-10 children (Subbarao & Coury, 2004). The village ‘mothers’ are employees and therefore receive compensation for their work. Additionally, NGOs typically train all house mothers prior to their instatement as primary caregivers (SOS Children’s Villages International).

House mothers are expected to perform many of the same duties as any other individual raising children. For instance, they prepare meals, assign chores, and help children with their studies (SOS Children's Villages International). In many cases the mothers are given a
monthly or weekly allowance (in addition to her salary) that is used to provide for the children in their care. The most recognizable form of children’s homes is the SOS Children’s Village. SOS has set up “villages” throughout Africa including Uganda. There are currently four SOS children’s villages located in Kakiri, Entebbe, Gulu, and Fort Portal Uganda which care for 2,500 children (SOS Children's Villages International).

NGOs are now beginning to implement more informal systems of care that seek to financially support orphans. These modes of care include community-based foster care in which a member of the local community is chosen by the NGO to provide care for an orphan (Desmond & Gow, 2001). The family or individual caring for the child receives an allowance from the sponsoring NGO provide basic necessities for the child. This type of care is generally used when the family of an orphaned child is either unable or unwilling to care for the child (Desmond & Gow, 2001).

Even less formal methods of care include sponsorship. World Vision is a familiar example of an organization that implements child sponsorship programs. Through child sponsorship orphans and other vulnerable children who live with parents or standby guardians (in other words non –institutional settings) are “sponsored” by individuals in Western countries. World Vision’s sponsorship programs currently reaches 150,750 Ugandan children (World Vision, 2009). These children are provided with access to education, proper nutrition and health programs. World Vision has also reached out to Ugandan orphans through programs like their Masaka orphans of Aids project which provided AIDs orphans with education and skills training programs (World Vision, 2009). Save the Children is another organization that implements informal care programs to meet the needs of orphaned children. For example Save...
the Children has implemented a program that supplies families affected by HIV/AIDS with monthly food subsidies (Save the Children, 2011). Although these programs do not provide for every aspect of a child’s life they are valuable sources of support which can be used to improve the lives of orphans.

**The Current Impact of International NGOs**

Although many well-meaning international NGOs, like the SOS Children’s Villages and World Vision, have supported Ugandan orphans they have had a very minimal impact on the lives of Ugandan children (Subbarao & Coury, 2004). Though NGO intervention has grown, only 6.5% of NGOs registered in Uganda currently provide support to orphans (Owens, Barr, & Fafchamps, 2004). As previously stated only about five percent of orphans receive assistance from any external sources leaving the other 95 percent of orphaned children to rely completely on overstretched community based care systems (Subbarao & Coury, 2004). UNICEF and UNAIDS report that “the response to the orphan crisis is growing” however “it lacks the necessary urgency and remains unfocused and limited in scope” (UNICEF, 2004). This is evidenced by the number of OVCs (orphans and vulnerable children) who have not yet received any external support.

**Appropriateness of Current NGO Interventions**

As history demonstrates the fact that organizations are responding to a crisis is not an indication of improved circumstances for beneficiaries. Whether or not the current responses undertaken by NGOs are appropriate must therefore be considered in order to insure that the most effective methods of orphan care are in place to protect the children of Uganda.
Much of the literature regarding orphan care correctly characterizes the responses of non-governmental organizations as “reactive in nature” (UNICEF, 2004). Due to the rapid spread of the AIDS pandemic, measures to prevent orphaning could not be implemented in time to avert the current crisis; however, it has been decades since the initial spread of AIDS and many NGOs continue to focus on orphan care only when local communities have lost the ability to provide care. Few programs consider caring for children before they become orphans (Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda). For instance, few NGO programs focus on helping terminally ill parents understand the importance of determining who should care for their children when they pass (Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda). Programs offered by NGOs often serve as nothing more than band-aids to relieve the crisis once it has occurred.

As previously discussed, orphanages are a comparably new method of child care in Uganda. Although orphanages did exist in Uganda before the outbreak of the orphan crisis, they were not a visible method of care to the majority of Ugandans. Residential care programs are essentially a Western imposed method of care that are not culturally appropriate for Ugandans. Save the Children reports that:

“donors and charitable foundations inexperienced in childcare are being asked to assist with the increasing problem of parentless children, but are given no guidance on practice and policy. The result has been inappropriate short-term schemes and a proliferation of residential care without due consideration of its implication for children” (The International Save the Children Alliance, 2003).

Many problems have resulted from the use of orphanages and children’s homes. Villages, like those provided by SOS, are the most costly form of orphan care in Uganda. Save the Children reports that institutions like these can cost upwards of twelve times as much as
community based methods of care (The International Save the Children Alliance, 2003). Because of the high cost of care associated with these types of institutions very few children receive the benefits they offer. It has been argued that children’s villages not only focus on too few children, but also provide too much care for the select children that do receive support. Orphans living in these villages often have access to more resources and higher standards of living than non-orphans in their village (Subbarao & Coury, 2004). Because of this orphans leaving children’s villages have reported difficulty readjusting their local community (Subbarao & Coury, 2004) (The International Save the Children Alliance, 2003). It is also a common practice for children’s villages to construct their own schools for residents; this practice further separates children from communities to which they once belonged (Subbarao & Coury, 2004). Unrealistically high expectations of living standards and lack of socialization with members of the community leave orphans disconnected from social structures in their adult years (The International Save the Children Alliance, 2003).

In contrast to orphanages, children’s villages claim to provide children with a natural family environment (SOS Children's Villages International). It is notable, however, that the ‘mothers’ are paid staff. This raises a number of issues that have not been fully discussed in recent literature. First, village mothers are not obligated to children in the same way a biological mother is assumed to be responsible for her children. As salaried employees, village mothers can decide to quit. Further studies on the effects of ‘mothers’ leaving the children’s home must be conducted to understand the impact on the children in her care; however, it can be assumed that this would be harmful for the children. Additionally these institutions often
lack male role models which leave children at a disadvantage their peers (Subbarao & Coury, 2004).

This method of care is also not organic and can only be sustained by outside help. Instead of building up the capacity of the community to care for its children, residential care institutions impose an outside system of care onto the Ugandan people. This claim is substantiated in the findings of Susan Hunter (Makerere University Kampala Uganda) which states that “institutional solutions are rejected [among Ugandans] because children’s homes...reduce the ability of the community to regenerate itself in the future” (Hunter, 1990). Furthermore residential care settings actually weaken the capacity of communities to care for orphaned children themselves because these settings use limited resources which could otherwise be available to support communities’ orphan care systems (Omwa & Titeca, 2011). It has also been reported that children’s homes increase orphans’ risk of becoming a victim of property grabbing which leaves children even more vulnerable in the future (Hunter, 1990).

Although institutional methods of care introduced by NGOs raise many concerns, they may be necessary as a last resort when no proper guardian can be found to care for a child (The International Save the Children Alliance, 2003). Orphanages and other institutional care arrangements should only be used when there is no other care option available (Subbarao & Coury, 2004) (The International Save the Children Alliance, 2003).

Children’s homes provide some benefits and these benefits must be noted. Most importantly, since children’s villages are funded by NGOs they are able to provide the necessary financial support, food, clothing, education, and medical attention for children in their care (Subbarao & Coury, 2004). The neediest of children may not have any other way to attain these...
necessities. World Bank notes, however, that there are “very few examples of... well-functioning children’s villages” (Subbarao & Coury, 2004).

Sponsorship and other forms of financial support are by and large considered more appropriate methods of care. Studies have indicated that sponsorship is the method of care most desirable to the Ugandan people (Hunter, 1990). This method allows children to continue living with members of their family or community which enables them to maintain social ties with their village. This method of care also provides children with a more natural upbringing in a family environment. As a result children who receive support through sponsorship do not have to go through the difficult process of reintegrating into society. Although this method of care is promoted by prominent organizations such as UNICEF and Save the Children currently orphans living in “social care systems” are often not given donor funding (The International Save the Children Alliance, 2003).

Although NGO sponsorship programs are a more appropriate option of NGO care in most circumstances, this form of care is not without its flaws. Often these programs focus exclusively on orphans of AIDs (UNICEF, 2004). At first this approach may not seem problematic due to the large number of AIDs orphans in Uganda. However, programs that exclusively target AIDs orphans only serve to further stigmatize these children (UNICEF, 2004). Additionally, UNICEF and UNAIDS report that “to date few resources are reaching families and communities who are providing [the] front-line response” (UNICEF, 2004).

The underlying issue with each of these external modes of care is that they take a top-down approach to service delivery. Ugandans are not involved in the development of these systems; they are instead Western practices imposed upon the Ugandan people. Although
some of these modes may involve Ugandans they are not truly participatory because they are not undertaken by Ugandans and are instead implemented through Western NGOs and therefore reflect Western practices. Because of this these methods are not sustainable.

**Recommendations**

The methods of orphan care currently used by NGOs in Uganda are not sustainable. As UNICEF reported, “the worst is yet to come” in the growing orphan crisis (UNICEF, 2004). It is therefore crucial that sustainable methods of caring for orphans and vulnerable children are put in place for children who will likely be orphaned in the future. The next step to creating a sustainable orphan care system in Uganda is to support the growth of Ugandan civil society.

Notably, there is a growing interest among experts in developing local capacity to care for orphaned children through the extended family system (The International Save the Children Alliance, 2003). As previously discussed, NGOs are beginning to use sponsorship and similar initiatives to increase the ability of Ugandans to care for orphaned children. However, these programs are often initiated by international non-governmental organizations and as such are not organic community driven programs. Instead of enabling Ugandans to care for their own children these types of efforts tend to promote dependency on NGOs (Omwa & Titeca, 2011).

There are many reasons why we should support the growth of the Ugandan voluntary sector. First, there is a growing voluntary sector in Uganda which is supported by the local population. Second, Ugandans understand the current orphan crisis and want to do something about it, they just lack the resources to act on a large scale. Third, the Ugandan voluntary sector will be better able to implement community-based approaches that are advocated by the World Bank and other international organizations. Finally, a strengthened Ugandan voluntary
sector will be a more sustainable approach to orphan care than current international NGO controlled interventions because they are grounded in the indigenous culture and are therefore better suited to provide an enabling environment to the children.

**The Growing Ugandan Voluntary Sector**

Ugandans already have a voluntary sector in place. Attempts to build up the Ugandan voluntary sector would therefore not be a brand new initiative. In their study of the Ugandan NGO sector Barr and Fafchamps reported that “in Uganda, the number of local NGOs has skyrocketed” (Fafchamps & Owens). This is demonstrated by the growth of registered local NGOs in recent years. Since 1986 the local NGO sector in Uganda has grown by approximately four percent each year (Uganda National NGO Forum).

Not only are local nonprofits becoming more visible they are also becoming more professional. The Uganda National NGO Forum is at the forefront of the ongoing advancements of the local NGO sector. The Forum was created as “a 'broad-based' national body for NGOs to come together in their diversity, in pursuit of a collective agenda of engagement with government and other development actors” (Uganda National NGO Forum). The Forum prides itself on working to create “a coherent, respected and well-informed [Local] NGO sector in Uganda, actively contributing to citizens’ wellbeing and safeguarding their rights” (Uganda National NGO Forum). These efforts demonstrate that Ugandans also want a sustainable third sector and are actively working towards this end. One of the key values of the NGO Forum is self-sufficiency; in their 2010 Annual report they stated “we strive and work towards sustainable development outcomes” (Uganda National NGO Forum, 2010). In addition to these goals the NGO Forum has initiated efforts to improve the voluntary sector. For instance, the
*National Directory for NGOs* was created not only to forge a unified voluntary sector, but also to serve as a mechanism for national NGOs to share information about successful projects. (Uganda National NGO Forum, 2010).

**Creating Sustainable Solutions**

There are many reasons why Ugandans are better prepared to care for orphans in their country than westerners. First, Ugandans don’t have the learning curve that international NGOs encounter when trying to implement programs. Ugandans are already aware of culturally appropriate methods of care. Studies have found that constant changes in (international) NGO staff in many organizations have inhibited international staff from learning local customs (Mukasa). Furthermore, Ugandans have most likely lived in communities where orphanhood exists and are familiar with the indigenous orphan care systems and the challenges faced by those systems. As Susan Hunter points out: “[communities] want to assume responsibility for their children, but lack of sufficient food, shelter, bedding, and school fees makes realization of their desire more and more remote” (Hunter, 1990). Local community NGOs will better understand the necessity of keeping children in their communities because the staff will be members of the community as well.

One of the challenges to an impactful national voluntary sector is the lack of funding that many organizations face. Most nonprofits in Uganda, currently receiving funding, are large and well established (Fafchamps & Owens). Very few small organizations or Community Based Organizations receive a significant amount of outside funding. A survey of community based OVC care providers in northern Uganda found that current grant requirements for these entities are often too time consuming and costly for small organizations to pursue. This inhibits
CBOs ability to expand and provide better care to orphans (Omwa & Titeca, 2011). Additionally grants are often geared towards large projects which CBOs do not yet have the capacity to initiate. CBO leaders reasoned that small grants would enable them to build their programs (Omwa & Titeca, 2011).

In order to create a more productive voluntary sector capable of implementing local orphan care programs in Uganda, international NGOs should support small Community Based Organizations (CBOs) that excel in small orphan care projects. Researchers in northern Uganda found that:

“most of the self-help group study participants argued that externally driven interventions diminish their innovativeness in devising noble and culturally acceptable ways and means of responding to the challenges posed by the upsurges in the number of OVCs. In short, it wanes their voluntary enthusiasm” (Omwa & Titeca, 2011).

Researchers from Institute of Development Policy and Management also found that when an international NGO enters a community and implements its own programs the community begins to rely on the organization resulting in the phasing out of coping mechanisms that had previously been in place. This happens because international NGO programs often lack buy-in and fail to instill in the community a sense of ownership (Omwa & Titeca, 2011). Community members are unlikely to volunteer their time to programs that they have not helped create. When communities rely on NGO programs rather than truly participate in them through program development, an unsustainable system of orphan care is created (Omwa & Titeca, 2011). It is therefore crucial that international NGOs support the growth of Community Based Organizations in Uganda.

Using NGO resources to build the capacity of CBOs will lead to more sustainable orphan care system. There are many reasons CBOs and local NGOs are more sustainable than
international NGOs. For instance, international NGOs often only fund only short-term programs (Omwa & Titeca, 2011). If international organizations decide to leave current care systems could fail. If international NGOs concentrate on supporting the growth of the local voluntary sector through CBOs, the Ugandan people will eventually develop the capacity to run their own orphan care programs.

In order for care systems to be sustainable Ugandans must be actively involved. As stated by Edwards and Hulme: “strengthening GROs [grass roots organizations] and indigenous NGOs to carry out their mission more effectively is clearly an important component of any program which aims to promote sustainable approaches to poverty alleviation” (Edwards & Hulme, 1996). Scholars have only recently begun to acknowledge the work of community based organizations as legitimate and potentially successful tools to alleviate the effects of the orphan crisis. Literature regarding current interventions is lacking in exploration of CBO programs; however, the limited research that has been undertaken is reassuring.

Action for Children is an example of a local organization that has thrived with the help of an international NGO partner. Created by a Ugandan community leader in 1995, the organization has now grown to be a nationally registered local NGO (Roby & Shaw, 2007). Holt International Child Welfare Services partnered with Action for Children in 2001 with the goal to “keep children within their extended family – and off the streets or out of institutions” (Holt International ). Holt’s support has enabled Action for Children (AFC) to expand its programs and reach more children than ever before. Today AFC’s programs reach 15,000 children with programs focused on supporting the community capacity to care for vulnerable children (Holt
International). This is just one example of how international resources can be used to support CBOs and thus contribute to the development of professional and successful national NGOs.

**Conclusion**

As a result of AIDS and armed conflict the proportion of orphaned children in Uganda has risen dramatically in recent years. We have noted the devastating effects of orphanhood on the lives of children, such as higher rates of malnutrition, inadequate access to medical attention, and an increased probability of homelessness, all of which warrant international concern. It has also been noted that the Ugandan extended family system has managed to absorb the majority of orphaned children; however, the rising number of orphaned children has taken an enormous toll on local systems of care. The magnitude of the orphan crisis is currently posing a serious threat to the extended family system, which has historically served as the primary safety net for orphans. Although international intervention can be helpful in the short term it is not a sustainable long term solution. In order to help Ugandan’s care for their children it is necessary for international NGOs to build the capacity of successful community based organizations. Through the creation of an effective voluntary sector, Ugandans can lessen their dependence on international assistance, therefore creating a more sustainable system of orphan care.
Bibliography


UNICEF. (2004). *The FrameWork for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS.*