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World Vision's Experience Working with HIV/AIDS Orphans in Uganda - 1990-1995

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Abstract

Uganda, projected to have 3.5 millions orphans by 2010, was the site of World Vision's first major program of assistance to orphans of HIV/AIDS and war. This paper examines how the program, which was implemented in the rural districts of Masaka, Rakai and Gulu from 1990 to 1995, addressed the critical challenge of ensuring sustainable orphan welfare in a family and community setting. The paper considers how impact was achieved through activities that focussed on direct support to vulnerable children (access to education and vocational training skills), while at the same time as strengthening the capacity of families and communities to cope (increasing food production of foster families, strengthening basic social services in the area, and mobilizing the community for orphan care). Community participation and collaboration with government and other NGOs were important elements in all components.

Abbreviations and Acronyms

ACP	AIDS Control Programme
ADP	Area Development Programme
DAO	District Agricultural Officer
CBHC	Community-Based Health Committee
CBHW	Community-Based Health Worker
GOU	Government of Uganda
IDA	International Development Association
LRA	Lords Resistance Army
MOA	Ministry of Agriculture
MOH	Ministry of Health
NGO	Non-Governmental Organization
OPD	Out Patients Department
PAPSCA	Programme to Alleviate Poverty and the Social Costs of Adjustment
PCDW	Parish Counseling and Development Worker
PCMU	Project Coordination and Monitoring Unit
PLE	Primary Leaving Examination
STD	Sexually Transmitted Diseases
TASO	The AIDS Support Organization
TBA	Traditional Birth Attendants
UCOBOC	Uganda Community-Based Orphan Care Association
UN	United Nations
WV	World Vision

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I. Introduction

AIDS and civil strife have swelled the number of children at risk in many African countries. This has in turn strained the traditional care-giving mechanism based on integration within the extended family. To ensure continued child well being and survival, World Vision has initiated response programs in a number of African countries. With the recent (2000) launch of the HOPE Initiative[1], each of World Vision's 25 country programs in Africa will develop and implement a strategy for addressing HIV/AIDS.

This paper examines World Vision's experience in Uganda, where World Vision implemented its first major program of assistance for the orphans of HIV/AIDS in the rural districts of Masaka, Rakai and Gulu from 1990 to 1995. The paper describes the challenges created by HIV/AIDS and conflict, the main initiatives taken by World Vision to provide support to vulnerable children, and to strengthen the capacity of families and communities to cope. An attempt is made to highlight the key lessons learned and to identify which of the initiatives are considered replicable.

World Vision is a global relief and development partnership of nearly 100 national offices, of which World Vision Uganda is one. World Vision's mission is "to follow Christ's example by working with the poor and the oppressed in the pursuit of justice and human transformation". World Vision's work is child-focused, and developmentally oriented. This comes out of a corporate conviction that children are often society's most vulnerable segment to the effects of poverty.

II. Background

HIV/AIDS epidemic in Uganda

At the start of the program in 1990, HIV/AIDS had emerged as a national crisis. With a sero-prevalence rate of 15-25% in most urban centers, Uganda stood out as the most affected country in the world. Although the MOH reports for 1989 suggested there were only 8,000 people suffering from AIDS, almost everyone knew this was a mere shadow of the truth. Because of the social stigma associated with the disease, many victims were shying away from public attention and were not reporting their suffering to medical authorities. By 1990, the epidemic was in full swing and cases of AIDS were reported to be present in 33 out of Uganda's 34 districts. The most affected rural districts were Masaka, Rakai, and Gulu. All three had experienced a prolonged period of warfare during the campaign to rid the country of dictator Idi Amin, and civil conflict was still continuing in Gulu.

Both HIV/AIDS and conflict had created many orphans and the number was still on the increase. A rough estimate made by UNICEF (1989) indicated there were anywhere between 500,000 and

[1] HOPE Initiative: This is a World Vision multi-country program whose purpose is to alleviate the global impact of AIDS by preventing the spread of HIV, caring for children affected by AIDS, and advocating for appropriate public policy and programs. The HOPE Initiative builds upon the network of thousands of communities where World Vision is already at work and establishes new programs for HIV/AIDS prevention, care and advocacy. The HOPE Initiative is a Christian response to HIV/AIDS, reflecting God's unconditional, compassionate love for all people, and the affirmation of each individual's dignity and worth.

700,000 in the country. The problem of orphans and vulnerable children has reached a level never known before. Before AIDS became rampant, only 2.8% of children could be classified as orphan. That proportion has now shifted to 15-17% and the trend is still upwards. The number of AIDS orphans and from other causes is projected to reach 3.5 million by 2010.

Current situation of orphans and war-affected children

Uganda's traditional cultural response to such crisis has been to place children with extended families. This was the system at work such that much as the country had upwards of 1 million orphans, less that 1% of these children were being accommodated in the 70 institutions in the country. Institutional arrangements are quite uncommon in Uganda. However, in 1990 there were clear signs that the traditional coping system was coming under stress. Already there was an increasing reliance on grand parents to raise their orphaned children. Those who were taking on the role of caring for children were ill-prepared to do so, as communities overall were still endeavoring to recover from the effects of prolonged conflict.

The Ministry of Labor and Social Affairs had the principle public sector responsibility for the welfare of orphans. But capacity by government was very limited, and needed rehabilitation itself. In recognition of this fact and owing to the urgent need to provide relief to these vulnerable groups, the Government of Uganda adopted a strategy that called for provision of resources directly to local communities in order to cater for the needs of the vulnerable. NGOs which had demonstrated an ability for reaching the target groups were singled out as being key in the implementation of the strategy. World Vision was named to be among the specific category of NGO. This in turn gave encouragement to WV to design a program response geared at addressing the unfolding crisis.

Critical challenges

The critical challenges that needed to be addressed in as far as the welfare of children is concerned were:

- How to strengthen children's ability to survive to become productive members of society?
- How to ensure that the assistance to them would be in a family setting and would be sustainable?
- How to ensure that such assistance would also lead to family and community recovery?

III. Needs Assessment

Methodology

At the outset of the program, a needs assessment was carried out within the target area, to establish the overall situation with respect to the welfare of children. This included: a rapid assessment of the area including face to face interviews with local government and community leaders; focus group discussions with fathers, mothers, youths and teachers; and then a structured sample of 500 respondents drawn from the project model. Analysis of the results generated the following information with respect to the impact of HIV/AIDS, the response to it by the population, and the overall condition of households in the wake of the HIV/AIDS crisis.

Key Issues/Critical Findings

Attitude to orphan children: There was awareness among the people in Masaka and Rakai about the enormity of the AIDS crisis. Yet there was a sense of dignity with which people were facing up to the devastation of HIV/AIDS. At both family and community level, there was a general feeling that the people should do all that was possible to ensure that children being orphaned by AIDS were not lost to the community. This meant taking steps as families and communities to ensure those children were socialized into the discipline, culture and religion of their families.

Local leaders at both government and traditional levels perceived children as the prime investment a community could make for its future. There was also recognition that to accomplish this, deliberate steps needed to be taken by the community to retain its children and have them educated and trained for vocations and professions. There was a general feeling that children who were raised in institutions would lose out on family life, socialization into their culture, and their identity and sense of belonging to a distinctive community. There was a strong feeling that children of the community should not be put into a situation where they would be raised as second class citizens.[2] This view was well conveyed by the question of one-woman leader at a focus group discussion, *"do we want to let our children go to institutions so that they will be the ones to be selected for all the jobs people do not want to do*?"

Raising children in institutions was and still is not popular in Uganda. The accepted system for Uganda is informal fostering, whereby children are taken in by their extended family. The nature of fostering is shaped by the ways in which family descent is determined in specific communities. The communities of Rakai and Masaka are patrilineal (i.e. children are members of their father's clan). They are blood relatives on the father's side. In the case of death, the father's brothers, sisters, paternal uncles, aunts and his own parents will be the ones most eligible to foster his children. Maternal relatives can be called upon to foster children but that would be caretaker fostering till the child is old enough to go to his/her clansmen. Children ensure the continuity and prosperity of the clan, so at the time of death of the father, the clan head will consult and select a guardian for the children if they are young. The clan head and guardian will decide on the fostering of the children, and will make decisions about the family estate unless there is a will or instructions that are acceptable to the clan.

Shortcomings of Informal Fostering in Program Area

Although fostering within the extended family has always been the preferred method, this system exhibited certain shortcomings at the initiation of the program. Most families were overwhelmed. The scale of AIDS was such that a family may have multiple deaths of relatives, so there would be many orphans to support. Extended families were taking in children over and above their own families. The burden was considerable coming as it did at a time when families were still struggling to recover from the general deprivation brought about by years of civil war.

[2] Even in 1990 when there were approximately 500,000 orphans in the country, there were just 70 children's homes with a total of 2500 children. There is ample evidence to suggest capacity is not the issue. A survey undertaken by Save the Children together with the Ministry of Labor and Social Affairs (199) found that an overwhelming majority of the resident children (85%) actually had parents and other relatives, and could go back to their homes. Since then, 27 of the institutions have closed and stringent guidelines established by government for the opening and operation of new institutions.

In many focus group discussions, schooling was stated to be the most critical need for orphans. Extended families would try to send an orphan to school. However, the orphan would be the one to drop out when family funds diminished. Some people were taking advantage of the orphans; they would speak out at an extended family meeting pledging to take in a particular child, whereas the underlying motive to those people was exploitation of the child's labor. It was also reported that some people were taking in children in order to gain access to their inherited property.

The lessons from informal fostering are closely linked to the well being of the children involved. The health and nutrition of the orphans becomes a major issue depending on the age and health status of the orphan. Children of age 0-3 years may be HIV positive or AIDS symptomatic in which case, they will be sickly. Care will be expensive and tiresome. Ages 0-5, are the formative years during which nutrition, stimulation, health, parental love and socialization are crucial. These were not being provided for some orphans, and there were fears expressed by teachers and mothers that the orphans' personality could be affected.

In some cases, and this is currently on the increase, children lose both parents and are forced to stay on their own. Such a situation could arise because: both parents had died; the surviving parent (mother) had left; the parents were migrants and had no known relatives that the community could trace; or a decision was made for the children to stay on family property so that it could not be sold. In such a case, a friend or neighbor would look in on the children and help them to organize themselves. A relative might be brought to stay with the children. However, these were usually relatives who were dependents, and were sometimes not very successful in managing their own affairs. They may give little or no guidance to the children. Some may mistreat the children.

The socio-economic situation of children (1991):

At the time when WV embarked on this initiative, a UNICEF estimate (1990) indicated that in the district of Rakai, 13% of the children under 18 had lost at least one or both parents, most likely due to AIDS. In other districts, which had not experienced both war and HIV; this figure was 3% or less. Hence, there was an assumption that the traditional coping mechanism through reliance on the extended family was being strained.

This assumption was confirmed later that year (1990) when World Vision conducted a baseline survey of households with orphans within its program area. Single parent headed households accommodated most of the orphans (60%). The majority of the households were headed by single women (54%). Although 75% of the foster parents were judged at the time of the survey as being healthy, there was a significant 24% that were judged as not being healthy. Regarding the situation of orphan children within these households, 25% had already lost both parents; 30% were in the care of grand parents, 49% were in the care of a surviving parent, some already showing symptoms of the AIDS disease. Some 43% and 18% of the orphans were living in settings where there were already 3-5 and 6-10 other orphans respectively. 52% of the children were living in family settings where there were 6 to 10 other children. Deprivation in all measurable material aspects was the norm. This was exhibited in the lack of clothing, school fees, food, and basic bodily care, the things that one can see right away.

Many children were seriously affected emotionally. Many children had nursed the last parent right up to death. Many of them had changed homes a number of times following the death of those caring for them. In the process, some children had been separated from siblings. Foster parents were raising children under conditions of extreme anxiety. Foster parent response as to how the children they were looking after had performed in school the previous term, suggested the absence of purposeful monitoring of children's education; 63% of the responses suggested the foster parents did not know how children had performed in school the previous term. Many children were living in crowded conditions. In 35% of the cases, children were staying with people who were not blood relatives. Some 3% of the households were headed by other children.

The findings from the study revealed the details of abject poverty of the majority of the foster families. The foster families were making brave efforts to keep children clothed, fed and in school but they were not managing very well. Poverty and illness were widespread. Some 39% of the households surveyed had someone ill the day of the study and 43% had someone ill during the last four weeks prior to the study. The extended family, though a commendable alternative for the care of the children, was too weak to adequately secure the future of the orphans. The problems of AIDS orphans would get worse as their numbers continued to increase.

Countrywide, the number of orphan children was increasing rapidly. According to the MOH in 1992, as many as 50,000 orphans were being created annually. The total number of orphans at that time stood at 500,000. The Government and UN agencies were working on policies and infrastructure but were not in a position to adequately respond. They were depending on NGOs for outreach. Faith based organizations had been shouldering much of the burden and could do more in addressing some aspects of the problem. However, both human and financial resources were in short supply for them to expand operations. Hence, much as informal fostering was the preferred option, and is the mechanism through which the overwhelming number of orphans are being catered for, this needed strengthening in order to do the job.

Health: In addition to losses due to HIV/AIDS, the target area had yet to recover from the full effects of the war against Idi Amin, and the civil war that followed. Most elements of development infrastructure were crumbling and capacity to repair and sustain them was very limited. This was especially evident regarding healthcare and education. An assessment of 22 health care facilities revealed a system, which was not up to delivering critical services in this heavily HIV/AIDS affected area. Most clinics were run down because of the lack of routine maintenance. Many could not be relied upon to provide critical services; most had no power or fuel, hence no immunization was being given, as instruments could not be sterilized. Staff felt isolated. The lack of transportation meant that no outreach services could be provided. Staff had no protective gear in this area of high HIV/AIDS infection. There were no drugs to address AIDS related sicknesses. The outcome of all this was loss of morale on the part of staff, which in turn led to a high turnover of staff**.**

The two districts of Rakai and Masaka were the first to be badly hit by HIV/AIDS in Uganda. The first known case occurred at Kansensero village in Rakai. The disease was first considered as a strange form of STD, at that time common among Lake Traders. Its cause was later attributed to magic. Vital time elapsed before the full nature of the disease became known, and by that time many people had become infected. With the exception of two health centers in the two districts

(Kitovu and Masaka) the health centers in the area could not undertake blood screening. Except in cases where patients were referred to Kitovu clinic, cases where AIDS was suspected, this information was never revealed to the victims, as there was no follow up counseling available. Because those who turned up for treatment had fully developed symptoms and were not surviving long after attending the clinics, a rumor started going around to the effect that the clinics were deliberately hastening peoples deaths. This added to the resistance of people wanting to find out their status.

In focus group discussions involving health personnel, the critical health care requirements were stated as:

- Drugs to manage AIDS-related illnesses
- Proper examination/delivery beds
- AIDS counseling
- Food supplements for malnourished patients
- Disposable injecting materials
- Bicycles for outreach services
- Strengthening community based health care (CBHC)
- Home-based care systems
- HIV/AIDS awareness, including pre-test counseling for HIV/AIDS
- Clean water for the health care facilities.

Education: The situation was equally serious with respect to education. Although baseline results indicated the existence of much effort to keep children in school, this was being attained with great difficulty. In Masaka and Rakai 33.8% and 36.4% of the respective school age children were not in school. School enrollment was dropping in a number of schools. The cost of education was indicated as the main reason as to why enrollment was decreasing. Tuition for primary education averaged $28 per child per year in a situation where per capita income was $250 a year. In addition to tuition, parents were required to make contributions into a PTA fund, which was roughly double what was being asked for tuition. Parents were also required to make contributions into the library fund in addition to paying for books, stationery, uniform and other scholastic supplies. A vicious cycle of spiraling costs begun. Children would be pulled out of school after the death of parents because of their inability to pay. In order for schools to remain operational, tuition levels would be raised for those remaining in school, which would in turn cause other children to drop out. At the same time, other costs of education were going up, because a number of schools had to pay for upkeep costs as well as costs of repair or expansion, as a number had been seriously damaged during the war.

The foster parents expressed other crucial needs as well including difficulty in producing enough food for the household (especially in cases where these were elderly), and difficulty in ensuring children were adequately clothed. The plight of foster parents was aggravated by the effects of war, and the related asset destruction, which had left many of them poor and in need of support to get started. The total effect of this situation was in turn causing orphan siblings to be distributed among several households, at times creating a situation where siblings would never get to see each other. This made the recovery of children from the trauma of losing loved ones especially difficult.

IV. World Vision's Strategies

Origins and geographic coverage

World Vision's program of assistance to Orphans dates back to 1990 when World Vision officially became a collaborating participant within the Uganda Program for the Alleviation of Poverty and Social Costs of Adjustment (PAPSCA) project. PAPSCA was a $37 million project developed by the Government of Uganda and the World Bank to address some of the urgent social concerns of Uganda's most vulnerable groups during the process of economic adjustment, and post war reconstruction.

The PAPSCA project had 7 components ranging from rehabilitation of primary schools, small-scale infrastructure, low cost sanitation, to piloting programs for orphans and war widows. World Vision took responsibility for the component-addressing orphans programs in the districts of Rakai, Masaka and Gulu. This was a $5.38 million initiative over a three year period. The sum was made up with a contribution of $3.65 million from the Government of Uganda largely through an IDA credit and $1.73 million from World Vision. The program started in 1990 with a target of reaching between 30,000 and 40,000 needy children (18 years and under) that had lost at least one parent due to war and HIV/AIDS. However, this criteria was changed soon into the program following in-depth dialogue with communities. Qualifying children became those that a community identified as being very vulnerable following guidelines developed jointly by the community and World Vision. Typically, this criteria took in children that had lost both parents due to any cause and were in the care of (i) elderly guardians (70 years old +) with no dependable income, (ii) household headed by other children, (iii) households where the care givers were chronically ill (most likely AIDS), and (iv) households where the care givers were healthy but where the number of orphans taken in was so large that family food security became a serious problem.

The choice of the districts of Rakai, Masaka and Gulu was based on the fact that the three districts were among the neediest in the country. All were just recovering from war. In fact war was still ongoing in Gulu. According to the Ministry of Relief and Social Rehabilitation, some 20,000 out of 85,715 families in Gulu district had lost at least one or both parents; leaving behind many orphan children and widows. In both Rakai and Masaka, where HIV/AIDS had first manifested itself, there were 25,000 children registered as orphan in Rakai, and an estimate of 30,000. to 40,000 orphan children in Masaka. Within the three districts HIV/AIDS was spreading very fast; at the end of the 1980s, Masaka alone was reported to have 21% of the total HIV/AIDS caseload in the country. Rakai and Gulu accounted for 6% each.

Within each of the districts, focus was put on a few counties, in accordance with guidance by local officials as to which counties were most needy and were without significant programs by d other agencies. These included Kyotera and Kakuuto in Rakai and then Bukoto and Kalungu in Masaka.[3] In the case of Gulu, the focus was put on the counties of Omoro, Kilak, Nwoya and Aswa. At that time, this was the area where it was still possible to operate. Other parts of Gulu district were very needy, but were at the time engulfed in civil conflict.

[3] The counties of Kyotera and Kakuuto in Rakai contained 58% of the orphans registered in the district, although they constituted only 45% of the total population of the district.

V. Description of target groups

Community participation

A number of steps were taken to identify objective approaches for addressing the above challenges. Because it was understood progress would be made only when the people themselves became effective players, the first step was to get them to fully understand the dynamics of the problem they were facing. Facilitating communities to give their views in focus group discussions as well as discussing with them the results of the baseline survey attained this. In this manner, communities were able to express their views on a variety of options, helping to guide the program as to which interventions would generate community interest and participation. Communities were able to affirm which category of households with children were truly needy and deserved support. Some of the outputs of this process were:

Description of vulnerability in a manner that satisfied communities and which helped to reduce stigmatization and helped in building community support. The earlier definition that focused on orphans of AIDS was changed. In its place, focus was put on vulnerable children irrespective of status as orphans or cause. With this shift, it became possible to incorporate children from large households whose situation had been made more desperate as a result of taking in orphans. It also became possible to incorporate children of sick parents that were experiencing extreme hardship. Likewise, children from households headed by other children were included. In all these cases the determining factor was degree of need and not simply being an orphan due to AIDS. By broadening the definition in this manner, stigmatization was reduced. This also enhanced community support, and contributed towards creation of a movement at the grassroots level for the care of vulnerable children.

Target age group: Community dialogue helped raise the upper end of target age group from 15 years to 18. There was a common feeling that 15-year age cut off would find many children just beginning their high school education. Furthermore, most people were of the view that children of 15 still needed a great deal of guidance and supervision to be able to fend on their own.

Identification of target families. A process was agreed to as how to go about identifying the most vulnerable households within the community. The names were to be vetted by community committees in an open process. For the most vulnerable to emerge, the process would be repeated to ensure that vulnerable households who may not have herd about the meeting the first time, get opportunity to be considered. Furthermore, the community selected persons that would record names of children becoming orphans within their respective parishes. To ensure the information was authentic, communities suggested that local administrators (RC1) or their representative attend each funeral within their jurisdiction to witness the recording of names and educational characteristics of the surviving children right at burial. This process helped to create a community-managed database that was used in the selection of beneficiaries, especially of the tuition support program. Qualifying families were those that had taken in orphans and which, in the eyes of the community needed additional support to be able to cope.

Partnership. Most of all, community sensitization and dialogue helped to clarify at the outset that this was a community program to which WV had come to assist, as opposed to visualizing the

initiative as a World Vision program that was seeking community support. This led to the development of community structures that would guide and work alongside World Vision in its efforts. Agreement was also secured as to which activities World Vision should assist in and which activities would best be left to the community. Through this dialogue it quickly emerged that the best way to support orphans was to devise a multi-sector package of interventions that combined direct support to the children themselves while at the same time assisting families and communities to recover. A summary description of the interventions is presented below according to objective.

VI. Program Objectives and Component Descriptions

The program, which World Vision devised, focused on enabling communities in the affected areas to care for their own. The program aimed to do this by training local people in health care and counseling, by providing educational and vocational assistance and by furnishing agricultural supplies to improve the food production of rural foster families. The principal objectives of the program were:

- To increase the productive capacities of parents.
- To ensure 30,000 to 40,000 orphan children attend school.
- To enable older orphans to attain self-reliance skills.
- To support communities establish a community-based counseling services for orphans and their foster families, and in general monitor the welfare of children.
- To support and augment MOH programs in the area by facilitating the training of 200 CHW's, TBA's and renovating up to 5 health units per district.

Increase productive capacities of families: The objective was to increase the productive capacity of the foster families through training, provision of agricultural inputs, and credit. The target number of families to be supported was 6,000-7,500. The rationale was that through this mechanism the needs of children including orphans would be addressed in a sustainable way and within a caring family environment. Stigma at the household level would also be greatly reduced or eliminated.

The years of turmoil had brought extension work in the area to a halt. Extension officers were unable to reach the farmers because of lack of transportation. At the same time poverty was afflicting many farmers such that many of them could hardly afford the cost of simple and yet vital inputs (hoes, spray pumps, seed, and tillage services). Overall, agricultural production in the program area had dropped as a result, leading to the prevalence of high malnutrition levels among children. In fact, during 1991-1993, the district of Rakai experienced famine.

World Vision collaborated with the Ministry of Agriculture at the district level to actively enhance foster family agricultural skills. This was accomplished by promoting and encouraging farmers to form groups of 20 to 40 individual farmers each. Group formation was in line with the MOA farmer skill enhancement strategy. Farmers in- groups were then trained in modern methods of farming, poultry keeping, passion fruit production, and vegetable growing. The training emphasized food production (crops and animals), increased income, improved nutrition, and environmental protection.

Qualifying farmers were those that showed interest in the specific agricultural activity and agreed to form a group for more effective training. Farmers that qualified to receive the inputs were those that had taken in orphans, or who agreed to become model farmers so that their farm plots could be used for on-farm demonstration and training. Other farmers could obtain the training, if they were interested. But in order to get inputs, they had to pay some of the cost.

Farmers who completed the training were then given critical inputs. The program supplied the initial stock of passion fruit grafts, maize, beans, and vegetable seed. Other inputs included 177 spray pumps, 20,944 hoes and other tools, pesticides and fertilizer. Handouts of farm inputs is not sustainable, but this was done at the beginning of the program, in part as a relief measure to help farmers recover from the effects of war and famine.

A second component in the attempt to increase productive capacity was the introduction of credit to enable families to acquire critical inputs for both their agricultural and other activities. Some of this was group credit and involved groups of farmers applying for loans after they had taken the training and submitted a business plan. In some cases, the credit was in kind, where groups of farmers received a grinding mill, oil extractor or rice huller to operate as an income generating activity. Some groups opted for daily farming and used the project to receive exotic heifers as credit. A particularly significant aspect of the in-kind credit was a tractor hire service which foster families would use to increase acreage.

Enable orphan children to stay in school: The objective was to assist 30,000-40,000 with tuition, clothing and scholastic materials needed for primary education. Orphan children constituted close to one third of total enrollment in a number of schools, and their inability to pay tuition and contributions into the school building fund was keeping many orphans out of school and had become a threat to the survival of the educational system itself.

Fulfillment of the educational support objective was attained in three main ways. (i) The program undertook to pay school fees for up to 25,000 qualifying children to attend primary school. The education was to be carried out in the existing primary schools within the project area, most of which had on average as many as 100 orphans out of an enrollment of 324. (ii) The program made contributions to the cost of scholastic materials, which included; exercise books, pencils, geometry sets, and in some cases some clothing and a blanket. (iii) The program supported community efforts to renovate and construct 24 primary schools. This assistance took the form of contributing cement, roofing materials, doors and windows as well as providing transportation to move materials contributed by communities to the building site. In addition the program undertook to cover the wages of artisans contracted to undertake the construction. The standard school construction, which World Vision supported, was a 7-classroom block together with a headmaster's office and a staff room, all built in permanent materials. In addition, up to four teachers' houses were constructed as well as installing a water tank and building two latrine blocks.

The selection of the students to be supported depended on the following criteria:

- Being orphan.
- Coming from an extremely needy family, where both heads were 70 years+ and with no meaningful income source.
- Being a member of a child headed household.
- Coming from a large family that had taken in orphans and with no meaningful source of income.
- Except where children were already part of an existing WV program, registration into the education system was given to those that had registered with the program by their 12th birthday.
- In the case of support in secondary school, the youth had to have passed the Primary School Leaving Examination, scoring at least grade C and above. (There were thousands of youths who had dropped out of school due to lack of tuition. The test criteria were applied in part as a prudent measure to select those to fill the limited slots that the program could fund).

The criteria applied in selecting the schools to rehabilitate or build were as follows:

- Recommendation by the district authorities in light of their district development plan.
- Schools in very remote parts of the program areas and where there were very few options.
- Schools that had a very large number of qualifying children (at least 80 and above).
- Schools where, after mobilization, parents and the community at large demonstrated verifiable determination and willingness to contribute something (usually building sand, stones, bricks, labor to protect the assembled materials) for the rehabilitation of their school.

Enable older orphans to attain self-reliance skills: The objective was to establish and equip 18 simple rural vocational training centers at which some 4,500 youths would be provided with self-reliance skills. In the needs assessment exercise, several community and local government officials had expressed this issue as an urgent need. The existing centers at Kyotera and Kalisizo were much too limited in capacity to handle the large numbers of youths falling out of school. Informed officials contacted indicated that the area had great demand for skilled people in brick-making, brick-laying, tailoring, roofing homes, fishing, shoe repair, carpentry, and baking.

The program devised a threefold approach to address this critical need. These included: (i) Encouraging existing technical schools to expand capacity and then take in youths sponsored by the program; (ii) Attaching vocational training to existing primary schools to which master craftsmen and women from the community would come and provide the training; (iii) Contracting with existing artisans in the community to take on a few students at a time as apprentices and then over a period of time teach them the skills of the trade. Remuneration for their effort would come in the form of free sets of tools (at the time tools were very difficult to get in Uganda and it was anticipated the program could get sets of tools through WV's Gifts-In-Kind program. Vocational training centers were expected to realize some profit from the sale of items made. Such proceeds could go towards the cost of equipping each graduating youth with essential tools kit with which to get started.

Selection of the youths to be trained depended on several criteria. In the case where training was attained through attaching a particular youth to a practicing artisan, the criteria used included:

- Interest of the youth in the skill being offered.
- Recommendation by the local counseling and development worker.
- Distance from the youth's home (in many instances youths were looking after other siblings and hence needed to reside close to home).
- Marketability of the particular skill that a youth was requesting for.
- Character of the trainer (whether he/ she was reliable, non-exploitative and had a genuine concern for the trainee).

In the case where training was to be attained in a formal vocational training institute, the criteria for selection included;

- Interest of the youth in the skill being offered.
- Proof that the youth had passed the minimum academic requirements for entry into a technical school.
- Ability of the youth or guardian to contribute 20-40% of the training costs. (Some youths did so through providing labor at the institutions).
- Distance from the training institutions.
- Marketability of the of the skill to be pursued.

Provide counseling services to orphans and their foster families: The objective was to train a team of 100-120 Community Based Parish Counseling and Development Workers to provide counseling services to orphans and their foster families. The aftermath of AIDS had created sense of fear and helplessness among orphans. Many of them needed re-assurance, guidance on how to make decisions (especially regarding continuation in school), responsible living, and when to alert others that help was needed, and then basic health and hygiene. Even in the case of adults, there was lack of basic knowledge on HIV/AIDS and how to care for its victims. Some suspected they would contract the disease by simply paying curtsey calls to the homes of victims. Surviving parents and guardians needed someone to talk to, exchange views on how best to cope, how to care for the terminally sick, and how best to prepare children for the impending death and possible integration into another family.

Psychological support services were very thin in Uganda and up to the time of the AIDS epidemic, had never figured among the critical services provided through the Ministry of Health. The MOH had tried to initiate the ACP (AIDS Control Program) with part of its activities confined to patient care. NGOs had also tried some programs, the well known ones being those of TASO (The AIDS Support Organization). But, in both cases, attention was mostly to those dying from the disease, and not those being left behind. In discussions with government and school officials, concern was expressed about the need to design programs that would enable orphans and their foster families to get over the loss of their departed ones and participate effectively in community life and development.

World Vision set out to address this need by encouraging communities to establish a community-based system of counseling along similar lines as a community-based health care system. The backbone of this was to be a team of 100-120 Parish and Counseling and Development Workers (PCDWs) who would be selected from within their respective parishes, trained and then posted to serve within their communities; approximately 10 for each sub-county over a three year period. These would be co-coordinated by project specialists in Social Work based in each of the sub-projects. The candidates would be carefully selected relying on consultations from local communities, schoolteachers and religious leaders. The aim was to ensure that those selected for training were people whom the public respected and often turned to for advice.

The training covered; basic listening skills, emotional support, stress management, alleviating fear, conflict resolution, as well as how to access overall survival needs of households when making home visits. Much of the counseling was family focused conducted within the home. Some involved awareness raising on the part of community leaders, women groups, youths groups, and elders. Some of the counseling was conducted in confidential settings, especially when it came to preparation or interpretation of wills, and seeking advice as to when to go for blood testing, or seeking advice as to how to break bad news to the children. Referrals to more specialized agencies such as TASO and clergy were often made.

Support and augment MOH programs in the area: The general objective was to strengthen and extend the primary health care initiatives of the MOH through renovation of health facilities, and training of CBHW's and TBA's at the periphery. Primary Health Care was adopted by the Government of Uganda (GOU) several years before to minimize the burden of institutions and to improve the access of the population to basic health services such as immunization, endemic disease control and maternal health services.

The program set out to accomplish this goal by undertaking to renovate 14 priority dispensaries in the area and training 480-600 Community-Based Health Workers and TBA's, and equipping them with health kits and bicycles. The program also undertook to facilitate the formation of parish and village health committees, which in turn took responsibility for selecting candidates to be trained as CBHW and TBA's. The primary function of the CBHW was to mobilize community support for the health activities in their community, thereby enabling communities to experience an improvement in health by the end of the project.

The choice of health units to repair or build was based on the following:

- Recommendation of the district authorities in light of the district development plan.
- Health units in remote areas where the population had no other option.
- Health units that were serving too large a population for the existing physical plant.
- Health units where after community mobilization, local leadership and the beneficiary communities demonstrated determination and willingness to contribute what was within their means (sand, stones, bricks, protection of assembled materials) for the rehabilitation of their facility.

VII. Administrative Arrangements

Partnerships

The delivery of project services was achieved through a team of full time employees based at parish, sub-county and district levels. Parish development workers (PDWs) were selected in conjunction with communities. Their role was to ensure that all planned project activities were implemented at the grassroots level. Each sub-project had a total of 60 PDWs. These were coordinated by sub-county based development workers, and by a team of technical staff at district level. These were qualified in health, social work/ counseling, agriculture, rural extension and finance.

Project staff collaborated with existing structures for effective and sustainable implementation. These structures included operational ministry staff, RCs and chiefs, and other NGOs with complementary programs. Collaboration would ensure that projects complemented one another and that duplication of effort was avoided.

Another important aspect of the project was the participation and involvement of the community. Communities played a significant role in planning and implementation, and in the monitoring and evaluation of program goals and activities. Communities were encouraged to commit their own resources so that they became real partners in the program. Program committees were set up and operated at parish, sub-county and at district level.

The parish committee was made up of elected representatives from each of the villages within the parish. The sub-county committee was made up of elected representatives from each parish committee. Members of the sub-county committee then elected a representative to the management project committee. Other members of this committee included respective civil servants in the area, who would attend as ex-officio. Each committee elected its own chairperson as well as secretary. The main functions of the committees were to motivate communities, provide feedback to project staff about community views about the program and to indicate whether changes were needed. The project committee at the district level, in particular, played the critical function of providing both community and then local government input to the program.

Monitoring and evaluation

The three projects were backstopped technically and administratively by a project management team that was based in Kampala. This team received reports from the Area Managers and also furnished reports to the CMU. There was, in addition, occasional monitoring undertaken by the PCMU and the World Bank task manager.

Project reports were compiled on a monthly, quarterly and annual basis. Area Managers compiled their reports from the reports they received from their Area Coordinators, who in turn compiled theirs from what they got from the Parish Counseling and Development Workers (PCDWs). The PCDWs were the frontline workers that saw first hand program services at the homestead level. The information they generated was complemented by information both Area Managers and Coordinators were able to get through document reviews, site visits, coverage surveys, as well as staff dialogue and analysis. The monthly reports gave a narrative report of significant achievements of the month, decisions made, problems encountered, a financial report and then

presentation of the plan of action for the following month. End of year reports were compiled at the end of each year. The compilation was based on document reviews, site visits, coverage surveys, group interviews, staff dialogue and analysis. The objective was to measure the progress made against the stated plan of action. Towards the end of the program, a major review of the program was made, and this triggered the restructuring of the program into several smaller ADPs. This was in keeping with new funding realities.

Role of Other Organizations

Several NGOs both local and international as well as international agencies had responded to the crisis in Uganda. To simply keep the system going several grassroots efforts had been started – either under the umbrella of local churches, or impelled by the charisma of political representatives. NGOs set up in Uganda and addressing in some way the issue of orphans included; Action Aid, Concern, International Islamic Charitable Foundation, Lutheran World Relief, SOS Children's Village International, World Vision, Africa Village Outreach, Child Welfare and Adoption Society, Friends of Children, Katoosi Family Support Center, Kiteezi Family Support, Kyakatara and Rwabaganda Projects, Olaka Child Care, New Hope Uganda, Pentecostal Churches of Uganda, Sanyu Babies Home, TASO, Uganda Women's Effort to Save Orphans, Youth Project Sharing, Christian Child Care Project, Rakai Orphans Community Based Organization (OCBO), and World Learning.

World Vision actively collaborated with a number of these organizations in order to increase effectiveness on the ground. For instance, acting under the co-ordination of the Ministry of Health, World Vision worked alongside AMREF, Save the Children, Kitovu Mobile, and the RAIN Project to train CBHW's and TBA's. Working under the principle that no single agency could alone address all issues related to HIV/AIDS, agencies in the field undertook to collaborate, including referral of cases which some agencies could not handle to those that could.

World Vision, and most of the agencies listed above, formed an umbrella organization Uganda Community-Based Orphan Care Association (UCBOCA) - a forum for undertaking advocacy and for coordinating information. This would meet with government on a regular basis to exchange information. It provided vital input into the formulation of policies regarding the conditions under which orphanages should be established. It made responses into the draft legislation on inheritance and the rights of survivors. It has remained a vocal entity on issues of child protection, and was instrumental in calling for the establishment of a special wing of the police to address issues of child abuse. During the 1995 political campaign, this group framed education of orphans into a major campaign issue. Further input was made into other networks active in the Uganda Debt Network and in the preparation of the country's PRSP. The outcome of this process was to strengthen the commitment of the country to the launch of the Universal Primary Education (UPE) program in 1997.

Costs

A total of US$ 4,949,280 was directly invested in the orphans program over the three-year period. Of this, some $3.657mil came as a grant to World Vision from the Government of Uganda through an IDA credit. The contribution from World Vision's private funds amounted to $1,292,120. In addition, World Vision made a commitment of $441,000 to cover the cost of oversight management, monitoring and evaluation.

There was no systematic costing in the entire PAPSCA program of the input made by communities, which took the form of providing the labor to mold bricks, collect stones, prepare building sites, as well as organizing themselves for effective input. These were vital contributions without which the program would not have realized the level of success attained. Estimates made by the program in Masaka, and which were later validated by the PCMU, suggest community input may have accounted for as much as 10% of total program costs.

Direct program costs for each of the three sub-projects are presented below according to funding source.

Budget Plan: World Vision Program of Assistance to Orphans in Uganda (1991 – 1994)

Sub-Project	W-Bank IDA/ GOU share	WV share	Total Cost
Masaka	1,297,020	572,060	1,869,080
Rakai	1,187,100	352,960	1,540,060
Gulu	1,173,100	367,100	1,540,040
Total	3,657,160	1,292,120	4,949,280

Approximately **10%** of the budget was used to support the establishment of training centers and to employ full time development workers. Some **11%** was committed directly to enabling vulnerable children to attend school and vocational training. Specific items covered under this commitment included direct assistance to orphans for school fees, uniforms, scholastic materials, vocational training for orphan youths, and other training expenses.

The project managers and development workers worked with communities to build/renovate schools, health facilities, and improve water and sanitation facilities. The program would challenge communities to make contributions for the construction or renovation of a facility that the community considered vital. Often community contribution came in the form of labor to collect stones, mold bricks, dig sand as well as arranging to ensure that such materials were secured for eventual use as needed. World Vision would match this effort by contributing those materials that were generally beyond the means of the community to come up with. In this manner, approximately **12%** of the budget was spent to cover the cost of corrugated iron sheets, nails, and cement.

Approximately **19%** of the budget was used to provide tools and agricultural inputs to enable families increase their productive capacities. This category included purchase of 20,000 hoes, 18,000 spray pumps, seed, agricultural chemicals and fertilizer, 9 grinding mills, a rice huller and an oil extractor, and 8 tractors for a tractor hire service. There was then an additional **11%** of the budget, which was committed to credit. Most of the credit was in support of agricultural initiatives.

Approximately **13.9%** of the total was spent in the purchase of 6000 bicycles, which used to facilitate CHW's, and PDCW's to reach out to families to monitor the condition of orphans and their foster families. Some of the bicycles were sold at discounted prices to foster families and orphan youths to enable them increase their productive capacities. The program also spent **11.3%** to acquire motor vehicles including; a lorry (vital for moving construction materials), four 4WD

pickup, seven 4WD Suzuki hard tops, and then 12 Honda motorbikes. About **18%** of the budget was for administration and management costs.

Budget Allocation: W- Vision Program of Assistance to Orphans in Uganda (1991–1994)

Line Item	Budgeted Amount in $	% of Total
A. Construction materials	573,700	11.60
B. Equipment/tools	632,400	12.78
C. Vehicles/tractors	562,000	11.35
D. Bicycles	688,000	13.89
E. Agricultural supplies	241,700	4.88
F. Health supplies	245,000	4.95
G. Training/Education	541,840	10.95
H. Personnel	501,920	10.14
I. Operational	413,840	8.36
J. Credit	549,480	11.10
Total	4,950,280	100.00

VIII. Challenges

The program was the first one to be supported with government funds that became available as a result of IDA credits. Hence there was a learning curve for each of the stakeholders, which meant progress was at first not as rapid as might have been. The main problems that evolved related to the project launch, disbursement of funds, and then the procedures established for procurements.

Start up activities: The transition from design to implementation was abrupt and occurred at a time when there was rapid change over of staff within the Bank and the Project Implementation Unit in government. A condition of effectiveness had been set as the establishment of a coordinating committee to administer the project account. The establishment of this body was late. The procedures set for the disbursement of funds also caused enormous delays. Release of IDA funds was contingent upon GOU paying into the program its own portion. In the initial period of the program, the GOU had not yet set up a budget account from which such funds would be drawn. After the program got going, replenishment of funds to implementers could occur only after the audited report on all projects had been submitted by the implementation unit to the Bank. This created enormous delays. Implementers who were in a position to prepare their financial reports in a timely manner would often have to wait for those that were slow to turn in their reports and thereby make it possible for the implementation unit to prepare a financial report for the entire group.

Procurement Issues: The most frustrating of the problems related to the need to adhere to the procurement requirements set by the GOU and then those of IDA. Because some of the project inputs required competitive bidding, it was cumbersome getting capital items in a timely manner. A study of the process carried out by WV revealed that on average, it took between 18 to 34 months to get some of the supplies. This was much too long for a program that was started as an emergency program and with a projected lifetime of 3 years.

Some of the items procured under the competitive bidding method that the project was forced to adhere to ended up being problematic to sustain. A case in point was the model of tractor purchased, for which there was no service back up in country.

Fortunately, through surfacing these problems as part of the mid-term review, various efforts were undertaken by the Bank to develop more appropriate procedures for implementation of programs involving NGOs and other elements of civil society.

Instability in the Region: Effective realization of project benefits requires an environment within which people are settled and secure. This situation was disrupted from time to time in Gulu due to the Lords Resistance Army (LRA) Insurgency. Project activities were disrupted, especially in the early 90's when the Project Manager and his driver were ambushed and killed and in 1994 when a tractor crew hit a landmine resulting in the death of four staff. Also due to reasons of insecurity, some group income generating activities (maize milling, oil extraction) designed to serve geographically stable communities, became difficult to operate as target families scattered to different areas due to increased activities of the LRA.

Education Package: There is now need to assess carefully what should go into an education assistance package. Since 1997 when the GOU introduced the Universal Educational Program, the number of children who can attend primary school has vastly increased. However, this is not being matched by expansion in physical plant. Hence, much assistance is needed in this sector to guard against decline in educational quality. At the same time, free school attendance under the UPE program is limited to four children per family, which in a number of cases does not provide adequate support to those families that have taken in large numbers of orphan children. Furthermore, this support is only tuition support and does not extend to coverage of other necessities to enable a child to attend school.

With the advent of UPE, the most costly aspect of education now is sustaining children beyond the primary level. This is also the phase when costs increase very significantly, and in some cases as much as ten times. Communities have expressed strong interest for the program to have flexibility so that in some special cases, needy children are supported beyond the primary level. This is especially critical in those cases where the affected children are taking care of others, and where assistance to enable them complete a critical level of education might help position them for a job opportunity thus making it more possible for them to take care of their siblings. In the recent re-structuring of the program into ADPs, World Vision has taken steps to support orphan children beyond the primary school level.

Impact of Pandemic: The devastating impact of the pandemic is quite overwhelming. In a recent survey, which World Vision carried out together with Johns Hopkins University a cross-cultural assessment of trauma-related mental illness in Rakai district, the results were astounding. Depression prevalence was found to be 25.1% among men and 23.9% among women. In the same study, some 3.7% out of a sample of 587 were found to be suicidal. Hence, there is need for including psychosocial care within the multi-sector package of interventions adopted for AIDS devastated areas. Counseling that targets specific groups, including community leaders is also

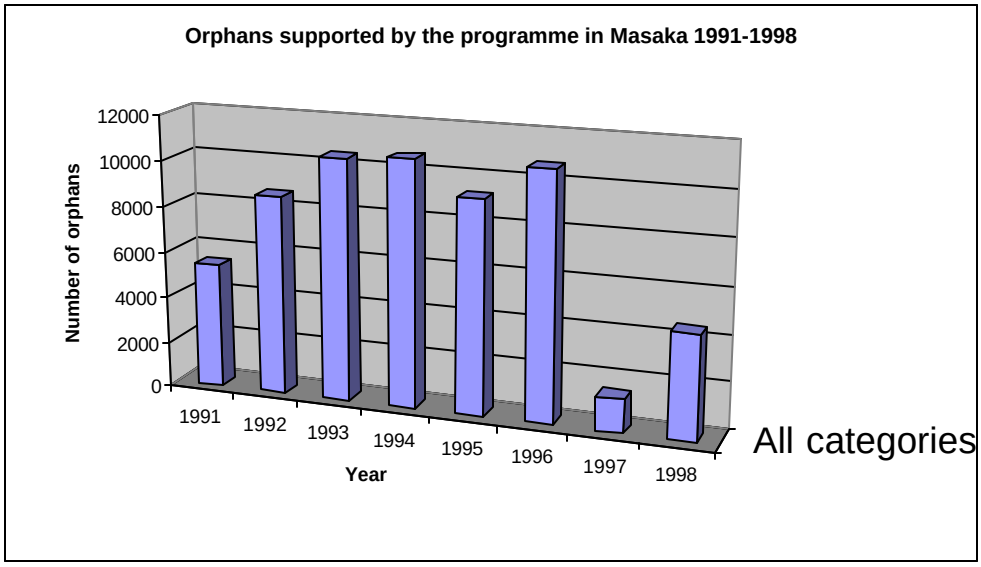
needed to ensure that intentional steps are taken to strengthen those traditional practices considered vital for the survival of vulnerable ones.

The case of children not addressed by informal fostering: The principle strategy applied in the World Vision program was to support existing coping capacity provided both by the extended family and the community. This was appropriate for the vast majority of needy cases. However, this does not serve the needs of all. There was a small minority of 3% who were not adequately protected by the traditional structures existing within an area. In a number of cases, these are orphans of parents who were recent migrants in an area and whose death occurred before they had established deep roots within a community. Children with this type of background currently constitute the majority of children living in households headed by children. These require special attention beyond that given to those enjoying the broader protection of the community (ethnic and natural birth) in order to survive. The ***challenge*** is to identify an assistance package appropriate for this group without destroying the spirit of caring for the vulnerable, which sustains the institution of informal fostering.

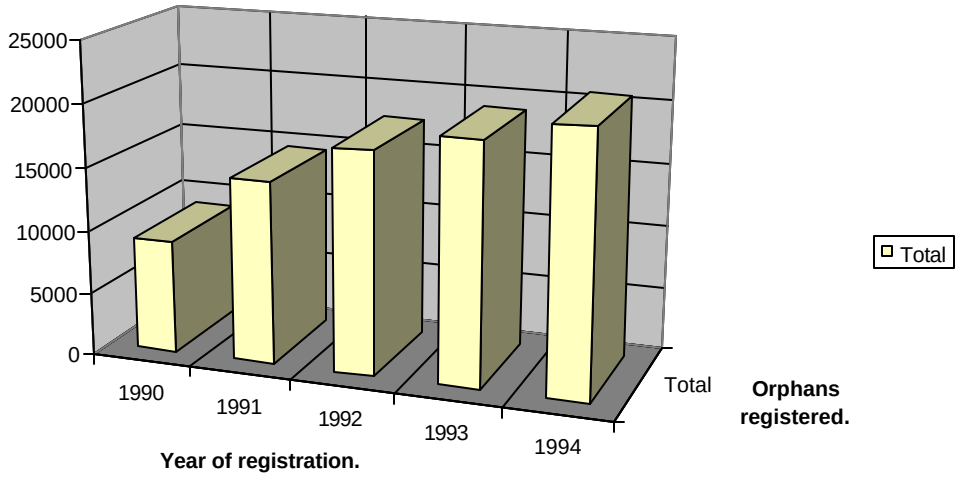
IX. Impact

It is difficult to evaluate the achievement of project objectives, since project objectives were not specific and project performance targets and physical indicators were not established at appraisal. When the project is evaluated on a component by component basis, a World Bank Mission indicated that the achievement of component objectives was satisfactory, and was above and over what was planned. Community contribution and participation had been a key element in the implementation of all components, and the implementation record indicates not only the potential, but also the actual advantage of such a strategy for poverty reduction activities. The Mission found beneficiaries to be positive about the achievements of the project. Collaboration between government, NGOs, and the communities also proved to be successful. Involving NGOs in project implementation realized a number of benefits including: greater likelihood of sustainability, strengthened institutional capacity of NGOs, improved dialogue between NGOs and government, and replication of the more successful mechanisms and activities by NGOs through other donor financing during the post-project period.

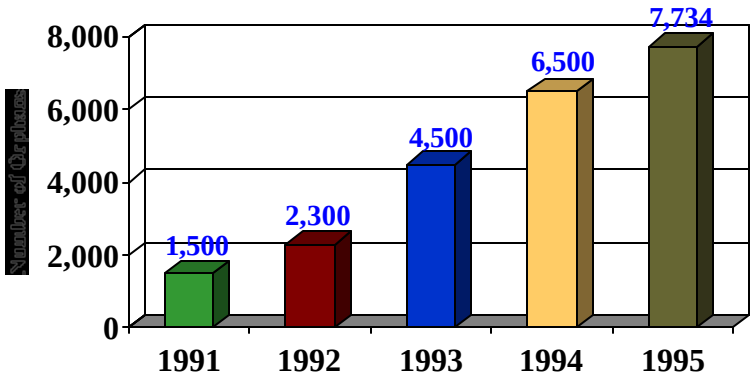
The greatest impact was attained in enabling children to attend school, the mobilization of parish counseling and development workers (PCDWs), community mobilization for orphan care, and support of construction projects. Approximately 18,000 AIDS and war orphans received assistance to attend school in 1992, with this number rising to 102,000 by the end of the program. One hundred and ten PCDWs were trained to provide counseling services within their respective communities. Seven thousand foster families (approximately 3 times the projected target of 2000-2500) were assisted to increase and improve their income levels by provision of training and agricultural inputs; a credit scheme was also started. Six rural training centers to provide skills training were established and by the end of the program (1994) had trained a total of 1,190 youths.



Orphans registered and supported by the programmes in Rakai, 1990-1994



Orphans Supported by Programme in Gulu



Educational support: The education support objective was very effective in assisting communities to provide adequate classroom space and for a much larger number of pupils to enroll and remain in school. In its construction assistance, World Vision provided transportation services, metal roofing sheets, and cement as needed in each place. World Vision required local contributions of money, materials, and labor. According to the District Education Officer (Masaka), *"World Vision broke the pattern of expecting everything from the donor. Teachers in turn, see WV's work in building schools and seeing to it that orphans attend classes as making their job easier. They reciprocate by following up on sponsored children who are missing from school rather than waiting for the PCDW to do so."*

Improvement in the school's physical buildings also helped to improve learning and the quality of performance. To support his contention, the District Education Officer (Rakai) cited 1996 school leaving examinations. The proportion of pupils passing the PLE increased from 36.6% in 1992 to 60% in 1996, with more of the passes being registered as Grade I and Grade II. Furthermore, all of the 10 best performing schools in the district occurred in those areas impacted by the program. The District Education Officer (Rakai) attributes the improved performance to tuition support that reduced absenteeism, and to the school renovations, especially for teacher's houses, which increased teacher morale and reduced the staff turnover rate.

Primary leaving Examination performances in Rakai 1992-1996.

	1992	1993	1994	1995	1996
No. of candidates	2880	3675	3515	3796	3769
% Passes, Division 1	6.8%	8.9%	15.6%	8.4%	14.2%
% Passes, Division 2	19.3%	27.5%	30.9%	43.5%	46.1%
% Passes, Division 3	14.2%	10.9%	12.2%	18.1%	10.8%
% Passes, Division 4	23.2%	19.9%	19.1%	32.3%	13.8%
Weighted % Passes	**36.6%**	**43.7%**	**53%**	**60.3%**	**60.0%**

World Vision's collaboration with local communities to improve education facilities also brought improvement in the management and supervision in schools. Focus group participants, including at least one group of teachers, said that the sense of common purpose, experience of collaboration, and feeling of ownership and responsibility engendered by school construction activities now carried over into people's increased concern and involvement in the ongoing maintenance of school buildings and quality of instruction.

Health support: A total of 12 health centers were rebuilt. The typical package per center was construction of an OPD Block, one Maternity Block, two Latrine Blocks and three staff houses. As with educational support, the approach used by World Vision was to challenge communities to chip in what they were able leaving World Vision to focus on aspects of the work that was beyond the capacity of the community to easily undertake. World Vision supplied transportation, cement, and roofing materials to complement community contributions. In one high-profile project, the contributions of the community and World Vision were supplemented by a contribution of roofing materials from President Museveni.

World Vision sensitized communities about their priority public health issues and then mobilized them into forming community health committees. Through the use of health committees, villagers with an inclination towards primary health care were nominated for training as community-based health workers. World Vision trained quite a number. The objective was to station one trained community health worker for each ten homesteads within the target area. These volunteers were trained in basic disease prevention, health care, first aid, water safety measures, household sanitation and waste disposal, and other areas of health and hygiene. They were then asked to meet with their neighbors and share what they learned, much the same as the Model Farmers program. CHW's were supervised by PCDW's and were assisted by World Vision with first aid kits, and with bicycles.

Interviews with the District Director of Health Services and other District leaders credit World Vision for having played a major role in the fight against the scourge of HIV/AIDS. There has been measurable progress in educating people how the disease is transmitted, and how its spread can be prevented. The rate of infection in the hardest hit cohorts has leveled, and the younger, mostly-disease-free cohorts have a much lower rate of infection. According to DDH, much of this progress was due to the work of the CHW's, of which some 1003 were trained under the program using technical staff from the MOH, TASO, and WV. World Vision is credited for having trained 42% of the total force of CHW and TBA in the districts of Rakai and Masaka.

Officials have also cited World Vision's efforts in promoting pit latrines and boiling water as reasons for the low incidence of cholera in the area. Masaka district currently estimates that seventy percent of the households have latrines.

Training of community health workers in Masaka District.

TBA'S, CHW, HEALTH TRAINERS BY SUB COUNTY			
	TBA's	Trainers	CHW
Kaswa	0	1	57
Kisekka	23	1	0
Lwengo	0	8	77
Malongo	0	1	58
Kyanamukaka	57	5	56
Buwunga	0	0	0
Mukungwe	0	2	49
Bukakata	0	1	15
Municipality	0	1	0
TOTAL	80	24	312

Another World Vision program credited with supporting improved health of people in the area is the training of Traditional Birth Attendants. At program's end, 80 TBA's had been trained and equipped in Rakai alone. World Vision worked with women who already were known as traditional midwives, supporting training in conjunction with the MOH. TBA's were trained to encourage pregnant women to seek prenatal care for tetanus vaccine injections, iron and folic acid supplements, monitoring of weight and blood pressure, and treatment of acute infections including STDs as well as the presence of a fever. They were in addition taught how to recognize problems that need more extensive obstetric interventions including getting mothers to hospital in time when there are complications. World Vision also assisted with supplies – gloves, razor blades, mattresses, and other materials. The TBAs, mostly older women, seem highly dedicated to the work they do and carry it beyond midwifery. Some have joined local councils in inspecting homes for health and hygiene measures. They are a frontline force in enhancing HIV/AIDS awareness, especially among women.

Agricultural support: World Vision worked very closely with the District Department of Agriculture officials. In many respects, model farmers trained by the program became the de facto village outreach and extension force for the area. They enabled the District Agricultural Office to provide training, improve crop varieties, improve livestock breeding and to realize other benefits which would not otherwise have reached farmers due to limits on government funds and personnel. In turn, the DAO became a main source of technical training and advice for World Vision's agricultural and livestock efforts. Besides providing resource persons at the World Vision sponsored training and demonstration workshops, the DAO assigned some of its own staff to work ten days per month with foster parents and model farmers, providing seeds, training, on-farm demonstrations and monitoring responsiveness.

This aspect of World Vision activity was a fine example of collaboration, complementarity, and resource pooling to provide the greatest possible benefit with limited resources. Model farmers enabled the District to meet its extension goals, while District staff and resources obviated the need for World Vision to provide its own extension staff, demonstration farms, and crop multiplication centers. Together with the DAO's, World Vision organized and carried out

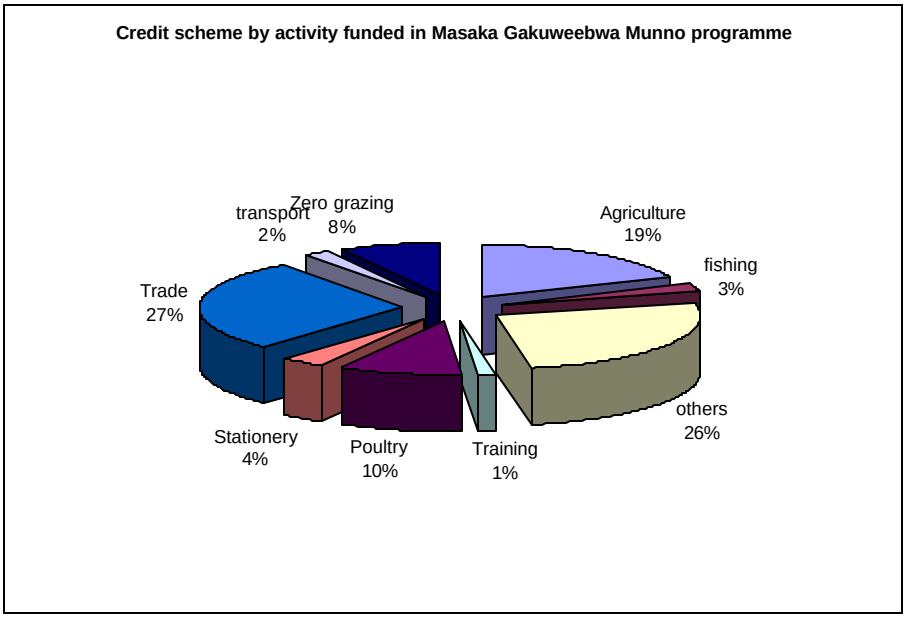
farmers' tours. These involved Model Farmers to visit agricultural centers and progressive farmers elsewhere in the districts. This expanded the resources and methods for farm trials and diffusion.

The program participated in demonstrations and input provision for bananas, coffee, passion fruit, pineapples, groundnuts, beans, maize and cassava. By providing training in agricultural methods to decrease erosion and to restore and increase soil fertility with local available materials, and by helping disseminate and distribute higher and faster yielding, disease resistant crop varieties, the program helped facilitate an increase in both food and cash crop production. This was especially the case with ***clonal coffee,*** a new variety of high yielding and disease-resistant coffee. Farmers in the area nicknamed it the wonder crop for addressing poverty. The program supplied 40 seedlings of high yielding and disease resistant coffee seedlings to each of 1483 foster households in Masaka. In addition, the program facilitated the training of 437 community agricultural workers in the techniques of grafting seedlings. These are currently the backbone for producing cuttings of clonal coffee and passion fruit, which are being sold to other farmers. Both clonal coffee and passion fruit are popular cash crops in the region and some 18,746 clonal coffee cuttings had been distributed to 1,272 foster families in Rakai; and 11,400 passion fruit cuttings to 5,019 foster families in Rakai by project's end. By increasing crops not previously grown in the area, the program helped improve cash earning opportunities for foster farmers.

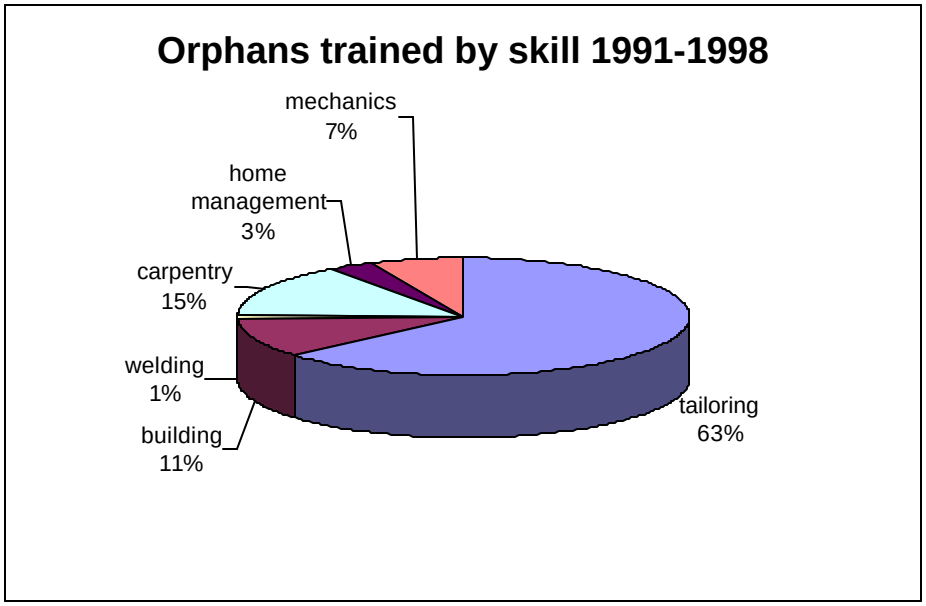
The livestock interventions included demonstrations in zero-grazing methods for cattle and collaborating with the District and the Heifer Project in introducing exotic stock for improved breeding. Program interventions for improved animal husbandry included introduction of improved stock of pigs, goats, rabbits and chickens. The exotic goats became especially popular in the area. The introduced breeds mature in 7 months as opposed to 12 for the local breeds, and additionally provide a regular yield of 3 liters of milk per day; the same as a local cow, which requires much more effort to sustain.

To further stimulate interest and participation in its agricultural improvement efforts, the program started a program of competitions among local crop and livestock producers. These events became quite popular and were considered by area extension officers to be effective in enabling agricultural extension efforts to take hold.

The program extended credit to groups and individuals of an amount of shs 91 million to support income-generating activities of foster parents. The credit was extended to and benefited 121 groups, 361 males, 479 females (individually or in-groups) and 3 schools by project end. The credit was used in agriculture, animal husbandry, retail business, brick making, carpentry and poultry. The project also supplied 54 families with heifers, 114 families with exotic rabbits, 6 families with goat boar, 1000 families with cockerels, on credit terms. The improved poultry breeds yielded farmers greater weight than the local birds and over shorter duration, thereby increasing the income potential for the participating households.



Skills training: Older orphans were trained in skills to become self- sufficient. Using local artisan and technical institutions within the district, about 400 orphans were trained in tailoring, carpentry, building bicycle repair skills. Community members expressed great satisfaction with this program, indicating that they knew of many youths who have started their own carpentry and tailoring businesses following the training. The same group reported that some of the youths were utilizing the skills gained to meet their domestic needs and to support their siblings in school.



X. Lessons Learned

Monitoring and Evaluation

There was not a good understanding of how to set measurable outcomes for this type of safety-net. The type of indicators used measured activity outputs as opposed to impact. There was no intentional effort made to measure impact through the eyes of orphans and vulnerable children, the principle beneficiaries of the program. In a subsequent re-design following the end of the PAPSCA supported period, a monitoring and evaluation plan were made an integral part of program design.

Community Participation

Implementation of the program yielded a number of valuable lessons. Some of these have helped shape World Vision's approach to the issue of responding to the plight of orphans as it has scaled up its programs in Uganda and beyond. These are presented in summary form below along with some of the challenges that emerge.

Children's education: Focus on children's education was foundational to success of the program in many aspects. It constituted World Vision's real entry into the community; it made it possible to blend orphan child welfare into overall community development. Communities even set up a mechanism for maintaining a register of orphan's, the data entry would be made directly at the burial of the parent. It reduced the extent to which siblings were being separated and thus sped up the recovery from loss of loved ones.

The project increased both the supply of primary education, through construction of classrooms, and the effective demand through paying tuition and related expenses. This made it possible for many additional children to attend school by stabilizing tuition levels for all even those not being directly assisted by the program. A key lesson which has emerged is; the need to include staff housing within the classroom construction initiatives. It is the presence of staff that helps to guard the school against vandalism. The existence of resident staff has a significant impact on the quality of teaching.

Loans: Small loans are feasible even in a situation of heavy AIDS devastation. However, it is best that these be operated through a parallel organization rather than an NGO. Its identity as a humanitarian assistance organization conflicts with the rigor required for enforcing loan repayment. Further, the model of giving loans to a group was not completely successful. Where a group invested in an exotic animal, management soon became a problem, as all members wanted to get a share of the milk. Eventually the solidarity group methodology was adopted, so that the loan was made to an individual but the peer pressure within solidarity group enforced the payment. This is working and through it, loan repayments of 87% have been attained. However, targeting loans to the very poor is still difficult. Those opting for the loans are not the poorest. An independent evaluation of the program carried out in 1998, recommended discontinuing this activity and instead entrusting it to a parallel organization. In 1999, World Vision supported the formation of MED-Net, a micro-credit institution with a mandate to administer small loans using technically appropriate procedures within World Vision's programs. A branch of MED-Net was recently (2000) established in Rakai and Masaka.

Child focused programs: Children are the most significantly impacted by the HIV/AIDS pandemic. They quickly lose their means for livelihood once their parents die and for many the quality of life drops immediately when the parents fall sick. The situation is made more complex for those children who may be infected themselves. When their needs are addressed right and in a timely manner, children have amazingly high levels of resilience, and can cope with difficult situations. Long term focus should therefore be placed on children. Hence in a re-organization of the programs since PAPSCA, emphasis has been put on services geared for children, especially children within child headed households. Each of the original projects has been broken down into smaller ADPs (Area Development Programs), each with core staff that monitor the condition of children while at the same time continuing to assist area efforts for community development.

Proactive involvement with infected parents before they become too ill to plan or provide for their families, is most strategic. The best way to ensure that the children are well cared for after the parents are gone is to help parents conclude any unfinished business.

Both inheritance and custody law in Uganda recognize the rights of widows and mothers but most people, both men and women follow custom and tradition or religion rather than the statutory law. As a result, it is not always predictable what will happen to children when a father dies. One critical factor is whether the father made some specific arrangements or not. Where these are absent, some clans may disown the widow, send her away from the family estate and take all movable property thus either separating the children from their mothers or impoverishing the orphans and widows. The fate of children who are born out of wedlock or who are not recognized while the father is alive is even worse. The clan may not honor their rights. All these issues are minimized when there is proactive engagement.

Multi-sector programming: Integrated, multi-sector programming that focuses on a range of community, family and individual needs is the best approach to mitigate the impact of HIV and AIDS. Integrated approaches ensure that families and individuals benefit at different levels. This is vital to broaden the support base for the project and minimize stigma.

The presence of an NGO actor/facilitator in a devastated community is foundational to maintaining community morale and a positive outlook towards the future. Where these are absent, it is far more difficult to gain the participation of a devastated community in its development. The community is the greatest asset in ensuring program success.

Tractor hire: The original idea of improving foster family productivity by increasing their access to tractor hire services did not work well. There were many reasons leading to the abysmal performance of the tractor hire service. First, within any tractor designated operating area, the project soon found that the number of farmers able to pay for the service was both small and scattered. Meeting their requirements was thus costly. In fact so small was the market that in order for the service to meet its costs, tractors started being hired out for transportation purposes. And, in the initial period when rural roads had not yet been improved, this was quite a good service, especially in the rainy season. Tractors also provided an invaluable service in moving construction materials to the many rural sites where WV was engaged in some school or clinic building activity. As roads have improved, other forms of transport have become more efficient. Even, where this is not yet fully the case, more efficient operators have come on to the scene,

competitors that are owner operator and can quickly adjust to the repair needs of their machine. They have also introduced into the area tractor models with an established maintenance service in the country, which makes them more cost effective. Tractor hire is likely to have had better fortune in Gulu where it is customary for many farmers to cultivate in a block. But even here, the service was discontinued due to increased insecurity and after one of the teams hit a land mine, killing four staff. With the return of more peaceful conditions in Gulu, World Vision has embarked on an initiative to program greater oxen utilization.

Skills training for youths: In this program three approaches were tried in providing needed vocational training to youths. These included; (i) attachment of youths to artisans, and rewarding the artisans by giving them tools, (ii) attachment of youths to existing primary schools, and (iii) sending children to existing technical schools. Of the three options, the first option was found to be the most successful. The second was the least effective largely because existing school operators failed to perceive community artisans as educators, hence there were constant frictions which curtailed focusing on the problem of training. The third option was costly and not that effective in training the youth in the skills that were immediately marketable within the community. The first was very effective because youths were trained in those skills that were known to be marketable, and were oriented into the business environment of the trade they had entered into. Even with the first option, there is need to explore other methods of rewarding the participating artisans and monitoring them to ensure they do a good job. Part of the suggestions that were raised in recent focus group discussions involving artisans include adoption of a more flexible approach regarding the inputs given to them to undertake the training. Some artisans have accumulated many tools beyond what they need for training and would be happier receiving other inputs in the form of materials or cash. Trained youths also raised the need for a small loans program with which those youths completing the training could then be able to go out and establish their own operations.

ORPHANS SUPPORTED IN MASAKA 1991-1998								
	1991	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**
All categories	5,395	8,638	10,489	10,679	9,289	10,728	1,449	4,496
Secondary			23	181	209	299	295	396
Vocational			66	68	70	306	161	173
Local artisan						496	359	359
Teacher training				30	80	115	44	44
Agro vet							221	

Program duration: At the initiation of the program, many people visualized the challenge of orphans of AIDS as something which was only a short term issue that could be dealt with within a three year project. The reality is quite different. It is now known that the problem of HIV/AIDS is going to be around for decades. Informed estimates (Population Council (2001), suggest the peak in the number of orphans in most countries would occur at least a generation after the peak in the number of people becoming infected each year. In Uganda, the first peak appears to have been reached in the later 1990's, an indication the peak in the number of orphans might come towards the end of this decade. The ***challenge***, therefore, is the need to plan AIDS-related activities for the

long term as opposed to visualizing them as short-term emergency measures. World Vision and other operational NGOs working in Masaka and Rakai recognized this reality early, and as Bank funds ended, took action to ensure basic services continue using privately raised funds. An important transition was made to integrate AIDS orphans' activities within multi-sector community development projects.

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