

Beate Scherrer/Kerstin Schmidt

On our way



**How communities can work for
children affected by HIV/AIDS**

A case study from Uganda



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Kindernothilfe e.V., Düsseldorfer Landstraße 180, D-47249
Duisburg, Germany

E-Mail: petra.stephan@knh.de, frank.mischo@knh.de

Website: www.kindernothilfe.org

Beate Scherrer / Kerstin Schmidt

On our way –
How communities can work for children affected by HIV/AIDS
(A case study from Uganda)



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Foreword

We are pleased to present our report “On our way – How communities can work for children affected by HIV/AIDS” which was carried out in two case studies in Uganda in April 2007. This report takes a close look at community based approaches, self-help groups and their ability to alleviate the burden of HIV/AIDS affected families and children.

40 million people are currently living with HIV/AIDS, 25 million people have died from the disease so far. Nine out of ten HIV-infected are living in developing countries; two third of them in Sub-Sahara Africa. Every day 1.400 children die of the immune deficiency. AIDS is one of the greatest disaster known to man. The devastation left in its wake, reverses the development process of countries, destroys social structures and robs children of their future.

As the youngest members of families impoverished by HIV/AIDS, children often carry the heaviest and most tragic burden. Local communities do their very best to support children and young people affected by HIV/AIDS. However, due to the huge challenges extended families and communities face, it is often impossible to respond adequately to the social, economic and psychosocial needs of the families and children who, without support from outside sources, are the most vulnerable victims.

In compliance with the Convention on the Rights of the Child every child should, among others, be guaranteed the right to life, survival and development. Therefore, Kindernothilfe in addition to “Millennium Development Goal 6”, which aims

to halt and reverse the spread of HIV/AIDS by 2015, supports not only prevention programmes to slow down the spread of the disease and the adequate treatment of infected children, but also programmes which aim at improving the living conditions of children within their communities.

The community programmes supported by Kindernothilfe and African Evangelistic Enterprise Uganda (AEE) are committed to encourage peoples’ own initiatives and to help them to help themselves while making the needs of children a priority. Community self-help groups are an important element of such programmes. In these groups mostly women come together and are encouraged to express their needs in coping with their social and economic problems. In doing so, these groups find support through savings and income generating activities. The groups help to create strong communities which in turn strengthen children.

In this report we will have a close look at community based approaches especially self-help groups in two projects of African Evangelistic Enterprise Uganda (AEE) which supports community based projects in Uganda. The projects visited, in which mainly women have been mobilized to take action in their communities, impressively demonstrate the importance of enabling people to manage their own affairs in their localities. The self-help groups feel that they are “on their way” towards a self-determined future although more needs to be done and Kindernothilfe and African Evangelistic Enterprise Uganda (AEE) will further accompany and support them in their efforts.

*Dr. Jürgen Thiesbonenkamp
Chairman, Board of Directors
Kindernothilfe*

Duisburg, August 2007

*Rev. Geoffrey Byarugaba
Team Leader
Evangelistic Enterprise Uganda (AEE)*

Kampala, August 2007

Acronyms and Abbreviations

AEE	African Evangelistic Enterprise
AIM	AIDS/HIV Integrated Model District Programme
ANPPCAN	African Network for Prevention and Protection Against Child Abuse and Neglect (Uganda Chapter)
ARV / ART	Anti-Retro-Viral Drugs / Anti-Retro-Viral Therapy
CBO	Community Based Organisations
CD	Community Development
CEASOP	Collaborative Efforts to Alleviate Social Problems
CHW	Community Health Worker
DCC	Day Care Centre
EU	European Union
FAL	Functional Adult Literacy
HIV / AIDS	Human Immune-deficiency Virus / Acquired Immune-Deficiency Syndrome
IDP	Internally Displaced People
IMF	International Monetary Fund
KNH	Kindernothilfe
LC	Local Council
MoE	Ministry of Education
MoFPED	Ministry of Finance, Planning and Economic Development
MoGLSA	Ministry of Gender, Labour and Social Affairs
MoH	Ministry of Health
NAAD	National Agricultural Advisory Services
NGO	Non-Governmental Organisation
NRM	National Resistance Movement
OCDP	Omoladyang Community Development Project
OVC	Orphans and Vulnerable Children
PEAP	Poverty Eradication Action Plan
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHC/PHU	Primary Health Care / Primary Health Unit
PLWHA	People Living With HIV/AIDS
PMC	Project Management Committee
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PRA	Participatory Rural Appraisal
SHG	Self Help Group
STDs	Sexually Transmitted Diseases
TASO	The AIDS Support Organisation
TBA	Traditional Birth Attendant
THETA	Traditional Healers and Modern Health Practitioners Together Against AIDS
UACP	Uganda HIV/AIDS Control Project
UBOS	Uganda Bureau of Statistics
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
USh	Ugandan Shilling
VCT	Voluntary Counselling and Testing

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Currency Exchange Rate in April 2007: 1 € = USH 2,000

Introduction

Up to this day, children and young people have been the forgotten victims of the global HIV/AIDS epidemic. Each year, 380,000 children die of the immune deficiency, and each year more than 530,000 children under fifteen become infected by the virus. So far, over 15 million children have lost one or both parents through the disease. A majority of these orphans live in Sub-Saharan Africa. Actually, the number of children at risk because of HIV/AIDS is much higher. It includes not only those children infected, ill and orphaned by the disease. Homes with a sick family member and families who have taken in orphans of relatives are exposed to increasing impoverishment. Such situations often lead to poor nutrition, inadequate medical care, neglect and domestic violence. The insecurity of their homes lets children drop out of school and work at the household to contribute to the family's survival. Traditional extended family networks are stretched to their limits in maintaining their resources and coping with the loss of lives. Faced with the dimension of the HIV/AIDS epidemic, neither relatives nor village communities seem to be able to adequately respond to the needs of affected families, and especially to the needs of children. The dynamics of the disease reach a point of dependency on external help.

Community based projects, which strengthen the whole village population and support their HIV/AIDS affected members, claim to be able to change this situation. An integrated approach towards mobilising existing resources and assisting capacity building in the community seems to enable them to maintain their livelihoods and care for children at risk. This study intends to find out under what conditions these ambitious aims can be achieved and how community based projects work in addressing the plight of children affected by HIV/AIDS in rural Uganda.

In April 2007, Kindernothilfe (KNH) Germany and African Evangelistic Enterprise (AEE) Uganda, who support community based projects in Uganda's rural areas, commissioned this study in two rural districts. The authors visited Apac and Wakiso districts for more detailed research with an objective to find out, how the situation of HIV/AIDS affected families, especially children and young people, and their coping strategies within a community context is changing through the projects' interventions. Subsequently, they visited villages, self-help groups, local councils, health centres and schools, and talked to families, children and their guardians, as well as to responsible office bearers of governmental services and non-governmental organisations.

The outcome of these interviews, reflections and conversations with various stakeholders is presented to a broader audience in the following report. Its intention of understanding how rural communities, families and children themselves look at their current situation, what risks and opportunities they perceive, and how they cope with their manifold constraints has been a major challenge to the authors themselves. Sharing such personal issues of mental burden and family matters with outsiders is not an easy thing—sometimes the interviews created difficult moments for both speakers and listeners.

We, as the authors of the study, are most grateful to all those women, men, grandparents and carers, boys and girls, who talked to us and shared the information. We hope this report will contribute to a better understanding of the difficult situations these people are living their lives in....

Summary

This study took place in Uganda, an East African country with an estimated eight million people living on only US\$ 2,000 (\$1) a day. UNDP's Human Development Index ranks Uganda 144th among the 177 countries listed. And although the economy grows at a healthy rate of approx. 6% each year economic reforms are nevertheless constrained by a considerable debt burden and a rather narrow resource base of mainly agricultural goods such as coffee, tea, cotton, textiles, beef and leather for export. The government still relies strongly on international aid to co-finance its national budget and improve the quality of its public sector.

Armed conflicts of varying intensity have worsened the situation in Uganda for over twenty years with dramatic effects on the developments in its districts. For this reason, not all groups of the Ugandan population have benefited from the social and economic development. A larger number of rural counties were left behind, while other regions prospered. With high population pressure on agricultural areas—over 80% of the working population are employed in agriculture—, land fragmentation and the degradation of forests and pastures, Uganda faces an ongoing challenge to provide access to off-farm employment, markets, water and energy, as well as to education and health services. Due to insecurity and poor living standards the HIV/AIDS epidemic is a constant threat to many families and communities, who find it difficult to cope with the disease and the loss of lives.

The study on two Ugandan community based development projects demonstrates the importance of enabling people to manage their own affairs in their respective localities. In compliance with the Ugandan Government's endeavour for decentralisation and the devolution of decision-making powers to local communities the approach of African Evangelistic Enterprise (AEE) contributes successfully to alleviate poverty in the rural settings of Uganda. It has become apparent from the two different areas—the remote north western rural villages of Omoladyang, and the centrally located Namayumba with its easy access to the capital Kampala—that such disadvantaged or favourable conditions considerably determine the potential and speed of progress of such projects.

Even after a relatively short period of only two to three years substantial positive changes are visible in the villages. AEE, through involving local councils, community representatives

and poorer groups of the population has successfully mobilised women and men to take action in their respective communities. With a focus on enabling local communities to deal with their adverse living conditions up to a point, where they will stand on their own feet without external help, AEE has been able to mobilise dormant resources within the poorer sections of the population.

The main characteristics of these projects can be summarised as follows:

- Based on an easily manageable **savings and internal credit system** and mutual assistance, the Self Help Group-approach (SHG) is creating economic sustenance and social capacity that effectively addresses rural poverty. The SHGs analyse the productive loan potentials and repayment capacities of their members, recognizing at the same time that the poorer group members need to build up capital and sometimes need money for consumption purposes, such as bridging food shortages, paying school fees, or health expenses. At this early date the majority of SHGs are still at the stage of covering basic needs of their member's households, but it will probably take only a few years more to make the groups really productive and income generating in terms of asset building and investing capital for their improved livelihoods. As food security is still a major problem for many poor households, members of SHGs have an opportunity to bridge periodical shortages, e.g. before harvest seasons. Especially vulnerable households with old people and children, are in need of special assistance.
- **Building self-help capacities** to reach sustainable coping capabilities within local communities is a long-term process which is at the centre of AEE's capacity building strategy in the project communities. Information sharing with local officials as well as awareness raising among the villagers on key issues of their rural lives, e.g. on agriculture, marketing, health services, protection of children or legal aspects are an important part of mobilisation. Women's representation is on the rise in various sub-committees, Project Management Committees (PMC) and Cluster Level Associations (CLA), where they run for elections and will subsequently find their way into Local Councils for broader community representation.

- A close co-operation with schools and teachers underpins the efforts for **Universal Primary Education (UPE)**, as the project supports poor children in schooling, prevents drop-outs, and encourages parents to get involved with the education of their children. At the same time school facilities can be used and supported for trainings and community purposes. Women are increasingly joining **the functional adult literacy** classes offered by the project as an opportunity to make up with their often disrupted education during younger years and improve their skills around the income-generating activities. As the neglect of girls in education and their early dropping-out of school is an ongoing problem for most rural families, the project simultaneously initiates a change in attitudes towards girls' education, which will show effect in the long run.
- The projects are making a valuable effort in **reaching out to children** in the community, which goes much beyond their physical well-being and schooling. Based on ensuring health, education and a protective environment for children AEE takes steps towards increasing youths' participation and changing attitudes towards children. Children at school-going age are involved through educational activities, which extend to organising children's events and life skills training. Vocational training has been started in selected rural trades in order to equip young girls and boys with relevant skills to make a living in the villages.
- **Social issues are addressed** – Gender discrimination and early marriages as well as abuse and neglect of girls within the family are a widespread phenomenon. Linked to alcohol, drug abuse, extramarital affairs and HIV/AIDS transmission, the whole complexity of a difficult social setting is represented in the villages. The projects are still in a process to develop the means and effective responses to deal with such issues in order to ensure that men are maintaining their household responsibilities, such as providing labour and cash income for school fees, agricultural implements or necessary repairs.

Overall, the outcome of this study gives reason to hope for further positive developments in the two areas as the community based projects in Omoladyang and Namayumba take off with their local initiatives and resource mobilisation. The holistic approach towards enabling rural communities to take ownership of their own local social and economic development and build their management capacity through functioning self-help structures works out in an impressive way.

Beyond these activities the Local Councils, SHGs, as well as AEE and KNH know that they still face many challenges:

- It will be important to identify the most **vulnerable groups in the community**, the grandparents, carers and children—who may be in need of special assistance at a particular stage of the HIV/AIDS dynamics. This support may relate to the existing SHG, or link up with health services; but at times it may be necessary to offer quality counselling, home based care or individual material assistance. Based on an in-depth review, it is recommended to AEE and KNH to further integrate such services in the community based approach with adequate possibility, e.g. involving other specialised organisations, to take action.
- **Gender equality** in sharing responsibilities within families and communities needs further strengthening. The fact that women carry a higher risk of becoming infected by HIV/AIDS and bear the larger burden of caring for ill family members and for orphaned children often contrasts with their rights in the household. It is important to ensure equal access to health and social benefits, as well as to observe inheritance laws and prevent property grabbing by extended kin, which can leave women and children impoverished. AEE project teams should further strengthen SHGs to include disadvantaged women and enforce assistance against such injustice.
- It has become apparent that the remoter villages still carry a high burden with the presence of **HIV/AIDS affected families**. Though the illness may be prevalent at different stages ranging from virus diagnosis, to receiving treatment for related diseases such as malaria or tuberculosis, even to Anti Retro-Viral (ARV) treatment (if accessible), or the terminal stages of AIDS, the developments are dynamic, at times with drastically changing family conditions. The pressure on households builds up economically as well as socially and psychologically for all members. While traditional family networks often have only limited resources, SHGs can play an important role in coping with the situation.
- The **need for psychosocial care** remains a major challenge as the most vulnerable groups, the children who see their parents die and the elderly who watch their children's generation going, are also those who carry the mental load of grief, depression, guilt and hopelessness. Closely linked to the demand for counselling is an often equal

need for social care in the family. Stigmatisation, physical vulnerability, low school performance, and a lack of social relationships isolate affected individuals and carers from the remaining community. The approach to work through SHGs and in particular the training of community health workers and birth attendants appears to be an effective entry point to sensitise community members to provide assistance in this field. AEE is well aware that adequate social counselling must go beyond such health trainings and will also need a closer monitoring in cooperation with active community members who can play a vital role in promoting the social needs in the parishes.

- The protection of children affected by HIV/AIDS is an essential part of AEE's community based projects by assisting them either in health, early childhood development or in the schooling process. This study's findings encourage AEE to further create **child responsive protection** mechanisms to prevent stigmatisation, neglect and abuse of children. These should include non-discriminatory assistance to affected children, either in school, at home or in the community. SHG-representatives elected for this purpose called "*child monitors*" can play a vital role in ensuring that the best interests of the child are taken into account. Together with teachers they should watch over **school enrolment among HIV/AIDS-affected children**, including children whose parents are chronically ill and orphaned girls and boys.
- In terms of networking and advocacy, AEE has started working with the Ugandan NGO Forum to **include child rights aspects in poverty alleviation policy**. AEE is encouraged to expand its collaboration with like-minded organisations on certain issues where a strategic partnership is commendable. Successful advocacy work should focus on issues of AEE's and people's priorities in the community based projects.
- As the Government of Uganda channels major **financial resources to communities** through its decentralised structures of Local Councils, Community Based Organisations (CBO) and SHGs can take a pivotal role in identifying and eliminating bottlenecks in performance and ensure that services will reach their communities. As a facilitator in the process, AEE can further assist its CBOs and CLAs through ongoing management and capacity building to tap national resources for their future development.

- In cooperation with KNH and other international agencies, AEE should raise its voice in further **strengthening Universal Primary Education as part of the Education for All-Fast-Track Initiative** in Uganda. The Government of Uganda undertakes efforts to provide relevant technical and financial support to ensure that every child attends a school by at least 2015. NGOs are critical partners in sustaining these efforts at community level by facilitating underprivileged children's access to schooling, including those from HIV/AIDS affected and poor families in rural areas.
- As part of its networking activities AEE could explicitly address HIV/AIDS programmes in Uganda, such as the Uganda AIDS Commission, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UN organisations and other donors, to encourage the Government of Uganda to **accelerate policy reforms in order to effectively protect HIV/AIDS affected** children in their basic rights and needs, including a non-discriminatory access to health, ARV medication, education, family inheritance and alternate parental care.

AEE and KNH as partners in several community based projects and programmes benefiting rural communities and children should over the next few years come to a mutual understanding about their strategies and positions in advocating issues concerning the rights of children affected by HIV/AIDS, e.g. in co-operation with African Network for Prevention and Protection Against Child Abuse and Neglect (Uganda Chapter) (ANPCCAN) and other organisations. These may include complementary efforts to **mobilise funding to community based projects** in Germany and at EU level, e.g. addressing the German Ministry for Economic Cooperation and Development and the European Commission.

Zusammenfassung (German)

Diese Studie wurde in Uganda erstellt, einem ostafrikanischen Land, in dem geschätzte acht Millionen Menschen von nur 2.000 USh (1 US-Dollar) am Tag leben. Im UN-Bericht über die menschliche Entwicklung rangiert Uganda auf Platz 144 von 177 Ländern. Und obwohl die Wirtschaft eine Wachstumsrate von sechs Prozent pro Jahr verzeichnet, werden den ökonomischen Reformen durch eine hohe Schuldenlast und eine relativ enge Ressourcenbasis, die vor allem auf landwirtschaftlichen Exportprodukten wie Kaffee, Tee, Baumwolle, Textilien, Rindfleisch und Leder beruht, Grenzen gesetzt. Die Regierung verlässt sich stark auf internationale Zuschüsse zum nationalen Haushaltsbudget, um die Qualität des öffentlichen Sektors zu verbessern.

Bewaffnete Konflikte verschiedener Intensität haben die Situation in Uganda seit mehr als zwanzig Jahren belastet, zum Teil mit dramatischen Auswirkungen auf die Entwicklung in den Distrikten. Nicht alle Bevölkerungsgruppen Ugandas haben von der sozialen und wirtschaftlichen Entwicklung gleichermaßen profitiert. Ein Großteil der Landkreise wurde vernachlässigt, während andere Regionen aufblühten. 80 Prozent der arbeitenden Bevölkerung sind in der Landwirtschaft tätig – hier steht Uganda vor einer großen Herausforderung: Wälder werden abgeholzt, Weideflächen degradieren, Anbauflächen werden durch Erbteilung von Generation zu Generation kleiner. Uganda muss Beschäftigungsmöglichkeiten jenseits der Landwirtschaft, Zugang zu neuen Märkten, zu Wasser und Energie wie auch zu Bildungseinrichtungen und Gesundheitsdiensten schaffen. Infolge mangelnder Sicherheit und ärmlicher Lebensverhältnisse ist die HIV/AIDS-Epidemie eine konstante Bedrohung für Familien und Gemeinden, die Schwierigkeiten haben, mit Krankheit und Tod zurechtzukommen.

Die Studie zu zwei gemeindebasierten Entwicklungsprojekten in Uganda veranschaulicht, wie wichtig es ist, den Menschen vor Ort die Möglichkeit zu geben, ihre Probleme selbst zu lösen. Ergänzend zu den Bemühungen der ugandischen Regierung um Dezentralisierung und einer Stärkung lokaler Entscheidungsträger in den Gemeinden trägt der Ansatz von African Evangelistic Enterprise (AEE) erfolgreich dazu bei, die Armut auf dem Land zu reduzieren. In den beiden unterschiedlichen Projektgebieten, den entlegenen nordwestlichen Dörfern um Omoladyang und dem zentraler gelegenen Namayumba nahe der Hauptstadt Kampala, wird deutlich, wie sehr die Rahmenbedingungen die Chancen und das Tempo der Entwicklung solcher Projekte bestimmen.

Sogar in einem relativ kurzen Zeitraum von nur zwei bis drei Jahren werden positive Veränderungen in den Dörfern sichtbar. Durch die Einbeziehung örtlicher Behörden, Gemeindevertreter und der ärmeren Bewohner konnte AEE Frauen und Männer motivieren, in ihren Gemeinden tätig zu werden. Es gelingt AEE, lokale Kräfte in den ärmeren Bevölkerungsgruppen so weit zu mobilisieren, dass sie künftig ohne externe Hilfe auf eigenen Füßen stehen können. Die wichtigsten Kennzeichen dieser Projekte können wie folgt zusammengefasst werden:

- Basierend auf einem einfach zu handhabenden **internen Spar- und Kreditsystem** und gegenseitiger Hilfe baut der Ansatz der Selbsthilfegruppen (SHG) auf wirtschaftliche und soziale Fähigkeiten, um die ländliche Armut effektiv zu bekämpfen. Die SHG beurteilen nicht nur, welche Produktionsmöglichkeiten Kredite ihren Mitgliedern bieten und wie sie sie zurückzahlen können. Sie sind sich auch im Klaren darüber, dass ihre ärmeren Gruppenmitglieder erst einmal Kapital ansparen müssen und dass sie mitunter Kredite für den unmittelbaren Bedarf benötigen, z.B. um Nahrungsmittelengpässe zu überbrücken, Schulgeld oder Arzt- und Medikamentenkosten zu bezahlen. Zum jetzigen Zeitpunkt befindet sich die Mehrzahl der SHG noch in einer Phase, in der es erst einmal darum geht, die Grundbedürfnisse der einzelnen Haushalte zu decken. In wenigen Jahren werden die Gruppen jedoch wirklich produktiv sein und durch ihre Einkommen schaffenden Tätigkeiten Geld erwirtschaften, mit dem sie ihre Lebensverhältnisse verbessern können. Da die Ernährungssicherung nach wie vor ein Grundproblem armer Haushalte darstellt, ermöglichen die SHG es ihnen, zeitweilige Engpässe, z.B. vor der Erntezeit, zu überbrücken. Insbesondere bedürftige Haushalte mit alten Menschen und Kindern benötigen diese spezielle Hilfestellung.
- Die Strategie von AEE in den Projektgemeinden konzentriert sich darauf, **Selbsthilfe-Fähigkeiten zu stärken**, um eine nachhaltige Basis in den Gemeinden zu schaffen. Dies ist ein langwieriger Prozess. Wichtige Bestandteile der Arbeit mit der Dorfbevölkerung sind: der Informationsaustausch mit lokalen Entscheidungsträgern sowie ein Bewusstmachen der Kernthemen ihres Lebens – beispielsweise Landwirtschaft, Vermarktung ihrer Produkte, Zugang zu Gesundheitsdiensten, Schutz von Kindern oder rechtliche Fragen. In diversen Komitees, in Projektbeiräten oder übergeordneten Zusammenschlüssen beteiligen sich immer mehr Frauen. Sie kandidieren in den verschiedenen Gremien und ebnen sich so ihren Weg in die Gemeinderäte.

- Eine enge Zusammenarbeit mit Schulen und Lehrern unterstreicht die Bemühungen um eine **universale Grundschulbildung**. Die Projekte unterstützen bedürftige Kinder beim Schulbesuch, versuchen zu verhindern, dass sie vorzeitig den Schulbesuch abbrechen und ermutigen Eltern, sich für die Bildung ihrer Kinder zu engagieren. Gleichzeitig können Schuleinrichtungen für Ausbildungsmaßnahmen und Gemeinschaftsaktivitäten genutzt werden. Frauen nehmen zunehmend an **Alphabetisierungskursen** des Projektes teil, die ihnen die Gelegenheit bieten, ihre oftmals in jüngeren Jahren unterbrochene Schulbildung wiederaufzunehmen und ihre Kenntnisse hinsichtlich ihrer Einkommen schaffenden Aktivitäten aufzubessern. Dass Familien in ländlichen Gebieten einer Schulbildung ihrer Töchter keinen hohen Stellenwert einräumen und dass die Mädchen den Schulbesuch oft vorzeitig beenden, ist ein permanentes Problem. Deshalb arbeiten die Projekte daran, die Einstellung der Eltern zur Schulbildung ihrer Töchter zu verändern. Der Erfolg dieser Anstrengungen wird erst langfristig sichtbar werden.
- Um die **Kinder in den Gemeinden zu erreichen**, unternehmen die Projekte große Anstrengungen, die über das physische Wohlergehen und den Schulbesuch hinausgehen. AEE fördert die stärkere Beteiligung von Jugendlichen und wirkt darauf hin, dass Erwachsene ihre Einstellung Kindern gegenüber ändern. Kinder im Schulalter werden durch erzieherische Aktivitäten eingebunden, die auch Freizeit- und Lehrveranstaltungen zur Alltagsbewältigung einschließen. AEE begann außerdem mit berufsbildenden Maßnahmen in ausgewählten ländlichen Berufen; sie sollen Mädchen und Jungen die Chance geben, ihren Lebensunterhalt in ihrem Heimatdorf zu verdienen.
- Auch **soziale Anliegen werden angesprochen**: Sowohl die Geschlechterdiskriminierung und frühe Heiraten als auch Missbrauch und die Vernachlässigung von Mädchen in der Familie sind weit verbreitete Phänomene. In Verbindung mit Alkohol, Drogenkonsum, außerehelichen Beziehungen und der Übertragung von HIV/AIDS repräsentieren diese Probleme die ganze Komplexität schwieriger sozialer Bedingungen in den Dörfern. Die Projekte sind nach wie vor in einem Prozess, Mittel und effektive Antworten auf diese Fragen zu entwickeln, vor allem auch um sicherzustellen, dass Männer ihren Verpflichtungen im Haushalt nachkommen – zum Beispiel Arbeits- und Einkommensbeiträge, damit das Schulgeld, landwirtschaftliche Geräte, oder notwendige Reparaturen bezahlt werden können.

Insgesamt gesehen geben die Ergebnisse dieser Studie Anlass zur Hoffnung auf weitere positive Entwicklungen in den beiden gemeindebasierten Projekten in Omoladyang und Namayumba

mit ihren lokalen Initiativen und der Ressourcenmobilisierung. Der ganzheitliche Ansatz zur Befähigung ländlicher Gemeinden, die soziale und wirtschaftliche Entwicklung vor Ort selbst in die Hand zu nehmen und die benötigten Managementkapazitäten durch funktionstüchtige Selbsthilfestrukturen aufzubauen, trägt eindrucksvolle Früchte. Jenseits dieser Aktivitäten wissen die Gemeinderäte, Selbsthilfegruppen wie auch AEE und die Kinder-nothilfe, dass noch einige Herausforderungen vor ihnen liegen:

- Es ist ausgesprochen wichtig, **die verwundbarsten Gruppen in der Gemeinde zu identifizieren**, die Großeltern, Versorger und Kinder, die unter Umständen spezielle Hilfestellungen in bestimmten Phasen der HIV/AIDS-Dynamik benötigen. Diese Hilfestellung könnte darin bestehen, jemanden in einer SHG aufzunehmen oder ihm Zugang zu lokalen Gesundheitsdiensten zu verschaffen; manchmal mag auch eine gute Sozialberatung notwendig sein, häusliche Pflege oder auch individuelle materielle Hilfe. AEE und der Kindernothilfe wird empfohlen, derartige Hilfestellungen in den gemeindebasierten Ansatz, gegebenenfalls unter Hinzuziehung spezialisierter Organisationen in Einzelfällen, zu integrieren.
- Die **Geschlechter-Gerechtigkeit** in einer verantwortungsvollen Aufgabenteilung innerhalb von Familie und Gemeinde sollte weiter gestärkt werden. Die Tatsache, dass Frauen ein höheres Risiko tragen, sich mit HIV/AIDS anzustecken, dass sie die größere Belastung in der Versorgung kranker Familienmitglieder und verwaister Kinder tragen, steht oftmals im Widerspruch zu ihren Rechten im Haushalt. Es ist wichtig, den gleichberechtigten Zugang zu Gesundheit und Sozialleistungen wie auch die Beachtung der Erbfolge sicherzustellen, um eine Besitzaneignung durch entfernte Verwandte zu verhindern, die Frauen und Kinder in verarmten Verhältnissen zurücklassen.
- Es ist deutlich geworden, dass entlegene Dörfer, in denen von **HIV/AIDS betroffene Familien** leben, eine hohe Belastung tragen. Selbst wenn die Krankheit in unterschiedlichen Stadien vorkommt, angefangen von der Diagnose über die Behandlung begleitender Krankheiten wie Malaria oder Tuberkulose, sogar ARV-Therapie (soweit zugänglich) bis hin zu den Endstadien von AIDS, sind die Entwicklungen zeitweise so dynamisch, dass sie die Familienverhältnisse drastisch verändern. Auf den Haushalten lastet ein immer stärker werdender wirtschaftlicher, sozialer wie psychologischer Druck. Während traditionelle familiäre Netzwerke oft nur über begrenzte Ressourcen verfügen, können SHG in der Bewältigung der Situation eine wichtige Rolle übernehmen.
- Die **Notwendigkeit psychosozialer Betreuung** bleibt aber eine Herausforderung für die besonders verwundbaren Gruppen:

die Kinder, die ihre Eltern sterben sehen, wie auch die Alten, die die Generation ihrer Kinder verlieren. Sie sind gleichermaßen diejenigen, die Trauer, Depression, Gefühle von Schuld und Hoffnungslosigkeit ertragen. Eng verknüpft mit der Nachfrage nach Beratung ist der oft gleich hohe Bedarf an sozialer Hilfestellungen für die Familien. Stigmatisierung, physische Verwundbarkeit, geringe Schulleistungen und fehlende soziale Kontakte isolieren die Betroffenen, häufig auch pflegende Angehörige, von der übrigen Gemeinschaft. Der Ansatz, über SHG zu arbeiten und vor allem Gesundheitshelfer und Hebammen auszubilden, erweist sich als wirksamer Einstiegspunkt für die Sensibilisierung der Gemeinde, dass sie hier Hilfestellung geben muss. AEE ist sich wohl bewusst, dass eine adäquate Sozialberatung über eine solche Gesundheitsaufklärung hinausgehen muss und ein engeres Monitoring braucht, zusammen mit aktiven Gemeindemitgliedern, die eine wichtige Aufgabe bei der Vermittlung sozialer Bedürfnisse in der Gemeinde übernehmen.

- Der Schutz von Kindern, die von HIV/AIDS betroffen sind, ist grundlegender Bestandteil von AEEs gemeindebasierten Projekten, entweder durch Hilfen im Gesundheitsbereich, in der frühkindlichen Erziehung oder in der schulischen Begleitung. Die Ergebnisse dieser Studie ermutigen AEE, weiter nach **kindergerechten Antworten und Schutzmechanismen** zu suchen, die eine Stigmatisierung, Vernachlässigung und den Missbrauch von Kindern verhindern. Diese sollten eine nicht-diskriminierende Hilfestellung für betroffene Kinder in der Schule, zu Hause und auch in der Gemeinde umfassen. Die SHG haben zu diesem Zweck so genannte „Kinderbeauftragte“ gewählt, die eine wichtige Rolle für die Beachtung des Kindeswohls wahrnehmen. Gemeinsam mit Lehrern überwachen sie die **Einschulung von Kindern aus von HIV/AIDS betroffenen Familien**, einschließlich der Kinder von chronisch erkrankten Eltern und von verwaisten Mädchen und Jungen.
- In Hinblick auf Vernetzung und Advocacy arbeitet AEE im Ugandan NGO Forum mit, um zu erreichen, **dass Kinderrechtsanliegen in der Armutspolitik berücksichtigt werden**. AEE wird ermutigt, seine Kooperation mit gleichgesinnten Organisationen zu bestimmten Themen auszubauen und strategische Partnerschaften hierzu einzugehen. Eine erfolgreiche Advocacy-Arbeit sollte auf den Anliegen basieren, die prioritär von der Bevölkerung in den gemeindebasierten Projekten formuliert wurden.
- Da die ugandische Regierung beträchtliche **finanzielle Mittel für die Gemeinden** über ihre dezentralisierten Strukturen der Gemeinderäte kanalisiert, können gemeindebasierte Organisationen (CBOs) und SHG eine vorrangige Aufgabe bei der

Identifizierung und Vermeidung von Engpässen in der Umsetzung vor Ort übernehmen, um sicherzustellen, dass die Dienstleistungen ihre Gemeinden auch erreichen. Als Vermittler in diesem Prozess kann AEE seine CBOs und übergeordneten Zusammenschlüsse (CLA) durch weitere Management- und Ausbildungsmaßnahmen unterstützen, damit sie diese nationalen Gelder für die Zukunft nutzen können.

- In Zusammenarbeit mit der Kindernothilfe und mit anderen internationalen Organisationen sollte AEE seine Stimme erheben, um die **Initiative zur „universalen Grundschulbildung (UPE)“ als Teil der „Fast-Track Initiative Erziehung für Alle“ in Uganda zu stärken**. Die Regierung Ugandas unternimmt einige Anstrengungen, um die technische und finanzielle Unterstützung dafür bereitzustellen, dass bis 2015 jedes Kind eine Schule besuchen kann. NGOs sind hier kritische Partner in der Unterstützung dieser Bemühungen auf Gemeindeebene, damit auch benachteiligte Kinder Zugang zur Schulbildung erhalten, einschließlich der Kinder aus von HIV/AIDS betroffenen und armen Familien in ländlichen Gebieten.
- Als Bestandteil seiner Vernetzungsaktivitäten sollte sich AEE ausdrücklich an die HIV/AIDS-Programme in Uganda, z.B. der Uganda AIDS Commission, des Global Fund to Fight AIDS, Tuberculosis and Malaria, UN-Organisationen und andere Geber wenden, um **die ugandische Regierung zu einer beschleunigten Reformpolitik zu drängen**. Damit könnten von HIV/AIDS betroffene Kinder in ihren Rechten und Bedürfnissen effektiver geschützt werden, insbesondere durch einen nicht-diskriminierenden Zugang zu Gesundheitseinrichtungen, ARV-Therapien, Bildung, familiärer Erbfolge und alternativer Fürsorge.

Als Partner in mehreren gemeindebasierten Projekten, die ländlichen Gemeinden und Kindern zugute kommen, sollten AEE und Kindernothilfe Einverständnis über ihre gemeinsamen Strategien und Positionen erzielen: Wie soll ihre Advocacy-Arbeit für die Rechte der von HIV/AIDS betroffenen Kindern in den nächsten Jahren, zum Beispiel auch in Kooperation mit dem **African Network for Prevention and Protection Against Child Abuse and Neglect (Uganda Chapter)** (ANPCCAN) und anderen Organisationen, aussehen? Diese Vereinbarung könnte ergänzende Initiativen zur **Mobilisierung von Finanzmitteln für gemeindebasierte Projekte** sowohl in Deutschland als auch auf EU-Ebene beinhalten, die sich unter anderem an das Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung und die EU-Kommission richten.

Background

1 Uganda: a brief profile

In 1962, Uganda celebrated its independence from the former status as a British protectorate with much optimism. Unlike in its neighbouring countries the transition process was relatively smooth, without much bloodshed and violence. Public services, schools and health care started off in an encouraging way. However, within four years, turmoil, corruption and violence dominated the political agenda; over the next 20 years Uganda became notorious for civil war and human rights violations. Dictatorship and political oppression resulted in economic collapse and acute shortages of food and essential goods. In 1986, when a new government under the National Resistance Movement (NRM) came to power, the situation slowly started to change as an economic recovery programme was introduced, which curbed inflation and initiated productive growth. Over the years an impressive transformation of Uganda's commercial, economic and social infrastructure emerged, including a rehabilitation of its public services, which once again promoted Uganda as a model in Sub-Saharan Africa's development.

The government initiated an effective process of decentralisation and of empowering local structures through a multi-tiered system of local councils, which was later enshrined in Uganda's Constitution of 1995 and legalised by the Local Governments Act (1997). It devolved far-reaching responsibilities and powers in jurisdiction, financing and planning to various local councils at district, municipality, town and sub-county levels. Powers were transferred with a view to decentralising administrative control of services and improving the accountability and performance of local entities towards their constituency.¹ Though by no means complete and still facing major constraints in its internal lack of capacities, especially on the financial part, the devolution process today enables Local Councils (LC) to enter into partnerships with the private sector and NGOs to enhance their services and capabilities towards communities and their people.

Not surprisingly, international financial institutions and foreign donors praised Uganda's development as a remarkable success story. An early formulation of a Poverty Eradication Action Plan (PEAP) in 1997 stood as a model for other African countries. The country was included in the Highly Indebted Poor Countries (HIPC) debt relief initiative as early as 1996 with an extended debt relief following the 2000/2001 re-

view of its PEAP. However, the strong involvement of the World Bank, International Monetary Fund (IMF), and other international funding by governmental and non-governmental organisations has also created a dependency on this external support with substantial influence on Uganda's government. Over recent years, positive comments have become more reluctant, in particular with regard to President Museveni's foreign policies and military interventions in Rwanda, Congo and Sudan, which are drawing the country further into regional conflicts. Within Uganda, the democratic process is becoming more controversial over human rights, as well as over autocratic decision-making and the use of Uganda's natural resources.²

Armed conflicts of various intensity have worsened the situation in Uganda for over twenty years now with dramatic effects on its districts' developments. Due to insecurity and poor living standards the HIV/AIDS disaster is constantly on the rise, and the virus appears to be spreading fast in the Northern districts, whereas the South has relatively peaceful conditions in which the Government programmes can focus on alleviating poverty, concentrating on HIV/AIDS prevention and implementing its development plans. For this reason, not all groups of the Ugandan population have benefited from the social and economic development of the NRM government. A larger number of rural counties were left behind, while other regions prospered with a growing productivity. Social and economic inequality as well as a high number of internally displaced and dislocated people is creating unrest as well as substantial costs of military supervision that could also be spent in more productive sectors.

Overall, Uganda is still a poor country with an estimated eight million people living on only US\$ 2,000 (\$1) a day.³ Following UNDP's Human Development Index Uganda ranks 144th among the 177 countries with an index of 0,508.⁴ At macro level the economy grows at a rate of approx. 6% each year and inflation was brought down to below 4% in 2004. Economic reforms are nevertheless constrained by a considerable debt burden and a rather narrow resource base of mainly agricultural goods such as coffee, cotton, textiles, tea, beef and leather for export. The government still relies strongly on international aid to co-finance its national budget and improve the quality of its public sector.

While income poverty fell during the 1990s it rose again since 2000 to a proportion of 38% of people below the poverty line in 2003. The poverty reduction process under the PEAP envisages involving all relevant stakeholders from civil society as an integral part of discussion. Local Councils, NGOs and other groups should have an opportunity to participate in the debate and have their representation in the plan. So far however, Uganda's NGOs have been complaining about corruption and patronage among the influential political circles, which by and large exclude them from having their voices heard.⁵

The current PEAP also recognises the need to integrate human development further in economic and environmental management as to alleviate poverty and invest in human capital. Major improvements have been achieved in the field of education and literacy. In 1997, Uganda introduced Universal Primary Education (UPE) throughout the country and is also providing Functional Adult Literacy (FAL) to a broader adult population. Between 1999 and 2003 enrolment increased from 6.9 million pupils in 2001 to 7.4 million pupils in 2004, representing an increase of 7%. Progress in the field of education will further facilitate access to employment opportunities, especially in the non-agricultural sectors.⁸

With a high population pressure on agricultural areas—over 80% of the working population are employed in (largely subsistence) agriculture -, land fragmentation and the degradation of forests and pastures, Uganda faces an ongoing challenge to provide off-farm employment to its growing rural populations. In addition, refugees and internally displaced people (IDP) from northern Uganda need to be resettled out of the camps and engaged in economic activities. Nationwide, more people will need access to employment, markets, water and energy, as well as to education and health services.

2 HIV/AIDS in Uganda

The history of HIV/AIDS is inextricably linked to the country's long years of civil war and military violence. Though the disease had spread already during the seventies around the countries on Lake Victoria, in the minds of older people we talked to throughout this study, the memories of the spread of 'slim disease' as it was called, are still vivid as part of the suffering during the eighties.

Today, Uganda is one of the few countries in Africa where rates of HIV infection have declined and the prevalence among adults living with HIV came down from around 15%

Box 1: Uganda – country information

Geographically, Uganda is a relatively small country (about the size of the former Federal Republic of Germany before 1990) with a total population of approx. 25 million. Over the past sixty years, the population has been doubling almost every twenty years from approx. 5 million in 1948 to 12.6 million in 1980; 16.7 million in 1991 and recently, 24.7 million in 2002 and a still growing trend at an average rate of 3.4%.⁶ With almost 50% of its people below 15 years, Uganda has a rather young population coming to reproductive age. High levels of fertility may prove a major challenge for the country in forthcoming years as population growth will have a substantial impact on the socio-economic development of individuals and families, as well as on the country's natural resource base. Out of 56 recognised ethnic groups, which make up a huge cultural diversity, the Bantu (including for example, Buganda, Banyankole) account for 67% of the population, 27% consist of East and West Nilotic populations (e.g. Acholi, Langi) and Central Sudanese groups; others represent less than 6%.⁷ The majority of Ugandans confess to Christian churches, e.g. 45% Catholic, 35% Anglican, as well as to smaller denominations. Approximately 10% of Uganda's people are Muslim.



in the early 1990s to around 6.7% in 2005.⁹ According to the Ministry of Health, rates are significantly higher among women (nearly 8%) than among men (5%); approximately one million (850,000-1.2 million) people were living with HIV in Uganda in 2005.¹⁰ High mortality rates cause a reduced life expectancy of only 50 years for an average Ugandan, and AIDS is still claiming thousands of lives of mainly young adults each year.

As early as 1986, the Ministry of Health established its first AIDS control programme and implemented its successful public education campaign warning people about the risks of HIV/AIDS and urging them to abstain from sex before marriage, to remain faithful to their partners and to use condoms. The policy was characterised by openness and the inclusion of a wider range of organisations, and initially demystified the disease as a medical problem by addressing prevention and care. During the following years first research and surveys were conducted, and voluntary aid organisations (e.g. The AIDS Support Organisation (TASO),

AIDS Information Centre) started their projects supporting the affected population.¹¹ In 1992, the government adopted a coordinated multi-sector approach to addressing the epidemic; subsequently, various ministries established their own AIDS control programme units.

“By 1998 the prevalence among pregnant women aged 15–24 had fallen to 9.7%. The Drug Access Initiative was established to lobby for reduced prices for antiretroviral (ARV) medication, and the establishment of the infrastructure necessary to allow these drugs to be generally accessible.”¹² Condom promotion and distribution since the mid-1990s had increased, which helped keeping down the number of new infections. As estimates suggested that the national HIV prevalence had fallen to around 5% in 2001, Uganda’s AIDS prevention and treatment programmes received another \$47.5 million from the World Bank to sustain these positive developments until 2006. Further, the Government of Uganda invested heavily in the Uganda HIV/AIDS Control Project (UACP) to follow developments in the districts.¹³

It appears that this combination of risk avoidance and risk reduction approaches of linking awareness building with the widespread promotion and distribution of condoms has worked well in Uganda. Much of the prevention work was carried out at grass-roots level, with many organisations educating their peers, and often made up of people who were themselves HIV positive (e.g. TASO). Efforts seem to have been successful in breaking down the stigma associated with the infection.

Since 2004, Uganda has received substantial funding (US\$ 15 billion over five years) out of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) to further enhance its prevention and ARV treatment programmes in the context of the “ABC” strategy.¹⁴ A controversial debate has followed with a number of critical voices protesting that PEPFAR encouraged a noticeable shift in Uganda’s HIV prevention policy towards promoting “abstinence only” and away from promoting condoms.¹⁵ Subsequently, the politics of HIV/AIDS have become a controversial issue in Uganda, as various stakeholders, donors, governmental, non-governmental and in particular faith-based organisations argue for the necessary responses in the struggle against HIV/AIDS.¹⁶ Increasing prevalence rates suggest that behaviour changes do not automatically follow high levels of awareness, especially for young people, to whom the use of condoms has been made a problem. NGOs voice a particular concern over the protection of vulnerable groups and children who are victims of forced sex work, trafficking, abduction and rape.¹⁷

The epidemic and its related illnesses such as malaria or tuberculosis (TB) prove a major challenge to an already stretched health infrastructure. Health provisions are limited in most Sub-Saharan African countries, and Uganda faces the same constraints of understaffing, scarce financial resources for equipment, transportation and management, resulting in a very limited outreach to the rural populations.¹⁸ Disease prevalence in Uganda is on the increase with malaria as the dominant cause of sickness (accounting for about 50%); high costs and long distances to the health facilities still pose a major obstacle to treatment. The same holds true with regard to Directly Observed Treatment for TB (DOTS), as TB is widespread in rural areas and among HIV/AIDS patients.

3 Children affected by HIV/AIDS

HIV/AIDS tends to be most prevalent among the age groups between 15–50 years, the generations at working age, which are most needed for production and reproduction. The illness and death often cause poverty and destitution for the families of victims, especially for older dependents and children. High death rates and ongoing mortality among adults are adding to the crisis of orphaned children in Uganda.

In 2003, the Joint United Nations Programme on HIV/AIDS (UNAIDS) reported an approximate figure of 940,000 children orphaned by AIDS.¹⁹ The Uganda Bureau of Statistics even estimated that there were more than 2 million orphaned children below 18 years of age in the country; which means that almost 25 percent of all households would have at least one orphaned child.²⁰ In almost all aspects of their lives, these families and the children in their care are vulnerable and at risk.

As of today, an estimated 150,000 children are themselves living with HIV, a figure that increases by 20,000 new child infections annually, either by mother-to-child transmission, sexual abuse, or early sexual activities. Out of Uganda’s approximately 80,000 people on ARVs, only 6,000 children receive any treatment.

Research has shown that the impact of HIV/AIDS on children already begins with the diagnosis of the disease in their parents. The message often implies subsequent school dropouts, health problems, mental stress, reduced parental care, and a depletion of socio-economic resources in the household. Property grabbing of women’s and children’s possessions by relatives is frequent and leaves them even more vulnerable. The risks increase with domestic violence, early marriage, or abuse in the family.²¹

In the past, and still today, the extended family network has been expected to find a solution for the care of children of a demised family member. Hence, most orphaned children find themselves taken in by aunts and uncles, grandparents or neighbours acting as guardians. However, the massive increase in numbers has stretched the traditional networks to limits, socially and economically. Though not easily acknowledged by society, family networks are frequently overburdened and no longer function. Furthermore, guardians who take in orphaned children are often in poor health, or even infected by the virus themselves.

A good number of NGOs have taken up support projects to assist orphaned children in the form of material help, school fees or vocational training.²² Despite these manifold efforts, it seems that the plight of orphans and vulnerable children (OVC) will probably remain in the foreseeable future and requires ongoing attention.

Most of these situations are reflected in this study and show to what extent community oriented projects in Uganda can help to alleviate the burden of affected families and children.

4 Co-operation between AEE and KNH in the context of HIV/AIDS

The partnership between AEE and KNH in Uganda dates back well into the eighties. It started with support for 600 orphaned children in foster families and orphanages, shortly after Idi Amin's dictatorship, as the country urgently needed assistance. Over the years, both organisations collaborated on a number of projects based on funding through individual sponsorships to children via institutional and vocational training projects. Following an evaluation of the programme in 1999, the two partners decided to initiate a substantial programme shift towards more community based planning and implementation for reasons of improving cost-efficiency and a broader coverage of needy children in the villages.

As a church based organisation African Evangelistic Enterprise (AEE) started its childcare work in Uganda in 1980 with support of Kindernothilfe, in the initial stages with a main focus on relief services to refugees and war orphans. Once the political environment became more stable, regular fostership projects were started to assist children and youth in education and training. Subsequently, AEE, together with a few Dioceses, started implementing economic family empowerment programmes alongside traditional fosterships. In 1999, AEE and KNH as a joint learning effort decided to transform 22 childcare projects to 12 child-focused community development projects. Implementation follows a five-year period within a framework of action between 2000-2005, which was updated in 2003.²³

Community based work with children affected by HIV/AIDS

The need to work with whole communities is well known to all organisations engaged in awareness building and the prevention of spreading HIV infections since the late eighties. Mainly NGOs and initiatives of People Living with HIV/AIDS (PLWHA) have started to fight stigmatisation and discrimination in their neighbourhoods, work places, congregations and in society as a whole, at an early date. TASO's philosophy, for example of "Living positively with AIDS"²⁴ took time to get full recognition in the everyday life of Ugandans. Over the years, many Ugandan NGOs organised social and material support to HIV/AIDS affected families, linked infected people to service providers, trained community health workers, and facilitated assistance to home based carers at various levels, but mostly through individual support.

KNH and AEE, after facing the devastations of civil war in the Luwero triangle of central Uganda and the subsequent increase of HIV/AIDS affected populations, consequently transformed their approach towards the end of the 1990s from supporting institutions (e.g. hostels) and individuals to expand coverage towards community development with their various local partners.

5 The concept of community based development

AEE uses a participatory approach of self-reliant communities, whereby AEE and its implementing partners are playing a facilitating role to enable the communities develop their own knowledge, skills, abilities and capabilities, so that they can identify problems and find solutions that will initiate improvements in their lives. The appropriateness of approach is determined during the baseline surveys and as part of Participatory Rural Appraisals (PRA) as a method of analysis and planning.

The overall concept relies on the following principles:²⁵

Ownership: AEE recognises that communities should be responsible for their own development irrespective of their socio-economic status. Attitudes towards self-determination and self-reliance should be nurtured and promoted. Owner-

ship of projects by respective local communities will be promoted. From the very initial stages of project life, communities will be increasingly prepared to eventually take over implementation of development initiatives through sensitisation, mobilisation, training, and their own contributions.

Pro-poor and pro-children: The community development projects shall pay particular attention to children, women and to the poorest members of the community.

No handouts: in the form of farm inputs, monetary grants or other investments will be made to members of community. Financial inputs will be treated as seed-money only, whereby communities thereafter should be able to multiply funds on their own.

Participatory decision-making: Development projects are constructive and sustainable only when communities actively and strongly participate in all stages of implementation. They should ensure participatory decision-making, whereas the general meeting of the community will be the overall policy and deciding body. AEE and the local partners will be facilitators of the community development process.

Building capacity: Communities need various skills (e.g. technical, management, leadership and democratic governance). AEE facilitates the development of such capacities to enable its members to perform all roles and eventually to take over management of community projects. Community based management structures are necessary for proper ownership of projects. These structures should be effective, democratic, and inclusive of all, especially the poorer members of the community.

Action Groups: Development community workers shall empower members of the community to plan, implement, supervise and evaluate community projects through training and practice to perform other specific tasks, or sit in various implementation committees.

Exit strategies: From the planning stages, strategies shall be put in place to ensure that communities sustain initia-

tives started during the project life, including e.g. a transfer of management and technical skills, own community structures (CBOs), linking communities with other organisations.

AEE as facilitator: AEE and the respective local project holders will only function as facilitators of communities, and neither as implementers nor owners of development projects.

Networking with stakeholders and other organisations: AEE acknowledges that the magnitude of developmental needs of communities is far beyond resources available to AEE for community work. Therefore, AEE will encourage, train and challenge communities to develop or improve networking with other organisations within and outside the community as to ensure sharing of resources and experiences as well as complementing each other.

6 Self-help groups

A key to project implementation lies in organising the community respectively the poorer sections of the village population into small self-help groups (SHG) of 15-20 members each.

Following successful group formation, the next step would start with capacity building for several tasks, e.g. leadership, group dynamics, analysing problems and possible solutions, savings and credit schemes, and other specific skills according to need. Additional areas of knowledge transfer would include, for example, technologies of production to improve livelihoods or living conditions, saving energy and other resources.

Several SHGs in the same community shall be affiliated to form Clusters Level Associations (CLA) at a later stage. CLAs will function as entry points for community development projects by addressing issues affecting the general community and children in particular. Through PRA processes they will develop Community Action Plans for implementation.

SHGs develop the following characteristics:

- SHGs would socially empower marginalised members of the community by changing attitudes of low self-esteem, building confidence and assisting them in discovering their potentials and resources within the community.
- As social groupings, members address socio-economic and cultural issues that deny them access to resources

and opportunities, thus causing dispossession and destitution.

- SHGs will save, at an agreed rate, to accumulate a certain amount of money in the group, which can be made available to needy members. The establishing of an internal credit system for funding to productive and income generating purposes generates further resources in the sole responsibility of the group.

7 Children and young people

Although Uganda has ratified the UN Convention on the Rights of the Child and provides a legal framework through its Children's Statute of 1996, general awareness of children's rights is rather low. Paternalistic attitudes and an understanding of children as a family resource prevail, particularly in rural society.

Despite the manifold interventions of projects assisted by AEE and other actors, most community development initiatives have a largely adult-centred organisational structure, where spaces to address the needs and rights of children are just emerging. Except for a benevolent attitude of the sponsorship support, AEE felt challenged by the lack of recognition, values and policies to enable a meaningful participation of children in community development. Problems related to persistent low incomes, HIV/AIDS in the family, child abuse and neglect, especially among orphans and vulnerable children (OVC), could not be adequately tackled.²⁶

Hence, AEE community development projects are gradually changing by incorporating a rights based approach towards children in their work with a view to enabling participation and a representation of children through group formation and child friendly activities. However, local leaders and officials have rarely been exposed to any training on the rights of children or an adequate provision of services to young people. Teachers would play a vital role in observing protection, advising children or parents in difficult circumstances and ensuring participation. Negative attitudes affecting the welfare of girls are still rampant and need special attention.

Enhancing the capacities of the community to provide adequate support and services, especially to OVCs, is therefore a major challenge to the community based projects.

8 Case study – Omoladyang Community Development Project, Apac District

Background information on Apac District²⁷

Apac District lies in the northern part of Uganda, sharing borders with Masindi to the West, Gulu district to the northwest, Lira to the East and Nakasongola in the South. Covering an area of 6,541 sq km the district comprises five counties, which are further sub-divided into 23 sub-counties. Bala sub-county is part of Kole County, the most densely populated part in Apac district with almost 150 persons/sq km. 90% of the district's population lives in rural areas. A majority of Luo speaking Langi people makes up a rather homogenous population of approx. 676,244 people according to the 2002 census. A relatively young population with 41.7% below 15 years reflects the fact that the population grows at an average rate of 3.4% annually.

Travel from Kampala to Lira takes about five hours driving on the good tarmac roads through Luwero, Nakasongola, Masindi and Apac districts across the River Nile. The highway is a major north-south connection, with truck traffic northbound well across the borders into Sudan. Although Bala sub-county and Omoladyang parish have not been directly affected by the war they have earlier received a larger influx of an estimated 470,000 internally displaced people (IDPs), who have taken refuge in the area. This added pressure on land and already limited resources has further impoverished the parish. The area lacks electricity, safe water supply, adequate road communication, and quality health services.

Predominantly agricultural land use produces food crops such as maize, millets, cassava, beans and groundnut. Fruits and vegetables complement cropping along with a few cash crops of tobacco, cotton and sugar cane. With only small local markets, farmers largely depend on visiting middlemen to buy their produce. There is little industrial activity beyond a few workshops and services in the villages. The nearest market centre is the busy and growing town of Lira about 30 km away.

Omoladyang Community Development Project

The Omoladyang Community Development Project (OCDP) lies off-roads into the interior parishes of Bala sub-county, where AEE established its project office in a rural environment adjacent to the local primary school. The project started off in May 2005 and has reached its mid-term stage. It works with 520 households in eight villages. All families live on agriculture as their primary income and subsistence. 248 families or 48% classified as relatively poor during the planning assessment by the community. Women in addition to their household chores carry out the major share of agricultural work, while men are mainly engaged in ploughing and storing of the produce. There is evident unemployment during the slack season as no off-farm work is available in the area.

While outlining its priority economic needs, the community has also identified several social issues that need to be addressed, for example alcoholism, domestic violence, drug abuse, petty theft and early marriage among girls. A meeting with members of the local project management committee (PMC), which organises around the activities and consists of local representatives, teachers and SHG delegates and meets every three months to follow up on the project's progress, introduced the core issues of the OCDP. The chairman reflected on the former post-conflict situation in the area and linked the arrival of HIV/AIDS to the military activities. Today, the infection rate is high (approx.15%) among men and women, leaving many of the adult population sick and dying or widowed, and more than one hundred children orphaned.²⁸



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The committee members related that prior to the project, people were facing manifold problems, for example insufficient market access (before the project built the road), no safe water sources and few health facilities. High levels of malaria infections, especially among mothers and young children were rampant. Food shortages occurred regularly before and during the rainy season (April to August).

Project achievements

So far, the project interventions have addressed these shortcomings by:

- Training of 20 traditional birth attendants (TBAs), equipping them with kits and bicycles; medical Primary Health Centre (PHU) staff trained another 34 Community Health Workers (CHWs).
- Sensitising people on preventing malaria and distributing mosquito nets for 635 mothers and infants.
- Sensitising people on HIV/AIDS started with more than 2,000 participants and the PHU provided voluntary testing opportunities to 1,015 persons - 160 were found to be HIV/AIDS positive (approx. 15.8%!) and having access to medication.
- With the help of AEE, four shallow bore wells and water pumps were established in the villages, including trainings for over 200 community members and four mechanics.
- Distribution of and training on improved seeds of sweet potato, cassava and maize in 2006 along with improved farm practice to 40 farmers.
- 40 women trained in organic farming followed by increased harvests over the last agricultural period and less food shortages in the villages.
- Distribution of 12 pairs of draught oxen for ploughing, goats and agricultural tools to HIV/AIDS affected widows/families.
- Establishing three nursery beds for trees to be transplanted in 2007.
- Four villages established functional literacy classes; over 100 (mostly) women and men are enrolled in order to fa-

ilitate literacy, income generating activities and leadership in the SHG.

- Three day care centres for children under 5 years to be looked after while parents are working, with additional feeding to infants.
- Construction of and training on smokeless stoves saving considerably on fuel wood expenses.
- Vocational Training is organised on tailoring, carpentry and masonry in 12 months' training with instructors from the area. Training is at pre-vocational skills training level, enabling 60 students to work and earn some sideline income in the villages and local markets. Students are school dropout youths, a number of them from HIV/AIDS affected families or orphaned.

This impressive list of activities demonstrates how AEE implements the holistic project approach in mobilising community resources within a very short time. Children directly benefit from the measures by being looked after from early childhood through improved nutrition, a healthy environment and educational support.

Women especially appreciate the construction and improvement of the interior feeder road by the project, which has linked several villages with Bala sub-county centre, and to which the villagers have contributed with their labour. Safe movement over the road enables them to reach villages, markets and services more easily.

50 SHG of 15-20 members each were formed and are operating at various stages of development in the communities based on savings and credits for income generating



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activities. About 924 mostly women members save small amounts of money each week. Proposals for loans from savings are discussed individually according to need and repayment capacity of the applicant. Credits are given for income generating activities, for example for basket-making, growing mushrooms, poultry and production of herbal products, based on simple business plans, marketing facilities and repayment capability. There is a strong group control over defaulters, which results in a high repayment rate of over 95%. More than 2,400 members of the community have already benefited from this internal lending scheme.

Discussions with a number of groups further show that it takes time in such a neglected area to build up substantial capital. So far, their working capital varies from US\$ 70,000-350,000 (or € 40-200) depending on the length of saving. The frequent use of such loans for consumption purposes, e.g. to pay school fees, bridge food shortages or cover medical and other unforeseen expenses, indicates that household level incomes are still low. Nevertheless, all group members emphasise that for the first time in their lives they have had a possibility of accessing money resp. loan services, which is available to cover such needs in times of hardship.

With the additional credit provided for productive purposes to ensure income generation the women are confident that their situation will gradually improve. Simple business plans, access to marketing, and repayment capability are established, e.g. for basket or mat weaving, or the sale of vegetables, grained flour and other fruits. Since the area depends so strongly on subsistence agriculture, improved seeds have lead to surplus harvesting in cassava, or sweet potato, which is for sale to the countryside merchants or retailers, and provides cash income to the household.

A majority of the groups have existed only since late 2003. Over the past three years, training and guidance by project staff has accompanied them in the process of adopting rules and regulations regarding savings, eligibility of loans and repayments and managing their funds. The women feel that they have gained strength, respect, and economic independence from their husbands along with better decision-making power in the family. They appreciate their own individual improvements as well as the mutual assistance they find in the group. In a common effort, they collect money for needy members in case of emergency as well.

Challenges

The problem of HIV/AIDS in the neighbourhood is present, as everybody knows an affected household. Several of the members have taken in orphaned children of relatives. The difficult situation makes them think about better access to testing and ARV therapy. They are worried about husbands, who sometimes have extramarital relationships, and infect their wives, when they come back home. The women feel a need to know their status and to protect themselves, although this is difficult at times as condoms are not in easy reach and husbands often refuse using them – the suggestion to make condom supply an income-generating activity (IGA) of the group resulted in some merry laughter. Furthermore, they think that condoms would encourage the youth to engage in immoral sex relationships before marriage. AEE as a church based organisation and its staff find it difficult to react on provoking suggestions as regards the distribution of condoms or speak about issues of sexuality outside the context of the Church's philosophy and the official "ABC" strategy. A major challenge certainly remains where the groups can not substitute or complement stretched family support networks with strained resources to care for several HIV/AIDS-affected members. In particular, when a larger proportion of group members are themselves vulnerable and struggle with poverty, it means overburdening their capacities. Nevertheless, the group provides a valuable forum for discussing such difficult issues at a general level of sharing and solidarity.

It has become clear that the SHGs have contributed considerably to improve living conditions although a proportion of approx. 30% of disadvantaged households in the groups keep borrowing money to buy food during the lean season. Omoladyang's families are still challenged by periodical food deficits in the area. As land fragmentation continues with the distribution of fields to the successor generations,



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this situation is not very likely to change through improved seeds and an increase in agricultural produce alone. Unless off-farm jobs are created a number of people have to go out at least during the lean season to find employment in Lira, Kampala or other parts of the country. The positive sign is that purchases are now possible to alleviate immediate shortages, and SHGs are optimistic about managing their income opportunities to cover basic needs in due course.

A visit to the Primary Health Unit (PHU) of Bala sub-county helps to better assess the possibilities of the local population of 30,945 in accessing health services. In September 2006 the WHO provided basic equipment to health centres, including a laboratory for clinical analysis, where testing for HIV/AIDS is now possible. Prior testing organised by the project can now extend, so far only 5% of the population had undergone Voluntary Counselling and Testing (VCT). Out of 160 patients tested positively at that time, 15 children were referred to Apac Hospital for treatment, and 36 are now under ARV. The PHU concentrates on preventing mother-to-child-transmission (PMTCT) in its maternity ward. Collaboration with AEE is speeding up the programme, as 20 TBAs have already received training from the PHU. Co-operation with community leaders has proved positive, too in introducing the TB DOTS programme. The major constraints are a lack of staff (only 6 out of planned 15 positions are filled), inadequate transportation, delays in funding from district to sub-county, and limited access to information for patients. Existing staff has been trained in counselling at District Head Quarters.

Box 2: Pamela's* story – We are on our way

Ms Pamela Amongo is the 54 year old housewife in a family of nine, husband, 5 sons, 2 daughters and 1 grandchild of a deceased son (who was a soldier in Gulu). He and the daughter-in-law died in 2002, and 2006 respectively, leaving the two-year-old child behind. Both parents and the child were infected. The child suffers from stunting, worms, rashes, and coughs. Pamela participated in a TBA training under the AEE project, where she learned to attend deliveries with proper hygiene, avoiding blood transfers from mother to child, malaria prevention by mosquito nets for mothers and young children and child care, which she applies to her HIV/AIDS infected grandchild.

Pamela says that she still needs more information, for example on better caring or nutrition, to be able to help other children in the neighbourhood. Proper feeding of infants is a major problem for young mothers. Now that she has learnt how to deal with births and infant care all her family members are supportive and have no reservations against the grandchild.

Pamela appreciates being part of the local SHG, where she can discuss her issues and share information with other women of the group. Occasionally, they organise mutual assistance, if one of them is in dire need. She also exchanges with her older neighbour, who acts as a guardian to three orphaned grandchildren. While there are still so many problems in the families, she notices that the situation in her village has changed for the better since the women joined together in the group: "We are on our way."

Children's spaces

There are 11 primary and two secondary schools with approx. 10,000 students in Kole County. The Damatira Primary School serves 1,227 (572 boys and 565 girls) students in grades P1-7. Last year's enrolment included 200 starters. Teachers' capacity is 25, and currently only 19 teachers are available out of whom four are women teachers. Recently, the school came under the UPE programme, which included a provision with teaching materials and school books through the Ministry of Education (MoE), hence the teachers are feeling a great improvement.

AEE helped with 100 desks in the school, provided sport uniforms for the school sports team, as well as music instruments; they repaired the borehole, so that water is now available. Water borne diseases have decreased considerably among the children.

Many girls drop out after P5 to help in the household, so far their discussions with parents to keep them in school has been limited. Key problems perceived include the parent's poverty, which prevent school attendance. A number of refugees stay on their own in the villages and rarely attend school. Many children come hungry to school and have difficulties in concentrating on learning. Only P7 students stay in a hostel class until examination for one year, where the parents give food contributions. There is a Senior Secondary School in Bala Centre that few of the students can afford. School fees per terms amount up to US\$ 40,000.²⁹

AEE has organised child participation days and child rights training to children, parents and teachers. The county's probation officer came to inform them on protection issues. A meeting with P7 students confirms, that following AEE's awareness building, they know about their own rights. Most of them have an idea for their future career and profession. But all of them also know that their careers would lead them away from their homes and villages, as there are no jobs in the area.

Currently there are three functioning day care centres, a fourth is under construction. The new day care centre in Omoladyang for example has run since 2006, with an attendance of 89 children aged 3-5 years, 57 girls and 36 boys. The centre, which was strongly demanded by the community, is a rough construction built with community contribution. It runs in two classes according to age groups. As malnutrition makes children loose concentration quickly, AEE provides a porridge meal in the morning. Subjects taught are simple numeric, writing, English, reading, rhymes, and story telling. The community remunerates the trained teacher with a monthly salary of US\$ 50,000. For sick children the teacher can refer to the PHU, especially in cases of malaria, which is a frequent problem with small children in the area. She thinks that some children carry the virus, but finds it difficult to speak openly with the parents about this issue. Although the day care centre is very much welcomed by the community, a key problem is its poor equipment and the fragile physical and psychosocial condition of small children, which will require more input in terms of teaching and care. The PMC works on these needs.

Box 6: Paul's * story – The abrupt end of childhood

Dog Dam, a little village in Apac District. Traditional huts built of loam in courtyards, some animals and a lot of small fields, where corn and bananas are growing. This is the home of Paul Awino, a tall and serious boy. He is only sixteen, but already seems to be grown up. When he was eight – shortly after the death of his father – his mother died, probably because of AIDS. Suddenly he, the oldest child, and his three siblings were orphaned. His youngest sister Mary was only two years old. Now, eight years later, Paul looks back at a very hard time, a time of struggling to stay alive under such circumstances. At the age of fourteen, Paul dropped out of school – the capacity of his maternal family, which had taken care of the four siblings, had come to an end. Since then he has been the head of the family, trying his best to make sure that David, Margaret and Mary stay in school.

The "family" lives in their own courtyard, which they share freely with an IDP family. They also work in the fields, but contribute little to the joint living place. (The division of land often results in a lack of resources both in the family and the locality.) The family manages to survive with additional labour/digging in other farmer's and their own fields, but food/money shortages remain at periodical interval, when there is very little food in the household. Furthermore, after his mother died, part of their livestock "disappeared", and only one cow remained. At critical times, his uncles help him out with food, clothes and school fees.

Another unsolved problem is the difficult health situation of the elder sister, Lydia, who suffers from undiagnosed coughing and occasional breakdowns, which is a matter of concern to the rest of the family; they dare not speak about a fear of HIV/AIDS. Paul deals with the situation by being convinced that "God took my parents and he will know why."

Last year Paul came in contact with the project staff of AEE. He is now part of a 'youth group', where he has made friends with others who are in similar situations. This group is of extreme value to him as he has made friends with another boy for mutual exchange and support. The group has a saving scheme, where he can turn to for support when the food situation turns critical. Recently, he has joined a free vocational training in carpentry, which was initiated by AEE. As long as his sisters and brother still depend on him, he wants to stay and work in the community. His dream? "Taking higher education in carpentry and earning some money." But first he has to master his greatest challenge: "To keep all my siblings in school".

Community empowerment

The Local Council (LC) of Bala sub-county represents a population of approx. 30,000 people in six parishes. As the main source of income in the villages is agriculture with few non-agricultural employment opportunities, the LC receives funding under the Central Government Plan for Modernisation in order to step up agricultural production. This includes vegetable production, pig rearing and poultry, as well as bee keeping, and fish ponds. The Chief encourages these initiatives as the market in Lira grows steadily; however the poorer sections of the communities, which are represented in the SHG, find few opportunities to participate in the programme. Looking at the overall situation in Omoladyang since the project's inception, the positive changes are obvious: The community based approach works well as AEE has successfully linked up the project with the LC and village leaders in the key sectors of the economy and social services, in particular in health and education. Moreover, 50 functioning SHG brought considerable improvements in the households, which will further built-up small-scale economy and inspire economic recovery.

With regard to the social dynamics of a rural society heavily affected by HIV/AIDS, it is recommended to AEE look into this matter in more detail and substantiate the observations of this study by baseline data. A conservative estimate of the AEE staff accounts for approximately 100 orphans in Omoladyang project area. It has become clear that SHGs have limited potential to really assist families with HIV/AIDS infected members, once they fall ill. Even though access to health services or ARV can be facilitated, when it comes to a stage of home based care for terminally ill family members, such services must be organised differently according to individual needs. As AEE staff is not sufficiently trained in relevant psychosocial counselling or home based care the project can invite other actors and organisations to engage in this field of action. The approach to change the perceptions on children towards a more rights based view from adults and parents has opened people's minds towards the needs of children. As attitudes and behaviour will change slowly, it is important to create more child-friendly spaces within families, schools, or the community as a whole to encourage their meaningful participation. So far several children's groups have been formed with a view to building awareness and self-esteem, besides organising child related events and activities. However, children may find it difficult to participate in adults' meetings and adjust to adult structures of discussion and opinion forming. It will be helpful to further let children develop their own ways of expressing their concerns and find solutions in a participative manner.



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9 Case study – Namayumba Community Development Project, Wakiso District

Background information on Wakiso District ³⁰

Strategically located around the capital city Kampala, Wakiso district covers a total area of 2,815 sq km and is the second most densely populated district in Uganda with a population of approx. 960,000 people. Its proximity to Entebbe with an international Airport benefits the whole region. While urban and rural living conditions co-exist, the labour force finds more work in construction and manufacturing in the industrialised locations, and with tourism, fishing and agriculture supporting its market economy. Lake Victoria with its beaches and resorts, or botanical gardens, has made parts of the district a major destination for tourists and investors.

The population consists largely of Luganda-speaking people of Baganda origin. The area was part of the notorious “Luwero triangle” during the war years, when many people lost their property and lives because of the insurgency. A generation later, the population has only slowly recovered from the social and economical disruptions. The main ethnic groups are Baganda, Burundians and Rwandans, who already immigrated to the area during the late 1950s and again during the more recent struggle in their own country. Growth rates of about 4% annually indicate an ongoing high increase in population through life birth and migration. 53% of Wakiso’s inhabitants are children under 18 years, probably half of them at school-going age.

Depending on the proximity to main tarmac roads, cash crops such as coffee and cotton are grown, but farmers also cultivate food crops including marketable vegetables and fruits. This major tarmac road connection leads within 1.5 hours northwest to Namayumba as an interior sub-county of Busiro County, bordering with Mubende District and home to an overall population of 26,251 people. Agricultural lands dominate in Namayumba: small-scale agriculture with both, seasonal and perennial crops for home consumption along with some backyard animal husbandry is the major source of income for the farming population. While 350 ha are under rice production, larger tracts of open land are not cultivated, and some sparsely populated areas indicate the migration to larger cities.



Namayumba Community Development Project

In May 2004, AEE and KNH decided to work in Namayumba through a community development project. In collaboration with local leaders, AEE selected an area comprising ten parishes and identified the socially and economically most needy villages. A first analysis of the problems in Namayumba revealed major neglect in the interior villages off the main road, where a majority of families lived at subsistence level and in dire need of food security. Kanziro parish, which could only be reached by interior gravel roads, emerged as the central project area comprising five villages and 562 households.

Characteristically, the decentralised system of local council governance functions by including traditional leaders in mobilising the villagers for collective activities. The Local Council (LC) statute further provides for 25 % of the council positions to women. A meeting with the LC leaders reveals that Namayumba has a growth rate of 8-10%, which means that a high birth rate corresponds with larger immigration from other districts. The LC receives funding from Central Government under various programmes, which accounts for up to 97% of the local budget and is allocated according to population size. However, seven out of ten parishes are still poverty stricken, causing HIV/AIDS, with little access to health and services. The LC leaders feel that although the structures exist, they have too many problems in performance. Collaboration with AEE and the network of SHG enables them to serve the communities more effectively.

Namayumba has a total of 29 primary schools and 3 private secondary schools with the shortage of teachers remaining a major problem for the schools. Consequently, school dropouts are high, also indicating high poverty and low literacy levels in the parish.



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The “Sub-district for Busiro North County Health Centre IV” serves 3 sub-counties with a population of 120,000 people and 22 PHU. It has 15 beds and a staff of 20. The Operation theatre is partly defunct, but the staff can successfully run a maternity & PMTCT section with their laboratory, VCT (200 tests/months, 4 nurses-cum-counsellors), ARV (180 clients) and an outreach programme to schools. The TB-DOTS screens 53 patients and the centre can run ongoing immunisation camps. Bottlenecks come with their understaffing, lack of transport and training. Nevertheless, the place is busy with patients.

Project achievements

As of today, 29 SHG with 519 members are operating successfully in the project area. Besides their saving and lending activities they are engaging in manifold community activities, for example:

- One women’s group of 22 members cleared the bush around their water source for the community to make it more accessible. Another has constructed a road side kiosk to sell their agricultural products. Out of the 562 households, 144 now have access to clean and accessible water sources in their respective villages.
- 59 women have been trained and are now involved in the mushroom-growing project to enhance their family incomes. As a non-land-based activity, which can be undertaken at home or in compounds mushrooms generate short-term high income, when marketed either fresh or dried. Demonstration gardens have been established in two homesteads for other interested members.
- 56 women are involved in basket making or mat-weaving as a means of improving their skills and increasing their family incomes.

- Four primary schools with approximately 1,500 pupils and without adequate water resource of their own have received safe drinking water through a simple water purifying structure, which can easily be multiplied. Both teachers and children emphasise that the provision of drinking water has improved health and increased their learning ability in school.
- Teachers from several schools in the project area attended life skills training to assist children whenever they seek support from their teachers. Health education and life skills training in schools has been offered to 446 children to enable them to address challenges associated with growing up, especially in the adolescent stage. These sessions include information about HIV/AIDS prevention.
- Ten Functional Adult Literacy (FAL) facilitators were trained and started FAL classes in six villages with more than 100 members enrolled. Most of the students are women, who did not get an earlier opportunity to complete primary school.
- The SHGs feel that the quality of articulating and analysing issues of their concern is gradually increasing. They delegate representatives to participate in the project management committee or one of the eight sub-committees, which have been formed on various issues, e.g. education, health, environment or organic farming. A Cluster Level Association (CLA) functions in Kanziro parish.

Again the Namayumba community development project demonstrates an effective multi-sector approach to mobilise local resources and commitment from the community.

Children’s spaces

Besides this manifold set of activities the communities selected and trained “*child monitors*”³¹ to ensure that the villagers get involved in providing support to children. As Uganda’s cultures and traditions in rural settings often do not openly appreciate children with their personality, capabilities or achievements, project staff encouraged children and parents to express themselves and exchange their views in a three-day children’s meeting with games, sports and competitions. The event intended to build self-esteem, encouragement and confidence among the children to become involved in life skills activities and in the project itself.

Teachers and twelve child monitors from the community were trained to enhance value orientation and social behaviour. In an area where the parents' generation grew up under war conditions and the social disruptions following such periods of disorientation, the training and assistance on good parenting and child development seems to be very important and is welcomed by parents.

Changing attitudes towards children and developing a more child friendly behaviour in the communities will take time. Following initial awareness raising, this means that children should get their own space in the communities, where they can play and express themselves according to their age and capability. The PMC started to create participative ways for children's groups, to bring together SHG members, parents and adult community members. It will be important to further encourage own children's spaces rather than drawing children into adult meetings where they cannot fully present their concerns.

Issues around HIV/AIDS affected families are felt to need further consideration: a visit to one of the primary schools, which serves 350 children from interior villages, revealed that 180 of these children are from HIV/AIDS affected families and (partly) orphaned! Some children are mentally stressed, but the teachers realise that they have no capacities to address these problems adequately and assist. The school follows the full primary curriculum P1-P7, and AEE has supported them with life skills training, a water purification unit and help in reducing water borne diseases and drop-outs. As no direct assistance to alleviate the psychosocial situation of children and their families can be provided by the programme itself, it may be helpful to either integrate such components in the projects or to involve other professional actors in this field.



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Box 4: Sarah's* story – What will happen to my children?

Sarah Olang, a mother of four children, is very ill and weak. She is suffering from AIDS. Two years ago, her husband died. He was also infected. After taking ARV's for quite a while Sarah got an undiagnosed heart disease, so physicians told her to stop the treatment. She got some antibiotics, but needs to go to a special clinic in Kampala for further check ups. Because of the remoteness of her village Malangata, Wakiso District, this is not easy to manage: "I don't have the money for the transport or medicine, but maybe the group will help".

After her husband fell ill, Sarah joined the Women's Self-Help-Group initiated by AEE. They have some income-generating activities and help each other in difficult situations, for example by offering loans out of savings. "Through the village's group the women came in contact with each other. Before, we never talked together". Sarah has made two close friends out of this group, to whom she talks about her situation and her fears. She does not worry much about herself but all the more about her children: "The women of the group do as much as they can, but can't help me much in this situation. I don't believe they will care for my children if I pass away, because they have to deal a lot with their own troubles".

There are no relatives around who could support the family. Her son Eric (20), who is studying far away, is now with them. Eric is the only one of the siblings who she has told about her infection and the seriousness of her physical condition. With the younger children, she does not speak about that: "How could I talk about AIDS and death to them?" Sarah still hopes that Eric will be able to finish university.

Community empowerment

Capacity building among the community is an ongoing process that ensures the participation of its members towards improving the lifestyles and conditions of the community. The local PMC has 12 members out of whom seven are delegates from two CLA, three from the diocese and village leaders. There are now eight sub-committees with 42 members, which were trained in their respective roles and responsibilities, including management and leadership as well as evaluation of the activities. They provide support in the mobilisation for community action in various fields, e.g. education, agriculture, organic farming, new group formation, children, water, and health. Exposure visits to other communities pro-



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vide an opportunity to see things from a different perspective and initiate debate. There is a change of mindsets to another position and to understanding of how other people view their socio-economic well being. The women were able to share ideas on how they manage their group, their savings or micro-enterprises.

The PMC members emphasise that many positive changes have taken place in recent years; they observe that people come to work together. With an ability to save money to provide food, school fees, or access health services, women have found self-esteem and mutual assistance. But they also meet their challenges as only some of the households participate in community activities, and some husbands object to women in the SHG. They are eager to expand the programme as other issues linked to alcoholism and domestic violence in the community need to be addressed.

Challenges

Looking at the social situations within the SHG's and the problems surrounding HIV/AIDS affected members; the women are reluctant to initiate that discussion within the project's context. In view of the sustainability of project activities and the future of SHGs, it will be AEE's role to look more closely into this area and to facilitate the process. It has become obvious from the highly dynamic developments in Namayumba, in which the project is embedded, that HIV/AIDS capacity building and economic progress in the community need to speed up as affected households may not be able to cope with material deprivation and their psychosocial needs without additional support.

Box 5: Margaret's story – Don't forget the men!

It's only one month ago that her husband died of AIDS. Margaret Sengendo was tested negative and is full of hope. To be finally sure, she has to go for another test in a couple of weeks. Her husband was a truck driver, and she assumes that having an affair infected him. With the help of her sisters Margaret manages to care for her four children aged between two and nine years.

And as a member, she also gets support through the Women's Self-Help-Group of her village: "Even if we still have to struggle against food shortage at times, living standards have been improved since AEE initiated the group." Sarah took part in a training course where she learned how to grow mushrooms and to make baskets, which she is selling on the market. Furthermore, she is now able to get a loan and buy a few chicken in order to earn some more money. Besides the difficulty of managing daily life, Margaret points out other big challenges: alcoholism, domestic violence against women and HIV/AIDS. She knows about some cases of women who left their husbands because they had been beaten, and doesn't know any family, which is not affected by HIV/AIDS. "One of the greatest benefits of the Women's Self Help Group is that we got information about HIV/AIDS, how it's spreading and how to live with it. We have learned to open up and motivate each other to go for a test and to believe that it's possible to stay alive with the right treatment."

In Margaret's opinion, there is still a big problem in dealing with HIV/AIDS: "Stigmatisation is going on. Especially men don't like to be tested." There is little chance for a woman to protect herself if she feels uncertain. Because it is not common to use a condom, "men feel uncomfortable. And they will take what they want." In their tradition there is nothing that prohibits the use of condoms. And regarding the religious values Margaret argues: "If there is a chance to stay alive and avoid children being orphaned by using condoms, you should decide for life and not for faith." Susan, her nine-year-old daughter, is part of a Children's Group, which was also initiated by AEE. The children, girls and boys, talk about various subjects and are learning how to articulate their opinions. Margaret is very adamant about that and hopes that they will deal with each other differently when they are grown up.

Main Findings

10 Improving livelihoods

The study in two community based development projects has impressively demonstrated the importance of enabling people to manage their own affairs in their localities. AEE, through involving Local Councils, community representatives and poorer populations of rural Ugandan villages has successfully mobilised women and men to take action in their respective communities. As an approach to alleviate poverty in the rural settings of Uganda these community developments are in compliance with the Government of Uganda's endeavour for decentralisation and the devolution of decision-making powers to local communities. Good collaboration with Local Councils and traditional representatives of rural communities is an advantage for AEE's projects.

It has become apparent from the study in two different geographical settings, the remote northwestern rural area of Omoladyang, and the central, dynamic Namayumba with its easy access to the capital Kampala and other bigger municipalities, that such different neglected or favourable conditions considerably determine the potential and speed of progress of such projects. The vicinity of roads and markets, or service centres is a decisive factor for economic developments of villages. AEE's ability to mobilise dormant resources within the poorer sections of the population shows that the approach effectively addresses rural poverty.

The approach to organise self-help groups, especially for saving and lending, for labour or mutual assistance, is creating economic sustenance and social capacity. Within three years these groups, if appropriately trained, will be able to manage a simple internal credit system, community action, and problem solving at local levels.

It is astonishing to see, exactly how the SHGs are analysing productive loan potentials and repayment capacities of their members. They also recognise that the poorer group members need to build up capital and that they need money for consumption purposes, such as bridging food shortages, paying school fees, or health expenses. At present the majority of SHG are still at the stage of covering basic needs of their member's households. It may take two to three years more to make the groups really productive and income generating in terms of asset building and investing capital for their improved livelihoods. AEE may find it useful to closely monitor the groups' growing capacity in this area in docu-

menting the scheme's success and sustainability.

Food security is still a major problem to many poor households. Members of SHGs have an opportunity to bridge periodical shortages, especially before harvest seasons. AEE strives to form additional groups in order to integrate more poor families than those currently covered by the project. Especially vulnerable households with old people and children, seem to need special assistance.

11 Building self-help capacities

To fully reach sustainable coping capabilities within local communities is a long-term process and the capacity building strategy of AEE for the project communities may need to extend well into the future as to enable the communities to adjust to the speed of progress, and to setbacks, which will eventually occur. A periodical joint review of SHG capacities, local initiatives and problem solving will help in assessing the coping capacity at local levels.

In the education sector, the projects actively make use of governmental programmes such as UPE and FAL. A close cooperation with schools and teachers, especially at primary levels, underpins the efforts of the Ministry of Education for universal primary education, as the project supports poor children in schooling, prevents drop-outs, and encourages parents to get involved with the education of their children. At the same time school facilities can be used and supported for trainings and community purposes.

However, one should not overlook that the remoter rural primary schools are working at very low levels in terms of equipment, teaching materials, and (under-)staffing. Communities and parents, which are taking responsibility for their local schools, are making a decisive step to improve the local educational situation.

At the same time, women are increasingly joining the functional adult literacy classes offered by the project as part of the capacity building process. Especially for women, this is an opportunity to make up with their often disrupted education during younger years, but in a useful way to improve their numeric and literacy around the income-generating



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activities. As the neglect of girls in education and their early dropping-out from school is an ongoing problem for most rural families, the project simultaneously initiates a change in attitudes towards girls' education, which will show effect in the long run.

12 Reaching out to children

The projects are making a valuable effort to reaching out to children in a community context, which goes much beyond their physical well being and schooling. The traditional ways of ensuring health, education and a protective environment for children in community based projects are of course a precondition for all further steps towards youths participation.

The projects start simultaneously with mother-and-child health and preventing communicable diseases, including PMTCT, TB and malaria. Day care centres then taking on a responsibility for early childhood education.

Children at school-going age are significantly reached through educational activities, which extend to organising children's events and group activities. With a view to building their personality and to encouraging their participation in own activities, children and parents are asked to change their perspectives on children in the community. Promoting children's rights and changing attitudes is not an easy task and will take a longer time. This review process has obviously started within the families and communities through the sensitisation efforts of the project.

AEE realises that there are several un-addressed issues as yet. The large number of children who work after school, or drop out because they have to contribute to the family's livelihood is accepted in the villages. Where labour becomes exploitative and children are mistreated, further action needs to be taken. AEE invited the probation officers for informing villagers on child protection issues for a start, and the information has been an eye-opener for some people on domes-

tic violence and abuse of children. The project has to identify a mechanism, for example through the child monitors, to follow up on such incidents in practice.

In some project areas, e.g. in Omoladyang, AEE started with vocational training in selected rural trades in order to equip young girls and boys with relevant skills to make a living in the villages. It will be worthwhile for AEE to follow up on the students and to see whether these skills really find a market in the rural areas, or whether these young people from remoter villages will leave for the nearer towns and cities to the earn money they need to support their families.

13 Addressing social issues

Gender discrimination and sexual harassment of girls, early marriages as well as abuse and neglect within the family is widespread. The women in the self-help groups can tell many stories of such situations. Linked to alcohol, drug abuse, extramarital affairs and HIV/AIDS transmission, the whole complexity of a difficult social setting is represented in the villages. As yet the project has to develop the means and effective responses to deal with such issues. Within the SHGs, discussions are taking place on individual occasions, and the groups may be an adequate entry point to initiate the debate and take action.

There are few men's groups in the projects; over 95% are women's SHGs, and as has been shown in the case studies, they are operating very effectively for the benefit of their households. At community level, their representation is ensured in sub-committees, PMCs and CLAs where they stand in for elections and will subsequently find their way into Local Councils for broader community representation. AEE will encourage that process over the next few years. Most women representatives insist that more men need to get involved in the activities, especially with regard to maintaining their household responsibilities, such as providing labour and cash income for school fees, agricultural implements or



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necessary repairs. They feel that men should not be left out of child rearing and general family matters.

14 Coping with HIV/AIDS

It has become apparent that the remoter villages still carry a high burden with the presence of HIV/AIDS affected families. Though the illness may be prevalent at different stages ranging from virus diagnosis, to receiving treatment for related diseases such as malaria or TB, even to ARV treatment (if accessible), or the terminal stages of AIDS, the developments are dynamic with drastically changing family conditions. The pressure on households builds up economically as well as socially and psychologically for all members, and traditional family networks have only limited resources to cope with the situation.

SHGs are very much stressed to compensate these limitations, when particularly vulnerable households, e.g. with elderly guardians or child headed families are concerned. AEE tries to enable the group members to create awareness for the needs of these households, and if possible, to organise assistance or link them up with existing services in the sub-county. Unfortunately, such services, for example in ARV treatment, further training, labour or transport, are rare and hardly accessible or affordable for many. Hence, it is felt that AEE needs to look more closely into such very vulnerable households, inviting the members to share their needs and finding individual solutions, e.g. temporary care, counselling or material support, by mobilising their local communities and possible other organisations for support.

15 Psychosocial care

While talking to the people in the two project locations, the authors could only touch the surface of the deep emotional stress and psychological burden that HIV/AIDS causes among individuals and families affected by the disease. The fact that the most vulnerable groups, the children who see their parents die and the elderly who watch their children's generation going, are also those who carry the mental load of grief, depression, guilt and hopelessness, is not acceptable to any community based project. As these dimensions of psychosocial care are prevalent in many poor communities AEE staff is in a process to develop its capacity in order to train staff in counselling and conceptualise the possibilities for intervention within the community.

Linked to the vast demand in psychological counselling is an often equal need for social care in the family as stigmatisation, physical vulnerability, low school performance, and a lack of social relationships isolates affected individuals and carers from the remaining community. The approach to work through SHGs and in particular by training community health workers and TBAs appears to be a promising entry point to enable community members to provide assistance in this field. AEE's Health Department, which trains CHWs and TBAs, however, is well aware that adequate social counselling must go beyond such health trainings. It is an ongoing effort which needs training, regular refresher courses and supervision for the staff involved in the field. It would also need a close monitoring together with active community members who can play a vital role in promoting such debate about the social developments in the parishes.



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To integrate psychosocial care for HIV/AIDS affected families effectively into the concept of community based development will be the next challenge for AEE and KNH as a joint effort. There seems to be some experience in Uganda's academic community, e.g. among the Departments of Social Work, to tap for training in social counselling and building expertise among SHG and PMCs in order to effectively tackle the most urgent social issues, such as domestic violence, alcoholism, gender based discrimination, succession and property grabbing in the project areas.

16 Advocating change

At AEE Head Quarters a discussion to expand the organisation's networking and advocacy with other like-minded NGOs is continuing. AEE is a member of Uganda's NGO Forum, the National Council for Children, and the Children at Risk National Collaboration (CaRNAC), which the organisation mainly uses for information sharing, training of staff, and some joint initiatives to mobilise the churches on child rights and child protection. It collaborates with other NGOs such as ANPPCAN on specific improvements for child workers in the field. Nevertheless, most Ugandan NGOs work parallel (for example UCOBAC, CCF, Action for Children) and rarely join hands in a collective effort, which would certainly benefit all actors concerned.³²

Uganda's NGO community is not yet very strong on advocating child rights issues though there are various committees and possible activities, for example the Ugandan Parliamentary Forum for Children, the Committee on Gender, Labour and Social Development, or the Committee on Social Services. Some organisations such as TASO or Uganda Women's Lawyers Association are lobbying their concerns with them. AEE already collaborates with the Uganda Child Rights NGO Network (UCRNN) on publishing a handbook on child participation. As a next step the organisation may be challenged to identify the possible issues for more advocacy efforts in the context of its community based, HIV/AIDS, and child participation programmes.

Recommendations

17 Potential developments at project level

Focus on the most vulnerable groups – The holistic approach taken towards enabling rural communities to take ownership of their own local social and economic development and build their management capacity through functioning self-help structures is challenged by the ongoing prevalence of HIV/AIDS. As a disease that affects larger parts of their poorer sections and may threaten the project's achievements, AEE will find it useful to identify the most vulnerable groups in the community, the grandparents, carers and the children, who live in a symbiotic relationship and may be in need of special assistance at a particular stage of the HIV/AIDS dynamics. This support may relate to the existing SHG structures, or linkages with health services; but at times it may be necessary to offer quality counselling, home based care or individual material assistance. Based on an in-depth review, it is recommended to AEE and KNH to integrate such services in the community based approach with adequate possibility, e.g. involving other actors, to take action.

Encourage community action – In view of a substantial part of the self-help group members being either infected or affected by HIV/AIDS, the local project teams should intensify the debate about prevention methods (including condom use), VCT and ART and the consequences of living “positively” in the family and the community, with a view to develop participatory strategies of support through community initiatives. Among other factors the sustainability of the SHGs will depend on this coping capability in the long run.

Promote gender equality in sharing responsibilities

– The fact that women carry a higher risk of becoming infected by HIV/AIDS and bear the larger burden of caring for ill family members and for orphaned children often contrasts their rights in the household. The majority of women work in agriculture to feed the family and get the least benefits out of the income, whereas men watch over assets, land or other property. In HIV/AIDS affected (female headed) households it is important to ensure equal access to health and social benefits, as well as to observe inheritance laws and prevent property grabbing by extended kin, which can leave women and children impoverished at the edge of starvation. Young wives and old (grand-) mothers are particularly at risk of gender-

based violence. AEE project teams should further strengthen SHGs by including such women and enforce assistance against such injustice.

Child responsive protection – The protection of children affected by HIV/AIDS is an essential part of AEE's community based projects by assisting them in health, early childhood development or in the schooling process. AEE in co-operation with ANPPCAN, has an opportunity to enhance its capabilities with regard to preventing stigmatisation, neglect and abuse of children by training its staff, parents, and carers further in more child responsive methods to meet the needs of young people at local level. Such methods would include pro-active and non-discriminatory assistance to affected children, either in school, at home or in the community. In cases of child abuse and gross violations of a child's rights the offenders should be brought to notice at the police and probation offices for appropriate legal action. The child protection units of police as well as the child monitors should be involved to ensure a safe living environment for child victims and that their best interests are taken into account.

Child friendly participation – Through involving children as far as possible in activities, which would strengthen their self-esteem and solidarity for each other, the projects can create an enabling environment in the community where children can participate according to their age and capabilities. A continuation of peer group activities is recommendable in order to strengthen initiated change of attitudes and behaviour in the communities towards children.

Access to free primary education for all – Child monitors, teachers, parents-teachers associations and school committees should increase efforts to watch over school enrolment among HIV/AIDS-affected children, including children whose parents are chronically ill and orphaned girls and boys. Disadvantages may arise from school fees, uniforms or household duties that impede children to attend school. Community activities for free schooling, provision of textbooks and stipends for the most needy students should facilitate their educational integration in a non-discriminatory way and prevent early dropouts.

Equip schools to include HIV/AIDS affected children –

Schools should liaise with community organizations to identify HIV/AIDS affected children and facilitate their registration and school attendance. They should develop explicit policies on integrating such girls and boys through special teaching units and encourage peer support. Teachers may need further training in counselling to be able to address the difficult psychosocial situations in which HIV/AIDS-affected children try to learn.

18 Advocacy and networking in Uganda

Issue based advocacy on community development and child rights –

In terms of networking and advocacy, NGOs like AEE have started working with the NGO Forum, mainly on the PEAP, to include child rights aspects in poverty alleviation policy. AEE is encouraged to expand its collaboration with like-minded organisations on certain issues where a strategic partnership is commendable, especially with other organisations, who are taking care of OVCs in Uganda. Successful advocacy work should focus on issues of AEE's priorities in its community based projects, for example on:

- Social inclusion of HIV/AIDS affected people.
- Improvements in child legislation and law enforcement for better child protection.
- Uganda signing the UN Optional Protocol to the CRC on the sale of children, child prostitution and child pornography.
- Implementing small grant programmes to community based organisations that link children to social services including minimum cash subsidies to orphans.

Strengthening community based organisations (CBOs) and decentralised services of Local Councils –

the Government of Uganda channels major financial resources to communities through its decentralised structures of Local Councils. CBOs and SHGs can take a pivotal role in identifying and eliminating bottlenecks in funding performance and ensure that services will reach their communities. As a facilitator in the process, AEE should assist its CBOs and CLAs through ongoing management and capacity building to tap national resources for their future development.

Programmes should explicitly reach and benefit the poorer sections and vulnerable groups of Ugandan society,

with special emphasis on children and young people, as well as on elderly and destitute carers and guardians. Funding should flow through local communities and their institutions, e.g. Local Councils, Health Units, schools and CBOs to effectively benefit those most in need through community activities. Individual assistance may be given in exceptional cases and linked to community supervision.

Support Education for All –

In cooperation with KNH and other international agencies, AEE should raise its voice in further strengthening UPE as part of the Education for All-Fast-Track Initiative. The Government of Uganda undertakes efforts to provide relevant technical and financial support to ensure that every child is in school by at least 2015. NGOs are critical partners in sustaining these efforts at community level by facilitating underprivileged children's access to schooling, including those from HIV/AIDS affected and poor families in rural areas. As schools are often ill equipped to deal with the increasing burden of children affected by HIV/AIDS, AEE and its local partners may jointly identify good practice in creating supportive educational environments for children in communities and promote such models for further support through the Ministry of Education at national level.

Address international funding agencies –

As part of its networking activities AEE should address HIV/AIDS programmes in Uganda, such as the Uganda AIDS Commission, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UN organisations and other donors, to encourage the Government of Uganda to accelerate policy reforms in order to effectively protect HIV/AIDS affected children in their basic rights and needs, including a non-discriminatory access to health, education, family inheritance and alternate parental care. The Government of Uganda should earmark a minimum of 15% of health expenditures in its National Action Plan to combat HIV/AIDS for support to OVCs.

19 Advocating child rights in a HIV/AIDS context in Germany

Scaling up the support for children affected by HIV/AIDS –

The German Government should address the Global Fund to fight AIDS, Tuberculosis and Malaria to spend at least 15% of its allocations towards children affected by HIV/AIDS, in order to increase adequate treatment for children and to minimize the vulnerability and disadvantages of children af-

ected by HIV/AIDS. Within the German Official Development Assistance (ODA) contribution at least 10% should be earmarked for health and out of this at least 15% for the treatment, care, support and prevention measures for children affected by HIV/AIDS.

Address the German Government, also as a member of the European Union – KNH as an active member of the Alliance for Action against AIDS and of the Ecumenical Advocacy Alliance can contribute its own and AEE's experience with community based projects as best practice in order to urge the German Ministry for Economic Cooperation and Development to direct its multilateral and bilateral funding towards fighting HIV/AIDS as agreed in the joint *Communiqué of the International VENRO-HIV&AIDS Conference, 23rd/24th, May, 2007, in Bonn, Germany* and encourage effective local management in the recipient countries.

Agree on strategies and issues – AEE and KNH as partners in several community based projects and programmes benefiting rural communities and children should come to a mutual understanding about their strategies and positions in advocating issues concerning the rights of children affected by HIV/AIDS. They should agree on complementing efforts towards mobilising funding to community based projects, e.g. addressing the German Ministry for Economic Cooperation and Development.

Endorsing effective mechanisms of social security – Mainstreaming HIV/AIDS in all sectors should prioritise social security for those populations affected by HIV/AIDS through efficient work place policies and minimum social benefits. Particular emphasis should be given to the social and economic inclusion of vulnerable populations, especially of old age-, female-, and child-headed households. At times, families affected by HIV/AIDS may need specialised assistance during the dynamic stages of the disease, for example, food security, home based care, psychosocial counselling and material support. The German Ministry for Economic Cooperation and Development and its implementing agencies, e.g. GTZ, InWent, are possible partners to promote these aspects.

Support Millennium Goal 6 – Reaching the target of Millennium Goal 6 will only be possible by drastically increasing financial support for the Global Fund to fight AIDS, Tuberculosis and Malaria as well as to the Overseas Development Assistance budget with an aim to build up more capacities of health structures to fight HIV/AIDS.

Improved research on pediatric formulations and increased access to ART resp. medication for children is urgently needed. At present, an estimated 50% of HIV/AIDS infected children have access to ARVs, which are scarcely available and suitable for children. Advocating for universal access to ARVs and child appropriate medication can be carried to the UN Commission on the Rights of the Child.

Involve children – As an ongoing issue KNH should raise awareness on participation in all matters of children's concern according to their needs. By age-adequate means children should be asked about their views and the difficulties they face, e.g. in their HIV/AIDS affected family situations, or in attending and remaining in school. Their voices should be heard in the community in a child friendly way. Governments, donors and implementing organisations should provide a space for children to express themselves in a meaningful way to contribute in the formulation of policies and programs. The Committee on Youth Affairs (Kinderkommission) as well as the Committee on Economic Cooperation and Development may be appropriate fora for discussion and formulating the relevant recommendation by the German Parliament.



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* All names were changed in the case studies.



Kindernothilfe (KNH)

Kindernothilfe (KNH) was founded by a group of dedicated Christians in Duisburg, Germany in 1959, to help needy children in India. KNH is a registered charitable organisation and a member of the Diaconal Services of the Evangelical Church in Germany. More than 88 percent of the work is financed through donations from approx. 100,000 citizens who support KNH.

Over time, it has become one of the largest Christian organisations in Europe for aid to children. Today, it supports more than 302,000 children and young people in 27 countries in Africa, Asia, Latin America and Eastern Europe. KNH aims at providing needy children in the poorest countries of the world with an opportunity to a good start in life. This may include basic school education and vocational training, good nutrition and health care, support for women and children at risk, as well as community oriented support to their families. KNH works together with partner organisations in the locality, usually churches, congregations or Christian organisations. However, assistance to children is always given irrespective of religion, race or sex. The promotion of child rights is the foundation for co-operation with local partners. Children have a right to participate in the life of their society; consequently, they are the focus of programmes supported by KNH.

KNH works at national and international level by joining alliances and co-operating with networks and other organisations to achieve a global improvement of economic, social and political conditions. It participates in campaigns or initiates its own campaigns. Above all, KNH is committed to the implementation of the UN Convention on the Rights of the Child, which forms the base for its work.

Through its head office in Duisburg/Germany KNH staff members and volunteers coordinate cooperation with partners abroad and carry out administrative, educational and lobby activities as well as launching its publicity campaigns. Kindernothilfe's theme in 2007 is HIV/AIDS under its slogan "With Aids everything is at stake".



African Evangelistic Enterprise (AEE)

African Evangelistic Enterprise (AEE) Uganda is a registered Non-Governmental Organisation founded by Anglican Bishop Festo Kivengere in 1971. Today, AEE is operational in over 20 districts in Uganda. AEE Uganda's core mission is "Evangelising the cities of Africa through Word and Deed in partnership with the Church". AEE handles social and development projects and programmes that cater for the needs of the vulnerable. These projects include children's sponsorship, community development, vocational training, health programmes, and enterprise development. AEE-Uganda works in partnership with Kindernothilfe (KNH) Germany, African Enterprise International Partnership Board (AE-IPB), Christian Partners of Africa, the Ketter Foundation, the Australian Embassy, the various Dioceses of the Church of Uganda as well as with local members and well wishers.

AEE-Uganda implements its programmes as a facilitator by jointly identifying the needs and concerns facing the community with its partners, designing and developing appropriate intervention strategies, soliciting and disbursing support to local partners. Progressive monitoring of activities along with accountability is done for all funds received and ensures that projects comply with all national requirements and standards, e.g. payment of legal and statutory obligations and audits.

For the last 25 years, AEE-Uganda has supported over 10,000 orphaned and needy children with their families. The support has mainly been in the area of school fees, family counselling, home-based income generating projects, construction of vocational training centres and school.

Because of the growing number of orphans in the country, AEE has changed its approach from institutional and family based care to community based intervention. Thus, AEE has been able to increase the number of benefiting children considerably; it reaches out to more than 20,000 children and youths annually.