



THE REPUBLIC OF UGANDA

NATIONAL STRATEGIC PROGRAMME PLAN OF INTERVENTIONS FOR ORPHANS AND OTHER VULNERABLE CHILDREN 2011/12—2015/16



MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

Hope Never Runs Dry!



MAY 2011



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Foreword

The Government of Uganda as a signatory to the global and regional frameworks and standards on the rights of the child is committed to ensuring all children in the country realize their full potential. This commitment is reflected in the formulation of the National Orphans and Other Vulnerable Children (OVC) Policy and its first operational plan in 2004. This second National Strategic Programme Plan of Interventions (NSPPI-2) for OVC is a follow-up to the first NSPPI that was implemented from 2005/6 to 2009/10.

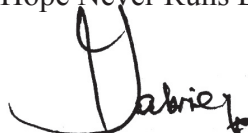
As a nation, Uganda has the will and commitment to ensure that Orphans and Other Vulnerable Children (OVC) are adequately provided for and that their human rights are fully met. This plan provides a blue print which will enable progressive realization of the rights of these children.

While in the last five years, impressive progress has been made towards building systems and structures that laid a firm foundation for the national OVC response, a lot remains to be done to enhance OVC's access to and utilization of basic services.

The NSPPI-2 is therefore intended to guide the provision of sustainable quality services that minimize vulnerability of children and provide them with the right to live healthy and meaningful lives that can propel them into becoming responsible citizens. The plan presents opportunity for comprehensive, coordinated and multi-sectoral interventions to the situation of OVC and their households. It targets mainly the critically and moderately vulnerable children. The responsibility for effective implementation of this plan lies with all sectors since OVC problems are multi-faceted and demands the active participation of various stakeholders. While the process of developing the strategic plan involved representatives of key sectors, it is important that this participation is strengthened throughout the implementation process.

On my own behalf, and on behalf of the Ministry of Gender, Labour and Social Development, I would like to extend our sincere appreciation to USAID and UNICEF who committed both technical and financial assistance that facilitated the development of this plan. It is my hope that with the renewed commitment that ushered in this new strategic plan, we can allocate time, resources and expertise that are required to fully implement the plan, always remembering that

“Hope Never Runs Dry!”



Gabriel Opio (MP)

MINISTER OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

Acknowledgments

The development of the NSPPI-2 could not have been accomplished without the generous support of many people and institutions. It is a pleasure to be able to recognize them here. The funding and technical support required for the development of this plan was provided by USAID and UNICEF. The Ministry of Gender, Labour and Social Development acknowledges with gratitude this noble contribution.

The Ministry is deeply indebted to the Department of Social Work and Social Administration (SWSA), Makerere University for facilitating the formulation of this plan.

Special thanks go to the National OVC Steering Committee which provided technical leadership to the development process. The Ministry also acknowledges the invaluable contributions made by the Thematic Working Groups, without which this strategic plan that clearly indicates appropriate interventions for OVC over the next 5 years would not have been realized.

Special appreciation also goes to the staff of the Ministry of Gender, Labour and Social Development, in particular to those in the Department of Youth and Children Affairs and the OVC National Implementation Unit who coordinated the process.

Gratitude is extended to all the district technical staff and political leaders, other ministries, departments, agencies, civil society, private sector and other development partners whose immense contribution greatly augmented the plan.

Finally, in a very special way, the Ministry extends enormous appreciation to the children and their caregivers who, through their participation, shaped the strategies of this plan.

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List of Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANPPCAN	African Network for Prevention and Protection against Child Abuse and Neglect
ART	Anti-Retroviral Therapy
ARVs	Anti-Retroviral Drugs
CBOs	Community Based Organizations
CCM	Community Case Management
CFPU	Child and Family Protection Unit
CICL	Children in Contact with the Law
CLWHA	Children Living with HIV and AIDS
CPA	Core Program Areas
CRC	Convention on the Rights of the Child
CSEC	Commercial Sexual Exploitation of Children
CSF	Civil Society Fund
CSOs	Civil Society Organizations
CWD	Children with Disabilities
DOVCC	District Orphans and other Vulnerable Children Coordination Committees
ECD	Early Childhood Development
EID	Early Infant Diagnosis
EMIS	Education Sector Management Information System
FGM	Female Genital Mutilation
FHRI	Foundation for Human Rights Initiative
FY	Financial Year
HIV	Human Immunodeficiency Virus
HRAP	Human Rights Approach to Programming
HSSP	Health Sector Strategic Plan
ICCM	Integrated Community Case Management
IDPs	Internally Displaced Persons
IEC	Information, Education and Communication
IGAs	Income Generating Activities
JLOS	Justice Law and Order Sector
LCs	Local Councils
LDC	Law Development Centre
LGs	Local Governments
LLITNs	Long Lasting Insecticide Treated Nets
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
M&E	Monitoring and Evaluation
MFIs	Micro Finance Institutions
MFPED	Ministry of Finance, Planning and Economic Development
MGLSD	Ministry of Gender, Labour and Social Development
MIS	Management Information Systems
MISR	Makerere Institute of Social Research
MJCA	Ministry of Justice and Constitutional Affairs
MoES	Ministry of Education and Sports

MoH	Ministry of Health
MoIA	Ministry of Internal Affairs
MoLG	Ministry of Local Government
MoWE	Ministry of Lands, Water and Environment
MoWHD	Ministry of Works, Housing and Urban Development
NAADS	National Agriculture Advisory Services
NDP	National Development Plan
NGOs	Non-Governmental Organizations
NIU	National Implementation Unit
NOP	National Orphans and Other Vulnerable Children Policy
NOSC	National Orphans and Other Vulnerable Children Steering Committee
NSPPI	National Strategic Programme Plan of Intervention for OVC
OPM	Office of the Prime Minister
OVC	Orphans and Other Vulnerable Children
PEP	Post Exposure Prophylaxis
PMA	Plan for the Modernization of Agriculture
PMTCT	Prevention of Mother to Child Transmission of HIV and AIDS
POVCC	Parish Orphans and Other Vulnerable Children Coordination Committees
PSF	Private Sector Foundation
ROSCAs	Rotational Savings and Credit Associations
SA	Situational Analysis
SACCOs	Savings and Credit Cooperatives
SDIP	Social Development Sector Strategic Investment Plan
SDS	Strengthening Decentralized Services
SMCs	School Management Committees
SOVCC	Sub County Orphans and Other Vulnerable Children Coordination Committee
TASO	The AIDS Support Organization
TB	Tuberculosis
TSOs	Technical Service Organizations
TWGs	Thematic Working Groups
UBOS	Uganda Bureau of Statistics
UCRNN	Uganda Child Rights NGO Network
UDHS	Uganda Demographic and Health Survey
UHRC	Uganda Human Rights Commission
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNHS	Uganda National Household Survey
UNICEF	United Nations International Children Education Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
USE	Universal Secondary Education
VSLAs	Village Savings and Loan Associations

Definition of Key Concepts

Caregiver: The individual who takes primary responsibility for the physical, mental and emotional needs and well-being of the child

Child: A person who is below the age of 18 years

Child labour: Work that is mentally, physically, socially and /or morally dangerous and harmful to children. It is also perceived as work or activities that interfere with children's education. Child labour includes hazardous work, which by its nature or the circumstances under which it is performed, jeopardizes the health, safety and morals of a child

Child neglect: Constitutes the failure of caregivers to provide adequate physical and emotional care for a child; may also involve the refusal of or delay in seeking care, inadequate supervision, abandonment, and expulsion from home or refusal to allow a runaway to return home.

Child participation: Refers to the active engagement of children in all issues that affect their lives. This includes, informed and willful involvement of children no matter the age, sex, ability, race or ethnic group, in any matter concerning them either directly or indirectly

Child physical abuse: Entails physical aggression that may involve actions such as striking, beating, burning, choking and shaking a child. It also includes, any form of intended action that may result into physical and emotional injury/hurt and/or death of a child.

Empowerment: Constitutes the process of increasing the spiritual, political and social or economic strength of individuals, families and communities. This process provides marginalized, powerless, poor and vulnerable individuals and groups with the capacity to address their own needs.

Evaluation: The use of research methods to assess effectiveness of a project, program or other interventions. Evaluation takes place at specific points in the project cycle (baseline, mid-term, and end of the programme/project). Evaluations focus on the extent of achievement of outcomes and impacts. Evaluation uses data and indicators collected during the monitoring and at the actual point of evaluation. Process evaluation or monitoring focuses on the input and output measures while impact evaluation focuses on the outcomes and impact measures

Family: A basic unit of existence consisting of one or more parents and their offspring and close relations that provides a setting for social and economic interaction, transmission of values and protection. In the context of OVC programming, families may vary in constitution, some of the categories include those that are child headed, and elderly caregiver headed, single parent families among others

Food security: Is a situation where at all times, individuals, households and communities have adequate nutritious food for their wellbeing and healthy growth

Food insecurity: Is distinguished in two ways; chronic (a long-term or persistent inability to meet minimum food consumption requirements) and transitory (a short-term or temporary food deficit)

Household: A group of people who normally live and eat together in one spatial unit and share domestic functions and activities

Impact: The overall long-term results that a project achieves. For example reduced mortality of OVC and improved wellbeing of children. Impacts are commonly measured through household surveys such as UDHS. Impact assessments show the degree to which the overall objective or goal of the program is realized

Inputs: The resources invested in a programme. For example, money, staff, supplies, equipments

Livelihood: Capabilities, assets and strategies that individuals and households use to sustainably meet their basic needs including adequate food, goods and services

Monitoring: Refers to the process of routine data collection to assess whether the activities of a policy, project, programme or any intervention are being implemented as planned. This data is then utilized in project/programme management and decision-making. Monitoring is an ongoing activity to track mainly the inputs (activities) and outputs, and in some degree also tracking (intermediate) outcomes. It also focuses on the utilization of resources, including depletion of the budget

Multi-sectoral approach: The process where actors from different sectors at different levels (policy actors, essential sectors and service providers and beneficiaries) work together to address issues concerning OVC

Orphan: A child who has lost one or both parents

Outcomes: The changes resulting from exposure to the programme measured at the population level in the target population of a programme, project or other interventions. For example, higher retention of OVC in school or fewer malnourished children

Outputs: The immediate results achieved by the programme as a result of conducting the activities. For example, service providers trained, households who received support and OVC provided with scholastic materials. Output measurements are based at the activity level and show the realization of activities

Performance indicators: Measure the achievement of the project/programme objectives. In simple terms they are signs of change. Indicators are based at different levels, at the activity, input, output, outcome and goal levels. Examples of indicators include, number of children enrolled into school, number of children provided with mosquito nets, percentage increase in number of children reporting child abuse

Psychosocial support (PSS): All actions and processes that enable OVC and their households or communities to cope with stress in their own environment and to develop resilience and reach their full potential. PSS enables children and their caregivers to experience love, protection, build meaningful relations and have a sense of self-worth and belonging

Economic strengthening: Includes a range of strategies and interventions that provide or enhance people's income, build their skills and increase their social and economic assets

Violence against children: All actions or omissions/inactions that harm children's physical and emotional wellbeing. It includes sexual, physical, emotional abuse, child neglect and abandonment, subjection of children to hazardous work, conscription in armed conflict and child sacrifice

Vulnerable child: A child who is suffering and/or is likely to suffer any form of abuse or deprivation and is therefore in need of care and protection

Vulnerability: A state of being or likely to be in a risky situation, where a person is likely to suffer significant physical, emotional or mental harm that may result in their human rights not being fulfilled.

Executive Summary

Children under the age of 18 years constitute 57.4% of Uganda's 30.7 million people (UNHS, 2009/2010). Despite children representing a significant majority of Uganda's population, they are the most vulnerable group. Of Uganda's 31 percent under the poverty threshold, 62 percent are children. The OVC Situation Analysis Report 2010 places the level of vulnerability among children in Uganda at 96 percent. The high level of vulnerability is largely attributed to poverty, HIV and AIDS, general gaps in the national OVC response as well as internal conflicts in some parts of the country. The level and nature of child vulnerabilities and their drivers is further elaborated in detail in chapter three.

In 2004, the Government of Uganda responded to this high level of vulnerability by formulating the National OVC Policy and the NSPPI, among others. Although this effort drew huge interventions, especially by civil society organizations, services provided to OVC were far from being commensurate with the actual needs (SA 2010). The over 4,000 civil society agencies offered fragmented services that were incomprehensive and unsustainable. The report further established that the most supported CPA was education (70%) and health (57%). The least implemented CPA was legal and child protection, while socio-economic, food and nutrition security interventions were poorly managed. In chapter three these issues are dealt with in greater detail.

Following this background and also with the expiry of the first NSPPI in 2010, the NSPPI-2 has been developed. The plan is expected to guide effective and coordinated national responses to prevent and/or alleviate vulnerabilities of children in Uganda over the next five years. This plan is aligned with the international, regional and national frameworks (the National Development Plan and specific plans and objectives of line ministries) for the protection of the rights of the child. The plan also positions OVC response within the national social protection agenda and directs significant resources to service delivery for OVC, a significant diversion from the previous plan which focused attention on system development.

The plan targets 51 percent of the children considered critically and/or moderately vulnerable. Drawing from the findings of the Situational Analysis 2010 and stakeholder consultations, this plan is organized along 7 strategic intervention areas, which have key implications for addressing vulnerability among children in Uganda in a sustainable manner. These are the priority areas for both central and local governments as well as non-state actors. They include; economic strengthening, promotion of food and nutrition security, provision of health, education, psychosocial support and basic care as well as legal and child protection services. Although huge progress has been made over the past 5 years to build systems and structures, strengthening institutional mechanisms will be further pursued to improve and/or maintain capacity for the national OVC response.

Once properly implemented, this plan has the potential to scale up the national response to reach the most vulnerable children with comprehensive, effective and quality services provided across sectors. For this reason, the plan has an integral management and implementation framework under the leadership and technical guidance of the Ministry of Gender, Labour and Social Development. The M&E framework for the plan, which is a separate document has been developed and shall be implemented to enhance accountability at all levels.

Vision, Mission, Core Values, Strategic Objectives and Expected Outcomes

The Vision is, “A society where all orphans and other vulnerable children live to their full potential and their rights and aspirations are fulfilled”

The Mission is, “to provide a framework for the enjoyment of rights and fulfillment of responsibilities of the orphans and other vulnerable children”

The core values of the plan are: love, care, compassion and accountability

The overall strategic objective of this plan is to scale up the national response to reach the critically and moderately vulnerable children

The major strategic objectives of the plan are to:

1. Strengthen the capacity of families, caregivers and other service providers to protect and care for orphans and other vulnerable children
2. Expand the provision of essential services for orphans and other vulnerable children, their caregivers and families/households
3. Increase access to protection and legal services for orphans and other vulnerable children, their caregivers and families/households
4. Strengthen the institutional, policy, legal and other mechanisms that provide supportive environment for a coordinated OVC response

This plan is expected to achieve 4 major outcomes. They include:-

1. Improved economic security for orphans and other vulnerable children, their caregivers and families/households
2. Improved access to and utilization of essential services for orphans and other vulnerable children, their caregivers and families/households
3. Improved child protection and access to justice for orphans and other vulnerable children, their caregivers and families/households
4. An effective policy, legal and other institutional mechanisms that delivers a coordinated OVC response.

CHAPTER ONE

INTRODUCTION

1.1 Background

The formulation of this 2nd National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children follows the expiry of the National Strategic Programme Plan of Interventions (NSPPI) for OVC 2005/6-2009/10. The plan was developed through a highly participatory process involving community consultations with children and their caregivers as well as key actors at district, regional, and national levels. The plan is informed by the situational analysis of vulnerability of children in Uganda conducted in 2010. It highlights key interventions to the vulnerabilities of children in a broader context of the National Development Plan, the Social Development Sector Strategic Investment Plan as well as the investment plans of other line government ministries.

In 2004, the Government of Uganda formulated the National Orphans and Other Vulnerable Children Policy and launched the NSPPI in 2005 to guide all stakeholders in responding to the OVC crisis. This was amidst a background of the ever growing vulnerability of children and the despicable conditions they lived under. According to the Situational Analysis Report 2010, 96 percent of the 17.1 million children in Uganda fell in one or more of the categories of vulnerability specified under the National Orphans and Other Vulnerable Children Policy.

1.2 Problem Statement

Although the formulation of the National Orphans and Other Vulnerable Children Policy (2004) and the NSPPI (2005/06-2009/10) invigorated the national response for OVC, the NSPPI Evaluation Report 2010 indicated that the number of orphans increased from 2.3 million in 2008 to 2.43 million in 2010. The number of vulnerable children that need external support had also increased from 7.6 million to 8.1 million in the same period.

The NSPPI (2005/06-2009/10) stipulated 10 core programme areas of care and support for vulnerable children and recommended that service providers ensure vulnerable children receive services in at least 3 core programme areas. However, the OVC Situational Analysis 2010 revealed only 11 percent of 8.1 million children in dire need had been reached with external support services. The greatest support was mainly in education (70%) and health (57%), while socio-economic and food and nutrition interventions were poorly managed. Critical services such as care and support as well as legal and child protection services were largely ignored. Moreover, meaningful integration of psychosocial support services as provided by the OVC policy eluded most interventions. The Situational Analysis as well as the most recent OVC Status Report (2010) noted that although strengthening institutional capacity utilized large

amounts of resources over the last 5 years, the national OVC response remains uncoordinated, incomprehensive, unsustainable and inappropriate in some instances.

In addition, as peace returns in northern Uganda, an emerging category of vulnerable children currently taking a centre stage are the children in need of reintegration and rehabilitation. In urgent need of similar support are the street children especially those from Karamoja region. Children infected with HIV and AIDS and requiring ART also need support to enhance their access to treatment and care services. Of the 105,000 children in Uganda who are infected with HIV and are in need of ART, only 27% are actually accessing the needed ART that is critical for their survival.

1.3 Rationale

Even though the outgoing plan (NSPPI) was formulated as a strategy to address vulnerability of children, and huge efforts directed towards its implementation, available literature shows vulnerability of children in Uganda remains unacceptably high. Moreover only 11 percent of the 96 percent of children considered vulnerable have received any form of external support. Regional disparity and the issues of HIV and AIDS also remain outstanding. This trend indicates the need for additional support. There is also need to be cognizant of the national policy environment such as the National Development Plan (NDP), the Social Development Sector Strategic Investment Plan (SDIP-2), the National HIV and AIDS Strategic Plan (NSP) 2007/08-2011/12 as well as other sectoral investment plans of relevant line ministries. In addition, the expiry of the NSPPI called for the development of the NSPPI-2 to continue driving the delivery of timely and effective responses to reduce the vulnerability of children for the next five years.

1.4 The Purpose

The Five-Year Multi-sectoral NSPPI-2 shall provide a framework to facilitate an effective and coordinated response to reduce vulnerability of children and improve their well being. The plan provides guidance for OVC programming among the various agencies to minimize duplication of efforts, wastage of resources and ensure consistent and harmonized approaches. In addition, the NSPPI-2 will serve as the core document for advocacy, effective resource mobilization, equitable allocation and proper utilization of funds for OVC support programmes.

1.5 Process of Developing NSPPI-2

The development of this plan is based on the emerging recommendations of the OVC Situational Analysis (2010), lessons learnt from the NSPPI 1 Evaluation (2010) as well as the OVC Status Report (2010) derived from major literature review undertaken by the Department of Social Work and Social Administration, Makerere University. The process was further informed by the outcomes of primary consultations conducted at community, regional and national levels. Community consultations were undertaken in four regions in selected districts of Arua and

Oyam in the north, Bugiri and Mbale in the east, Isingiro and Mbarara in the west and Mpigi and Wakiso in central Uganda. To ensure that beneficiaries' views were considered in the development of the plan, different categories of OVC and their caregivers were consulted at different levels. These included; OVC from extended families, those whose parents had separated, survivors of abduction and children from extremely vulnerable households in Acholi, Buganda, Busoga, Karamoja, Lango, Rwenzori and Teso sub-regions. In addition, orphans, HIV positive children and those living with chronically ill parents/ guardians, children who had one or many forms of disability, street children, child mothers, children who had dropped out of school and children heading households were all consulted. The age range of children consulted was 9 to 18 years. Community consultations provided primary data on perceptions of vulnerability, the extent to which children's needs were being met, gaps in the national OVC response and recommendations. These findings informed regional consultative meetings involving technical staff and political leaders.

At national level, a Think Tank meeting with stakeholders from line ministries, academia, and development partners was held to brainstorm on the main concerns and a possible strategic direction for NSPPI-2 based on reflections on the national OVC response over the past five years. The emerging issues from the various forums were synthesized into six thematic areas at a national feedback meeting. Six thematic working groups with membership drawn from line ministries, development agencies and civil society organizations were constituted along these thematic interventions areas. The working groups were instrumental in designing the strategies in this plan and their monitoring and evaluation framework.

Finally, a national consensus-building meeting involving all major stakeholders from all line government sectors, civil society, UN bodies and development partners was held. At this meeting, participants amended the thematic intervention areas to seven and validated as well as adopted the NSPPI-2. The draft NSPPI 2 was finally presented to the Social Protection Sub Committee and later to the National Steering Committee for OVC (NOSC) and recommended for approval by the Ministry. The plan is intended for use by all stakeholders in Uganda's national OVC response.

CHAPTER TWO

OVC SITUATION ANALYSIS

2.1 Introduction

This chapter presents the magnitude of vulnerability of children in Uganda, the key drivers of this condition including poverty and HIV and AIDS, children's perceptions about their vulnerability, and an assessment of the current national OVC response including the gaps and challenges.

2.2 Magnitude of child vulnerability in Uganda

Children constitute about 57.4 percent of Uganda's total population of 30.7 million people (UNHS, 2009/2010). This amounts to an estimated 17.1 million children below the age of 18 years, of whom 14 percent (2.43 million) have been orphaned, 45.6 percent (1,108,080) of the orphans are due to HIV and AIDS and 105,000 children between the ages of 0-14 are HIV positive. Approximately 51 percent (8.1 million children) are either critically or moderately vulnerable, while 63 percent live with caregivers other than their biological parents. Currently, at least one in every four households has an orphan and 3 million children live below the poverty line (Situation Analysis 2010).

Orphan-hood in Uganda remains a big challenge with the proportion of children that are orphaned increasing from 11.5 percent in 1999/2000 to 13.4 percent in 2002/2003 and 14.8 percent in 2005/2006, although in 2009/2010, the magnitude reduced slightly to 14 percent.

Although children's vulnerability is widespread in all regions of Uganda, the magnitude is highest in post-conflict areas especially in Northern Uganda. Variations in vulnerability also tend to be associated with wealth distribution. There is more vulnerability in poorer regions of the north compared to the relatively stable parts of the country such as the central region. See Table 1 below.

Table 1: Regional Distribution of Vulnerable Children in Uganda (%)

	Critically Vulnerable	Moderately Vulnerable	Generally Vulnerable	Total Vulnerability
Central	7.8	33.6	52.7	94.1
Eastern	7.5	45.5	43.8	96.8
North	9.3	53.6	35.9	98.8
Western	8.1	41.1	45.9	96.1
Average	8.1	42.9	45.1	96.1

Source: OVC Situational Analysis Report: MGLSD, 2010

Available evidence indicates that vulnerability among children in Uganda is context-specific.

For instance, in post-conflict northern Uganda there are unique categories including child mothers, who after abduction were forced to marry rebels and had children at a very young age. Other categories include former child rebels, often boys, and unaccompanied children living in internally displaced people's (IDP) camps. In addition, there are children in transient communities, children moving from the camps to the villages, children living with their mothers in prison, children in re-constituted families and boys and girls engaged in commercial sexual exploitative activities, among others.

In northern Uganda a category of landless children especially those returning from IDP camps and captivity has emerged. The majority of these children have had their land grabbed, posing daunting challenges to the relevant authorities. In Karamoja, there is a unique situation of out-migrant children who move to the neighboring districts grazing cattle and engaging in other forms of child labour. These children are at risk of exploitation and abuse including getting embroiled in skirmishes between different disputing groups.

Although the magnitude of child vulnerability has been found to be higher in rural than urban areas, certain forms of vulnerability are more pronounced in urban settings. Children in contact with the law and street children belong to this category.

2.3 Drivers of Child Vulnerability

Child vulnerability reflects the level of socio-economic development in Uganda. Major causes of child vulnerability include poverty, armed conflict, HIV and AIDS and other diseases. In the next part, these issues are elaborated upon under two broad themes; OVC in the context of HIV and AIDS and other drivers of child vulnerability.

2.3.1 OVC in the Context of HIV and AIDS

The HIV prevalence in Uganda is currently at approximately 6.5 percent, while the prevalence in children 0-5 years is 0.7 percent. HIV infections through mother to child transmission contribute 22 percent. The National Early Infant Diagnosis (EID) database shows that the percentage of infants born to HIV-infected mothers stood at 9.9 percent as of 2009. The HIV and AIDS Epidemiological Surveillance Report (MoH 2009) shows that a total of 120,000 children (0-14years) had died of AIDS-related complications, while the number of those living with HIV and AIDS is 42,140.

In January 2007, Uganda initiated early ART to infants diagnosed with HIV. The Uganda UNGASS report 2008/9 released in 2010 shows that by June 2008, 193 health facilities in Uganda were providing early infant diagnosis (EID) services.

During the period (2008/9), 28,040 HIV exposed babies aged 6 weeks to 18 months were tested representing only 31 percent of all HIV exposed babies. Out of those who tested, about 10 percent (2,804) were HIV positive and only 1,300 were initiated on ART. The testing of babies is complex because it requires specialized skills and equipment which is expensive and inaccessible to most children (PMTCT Annual Report, 2008/09).

Uganda AIDS Commission report on the implementation of the national HIV and AIDS Strategic Plan FY 2007-2008), shows that only 27 percent of HIV positive children that are eligible for ART were accessing treatment annually. The report also notes that inadequate community mobilization and education to support pediatric care greatly impacts on care provided to HIV infected children. Furthermore, findings from community consultations show that stigma is an impediment to ART access for HIV positive children.

Children who are sexually active and/ or those who suffer from sexual abuse, those subjected to early marriages are at a higher risk of HIV infection. Stigma, both in communities and schools, the burden of care and poor nutrition further compound the vulnerability of children infected with HIV. Moreover, the number of facilities providing child-friendly and adolescent reproductive health services remains limited.

2.3.2 Other Drivers of Child Vulnerability

Other drivers of child vulnerability emerge in different ways, at times individual variables, while in certain cases different variables interweave to worsen the situation. For instance, the difficult socio-economic circumstances that vulnerable children encounter often entwine with other family related factors such as domestic violence, low incomes, household food insecurity, and poor child care practices which further compound their vulnerability. Furthermore, inadequate capacity of families, communities and limited funding to key government departments responsible for child protection such as Police, Community Based Services, and the Judiciary also contributes to the vulnerability of children.

The phenomenon of “individualism” partly caused by economic hardship continues to limit communities’ capacity to intervene and provide care for children when caregivers and parents are absent/dead. In certain cases, caregivers have been found to neglect and or even violate the rights of children because of these hardships. This has been accentuated by the increasing adoption of western ideals against receding traditional values of child care.

Child vulnerability has also been reportedly increased as a result of high adult mortality rates due to malaria, HIV and AIDS and armed conflict especially in northern and eastern Uganda. In most situations where parents pass on, children have no fall-back positions thus increasing their vulnerability.

In some communities, some aspects of culture are identified as contributory factors to child vulnerability. For example, cultures that promote early marriages exacerbate the problem of child-mothers who apart from being vulnerable, give birth to children who become vulnerable to various threats, sustaining a vulnerability cycle through generations.

Inadequate adoption of modern family planning methods, coupled with the high fertility rate of 6.9 percent, has led to a high population growth rate of 3.2 percent which reinforces poverty and vulnerability as available resources are overstretched.

2.4 Children's Perceptions

In order to ensure that the plan is child friendly, the development process entailed a series of consultative activities with a cross section of children in different parts of the country to capture their views and experiences.

The consultations revealed that children understood their vulnerabilities as situations where their rights including the right to food, shelter, education, health and protection is not assured. Children also recognized the challenges that HIV and AIDS and disabilities pose. They related HIV and AIDS and disability with severe vulnerability. Anxiety, inadequate access and adherence to treatment as well as poor nutrition were also identified as factors affecting children with HIV and AIDS and those with disabilities.

Box 1: Children's voices about vulnerability, rights and aspirations

"Vulnerable children are those children who need assistance because they are not cared for by anyone, like disabled children.... A lame child in a garden digging yet he/she is incapable of doing so. Those who have hands should assist them with food."

"I aspire to work in an office after studies so that I am always smart Then I will be respected in the community but"

"I want an environment that allows children to rest and enjoy leisure time, with kind people who comfort me when I am in pain".

"I like to grow in a small family without competition for facilities. The environment should also have the kind of people who give me advice and not the ones who use obscene language"

"I want to live in a good life, touring some places, putting on nice clothes and watching TV. But my parents are poor and cannot afford to provide any of these."

It is clear that children understand the challenges that their caretakers experience when attempting to respond to their (children's) needs. They are also aware of other gaps in meeting their rights as elaborated in Box 2 below.

Box 2: Some of the limitations and gaps expressed by children

"My brother does not have money to give me the basic needs because he is just a porter and my sister-in-law also doesn't want my brother to give me what I want, yet my parents who should have provided for me died"

"Parents are so poor that even when they are willing to support us they fail to buy a book of 200 shillings and a pen We either have to work ourselves ... or we drop out of school"

"A person who goes for medication instead ends up getting other diseases because of poor sanitation in the health centre, ours is really too dirty"

"Imagine you get an attack and you have to move 10 kilometers from the hill top to the health centre at the bottom of the mountain, and we only have human ambulances, it's only by luck that you survive"

“LCs and parents give false information to policeLCs and police only assist you if you have money but if you are poor just forget their assistance”

“My parents say they cannot buy shoes for me claiming they went to school without shoes and never completed primary seven. ... they don't want any person to live a better life ... not even me their daughter”

“Parents and authorities should be sensitized to understand our rights, we need to play to discover and develop our talents. We should be given a chance to express our views at every public function, time has changed and we cannot have the same taste as parents”

The inability to provide for children and support them is perceived as a result of lack of interest of duty bearers to appreciate the requirements and rights of children. Children indicated that parents, communities and law enforcement agencies often connive and deny them (children) their rights. They further expressed the need for creation of suitable environments where they can live as responsible children.

Children also recognized the socio-economic challenges and gaps affecting their welfare and expressed the need for actors both public and private to respond accordingly. For instance children pointed out a need for; functional road signs to ensure safety, making education “truly” free and universal at all levels, effectively supporting children with special needs as well as instituting social protection measures for families and communities. In addition, children singled out child sacrifice as a critical issue which requires tough government action including enacting strict laws against child traffickers and people who sacrifice children.

Box 3: Some of the suggestions from children to duty bearers

“Government should construct schools, care centers and hospitals in order to provide care to orphans, the homeless and the needy”

“Local council leaders should stop asking for money from people who report cases before they intervene”

“There is need to create awareness about children's rights among children and the community”

“Government should provide vulnerable families with seeds for planting so that they become productive and earn money”

“Parents should be sensitized about the importance of educating children..... Should encourage girl child education”

From the consultations, children mentioned a number of things they could do to reduce their vulnerability. Their views included the following:-

Box 4: Some of the things children can do to reduce vulnerability

“Avoiding bad groups at school and in the community including lonely places and avoiding moving alone”

“Setting up clubs at school for example debating clubs, peace clubs...”

“Staying in school, ensuring respect, and being obedient to parents, teachers and elders”
“Avoiding video halls, free things, hitch-hikes or gifts and relating with strangers”
“Reporting cases of abuse to police or other relevant organizations to intervene”
“Helping parents and other people with work, avoiding laziness”
“Consulting other children about their rights, participation in activities that enable the promotion of rights”
“Seeking advice from elders”
“Making an alarm when in danger, by expressing any concerns to elders, and finding help from NGOs and religious institutions for assistance”

2.5 National Response, Gaps and Challenges

Since 2005, both direct and indirect services targeting OVC and their households have been implemented by government, civil society organizations and international development agencies. From the NSPPI performance evaluation 2010 there are some achievements and strengths that the NSPPI-2 shall build on. At the same time there are also gaps, challenges and risks that need to be addressed. This section discusses the achievements and strengths as well as gaps and challenges of the NSPPI. Risks that unless mitigated may have negative impact on the implementation of the NSPPI-2 is dealt with in chapter eight.

2.5.1 Some of the major achievements and strengths

2.5.1.1 Leadership and systems strengthening

Despite major bottlenecks in the national OVC response, the NSPPI was implemented successfully under the leadership and stewardship of the Ministry of Gender, Labour and Social Development. During its 5 year period, a number of strategies, guidelines and systems were developed to guide stakeholders in providing comprehensive and quality services to vulnerable children in Uganda. Some of the key outputs included; the Advocacy and Resource Mobilization Strategies that are intended to increase awareness and resource inflow for the national OVC response, the National Coordination and Referral Guidelines, and the National and Service Level Quality Standards that provide for quality programming and the provision of holistic and quality services to OVC.

The absence of accurate information and reporting has been a serious impediment to planning, monitoring and evaluation of the national OVC response. However, in 2009, the Ministry of Gender, Labour and Social Development established a web-based OVC Management Information System (OVC-MIS) to address this challenge. Today, the OVC-MIS has been rolled out to all the districts in Uganda. It is expected that participation in this web-based system will improve planning, coordination, transparency and accountability to relevant duty bearers and to vulnerable children and their communities.

2.5.1.2 Increased resource flow

The formulation of the NSPPI 1 guaranteed donors of government commitment to address the vulnerability of children in Uganda. This attracted more development partners to invest resources totaling to over 40 billion Uganda shillings through Civil Society Organizations. Increased civil society fund enabled CSOs reach and provide care and support to a considerable number of OVC and their households. In addition, more resources in conditional grants to local governments were realized. Government shall soon launch national advocacy and resource mobilization strategies to increase awareness and raise additional resources through mainstreaming OVC issues in all relevant sectors.

2.5.1.3 Improved coordination

To improve effective coordination of services provided to vulnerable children, the government of Uganda in 2007 established a pool fund (Civil Society Fund) from major donors and set up a governance structure to allocate funds to suitable civil society organizations providing care and support to vulnerable children. In addition, coordination of OVC services are being harmonized across the country at all levels. As a result of better coordination, at least 11 percent of OVC have been reached with external services.

2.5.1.4 Improved capacity

In order for sustainability to be attained, significant attention was placed on capacity development especially of government sectors since the ultimate duty bearer to children is the government. To bridge the human resource gap experienced by the lead government sector responsible for children, the Ministry of Gender, Labour and Social Development engaged in private public partnerships with civil society organizations through the Technical Service Organizations (TSO) approach. TSOs were mandated to provide technical support services to local governments. A recent TSO evaluation indicated that the approach enhanced effective planning, coordination and monitoring and evaluation of services for OVC by local governments. At the national level, the institutional capacity of the Ministry of Gender, Labour and Social Development and other relevant ministries to develop policies and plans for children and direct their implementation has greatly improved.

2.5.1.5 Some general achievements by Core Programme Areas (CPA)

The establishment of the NSPPI provided an opportunity for the Ministry of Gender, Labour and Social Development to harness the commitment of other stakeholders (sectors) to make contributions according to core program areas. This model of CPA increased accessibility of different services to OVC and enhanced specialization and referral by service providers, thus improving the lives of OVC. Specific achievements related to the CPA methodology of programming include:-

2.5.1.5.1 Socio-Economic Security and Food and Nutrition Security strengthening

Although limited in scope, it is important to note that some interventions undertaken by government, development partners and CSOs have over the last 5 years prioritized household livelihoods, food security and nutrition care. Countrywide, government of Uganda has initiated the PMA, NAADS and other programmes to improve agricultural productivity, increase incomes and food and nutritional status of impoverished households. Although these programs do not specifically target OVC households, the involvement of the Ministry of Agriculture, Animal Industry and Fisheries and other line government sectors in designing interventions under NSPPI-2, is intended to ensure the inclusion and integration of OVC in these programmes.

2.5.1.5.2 Health

Data to track improvement in health services specifically for OVC is not readily available, hence it is difficult to state for certain achievements over the last five years. However, the little available evidence suggests slight improvement in the provision of early infant diagnosis (EID) services and treatment for those found to be HIV positive. HIV positive status is ground for critical vulnerability of children in Uganda.

2.5.1.5.3 Education

The NSPPI Evaluation Report (2010) indicates that education support received the highest attention over the last 5 years. These achievements were built on Uganda's commitment to improve human capital and literacy of its citizens as stipulated in the UPE programme 1997 and USE programme 2007. While the UPE programme increased enrolment from 3.1 million in 1996 to 8.7 million children in 2010, the introduction of USE has also increased secondary school enrolment from about 900,000 students in 2007 to 1.5 million students in 2010 (UNHS 2009/2010). The USE programme has targeted OVC who would otherwise drop out of school for lack of school fees.

The Education Sector Strategic Plan 2004/5-2015/6 recognizes the importance of Early Childhood Development (ECD) in preparing children for a better future. As a result, a Caregivers' Guide to the Learning Framework for Early Childhood Development was formulated in 2009. With the support of the Ministry of Education and Sports, the Ministry of Gender, Labour and Social Development is currently developing a national framework of interventions that target OVC for ECD services.

Other achievements in the education sector included the provision of bursaries and scholastic materials for vulnerable children, mainly done by NGOs. In addition, specific interventions targeting vulnerable children with non-formal and vocational training meant to equip them with practical and marketable skills were also implemented.

2.5.1.5.4 Legal and Child Protection

The OVC Situation Analysis Report 2010 indicates that legal and child protection was the least implemented CPA, even though the level of child rights awareness has tremendously increased in the community and among the child protection agencies. The translation of the Children's Act into local languages has increased its utilization and also deepened the understanding of children rights in the community. Nonetheless, violence against children remains high and most of the cases often go unreported.

There is sufficient literature that suggests a noticeable improvement in services for children in contact with the law accruable to the creation of a legal and policy framework and structures responsive to their rights. There has also been an overall increase in the number of agencies providing services to these children. Some of these services include; legal aid, establishment of the juvenile justice committee at national and district levels, the Child and Family Protection Units at police and the Child and Family Courts.

2.5.1.5.5 Mitigation of the impact of conflict

A number of interventions have been designed by both government and civil society agencies to respond to the needs of children affected by war. NGOs have been the main players, within a programmatic framework offered by government. The NGO Complementary Report on the CRC 2007 to the United Nations acknowledges the comprehensiveness of services provided in addressing challenges that children in conflict areas face. It also recognizes the development of good practice guidelines for working with formerly abducted and other war affected children.

2.5.2 Gaps and Challenges

Despite the progress made in the national response for vulnerable children, their plight remains pathetic. Evidently, a lot more needs to be done to improve the conditions of vulnerable children in Uganda. Some of the main areas of concern include:-

2.5.2.1 Coordination and management

Although the government of Uganda has made considerable progress with the support of CSOs, the national OVC response remains fragmented and uncoordinated. The majority of agencies providing services to OVC over the last 5 years have concentrated efforts in a few core programme and geographical areas leaving out OVC particularly in rural-hard to reach areas. Moreover, inadequate support supervision and the absence of a strong management information system for tracking services has further compounded the vulnerability of children. At the national level, a low resource base and weak collaboration between the line ministries has been a major impediment to holistic service provision to OVC and their households.

2.5.2.2 Access to economic resources and essential services

Economic resources: Available evidence suggests that often, OVC and their caregivers are caught up in a cycle of poverty which has a direct correlation with worsening wellbeing. Furthermore, existing knowledge indicates gaps in economic opportunities and nutrition practices among communities and families that further compound children's vulnerability.

Health, Food and Nutrition, Water, Sanitation and Shelter: HIV and AIDS prevalence in Uganda has continued to pose a major challenge for children. The OVC Situational Analysis 2010 attributes high adult mortality and increasing orphan-hood in Uganda to HIV and AIDS and malaria. As extended family ties continue to weaken, most of the orphans have no fall-back positions. Many end up living on their own in child headed households, or live with very old impoverished grandparents who are themselves in need of external assistance.

It is increasingly observed that health care access for OVC and their caregivers and households is a growing challenge. Apart from suffering vulnerability posed by orphan-hood, a huge gap exists for HIV positive children who are eligible to start ART. Consequently, child morbidity and mortality remain high. Neonatal deaths (deaths which occur within one month of infancy) contribute 38 percent of all infant deaths. Lack of access by adolescent girls to adequate health information has led to unplanned pregnancies associated with high incidences of unsafe abortions and related complications (HSSP 111, 2010/11-2014/15)

Despite the array of interventions by the government and other stakeholders to address nutrition issues, indicators remain unacceptably poor. According to the HSSP 111, 38 percent of children under-five years in Uganda are stunted, 16 percent are underweight, and 6 percent are wasted. 73 percent of children under-5 years are anemic, and 20 percent of children under-5 years as well as 19 percent of women have vitamin A deficiencies. Under-nutrition in Uganda reflects poor maternal nutritional status. Over 12 percent of women of reproductive age have chronic energy deficiency. Sub-optimal child care and inappropriate feeding practices impact on the health and nutrition of children. Furthermore, the high malnutrition level in Uganda contributes to 60 percent of under-five mortality.

Good health is a combination of many factors, including decent shelter, safe water and sanitation services. Inadequate housing, water and sanitation facilities have impacted negatively on the health of citizens. 75 percent of Ugandans live in poor quality houses that lack basic utilities such as water and sanitation. Only 59 percent of households in Uganda have pit latrines and 14 percent of persons wash hands with soap. Although 77 percent of the households reportedly have access to safe water, only 25 percent of the districts are implementing water quality surveillance. The quality of water is poorer in Karamoja region where latrine coverage is less than 10 percent (HSSP 111). There is a huge service gap in the provision of shelter, water and sanitation services for OVC since most of these needs are being met by only a handful of non-state actors.

Education: Although education services have increased over the last decade, inadequate access to quality education coupled with poor school attendance and high dropout rates by OVC

compromises their right to development. Auxiliary school demands such as uniforms, lunch and books also limit these children's access to education. Furthermore, the use of age as a criterion for education support by CSOs penalizes OVC who start school late, excluding them from education support once they turn 18 years old (SA 2010). Equally worse, there are a limited number of vocational institutions to cater for OVC who may not continue with secondary and tertiary education.

Although the net enrolment ratio in primary education is high and virtually the same for girls (83%) as boys (approximately 82%), among the age group 6-12 years, the literacy rate among 15-24 year old girls (58%) is substantially lower than among boys (70%). In addition, ensuring that children remain in school is a major challenge as the school dropout rate remains high (51%). This difference in literacy levels between males and females is also seen in other age categories, resulting in an overall literacy rate among males of 76 percent compared to females at 63 percent (UNHS 2005/2006).

Government of Uganda's Policy framework on universal primary education provides for inclusive education for all children. However children with disability, especially those with physical disabilities resulting from war have not been targeted by any interventions (UCRNN 2009). Although the policy makes provisions for the distribution of assistive devices and instructional materials to support the teaching and learning of the deaf, blind, physically handicapped and the mentally retarded children in schools, the few CWD who enroll in primary school dropout due to a number of challenges including inadequate access to assistive devices, inaccessibility of buildings, long distances to school, inappropriate curriculum and lack of skills for handling CWD (Kakuru 2003). In addition, paucity of data on the magnitude of the problem of child disability in Uganda hampers attempts to provide comprehensive services for these children.

Care and support: The provision of care and support for OVC is yet another neglected area (SA 2010). Due to limited resources, government has relegated the provision of emergency support services to a few civil society organizations. The high fertility rate of 6.9 percent has resulted into a high population growth rate of 3.2 percent, an aspect which constrains available resources for families to provide minimal basic care and support to their children. Coupled with the fact that the poor are much more inclined to produce many children, child vulnerability in Uganda is likely to continue unabated unless effective family planning interventions are adopted.

Legal and Child Protection: Although Uganda enacted the Children Statute (1996), now the Children Act Chapter 59, and put in place institutional mechanisms to protect children, violation of the rights of children remain rampant. ANPPCAN 2009 report compiled from police records for the period January to April 2009, confirm severe cases of child right violations. The report indicates defilement constitutes the highest form of abuse with 2,594 (32%) of the cases reported to police, followed by child disappearance, 1, 259 cases (15.6%) and child stealing, 1,089 cases (13.1%). Other cases reported are torture, 773 cases (9.3%), neglect, 680 cases (8.2%), assault, 326 cases (3.9 %), infanticide 317 cases (3.8%) and child trafficking, 100 cases (1.2%).

These statistics to say the least represent very insignificant incidences of child rights violations in the community as majority of cases are often not reported. For those that are reported only a few are successfully prosecuted. Unsatisfactory implementation of legislations is in some

instances attributed to resource limitations. For example a number of reported cases often fail to progress through the justice system because of inability to meet the required legal fees and other expenses including payment of medical bills by OVC or their households. Lack of resources for police to collect evidence is yet another factor. Moreover, communities (especially at parish and village level) lack child protection systems that link them to formal structures. Limited funding of Community Based Services Department which is mandated to establish and operationalize such structures inhibits the department's capacity to fulfill its roles.

Community perception of some crimes as normal also exacerbates the violations of the rights of children. Community practices/cultures that promote early marriages perpetrate the problem of child-mothers, who apart from being vulnerable, give birth to children who become vulnerable to various threats, sustaining a vulnerability cycle through generations. Similarly, community perception of child labour as a normal part of child development compounds the situation of children involved. Currently, almost one third of all children in Uganda aged 7-14 years combine economic activity with household chores and attending school, with obvious consequences on time for attending school (UBOS 2008). An additional 2.4 percent of children perform double work duty in economic and household chores without attending school. Engagement of children in exploitative labour, even though not currently reported to police constitutes one of the serious violations of the rights of children.

The Children Act provides for appropriate treatment of children in contact with the law in the manner that rehabilitates rather than criminalize them. However, children in contact with the law have continued to suffer long pre-trial detention in adult prisons, even for minor offences. This is a clear indicator that the juvenile justice reforms have been inadequately implemented. Available reports attribute this to derisory funding of the juvenile justice sector and limited funding of the birth registration programme which hampers accurate determination of the ages of children in contact with the law, often resulting into wrongful prosecution of these children as adults (SCIU 2007). In addition, as a result of lack of resources, the few available facilities for rehabilitation of these children turn out to be abusive.

2.5.2.3 Weaknesses in institutional capacity for the national OVC response

Despite the existence of policies, legislations and institutional frameworks elaborated in the preceding sections, the overall institutional capacity for coordination and implementation of the national OVC interventions is still weak. At lower local government levels, in many parts of the country from parish to villages, there is an absence of coordination structures and where they exist, they are dysfunctional. Local Governments also lack sufficient staff and other resources to ensure a coordinated OVC response and to monitor quality care and support services.

For similar reasons, other institutions which include the Child and Family Protection Unit (CFPU) of the Uganda Police and the Family and Children's Courts (FCCs) in the Judiciary cannot adequately safeguard the rights of children. In addition, government commitment to funding the national OVC response has been insufficient. Over the last 5 years donors provided the bulk of the funding.

CHAPTER THREE

EXISTING LEGAL, POLICY, PLANNING & INSTITUTIONAL FRAMEWORKS

3.1 Introduction

This chapter aligns this plan to existing international, regional and national policy, legal and planning frameworks for OVC interventions.

3.2 International and regional frameworks

Uganda has ratified a number of international and regional frameworks for the protection of children. These include among others:-

The United Nations Conventions on the Rights of the Child and its Optional Protocols and Declarations on children; African Charter on the Rights and Welfare of the Child (1990); the UN General Assembly Special Session on HIV and AIDS (2000); the United Nations Millennium Declaration (2000); and the UN Convention on the Rights of Persons with Disability (2008).

The ratification of these frameworks obligates Uganda to initiate actions to achieve the targets on issues that affect children. Uganda has domesticated these frameworks into national policies, legislations and programmes.

3.3 National frameworks

Several policies, plans and programmes have been developed and legislations enacted over the years to address vulnerabilities of children in Uganda.

3.3.1 Legislations

The Uganda Constitution (1995) provides the basis for the development of legislations and policies for addressing the rights of children. Article 34(7) of the constitution specifically provides for the protection of OVC. These constitutional provisions are articulated in the Children's Act Cap 59.

Other legislations include the following:-

- a) Prevention in Trafficking of Persons Act (2009), which accords protection of children against trafficking, bonded labour, slavery and various forms of sexual exploitation;
- b) Education Act which makes basic education for all children aged 6 years and above compulsory;
- c) Employment Act (2006), which prohibits any kind of work that is hazardous to a child's physical, social and moral development;
- d) The National Council for Children Act, Cap 60, which provides for coordination of all children programmes across sectors;

- e) The Local Governments Act (1997), which decentralizes the protection and services for children to local governments and specifically provides for a Secretary for Children Affairs at all levels of local council governments.

3.3.2 Policies

In prioritizing interventions for OVC, Government of Uganda has formulated the following policies among others:-

- a) The National OVC Policy (NOP) 2004, which provides a framework for programming for OVC;
- b) The Child Labour Policy (2006), which regulates the involvement of children in work;
- c) Policies on Pre-Primary, Primary and Secondary Education as well as on disadvantaged children, which ensure increased access to education by OVC;
- d) The National IDP Policy 2004, which provides for protection of children as a marginalized group;
- e) The National Health Policy, which provides for health for all including children;
- f) The National Youth Policy, which provides a framework for planning for youth;
- g) The National Adolescent Health Policy, which provides for multi-sectoral response to adolescent reproductive health problems;
- h) The Reproductive Health Policy, which promotes safe motherhood and investment in reproductive health;
- i) The National Policy on Young People and HIV and AIDS, which promotes the involvement of young people themselves in the fight against the AIDS scourge.

3.3.4 Plans

i. The National Development Plan (NDP)

The Uganda National Development Plan (NDP) 2010/11-2014/15 is the overarching planning framework for national development. It is the basis on which social protection interventions are designed. The NDP aims to increase household incomes and promote equity; increase access to quality social services; enhance human capital development and strengthen good governance, defense and security. The NSPPI-2 is linked directly to three objectives of the NDP. They are:-

- a) Increasing household income and promoting equity;
- b) Increasing access to quality social services
- c) Enhancing human capital development

ii. The Social Development Sector Strategic Investment Plan (SDIP-2)

The Social Development Sector Strategic Investment Plan (SDIP-2) is a planning framework for the Social Development Sector. This plan (NSPPI-2) contributes to three main objectives of the SDIP-2. They include:-

- a) Improved wellbeing of vulnerable, marginalized and excluded groups
- b) Address gender inequality in the development process
- c) Improved performance of the Social Development Sector Institutions to coordinate, implement and monitor and evaluate the SDIP at all levels.

iii. Other National Plans

Other relevant sectoral plans include the following among others:-

- a) Health Sector Strategic Plan 111 2010/11-2014/15
- b) The Revised Education Sector Strategic Plan 2007-2015
- c) Rural Water and Sanitation Strategic Investment Plan 2000-2015
- d) Justice, Law and Order Sector Strategic Investment Plan 2006/7-2010/11
- e) Agriculture Sector Development Strategy and Investment Plan 2010/11-2014/15

iv. Local Government Development Plans

The Local Governments Act (1997) mandates local authorities to plan for children's interventions. To ensure that OVC issues are mainstreamed in all the sectors, the District OVC Strategic Plans shall be developed or revised where they exist and integrated into the District Development Plans.

CHAPTER FOUR

STRATEGIC DIRECTION

4.1 Introduction

In this Chapter, the vision, mission and strategic objectives of the NSPPI-2 are presented. The Chapter lays the foundation for the interventions outlined in this plan.

4.2 Vision

A society where all orphans and other vulnerable children live to their full potential and their rights and aspirations are fulfilled

4.3 Mission

To provide a framework for the enjoyment of rights and fulfillment of responsibilities of orphans and other vulnerable children

4.5 Values

The core values of the plan are love, care, compassion and accountability for services provided to orphans and other vulnerable children.

4.6 Overall Strategic Objective

The overall strategic objective of this plan is to scale up the national response to reach the critically and moderately vulnerable children with comprehensive, effective and quality services.

4.7 Strategic Objectives

The following are the major strategic objectives of the plan:-

- 4.7.1 Strengthen the capacity of families, caregivers and other service providers to protect and care for orphans and other vulnerable children.
- 1.1.2 Expand the provision of essential services for orphans and other vulnerable children and their caregivers.
- 1.1.3 Increase access to protection and legal services for orphans and other vulnerable children and their households.
- 4.7.4 Strengthen institutional, policy, legal and other mechanisms that provide supportive environment for a coordinated OVC response.

4.8 Key Strategies

The following are the key strategies underpinning the plan:-

Strategy 1 Supporting and strengthening the capacity of households and other caregivers to protect and care for OVC

This strategy focuses on ensuring that mechanisms are in place to provide care and support to OVC and their caregivers. Efforts shall be directed towards improving their incomes and productivity, ensuring the establishment of sustainable food security systems and improving nutrition for OVC and their households. In addition, skills training for OVC and their caregivers shall be emphasized, particularly targeting children in child-headed households. For this to happen, a comprehensive curricula and training programmes that encompass rights of OVC and needs of their families shall be made available.

Strategy 2 Mobilizing and strengthening community-based responses for the care, support and protection of OVC

Under this strategy the focus shall be on mobilization of communities to enhance early identification of OVC and developing the capacity of those communities to respond to their needs. Special attention shall be placed on increasing participation of lower local authorities in performing their oversight roles. A coordination mechanism for OVC programmes at district and lower local government levels shall be supported to enhance efficiency and effectiveness of service delivery to beneficiaries.

Strategy 3 Ensuring that legislation, policies, plans and programmes are in place to protect vulnerable children

This will focus on enforcing and putting in place legislation for protection and promotion of children's rights. Policies, plans and programmes that are responsive to the rights of OVC shall also be developed and/or reviewed.

Strategy 4 Mobilizing resources and tracking their utilization to scale up services for OVC

Adequate resources shall be mobilized and equitably distributed to facilitate delivery of comprehensive services to OVC. While resources shall be utilized to strengthen systems, priority shall be given to programmes that directly deliver services to OVC. Resource mobilization and tracking strategies shall be fine tuned to enhance investment and accountability in the national OVC response.

Strategy 5 Raising awareness and advocating for a supportive environment for OVC

This shall involve creating general awareness about the vulnerability of children and advocating for their rights at every level of society. Cognizant that well-defined social mobilization plays a key role in the successful implementation of this plan, the Ministry of Gender, Labour and Social Development has developed a comprehensive Advocacy and Communication Strategy for this plan. The specific aims of this strategy is to ensure that all implementing agencies, the vulnerable children themselves, families and communities are knowledgeable about the key provisions of the plan and their roles and responsibilities in its implementation.

Strategy 6 Strengthening Research and Documentation

Under this strategy, a coordinated national data base shall be developed and maintained to support evidence-based programming for OVC. This shall be replicated at higher and lower local government levels. Operational researches shall also be conducted to improve programme implementation. Documentation of best practices and scaling up such practices as well as mapping of services and service providers shall be given priority.

Strategy 7 Strengthening partnerships

In order to implement the plan, strategic alliances shall be created and/or strengthened among different actors. This shall involve strengthening partnerships and networks between government, the private sector, civil society and development partners. It is anticipated that these alliances, shall enhance resource leveraging and eliminate duplication of efforts.

4.9 Guiding Principles

4.9.1 Human rights-based approach to programming

This plan is underpinned by the principle of Human Rights-Based Approach to Programming (HRAP) as opposed to the needs-based approach. Guided by this principle, programmes are designed to realize the enjoyment of rights by OVC, placing emphasis on the rights to survival and development. In all decisions affecting the child, actors shall give due considerations to the best interest of the child. The government shall identify the most vulnerable children and take affirmative action to ensure that the rights of these children are realized and protected.

4.9.2 The family and the community as the first line of response

The family is the basic unit for the growth and development of all children. A strong family unit with a caring adult is a pre-requisite for the care and support of OVC. Care-giving outside the traditional family unit by members of the community is a second line of defense. The intention of external support shall be primarily to supplement and not to replace a family's own efforts and resources in caring for children. Although government and other actors with child protection responsibilities recognize that immediate threats to children's safety and wellbeing may also come from their families and communities, institutionalization of children shall be used as an option of last resort.

4.9.3 Facilitating community participation

This shall involve a sustained promotion of community initiatives and assessing the capacity that exists within the community. The community shall participate in the identification, delivery of interventions, monitoring and assessment of progress of implementation of the interventions.

4.9.4 Promoting child participation

This shall involve maintaining the central role of OVC and their households in responding to their own challenges through consultations/engagements at every stage during the planning, programming, monitoring and evaluation of interventions at all levels.

4.9.5 Promoting gender equity

This shall entail taking into account and examining the relationship between men and women, boys and girls as caregivers and beneficiaries of services. These relationships shall be examined during planning, programming, monitoring and evaluation, with a special focus on OVC and communities to ensure neither gender is disproportionately marginalized nor excluded.

4.9.6 Designing age-sensitive programmes

Interventions designed shall take into account the vulnerabilities and capabilities of different ages of the target groups being served.

4.9.7 Reducing stigma and discrimination

Through this plan, an environment that is conducive shall be created to ensure no child is stigmatized or discriminated against at all levels of society. In conformity with the CRC and other human rights standards, special efforts shall be made to address stigma directed to OVC.

4.9.8 Delivering integrated, comprehensive and coordinated services

Responses to the vulnerability of children shall be organized by sectors as the causes and nature of vulnerability of children in Uganda are multi-faceted. Implementation of the strategic plan shall require commitment to promoting cross-sectoral linkages with relevant sectors identified in this plan. In working with relevant actors in government and civil society, effective coordination and referral mechanisms shall be established at the community level to ensure that all OVC have access to basic and critical services necessary for their survival, development and protection.

4.9.9 Decentralizing service delivery

The districts and lower levels of government shall ensure quality and sustainable delivery of services to OVC.

CHAPTER FIVE

FRAMEWORK FOR STRATEGIC INTERVENTIONS

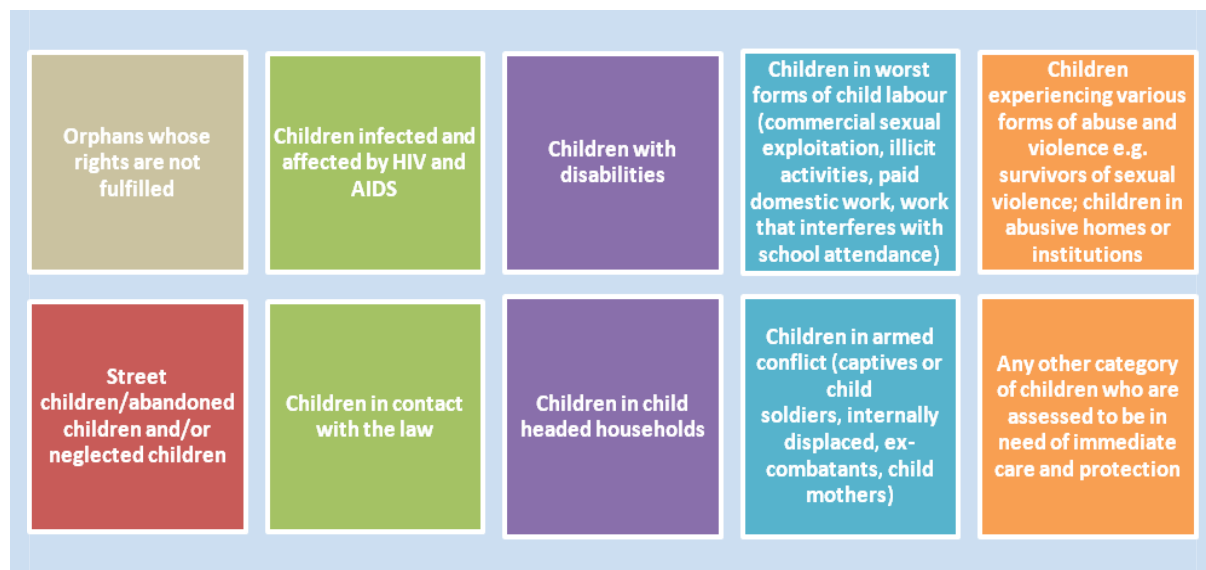
5.1 Introduction

This chapter introduces the framework of interventions that are a priority under this plan. It also presents the groups of vulnerable children who are targeted.

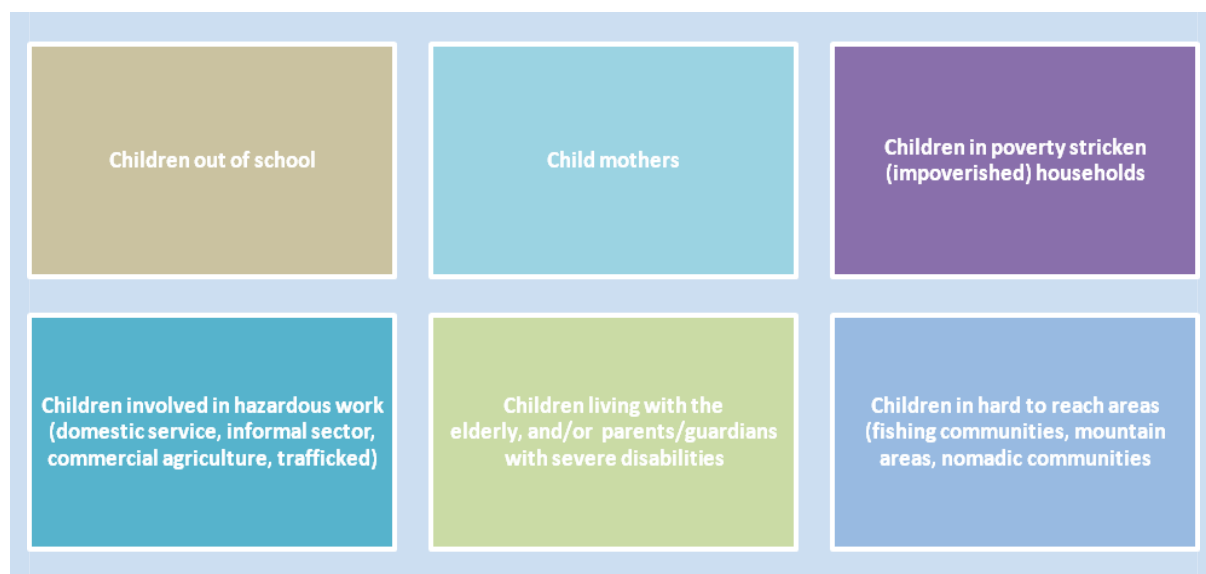
5.2 Target Groups

The Situation Analysis 2010 categorized OVC into three broad groups namely; i) the critically vulnerable, ii) the moderately vulnerable, and iii) the generally vulnerable. The NSPPI-2 is designed to target particularly the critically and moderately vulnerable children who constitute 51% of children's population in Uganda. Box 5 and 6 outlines categories of children that are targeted under this plan.

Box 5: Categories of Critically Vulnerable Children



Box 6: Categories of Moderately Vulnerable Children



The categories described above are meant to act as a guide for communities, CBOs, NGOs and Government Departments in the selection of vulnerable children and households in need of support. In all circumstances, a comprehensive assessment of a child's vulnerability shall be done by the community and facilitated by service providers before a child is recruited into a programme. Each programme may develop specific selection criteria to identify beneficiaries of a particular intervention that is within the framework of this plan. However, the communities and local leaders shall be involved in determining the criteria.

5.3 Core Program Areas (CPA)

There are seven core programme areas of this plan as shown in table 2 below. The strategic outcomes are in line with the international and regional frameworks for the protection, care and support of OVC, the national objectives articulated in the National Development Plan as well as the various sectoral plans and frameworks.

The broad strategic areas serve as a road map in the pursuit of the key objectives of this plan and show a shift in emphasis and strategy within the plan. Primarily they seek to address the root causes of vulnerability by building the capacity of the poor and other vulnerable families to better cope with economic and social risks. In so doing, they help lay a foundation for the prevention and mitigation of risks and shocks that render children and their caregivers vulnerable or exacerbate their vulnerability.

From a rights based perspective, it is acknowledged that all rights of the child are interdependent. As a result, a combination of interventions may be required to address child rights violations. For example, a child who is experiencing sexual exploitation may require legal protection and economic security interventions. This plan recognizes the key drivers of child vulnerability to include household food insecurity, poor child care practices, armed conflict, HIV and AIDS and other diseases and poverty being the most critical. Therefore, sustaining livelihoods through

economic and food security interventions is emphasized. Access to essential services is also vital for vulnerable children to realize their rights and aspirations. Although focus of this plan is on service delivery, the plan underscores the need for increased investment in policy, legal and other institutional mechanisms as an integral part of a sustained national OVC response. Table 2 below stipulates the strategic outcomes of this plan.

Table 2: Objectives and Outcomes

Core Program Area	Outcomes
Objective 1 Strengthen the capacity of families, caregivers and other service providers to protect and care for orphans and other vulnerable children	
Economic Strengthening	<ul style="list-style-type: none"> 70% of OVC and their households meet their short and long term needs through economic strengthening
Objective 2 Expand access to essential services for orphans and other vulnerable children, their caregivers and families/households	
Food and Nutrition Security	<ul style="list-style-type: none"> 70% of households are food secure and have proper nutrition
Health, Water, Sanitation and Shelter	<ul style="list-style-type: none"> Increased access to and utilization of preventive and curative health services including antiretroviral therapy for OVC and their caregivers Increased access to and utilization of safe water and sanitation facilities for OVC at household, community and institutional levels especially in schools, children's and remand homes. Increased percentage of OVC living in decent houses
Education	<ul style="list-style-type: none"> Increased enrollment and retention of OVC of school going age to attain quality education within the primary, secondary and vocational education cycles
Psychosocial Support and Basic Care	<ul style="list-style-type: none"> Improved physical, social and emotional wellbeing of OVC through provision of quality psychosocial support services Increased access to and utilization of basic care services by OVC and their caregivers
Objective 3 Increase access to protection and legal services for orphans and other vulnerable children, their caregivers and families/households	
Child Protection and Legal Support	<ul style="list-style-type: none"> Increased access to child protection and justice for OVC, their caregivers and families/households

Objective 4 Strengthen the institutional, policy, legal and other mechanisms that provide supportive environment for a coordinated OVC response

Legal, Policy and Institutional Mechanisms	<ul style="list-style-type: none"> Effective legal, policy and other institutional mechanisms in place at national and sub national levels and able to deliver, coordinate and monitor provision of quality services and programmes for OVC.
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5.4. Detailed Framework of Strategic Interventions

5.4.1 Objective 1: Strengthen the capacity of families, caregivers and other service providers to protect and care for orphans and other vulnerable children

Core Programme Area		
1. Economic Strengthening	Key implementers	
Interventions	Lead agency	Partner agencies
1.1 Enhance asset growth for OVC and their households		
a) Promote asset ownership and growth for OVC households b) Promote Savings among OVC households to enhance savings and acquisition of assets c) Support group based saving schemes for OVC households (e.g. VSLAs, ROSCAs and, SACCOs) d) Improve access to and utilization of micro-finance savings, loans and credit services for OVC households	MFPED, MAAIF, MGSLD, OPM	MFIs, PSF , LGs, CSOs

1.2 Enhance income growth for OVC , their caregivers and households		
a) Identify local employment needs and provide relevant vocational and/or non-formal training to OVC and their caregivers to improve their skills in entrepreneurship b) Provide funding to support small business activities for older OVC and their caregivers to generate income c) Support access to business financial services for OVC households through microfinance agencies d) Facilitate access to market information for OVC households to help them sell their products e) Provide grants to purchase equipment and tools for OVC and their caregivers who are setting up small-scale enterprises f) Establish ‘tools bank’ (a set of tools shared and maintained by community members) to enhance access to and utilization of these tools	MFPED, MAAIF, MGSLD	MFIs, PSF , LGs, CSOs

5.4.2 Objective 2: Expand access to essential services for orphans and other vulnerable children, their caregivers and families/households

Core Programme Area		
2. Food and Nutrition Security	Key implementers	
Interventions	Lead agency	Partner agencies
2.1 Provide social assistance to OVC households to address hunger and malnutrition		
a) Implement a national cash transfer programme to increase access to and utilization of food b) Provide food aid to critically vulnerable OVC and their households	OPM, MGLSD, MAAIF, MFPED	WFP, CSOs, LGs
1.2 Promote increased agricultural production and livelihood diversification for OVC households to strengthen their food security		

<ul style="list-style-type: none"> a) Provide high quality agricultural inputs/tools, seeds/plantings and stocking materials b) Provide household labour-saving devices and support for drip-kit irrigation and use of drought-resistant crops for gardens maintained by child/elderly-headed households c) Link vulnerable children to relevant agricultural programmes such as NAADS, and advocate for their targeting to enable them access agricultural advice d) Promote commercial agriculture for OVC households to enable them generate income and meet their diversified dietary needs e) Support livelihoods diversity programmes for OVC households 	MFPED, MAAIF, MGSLD	MFIs, PSF , LGs, CSOs,
2.3 Promote proper nutrition for OVC in homes, schools, and other institutions		
<ul style="list-style-type: none"> a) Promote diet diversification, supplementation and fortification for children in households and institutions (children's homes, schools) b) Support Community education and sensitization programs on proper nutrition for children including training in food handling, preparation and storage c) Train communities, VHT and other duty bearers in nutrition monitoring and basic health care practices d) Promote breast feeding among lactating mothers except where it is not medically recommended 	MoES, MoH MGLSD,	CSOs, LGs

Core Programme Area		
2 Health, Water, Sanitation and Shelter	Key implementers	
Interventions	Lead agency	Partner agencies
1.1 Scale up HIV and AIDS preventive services among vulnerable infants, children and adolescents		
a) Improve access to and utilization of HIV and AIDS care and treatment services for HIV positive children within the communities where they live. b) Enhance provision of HCT and Early Infant Diagnosis (EID) services to OVC c) Promote abstinence and life skills amongst in and out of school OVC d) Increase access to and utilization of HIV and AIDS information and services for OVC e) Provide information for HIV prevention and care among children and adolescents f) Promote free and accessible safe male circumcision for OVC g) Promote friendly PMTCT services for teenage mothers/ fathers h) Promote access to and utilization of Post Exposure Prophylaxis (PEP) services by sexually abused children at primary health care level	MoH	MGLSD, CSOs, LGs, MoES,
1.2 Improve access to and utilization of HIV and AIDS Care and Treatment services for HIV positive children within the communities where they live.		
a) Enhance access to and utilization of free ART and prophylaxis (including cotrimoxazole) / treatment for opportunistic infections including TB by HIV positive OVC b) Promote the establishment of functional support and referral systems for children on ART in institutions and communities (including home based care, peer support groups, post-test clubs for children and care givers) c) Scale up palliative care for children including nutritional support	MoH	MGLSD, CSOs, LGs, MoES,
1.3 Promote targeting of OVC and their households in interventions for malaria prevention, treatment and care		
a) Raise awareness amongst stakeholders to specifically target OVC with malaria interventions b) Target OVC households to access free long lasting Insecticide treated nets (LLITNs) and promote indoor residual spraying according to national guidelines c) Target heads of OVC households with health education on malaria in the context of Integrated Community Case Management (ICCM)	MoH	MGLSD, LGs, CSOs

1.4 Improve access to and utilization of adolescent sexual and reproductive health information and services for in and out of school vulnerable adolescents		
a) Develop, package and disseminate relevant sexual and reproductive health information b) Disseminate national guidelines for provision of basic adolescent friendly reproductive health services a) Increase access to STI screening and treatment services for adolescents b) Ensure availability of contraceptive services (including emergency contraceptives), post abortion care and support services for OVC at health facilities c) Increase uptake of intermittent presumptive treatment for malaria (IPT) amongst pregnant adolescents	MoH, MoES	MGLSD, LGs, CSOs
1.5 Strengthen community mechanisms that ensure all children in vulnerable households access timely immunization, de-worming, ORT and Vitamin A supplementation services		
a) Establish VHT in places where they do not exist b) Mobilize and support community mechanisms (e.g. VHTs and child protection committees) to ensure that OVC in the community access timely immunization, de-worming, ORT and Vitamin A supplementation services c) Advocate to make OVC a key priority and target group for Village Health Teams and Community Case Management (CCM)	MoH	CSOs, LGs, MGLSD
1.6 Scale up access to and utilization of safe water and sanitation facilities by OVC at household, community and institutional (schools, children's homes) levels		
a) Install safe water sources in communities and schools, with clear systems for sustainable maintenance b) Advocate for waiving user fees for OVC and their households in areas where safe water sources have been installed c) Provide safe water vessels and water treatment kits to OVC households d) Promote construction of environmentally friendly pit latrines and hand washing facilities with maintenance mechanisms	MoLG, MoWE	MGLSD, MoES, CSOs, LGs
3.7 Support establishment of low cost, descent, durable and secure shelter		
a) Provide and support maintenance of low cost, descent, durable and secure shelter for OVC (especially those affected by armed conflict and other disasters) b) Strengthen caregivers' capacity to construct and maintain low cost, descent, durable and secure shelter	MGLSD, OPM, MFPED, MoWHD	Private Sector, CSOs, LGs

Core Programme Area		
3 Education	Key implementers	
Interventions	Lead agency	Partner agencies
1.1 Equip teachers, school management committees with skills to provide guidance and support to Vulnerable Children		
a) Advocate for and support curriculum review for teacher training to include issues of OVC b) Support refresher courses for teachers, SMCs and other significant players to equip them with skills to identify, guide, follow-up and support OVC, (including the skills to tackle stigma and discrimination) c) Provide information about HIV and AIDS to school heads, teachers and parents.	MoES, MoH MGLSD,	CSOs, LGs
1.2 Promote increased access and retention of vulnerable children in schools to realize equal education opportunities for all children		
a) Promote campaigns for enrolment of all vulnerable groups such as working children and encourage caregivers to help children stay in school b) Support reintegration of children affected by armed conflict in schools and promote their retention c) Promote a supportive and caring school environment, where children feel safe and secure d) Provide OVC with scholastic materials, uniforms and school fees e) Provide appropriate assistive devices, (based on assessed needs) to OVC with special needs	MoES, MGLSD	CSOs, LGs

Core Programme Area		
4 Psychosocial Support and Basic Care	Key implementers	
Interventions	Lead agency	Partner agencies
4.1 Support the scale up of direct psychosocial support services to OVC		
a) Provide expert counseling services for OVC, their caregivers and communities b) Create and provide age appropriate recreational programs, facilities, equipment and therapeutic activities for children with disabilities, formerly abducted children and those chronically ill c) Provide opportunities for peer to peer support d) Provide life skills training to children and caregivers in succession planning (will making, and writing memory books) in preparation for ill-health and the death of parents	MGLSD, MoES	LGs, CSOs
4.2 Provide training to caregivers and service providers to offer psychosocial support services		
a) Dialogue with OVC, parents and other caregivers to help them understand and respond to their own psychosocial support needs	MGLSD	LGs, CSOs
4.3 Strengthen family, traditional and emerging social support networks to provide psychosocial support interventions		
a) Explore traditional and emerging social support mechanisms and identify and promote those that protect children b) Raise community awareness on their role in providing psychosocial support c) Support communities to keep sibling orphans and vulnerable children together after parental death	MGLSD	LGs, CSOs
4.4 Address stigma and discrimination of children living with HIV and AIDS		

<ul style="list-style-type: none"> a) Mobilize parent–teacher associations and school management committees to support OVC affected by HIV and AIDS in the school b) Provide counseling for children to help them share their feelings and positively deal with stressful situations c) Establish peer counseling and child-to-child programmes in schools and out of school d) Provide information to children and adults on the need to care, love and support vulnerable children 	MGLSD, MoES	MoH, LGs, CSOs
4.5 Mobilize and train communities, service providers and other stakeholders to support OVC and their households with basic necessities		
<ul style="list-style-type: none"> a) Support community mechanisms for sustaining child headed households (e.g. identify adult mentors, relocating to adult relatives for short periods or getting an adult relative to move in on an occasional basis) b) Raise community awareness and mobilize community action in providing basic necessities for OVC c) Support the provision of emergency basic necessities to children affected by war, natural disasters, those in extreme poverty, their caregivers and households 	MGLSD, MoWHD	Private agencies, sector CSOs, CBOs, LGs
4.6 Provide appropriate alternative care (temporary care, foster care, guardianship, adoption and residential/institutional care) for OVC		
<ul style="list-style-type: none"> a) Sensitize communities and encourage their involvement in foster care and other appropriate alternative care for OVC b) Provide guidelines for a whole continuum of alternative care available to OVC c) Improve supervision of alternative care arrangements to ensure adherence to national standards 	MGLSD	CSOs, CBOs, LGs

5.4.3 Objective 3 Increase access to protection and legal services for orphans and other vulnerable children, their caregivers and families/households

Core Programme Area		
5 Child Protection and Legal Support	Key implementers	
Interventions	Lead agency	Partner agencies
5.1 Undertake direct provision of legal and child protection services for Vulnerable Children		
<ul style="list-style-type: none"> a) Support service providers (e.g. Child and Family Protection Unit of police, Probation and Social Welfare Officers and Family and Children Courts) to manage cases of child rights violations b) Provide legal services (counseling, representation, preparing for court sessions, and follow-up of cases in the justice system) to OVC and their households c) Implement programmes for prevention and response to child abuse and neglect. d) Withdraw and provide appropriate rehabilitation and reintegration services to street children and other children who are experiencing abuse and exploitation e) Protect children in post conflict situations from discrimination and provide appropriate rehabilitation and reintegration services f) Raise awareness about the dangers of engaging children in hazardous work and implement programmes for their withdrawal, rehabilitation and reintegration in the community g) Support succession planning and will writing to equip families to protect their children's rights to property, land and other assets h) Promote birth registration and encourage parents to pass on birth certificates and title deeds to their children i) Promote innovative programmes to protect property (land) rights of children in post conflict situations j) Provide children with a child friendly mechanism for reporting incidents of abuse by making the national child helpline operational k) Provide legal education and increase awareness of rights of OVC, available services, and reporting mechanisms 	MoJCA, MoIA, MGLSD MoLG, LGs	CSOs, Uganda Law Society, Legal Aid agencies, LGs

6.2 Strengthen community mechanisms for protection of children		
<ul style="list-style-type: none"> a) Support community groups and informal actors at village level to monitor and protect children at risk (of neglect, child labour, sexual exploitation and other forms of abuse) b) Strengthen enforcement of child protection laws at community level 		
1.3 Promote appropriate mechanisms for handling children who are in contact with the law		
<ul style="list-style-type: none"> a) Support initiatives aimed at diversion of children from the formal justice system b) Provide appropriate rehabilitation and reintegration services to children in contact with the law c) Promote and support the institution of fit persons and Community Based Interventions as alternatives to incarceration of children in contact with the law d) Promote and build capacity of community justice systems to handle minor cases in accordance with provisions of the law 	MoJCA, MoIA, MGLSD, LGs	CSOs
1.4 Promote child participation and strengthen children's capacity to protect themselves		
<ul style="list-style-type: none"> a) Empower children with knowledge and skills to enable them prevent and/or report violence, abuse and exploitation b) Promote peer support approaches among children to foster child to child protection c) Promote child participation schemes initiated by children or adults 	MGLSD, MoES, MoLG, LGs	CSOs

5.4.4 Objective 4 strengthen the institutional, policy, legal and other mechanisms that provide supportive environment for a coordinated OVC response

Core Programme Area		
6 Legal, Policy and Institutional Mechanisms	Key implementers	
Interventions	Lead agency	Partner agencies
1.1 Promote continued review and update of policies, institutional and legislative frameworks		
a) Expedite the process for review and amendment of policies and acts including the Children's Act. b) Develop a compendium on existing policy and legal provisions and institutional frameworks relating to OVC c) Sensitize stakeholders on gaps/loopholes in the existing laws and policies and institutional frameworks	ULRC, Parliament, MoJCA, MGLSD, NCC	TSOs, CSOs
1.2 Strengthen the capacity of the legal justice agencies and community mechanisms for protection of children		
a) Strengthen enforcement of child protection laws at all levels c) Build capacity of duty bearers to fulfill their roles, responsibilities and statutory obligations towards prevention and protection of children	MGLSD, MoJCA, MoIA	LGs, CSOs
1.3 Enhance effective implementation, coordination and referral systems		
a) Support the formation and/or operationalization of national, district, sub-county and parish OVC committees (NOSC, DOVCC, SOVCC, and POVCC) b) Promote and strengthen intra and inter-sectoral coordination on OVC c) Improve the human, logistical and other resources of ministries and district departments responsible for children d) Conduct periodic mapping exercises on support services for OVC to enable effective coordination and referral	MGLSD, MFPED, NCC,	TSOs, CSOs, LGs

1.4 Enhance advocacy and communication		
<ul style="list-style-type: none"> a) Promote massive media coverage of OVC issues b) Update and make fully functional the MGLSD website c) Mainstream OVC issues in all sectors and programmes at all levels d) Develop and implement a comprehensive dissemination Plan for OVC policy, guidelines and the NSPPI-2 e) Develop and implement a National Advocacy and Communication Strategy for OVC 	<p>MGLSD, MoH, MoES, MAAIF, MJCA, MoIA, MFPED</p>	<p>LGs, Media, TSOs, CSOs,</p>
1.5 Strengthen resource mobilization, utilization and accountability		
<ul style="list-style-type: none"> a) Formulate and implement a resource mobilization strategy b) Train and mentor local governments and CSO staff in resource mobilization c) Advocate for/allocate more resources to support district offices/structures responsible for vulnerable children (e.g. increased conditional grant for vulnerable children/ social welfare services) d) Review funding procedures to ensure small actors (e.g. CBOs) access ring-fenced funding without competing with NGOs 	<p>MGLSD, MFPED</p>	<p>CSOs, Private sector, LGs</p>

1.6 Undertake research and ensure effective monitoring and evaluation		
a) Develop, disseminate and implement the national OVC M&E plan	MGLSD, MoH, MoES, MAAIF	LGs, TSOs, CSOs, Academic Institutions
b) Provide technical support for the implementation of the OVC-MIS		
c) Roll out OVC guidelines, standards and technical resource materials at all levels		
d) Conduct joint monitoring and support supervision		
e) Promote operational and conventional research and documentation on OVC issues		
1.7 Strengthen quality assurance in OVC service provision		
a) Disseminate national quality standards at all levels	MGLSD	TSOs,CSOs, LGs
b) Provide training to implementers in technical skills for handling children		

CHAPTER SIX

IMPLEMENTATION AND COORDINATION FRAMEWORK

6.1 Introduction

This chapter presents a detailed layout and description of implementation and coordination frameworks for this plan.

6.2 Key Actors

6.2.1 Ministry of Gender, Labour and Social Development

The Ministry of Gender, Labour and Social Development is the line government sector responsible for children. In executing its mandate, the Ministry shall provide overall direction and guidance to the implementation of the NSPPI-2. The Ministry shall be responsible for making policy decisions, providing technical support, setting standards, guidelines, support supervision, quality assurance as well as monitoring and evaluation. While coordination of OVC programmes is the responsibility of the Ministry of Gender, Labour and Social Development, actual implementation of activities is undertaken by the different ministries, government agencies, local governments, the private sector, civil society organizations, academia, development partners and the vulnerable populations themselves. Each of these has a significant role to play in the improvement of the lives of orphans and other vulnerable children.

6.2.2 National Council for Children

The National Council for Children (NCC) is a semi autonomous government institution established by an Act of Parliament (the NCC Act, Cap 60) to carry out advocacy for children and monitor compliance with international and national standards for the protection of their rights. Under this plan the Council shall conduct research on key issues concerning vulnerable children in Uganda and monitor government and CSO interventions that address rights of vulnerable children in the country. Based on these audits, the Council shall develop and disseminate reports on their findings on vulnerable children to parliament, cabinet, development partners and other Stakeholders on the status of the rights of children in the country.

6.2.3 Other Government Ministries and Public Institutions

Implementation of the NSPPI-2 requires commitment by all stakeholders and sectoral linkages. The line ministries that are currently implementing/supporting activities related to OVC and their households include, Health, Education and Sports, Local Government, Justice and

Constitutional Affairs, Internal Affairs, Defense, Agriculture, Animal Industry and Fisheries, Housing and Urban Development as well as Finance, Planning and Economic Development. While efforts shall be made to ensure integration of OVC issues in all sector plans and budgets of those ministries, the Ministry of Local Government shall in particular ensure the implementation of the plan at the various local government levels.

6.2.4 Local Governments

In 1997, Uganda adopted a decentralized system of governance in which operational planning and implementation of services take place at district, municipal and sub-county/division levels. Higher and lower local governments shall play a key role in making this plan operational. The department responsible for children shall ensure that the District OVC Strategic Plans formulated in 2007 are aligned with this plan. The department shall also ensure that CSOs participate in the process of formulating district development plans and that their (CSO) plans contribute to the district OVC strategic plan. In addition, the department shall coordinate, implement, monitor and evaluate the performance of this plan.

At lower local governments, the officers responsible for Community Development shall work with and provide technical support to service providers. The officers shall facilitate the targeting of vulnerable children using the NSPPI-2 as a guide and also based on community criteria for prioritization of most vulnerable children that need support.

The Local Government Councils (at higher and lower levels) shall prioritize OVC concerns, allocate resources and monitor implementation of the interventions. The local councils 1-3 shall participate actively in the community consensus building exercises to identify OVC and their households.

6.2.5 Faith-Based and Civil Society Organizations

Faith-Based and Civil Society Organizations shall play a critical role in the implementation of this plan. They shall align their plans to the NSPPI-2 and the District OVC Strategic Plan. They shall participate in the district and sub county planning processes for OVC interventions. The Faith-Based and Civil Society Organizations shall also monitor and evaluate the interventions for OVC with the involvement of target communities.

6.2.6 Private Sector Agencies

The private sector is an important partner in the implementation of activities meant to benefit vulnerable children. Companies, corporations, foundations and individuals through their corporate social responsibility shall galvanize resources to support vulnerable children and/or their households. Furthermore, the media shall play a key role in information dissemination, publicity and advocacy.

6.2.7 Academic and Research Agencies

Local academic institutions (Universities) and national research agencies (UBOS, MISR) shall continue to partner with OVC service provider organizations to improve data collection and analysis pertaining to children and to inform policy, planning and programming.

6.2.8 Training and Other Children Institutions

Training institutions shall include OVC related subjects in their training curricula. All staff members in children/babies' homes and schools shall be oriented on good child care practices with an inclination to rights based programming.

6.2.9 Development Partners

These include bilateral and multilateral donor agencies. The role of development partners shall include provision of financial and technical support and policy advocacy.

6.2.10 Communities, OVC and their Households

The major responsibility of the communities shall be to provide care and support to OVC and their households. In cases where there is external support, the communities shall be responsible for identifying and selecting the beneficiaries of the programme. They shall also mobilize locally available resources for OVC responses and participate in monitoring and evaluating programmes.

OVC and their households shall actively participate in identifying their needs and generating solutions. In addition, they shall participate in the implementation of programmes and monitoring their effectiveness.

6.3 Coordination and Collaboration Mechanisms

Successful implementation of this plan requires coordinated action at all levels since the causes and nature of vulnerability of children in Uganda are multi-faceted. This therefore calls for a multi-sectoral response in the design and implementation of interventions. Furthermore, improving coordination for the national OVC response shall require integration of OVC issues across sectors and at all levels of government. Harmonization of services across the regions according to needs, ensuring quality service and programming standards shall be the practice.

Furthermore, joint planning, partnerships and sharing of lessons and experiences shall be adopted as a good practice to support vulnerable children and their households. This therefore calls for the strengthening of existing stakeholders' coordination mechanisms at all levels. Sharing of lessons and experiences will also increase evidence based programming and enhance holistic care, protection as well as increased access to quality social services (health, nutrition, education and psychosocial support) for vulnerable children.

6.3.1 National level coordination and collaboration

6.3.1.1 The National OVC Steering Committee

The National OVC Steering Committee (NOSC) shall be the central hub for coordination at the national level. The NOSC will provide policy direction and technical guidance for the implementation and coordination of the national OVC response. The NOSC shall comprise of actors from line sectors with a care and support mandate for OVC to ensure holistic and comprehensive access to services. The ministry responsible for children shall chair and provide the Secretariat for the NOSC.

6.3.1.2 Thematic Working Groups

Thematic Working Groups established during the formulation of the NSPPI-2 shall be institutionalized and strengthened. These groups shall provide technical guidance on the implementation of the core programme areas.

6.3.1.3 The Department responsible for Children Affairs

This department shall provide technical support to the ministry responsible for children to play its role as a lead government agency on vulnerable children. It shall also promote inter-departmental linkages in programming and implementation of the plan. The department shall provide technical support to other sectors in the prioritization of the different interventions and allocation of resources for the plan.

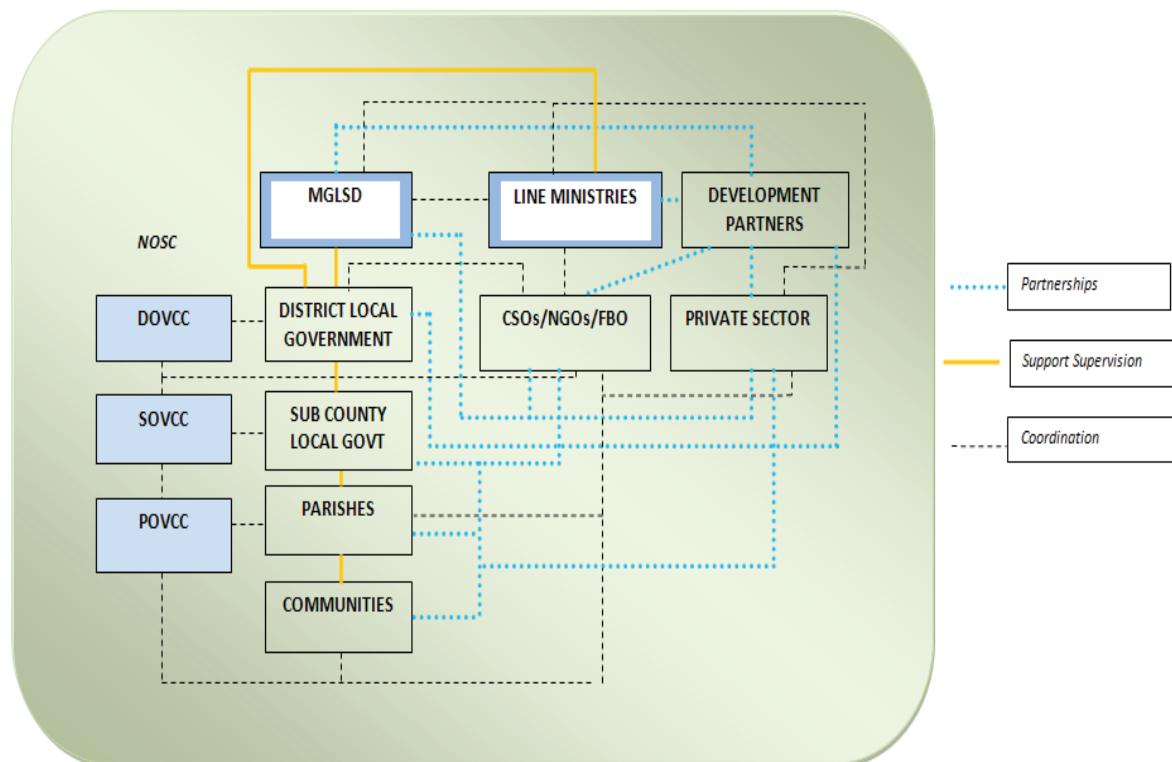
6.3.2 Local Government Level Coordination

A multi-sectoral District OVC Coordination Committees (DOVCC) shall be formed and/or strengthened to improve partnership and collaboration among stakeholders that include: district technical team, political leadership, development partners, CSOs and the private sector. The committee shall be chaired by the Chief Administrative Officer (CAO) and the officer responsible for probation and social welfare shall be Secretary to the Committee.

The District level coordination committees shall ensure that there are coordination structures for children at district and sub county /ward/ parish level to optimize service delivery to vulnerable children. They shall also identify the capacity gaps among CSOs, FBOs and CBOs and government officials. In addition, the committee shall ensure optimal participation of all partners as well as delivery of comprehensive quality services to vulnerable children and their households.

At Sub-County level, a multi-sectoral Sub County OVC Coordination Committee (SOVCC) shall be formed and/or strengthened to provide a mechanism for coordination and collaboration among stakeholders. Membership of this committee shall include the Sub-County Planning Committee, the CSOs, private sector actors, community representatives and development partners where they exist. The focal person for OVC shall be the officer responsible for Community Development. The officer, in collaboration with the Sub-County Chief shall coordinate the activities of all service providers at the lower levels.

IMPLEMENTATION AND COORDINATION MECHANISMS



CHAPTER SEVEN

MONITORING AND EVALUATION FRAMEWORK

7.1 Introduction

The implementation of the NSPPI-2 requires effective monitoring and evaluation (M&E) and appropriate feedback mechanisms. The plan therefore has a detailed monitoring and evaluation framework and an M&E plan as separate documents. The M&E framework and the M&E plan detail the M&E systems and functions that shall be undertaken at all levels to enhance accountability and effectiveness of programme interventions. Annual M&E work plans will also be developed and implemented.

7.2 The OVC Management Information System

A major component of the M&E framework is the OVC Management Information System (OVC- MIS) which is web based. Under this plan, the OVC- MIS shall be functionalized in all districts as the main reporting system for the national OVC response. The system is structured in a manner that allows for information sharing and feedback across organizations. All districts, ministries and other stakeholders will use data from the MIS among other sources to enhance evidence based planning and decision making.

7.3 Research and Documentation

One of the most serious constraints of the national OVC response is the lack of adequate data about the different categories of vulnerable children, services available to them and the whereabouts of these services. Where data exists, they are often not reliable. Improving the quality of existing information, acquiring other relevant information about OVC and the systems for national OVC response is a necessary measure towards improving service delivery for these children. This calls for commitment on the part of government to consider financing research in the above areas among others. A research agenda will be developed as part of the M&E system.

In addition, all programme interventions for OVC in the country shall engage in operational research to identify critical challenges related to the design and/or implementation of OVC interventions. This is necessary for the attainment of key outcomes of this plan. Good practices and lessons learned shall also be documented and shared nationally across line government sectors for purposes of scaling up such practices and to inform policy and planning. See Annex 1 for detailed M&E logframe.

CHAPTER EIGHT

COSTING AND FINANCIAL FRAMEWORK

8.1 Introduction

This chapter presents the costing and financial framework of the NSPPI-2. It outlines the funding sources, costed interventions as well as conditions for successful implementation of this plan.

8.2 Background to the Costing and Financial Framework

This plan was conceived within the planning framework of the Social Development Sector Investment Plan (SDIP-2). SDIP-2 articulates the social development concerns in the National Development Plan. However, due to the cross cutting nature of social development sector concerns, preparation of programme is done through a Sector-Wide Approach (SWAP).

The implementation of this plan requires Uganda shillings 3.3 trillion over the five (5) year period. It is desirable that a large proportion of these resources is directed to service delivery for orphans and other vulnerable children in critical and moderate conditions of vulnerability.

8.3 Sources of funding

Being a multi-sectoral plan, the NSPPI-2 shall be financed by various ministries, departments and agencies from within their budget ceilings to implement core programme areas that are in line with their mandates. Other actors such as NGOs, the Private Sector and Development Partners shall mobilize and contribute financial resources towards the implementation of this plan.

8.4 Cost of Interventions

Table 2: Estimated NSPPI-2 Budget Projections for 2011/12 to 2015/16

CPA/STRATEGY	ANNUAL COST ('000)					TOTAL
	YR1	YR2	YR3	YR4	YR5	
SOCIO-ECONOMIC STRENGTHENING, FOOD SECURITY AND NUTRITION						
Social Assistance	204,168,040	191,554,100	186,701,930	229,873,620	663,048,170	1,475,345,860
Agricultural production, savings and diversification	16,737,600	16,555,600	16,555,600	16,737,600	16,530,600	83,117,000
Asset growth	9,578,700	9,563,700	473,700	483,700	463,700	20,563,500
Income growth	16,355,000	16,340,000	16,350,000	16,360,000	16,340,000	81,745,000
Access to proper nutrition for vulnerable children	11,656,500	11,656,500	11,656,500	11,656,500	11,656,500	58,282,500
SUB TOTAL	246,839,340	234,013,400	220,081,230	263,454,920	696,382,470	1,719,053,860
CHILD AND LEGAL PROTECTION						
Direct legal and child protection services	17,192,000	18,815,000	18,930,000	16,670,000	18,470,000	90,077,000
Sensitization on legal and child protection issues	49,475,000	49,395,000	49,395,000	49,395,000	49,295,000	246,955,000
Mechanisms for children in contact with the law	1,029,200	19,911,675	2,461,675	261,675	261,675	23,925,900
SUB TOTAL	67,696,200	88,121,675	70,786,675	66,326,675	68,026,675	360,957,900
EDUCATION						
Professional development and capacity building	468,500	150,000	426,000	150,000	150,000	23925900
Education access and retention	334,500	369,000	703,500	669,000	934,500	23925900
Go back to School Campaigns	55,913,500	55,829,750	56,066,000	56,558,500	57,563,500	281,931,250
SUB TOTAL	56,716,500	56,348,750	57,195,500	57,377,500	58,648,000	329,783,050
HEALTH, WATER AND SANITATION						
Scale up of HIV and AIDS preventive services	9,182,070	11,007,070	12,322,070	13,897,070	15,127,070	61,535,350
Improving access to HIV and AIDS care and treatment	37,270,000	37,280,000	37,280,000	37,300,000	37,310,000	186,440,000
Scale of interventions for malaria	32,890,000	32,890,000	32,890,000	32,890,000	32,890,000	164,450,000
Community mechanisms for preventive services	2,320,000	2,320,000	2,320,000	2,320,000	2,320,000	11,600,000
Adolescent sexual and reproductive health	635,000	632,500	632,500	632,500	632,500	3,165,000

Scale up access to safe water and sanitation	15,160,000	15,160,000	13,340,000	13,340,000	13,340,000	70,340,000
SUB TOTAL	109,113,570	110,946,070	110,441,070	112,036,070	113,276,070	497,530,350
PSYCHOSOCIAL SUPPORT AND CARE AND SUPPORT						
Scale up of direct psychosocial support services	6,319,000	24,007,700	5,805,300	3,232,300	2,217,300	41,581,600
Training of households and service providers	46,032,000	46,028,000	46,028,000	28,000	28,000	138,144,000
Strengthening family & external social support	162,000	194,000	240,000	250,000	265,000	1,111,000
Low cost shelter and other basic necessities	52,500	43,732,500	43,785,000	43,785,000	43,890,000	175,245,000
Technical assistance for shelter provision	11,496,000	11,496,000	1,916,000	50,000	0	24,958,000
Provision of appropriate alternative care	35,000	15,000	15,000	15,000	5,000	85,000
SUB TOTAL	64,096,500	125,473,200	97,789,300	47,360,300	46,405,300	381,124,600
STRENGTHENING INSTITUTIONAL MECHANISMS						
Review and update of Policies, Guidelines	88,700	2,697,500	2,697,500	1,349,100	0	6,832,800
Implementation, Coordination and Referral	699,280	52,000	0	0	0	751,280
Advocacy and Communication	35,000	645,000	605,000	695,000	400,000	2,380,000
Resource Mobilization, Utilization and Tracking	30,000	100,000	100,000	100,000	100,000	430,000
M&E, Reporting and Quality Assurance	1,404,765	1,222,205	564,475	564,475	564,475	4,320,395
Research and Dissemination	255,600	255,600	255,600	255,600	255,600	1,278,000
Capacity Building	3,212,350	1,330,000	1,771,750	1,269,500	1,269,500	8,853,100
SUB-TOTAL	5,725,695	6,302,305	5,994,325	4,233,675	2589575	24,845,575
TOTAL COST	550,187,805	621,205,400	562,288,100	550,789,140	985,328,090	3,313,295,335

8.5 Transparency and Accountability

A major goal of financing through the NSPPI-2 shall be to emphasize transparency and accountability. All the budgets shall be presented with the basic assumptions and unit costs clearly spelled out. As such, the numbers of OVC, households or communities being targeted shall be known to national, district and sub-county level planners. Consortiums, CSOs and governments at all levels shall submit proposals to be financed with money raised against the plan utilizing the same level of detail and transparency. The MGLSD shall monitor utilization and accountability of all funds provided.

8.6 Sustainability of Interventions

Sustainability with regard to financing and support to OVC and their households shall be approached by undertaking the following:-

- Increasing the capacity of the MGLSD and other line Ministries to respond to the needs of OVC more efficiently and effectively through improved coordination of interventions and increased funding inflows resulting from intensive advocacy and resource mobilization.
- Improving capacity of government institutions at all levels, CSOs and autonomous agencies (through human resource development and provision of financial resources) to care and protect OVC.
- Ensuring that OVC assisted through the NSPPI-2 are uplifted from their current vulnerable positions in society and at the same time, prevented from descending into further vulnerability.
- To further enhance sustainability, the NSPPI- 2 has been designed with an inherent capacity to provide adequate resources at the individual, household and community level to enable the majority of vulnerable households that will be supported attain a level of independence within the first three years.

8.7 Key Assumptions

Successful implementation of this plan is based on the following assumptions:-

- Actors in the national OVC response shall commit to provision of direct services (health, education, legal and child protection, psychosocial support and basic care and shelter support) to OVC and their households in accordance with defined guidelines and quality standards.
- Availability of resources to procure and offer essential services to OVC.
- Sustained commitment by government and partners in addressing chronic poverty, food and nutrition security concerns, supporting vocational skill training and other livelihood support for OVC and their households.
- Strong capacity of national and lower level governments to develop and enforce laws as well as to implement policies and other guidelines for national OVC response
- Ability of OVC households to engage in business enterprises and diversify income sources
- Willingness of MFIs to extend services to OVC households.
- Technical agencies with requisite skills will be available in public sector and civil society organizations and will commit resources to the cause of OVC.
- OVC-MIS will be functional and effective for the monitoring and evaluation of programmes and a strong M&E teams will be assembled at all levels.
- Capacity and willingness of stakeholders to collect OVC data and willingness of all sectors, line ministries, program planners and implementers to utilize available data, research findings to inform programs, share best practices and lessons learned.

8.8 Possible Risks Associated with the plan

In developing this Strategic Plan, SWOT analyses conducted at the regional and national levels identified a number of risks. These risks and the proposed mitigation measures are highlighted here below:-

Over reliance on external funding: Currently, development partners provide most of the funding for OVC interventions in Uganda. Any significant reduction of this support would negatively affect the implementation of this strategic plan. Given the above, there is an urgent need for a shift in funding modalities for the OVC response in the country. Primarily, the MGLSD shall focus on securing increased funding in conditional grants from the government to support local governments to fulfill their mandate to provide care and protection to OVC. In addition, the Ministry shall provide policy guidance to ensure local governments contribute funds for OVC interventions from locally generated revenue.

Partnership commitment and capacity: Successful NSPPI-2 implementation will require a multi-sectoral response involving partners from public and private sectors and civil society including faith based organizations (FBOs). Any significant lack of commitment or capacity will seriously affect the achievement of the objectives of the plan. The MGLSD shall develop and implement a comprehensive partnership framework to mitigate this risk.

Financial flow and management: The failure of government and development partners to effectively and efficiently disburse, manage and/or account for funds will negatively affect implementation of this strategic plan. Delay or failure in release of funds to the local governments poses huge challenge for longer term sustainability of the OVC response. Equally, failure by Local governments to provide timely accountability for remitted funds will impair OVC service delivery. Measures to mitigate these risks include strengthening public sector financial management systems for expenditure tracking and accountability, scaling up capacity for pool funding at decentralized levels, and capacity building for financial management and reporting at all levels.

Governance, leadership and coordination: Strong leadership across government, combined with effective coordination of all stakeholders by the MGLSD is vital to the realization of the NSPPI-2 outcomes. Therefore, any significant changes in the current political environment, such as weak governance and misinformed decision making could seriously undermine the implementation of this plan. The MGLSD, with the support of key Government and Development Partners, will undertake continuous advocacy to ensure wide political commitment towards the NSPPI-2.

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Annex 1: NSPPI-2 MONITORING AND EVALUATION LOGFRAMES

Indicators	Baseline	Target	Means of verification	Responsible agency	Frequency
Objective 1: Strengthen the capacity of families , caregivers and other service providers to protect and care for orphans and other vulnerable children					
Economic Strengthening					
Outcome 1 : At least 70% of OVC and their households are involved in productive activities to meet short term and long term economic needs					
% of OVC and their households that have their basic material needs met	5m children living below poverty line.		UDHS/ UNHS	UBOS/ MGLSD	Mid term End term
% of OVC households which receive a social/ cash transfer		44% (80,000) of critically vulnerable HHs receive cash transfer	MGLSD reports SAGE reports	MGLSD SAGE Programme	Annual Mid term End term
Proportion of OVC households under poverty line compared to non OVC households	5million children living below poverty line.		UDHS/ UNHS	UBOS/ MGLSD	Mid term End term
Output 1.1: OVC household capacity to generate income enhanced					
No. of OVC caregivers/OVC trained in business skills	6000 HH trained	Impact assessment studies	MoGLSD CSOs	MGLSD	Midterm
Number of OVC households supported with income generating activities (IGAs)	Not available	5000 OVC households	OVC MIS Midterm and End of term reports	MGLSD	Annually, midterm and end of term

Indicators	Baseline	Target	Means of verification	Responsible agency	Frequency
No. of financial institutions/ government programs with special package for OVC	Not available	Special surveys, Community Based services reports by CDOs	Midterm and End of term reports	MGLSD	Annually
% of OVC Households who receive micro finance services at subsidized rates	3.9% access formal loans, 3.8% semi-formal, and 11.9% informal ¹	10% of OVC HH access formal loans	Reports from microfinance support center Household survey Records of MFI	MoFPED Microfinance support center CSO partners	Annually
Number of OVC trained in vocational / apprentice skills	81,394 OVC trained in vocational skills and provided with kits ²	160,000 OVC trained and equipped with kits	Reports from vocational schools Reports form MoES Reports from partner CSOs	MoES/ MoGLSD	Annually
Number of OVC provided with start up kits	Not available	500,000 OVC	Civil Society Fund Reports, SCORE Project reports, District Community Based Services Reports, OVC MIS.	MGLSD –NIU, Community Based Services	Quarterly
Percentage of OVC households who benefited from government programs like NAADS, Prosperity for all etc	Not available	10% of OVC households	NAADS Reports, District Community Based Services Reports	MGLSD –NIU, Community Based Services	Annually
Output 1.2: OVC and their household savings and asset base improved					
Number of OVC and their households actively involved in saving schemes	Not available	15%	District Community Based Services Reports	MGLSD –NIU, Community Based Services	Annually

Indicators	Baseline	Target	Means of verification	Responsible agency	Frequency
Number of OVC and their households with increased assets	Not available	15%	District Community Based Services Reports	MGLSD –NIU, Community Based Services	Annually
No. of OVC households which receive cash transfer	Currently 0% receiving cash transfer	44% (80,000) of critically vulnerable HHs	Reports from social protection sector Midterm evaluation OVC MIS	MGLSD	
Objective 2: Expand access to essential services for orphans and other vulnerable children and their caregivers					
Food and Nutrition Security					
OUTCOME 2: Improved food security for OVC households					
% OVC households that are food secure compared to non OVC households.			WFP assessments Mid- term review and evaluation reports	Survey,	Midterm, End term
Ratio of the proportion of OVC compared to non-OVC who are malnourished (underweight).	Not available Acute food shortage affects 1.1m ³	95% of all OVC fully nourished	UDHS report UNHS report Health sector Reviews	MoH /MoGLSD	Mid term, End term
Output 2.1: Increased agricultural production and enterprise development for OVC households.					
% increase of OVC households that receive agricultural inputs	National cultivated land cover 99,018.4 sq km in 2005 ⁴	40% of critically vulnerable HH supported annually with agric inputs	Mid-term and end of plan evaluation reports	MoFPED Microfinance support center MoAAIF	Midterm, End term

Indicators	Baseline	Target	Means of verification	Responsible agency	Frequency
% of OVC households which are reached by advisory services	45% HH access extension services ⁵	70% of critically vulnerable HH access extension services	MAAIF reports Surveys	MAAIF WFP Partner CSOs	Annually
Output 2.1: Promote proper nutrition for OVC in homes, schools and other institutions					
Number of OVC/ OVC households who receive food support	Not available	95% of all OVC fully nourished	UDHS report UNHS report Health sector Reviews	MoH /MoGLSD	
No. of OVC caregivers trained in food security and nutrition.	Not available	400,000	OVC MIS, Project reports	MGLSD, CBSD,	
Health, Water, Sanitation and Shelter					
Outcome 3. Increased access to preventive and curative health services including ART for OVC and their caregivers					
Proportion of pediatric HIV children who have access to ART	41,617 eligible HIV+ OVC that have access to prophylactic treatment & ARVs ⁶	An estimated 25,440 new HIV infections amongst children aged 0-14yrs ⁷ handled	UDHS HIV sero-prevalence survey	MoH /MoGLSD	Semi annual
Ratio of OVC compared to non-OVC aged 15-17 who had sex before age 15	8.1 Ratio of proportion of OVC versus non-OVC aged 15-17 who had sex before age 15 years. ⁸		UDHS, UNHS	MGLSD, UBOS	End term evaluation
Number of OVC who receive health care services	142,844 OVC supported to access health ⁹	75% children access services from VHT, 80% given ORT	UDHS	MoH /MoGLSD	Quarterly

Indicators	Baseline	Target	Means of verification	Responsible agency	Frequency
% change in malaria morbidity and case fatality rates among OVC	48.5 % deaths occur due to malaria ¹⁰ 52% suffered malaria during 2009/2010 ¹¹ 70,281 preventive care and management of minor illness ¹²	90 % under 5 use ITN	UDHS report	MoH /MoGLSD	End term evaluation
%ge change in under 5 morbidity and mortality	National Infant Mortality Rate was 76 per 1,000 Live births ¹³	75% exposed to HIV receive EID services	UDHS report	MoH /MoGLSD	End term evaluation
Output 3.1: HIV/AIDS preventive services among vulnerable infants, children and adolescents scaled up					
Number of OVC who access HIV preventive services	Not available	2,000,000	OVC Project reports	MGLSD/ MOH, CSOs, HMIS	Annual reports
Proportion of OVC to non OVC fully immunized	Not available	1:1	UNHS, UDHS	MGLSD, UBOS	End term
Output 3.2. Improved access to HIV/AIDS Care and Treatment services for HIV+ children within the communities where they live					
Number of eligible HIV+ OVC that have access to prophylactic treatment and ARVs.	41,617 eligible HIV+ OVC that have access to prophylactic treatment & ARVs ¹⁴	An estimated 25,440 new HIV infections amongst children aged 0-14yrs ¹⁵ handled	HMIS	MoH	Annual

Indicators	Baseline	Target	Means of verification	Responsible agency	Frequency
Output 3.3. Increased scale of interventions for malaria prevention, treatment and care that specifically target OVC and their households					
Number of OVC households who receive and sleep under insecticide treated nets					
Output 3.4 Strengthen community mechanisms that ensure that all OVC access timely immunization, deworming, ORT and Vit A supplementation services					
# of OVC caregivers trained in preventive care and management of minor illnesses	Not available	400,000			
Output 3.5. Strengthened sexual and reproductive health services to promote adolescent health interventions					
Number of OVC who receive sexual reproductive health services	Not available	All adolescent OVC, 80% know how to access FP services	UDHS, UNHS reports, OVC MIS	MoH /MoGLSD	Midterm and end term evaluation
Outcome 4: Increased access to safe water and sanitation facilities for OVC at household, community and institutions especially in schools, children's children' and remand homes					
%ge change in incidence of water borne diseases among OVC.	43% fell sick during 2009/2010, 3% suffered diarrhea ¹⁶	90% access to improved water, 80% pit latrine cover	UDHS UNHS Annual health sector reviews, special surveys	MoWE /MoGLSD	Midterm and end of term evaluation
% of OVC households with access to safe water sources	Not available		UNHS, UDHS	UBOS, MGLSD	End term evaluation
% latrine coverage among OVC households			UNHS, UDHS	UBOS, MGLSD	End term evaluation

Indicators	Baseline	Target	Means of verification	Responsible agency	Frequency
Output 4.1: Scale up access to safe water and sanitation by OVC at household, community and institutional (schools, children's homes) levels					
Number of safe water facilities constructed for vulnerable communities	Not available		Annual OVC reports of CSF, District OVC reports	MGLSD, districts, MoWE	Annual
Outcome 5: OVC and their households live in decent shelter					
Percentage of OVC households living in decent shelter	Not available		UNHS, Special surveys	MGLSD/ districts	Midterm and end term evaluation
Number of OVC that have received three locally defined basic material needs	2.4% live in conventional dwelling ¹⁷ , 55.1% in over crowded dwelling ¹⁸	All OVC have shelter and meet three minimum basic material needs	MoH Reports MoGLSD Reports, UDHS Reports		
Output 5.1: Low cost, descent, durable, and secure shelter and other basic necessities provided to OVC					
No. of improved shelter facilities for OVC constructed	To be determined	10,000 OVC households	OVC MIS Civil Society Fund Reports, CBSD reports	MGLSD, districts	Annually
Education					
Outcome 6: Increased enrollment and retention of OVC to attain quality education within the primary, secondary and vocational education cycles					
Ratio of proportion of OVC versus non-OVC aged 10-14 years who are currently attending school			UDHS, EMIS	MoES and MGLSD	Annual, Midterm and End of term,

Indicators	Baseline	Target	Means of verification	Responsible agency	Frequency
Percentage of OVC compared to non OVC who complete education cycle	Overall national Primary enrolment was 8.3 million in 2009 ¹⁹ Specific data for OVC not available		UDHS, EMIS	MoES and MGLSD	Annual, Midterm and End of term,
Output 6.1: Teachers and school management committees have improved skills to provide guidance and handle OVC					
Number of teachers and SMCs trained in handling OVC psychosocial issues.	On average 5257 male SMCs and 1134 female SMC members were trained in 12 QEI districts. ²⁰	5,000 teachers trained and supported for OVC issues	Training reports, psychosocial support sessions conducted for OVC	MoGLSD MoES	Annual, Mid-term and End term
Output 6.2: OVC supported materially and financially to promote retention and equal access to education for all children					
Number of OVC supported in pre-primary, primary and secondary education		1,000,000 OVC	OVC MIS, CSF reports, CSO and district reports, MEEP	MoES, MGLSD	Quarterly, Annual
Output 6.3: Vocational training for OVC strengthened					
Number of OVC who enrolled and completed vocational training	Not available	50,000 OVC	CSF and district reports, OVC MIS	MGLSD, CSF, MoES	Quarterly, annually

Indicators	Baseline	Target	Means of verification	Responsible agency	Frequency
Psychosocial Support and Basic Care					
Outcome 7. Improved access by OVC and their caregivers to quality psychosocial support and basic care services					
Ratio of OVC to non-OVC with an adequate score for psychological health		60% of OVC HH receive counseling services, 50% of OVC participate in peer group activities	UDHS Reports MoH Reports MoGLSD Reports	MoGLSD	Midterm and end term
Output 7.1: Increased number of OVC reached with psychosocial support					
# of OVC caregivers trained in providing psychosocial support	To be determined	2,000,000	OVC MIS, district and CSO OVC reports	MGLSD	Quarterly
# of OVC who received psychosocial support	To be determined	2,000,000	OVC MIS, district and CSO OVC reports	MGLSD	Quarterly
Output 7.2 : Improved access by OVC, their caregivers and households to basic emergency care services					
No. of OVC households receiving emergency food aid	34,334 OVC HHs served with emergency food ²¹	211, 718 receive food aid over 5 years	OVC MIS, Situation Analysis reports	MGLSD WFP	Quarterly Annually
Objective 3: Increase access to protection and legal services for orphans and other vulnerable children, their caregivers and families/households					
Child Protection and Legal Support					
Outcome 8. Increased access to child protection and legal support services for OVC and their households					

Indicators	Baseline	Target	Means of verification	Responsible agency	Frequency
% OVC who live without an adult care-giver.	3.3 % OVC who live under the protection of an adult care-giver. ²²		UDHS, UNHS	MGLSD	End of term evaluation
Proportion of the general population aware about child rights					
% of children who receive protection and legal support services	Not available	1,000,000	CSF, CSO and district OVC reports	MGLSD	Quarterly
% of children of whose births are registered	21%	80%	URSB reports, UNHS, UDHS	URSB, MGLSD	Annual
Output 8.1 OVC households provided with direct legal protection services					
No. of OVC/ OVC households supported to access legal aid services.	Not available	100,000	PSWO reports, police statistics, NGO reports	MGLSD, districts, police	Quarterly
Number of OVC households who have experienced property dispossession.	Not available	100,000	PSWO reports, police statistics, NGO reports	MGLSD, districts, police	Quarterly
No. of child abuse, neglect cases handled	Not available	100,000	PSWO reports, police statistics, NGO reports, Court records	MGLSD, districts, police	Quarterly
Number of paralegals trained in providing paralegal guidance and referral services to OVC	Not available	10,000	OVC reports of districts, CSOs	MGLSD	Quarterly and annually
Number of children withdrawn from child labour	Not available	100,000	ILO reports, MGLSD child labour reports	MGLSD, ILO-IPEC, districts	Annually
Output 8.2: OVC without adequate family care are provided with appropriate alternative care (temporary care, foster care, guardianship, adoption and institutional care).					
Number of children living in alternative care facilities.		60% of children without parental/family care find alternative care	MoH Reports MoGLSD Reports, UDHS Reports	MGLSD	annually

Indicators	Baseline	Target	Means of verification	Responsible agency	Frequency
% and number of institutional care facilities meeting national standards.	Not available	80% of institutional care facilities meet national standards.	MGLSD inspection reports	MGLSD	Annual
Output 8.3: Increased public awareness of child rights violations and action to protect children.					
Number of persons reached with child rights messages.			Training reports, media research reports	MGLSD	Annually
Output 9.3. Increased protection of children who are in contact with the law					
Number of children in contact with the law accessing justice and receiving appropriate care	Not available				
No. of police stations with child friendly facilities	Not available		Police reports	MGLSD, CFPU	Annually
Number of children in conflict with the law living in adult cells.	Not available	No children should be in adult cells.	Prison / police records.	MGLSD	Annually
Output 9.4: Child Protection committees established and operationalised at sub county and parish levels across the country					
No. districts/ sub counties with functional child protection committees			District reports, UNICEF programme reports	MGLSD	Quarterly
Output 9.5: Child participation and empowerment in child rights advocacy					
No. Of districts with forums that facilitate participation of children in decision making	Not available	100%	District OVC reports	SUNRISE, MGLSD	annual
Objective 4: Strengthen the institutional, policy, legal and other mechanisms that provide a supportive environment for a coordinated OVC response					

Indicators	Baseline	Target	Means of verification	Responsible agency	Frequency
Legal, Policy and Institutional Mechanisms					
Outcome 10. Effective legal, policy and other institutional mechanisms in place					
Number/ % of districts which have integrated OVC in their development plans.	80	112	SUNRISE and MGLSD and district OVC reports	MGLSD, SUNRISE	Annual Midterm, end of term
OVC Program Effort Index	TBD/data not available	All duty bearers aware of their obligations	Legal documents, policy documents	MoGLSD, Parliament, Min of Justice, TSOs, CSOs	Midterm and end term
Output 10.1: Legal and policy frameworks for OVC strengthened					
Number of child related policies/ laws reviewed		Revised Children Act enacted by 2012	Parliamentary gazette.	MGLSD, MOJCA	Annual
Output 10.2: Improved implementation, coordination and referral in service delivery					
Number and % of districts with functioning referral systems		Quarterly multisectoral coordination meetings for all sectors	OVC MIS Progress reports Evaluation studies Police Crime Statistics	MoGLSD,	Midterm and end term
Number of districts with revised rolling OVC action plans	Not applicable	112	SUNRISE and MGLSD reports	SUNRISE, MGLSD	Annual
Number of sub counties / districts with functional coordination mechanisms for OVC (e.g. DOVCC and SOVCC).		100%	SUNRISE reports, district reports, OVC MIS	MGLSD, SUNRISE	quarterly

Indicators	Baseline	Target	Means of verification	Responsible agency	Frequency
Output 10.3: Enhanced advocacy and communication for OVC					
An Advocacy and Communication Plan in place and implemented	An old plan exists which is being revised.	National Advocacy and Communication Plan in place by December 2011.	Advocacy and Communication Plan document	MGLSD	Annual Midterm End term
Number of key government ministries integrating OVC in their Sector Plans		All sector plans integrate OVC plans	Policy and program documents Sector plans	MGLSD, MOH, MAAF, MoES	Midterm End term
Output 10.4: Strengthened Resource Mobilization, Utilization and Tracking					
% increase in central government funds allocation for OVC		4% increase in resource allocation to OVC	Review reports	MoGLSD, MoFPED, CSOs, LGs	Annually
Resource mobilization strategy	Nil	A resource mobilization strategy completed and implemented by December 2011	MGLSD reports	MGLSD	Annual
Number of MGLSD / local government officials trained in resource mobilization	Not available	All MGLSD staff working on OVC trained in resource mobilisation	MGLSD NIU Reports	MGLSD	Annually
% of local governments contributing resources for OVC programme	Not available	All districts with funds for OVC programs		MGLSD	Annual
Output 8.5: Enhanced Monitoring, Evaluation, Reporting and Quality Assurance of OVC plans, programs and activities					

Indicators	Baseline	Target	Means of verification	Responsible agency	Frequency
Number of districts submitting reports to the OVC MIS	65 districts	All 112 districts with M&E and QA systems for OVC programs	Policy and program documents Sector plans	MoGLSD MoFPED, District LGs	Midterm and end term
Number of districts with systems for routine data collection and analysis on OVC	data not available		MGLSD and SUNRISE Project Supervision reports	MGLSD	Annual Mid term End term
OVC M&E Plan in place	draft available	M&E plan developed by December 2011	M&E Framework document, M&E plan document, M&E work plan document.	MGLSD	Annual
Output 10.6. Increased research and dissemination to inform appropriate programming and response to OVC issues					
Number of research studies and good practice documentations conducted on OVC	data not available		End term reports, midterm reviews	MoGLSD, CSOs	Midterm and End term

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