EU support for care reform for children in Uganda in the 2021–2027 period

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Contents

1. Introduction

Millions of children around the world live in institutions – including so-called "orphanages", residential special schools and reception centres – that expose them to a catalogue of human rights abuses and enhanced risk of violence, and places them in an environment which cannot meet their needs[1].

The issue of deinstitutionalisation has increasingly gained traction on the EU's global agenda. In 2018, the European Commission gave proof of its commitment towards **promoting the transition from institutional to community-based care for children** globally by including it **in its proposal for the Neighbourhood, Development and International Cooperation Instrument (NDICI)**[2]. The proposal is supported by the European Parliament and the Council[3].

Institutionalisation of children

There are numerous definitions of what the term 'institutions'[4] means when referring to children. The term 'orphanage', frequently used in the context of international development, is actually a misnomer. Research consistently demonstrates that the majority of children in institutions are not 'orphans',[5] but are placed there due to reasons such as poverty, disability, marginalisation, migration, a lack of other family support services in the community or as a result of trafficking.

The Common European Guidelines on the Transition from Institutional to Community-based Care refer to a definition of institutions for children "as residential settings that are not built around the needs of the child nor close to a family situation, and display the characteristics typical of institutional culture (depersonalisation, rigidity of routine, block treatment, social distance, dependence, lack of accountability, etc.)"[6].

Over 80 years of research from across the world has demonstrated significant harm of institutionalization of children. These children are deprived of loving and caring parental care and may consequently suffer life-long physical and psychological harm[7]. Children who grow up in institutions can experience attachment disorders, cognitive and developmental delays, and a lack of social and life skills leading to multiple disadvantages during adulthood[8]. Long-term effects of living in institutions can also include disability, increased rates of mental health problems, involvement in criminal behaviour, and suicide[9].

Meanwhile the **Covid-19 pandemic** is having and will continue to have a dramatic impact on the most vulnerable children and families, compounding structural weaknesses in child protection and welfare systems. Existing child protection risks are being exacerbated, and new ones will emerge, as a result of the crisis. Families facing poverty and those with limited resources are bearing the brunt of measures to prevent and control the spread of the pandemic. High stress environments are also leading to an increase in violence at home.

Drawing on learnings from previous epidemics (e.g. SARS, MERS, Ebola, HIV/AIDS)[10] and natural disasters (the 2004 tsunami in Aceh or earthquake in Haiti in 2010)[11] illustrates that child protection services are lifesaving in the immediate and longer-term. Experience shows that **a health crisis requires a multi-sectorial child rights approach** which includes child protection. Yet child protection is chronically underfunded in emergency responses[12]. **As the pandemic unfolds, the economic shocks to children and families globally will be felt for years to come. It is expected that the number of children at risk of separation or in need of alternative care will increase – both during the crisis, where containment measures may lead to separation, as well as a result from the long-term socio-economic impact on caregivers, families and communities[13].**

Preliminary reports show that Uganda is no exception[14]. The situation for already vulnerable families also became much worse due to the pandemic. With an unprecedented increase on unemployment seen globally, it has been projected that millions of Ugandans will be further pushed into poverty[15]. When economies start to improve, there is a risk institutions will use Covid-19 as a leverage to receive additional funds. Combined with the increased vulnerability of children and families, this may lead to mushrooming of institutions and an increase in the number of children in institutions.

Uganda holds one of the highest number of children in institutions in East Africa, a phenomenon that saw a significant increase since the 1990s[16]. By 2012, the number of institutions for children in the country exploded: the baseline survey estimated **50,000 children growing up across 800 institutions**[17]. **Covid-19 has generated considerable new challenges. Many institutions were suddenly left without much support, and the government had to step in to provide food.** There are also reports of children being abruptly returned to their families from institutions without any due process or ongoing monitoring, leaving the children highly vulnerable to abuse and neglect.

The 2021-2027 Multi-Annual Financial Framework constitutes a key opportunity to strengthen social and child protection systems in the context of developing countries. This paper calls on the European Commission Directorate-General for International Cooperation and Development (DG DEVCO), the European External Action Service and the EU delegation in Kampala to ensure that **the Neighbourhood, Development and International Cooperation Instrument (NDICI)**[18] **supports comprehensive childcare system reform in Uganda**. The EU should support current efforts by the Ugandan government and ensure that orphanages and other institutions are not used as a response to the crisis, in line with the UN Resolution on the Rights of the Child (2019), and given the additional risks to congregate care setting in infectious disease outbreaks.[19]
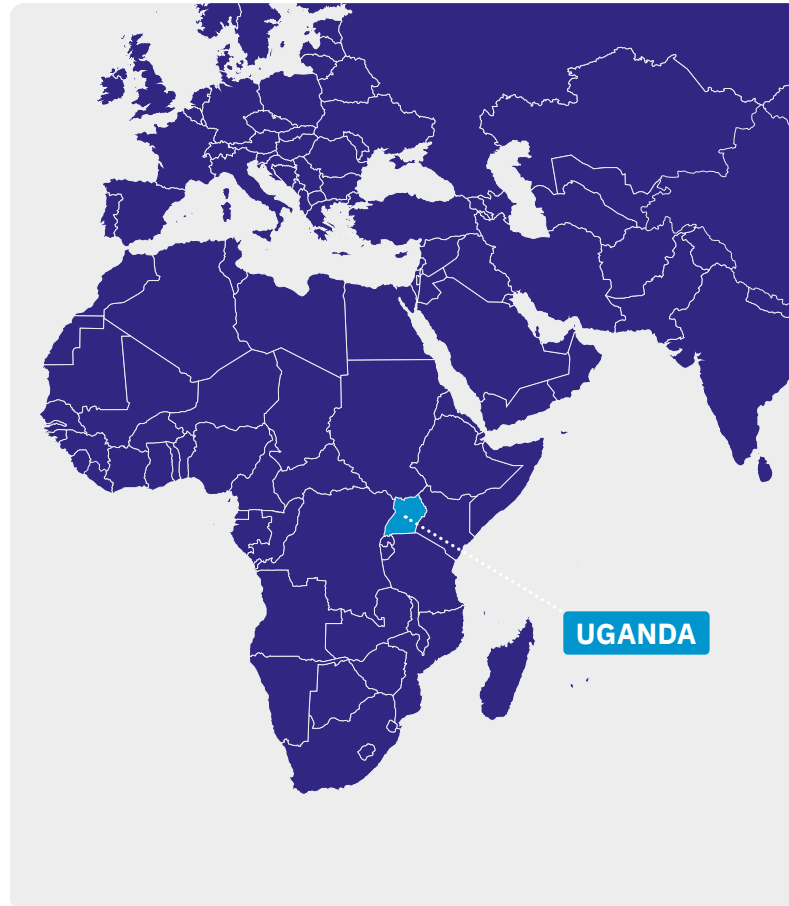
UGANDA

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2. The EU's leadership in securing child welfare and protection

The EU is already a global leader in this area, recognising the harm that institutionalisation causes to children and ensuring that no further investment goes to harmful institutional settings within its borders[20].

Care reform – progressing towards the 2030 Agenda, leaving no one behind

Some of the most vulnerable children around the world continue to be left behind. Amongst them are children deprived of family care or institutionalized. Globally, poverty in all its forms continues to drive family separation. As the former European Commissioner for International Cooperation and Development Neven Mimica stated, "the implementation of the 2030 Agenda and global care reform are therefore intrinsically connected"[21]. In particular global care reform and ending the institutionalisation of children supports the implementation of the following Sustainable Development Goals (SDGs):

■ **SDG 1 – End poverty in all its forms everywhere:** Poverty in all its form is one of the main underlying reasons for children being placed in institutions. Care reforms play a key role in ensuring that the most vulnerable families get access to basic services in the community as well as social protection/ anti-poverty measures.

■ **SDG 3 – Good health and wellbeing:** Institutionalisation has a devastating impact on children's health and wellbeing. In certain cases, institutions fail to provide sufficient nutrition to children leading to malnourishment and under-development. The congregated environment in institutions exposes children and workers to a high risk of virus transmission, like Covid-19. Children with disabilities and underlying health conditions are especially vulnerable. They are more likely to be in institutions and other residential care facilities, and in some cases at higher risk of developing complications after contracting the virus.

■ **SDG 4 – Ensure inclusive and equitable quality education:** Lack of access to education is a key driver of institutionalisation, especially for children with disabilities. Institutions are not a solution: growing up in so-called 'residential schools' and 'special schools' while being separated from their peers can significantly affect children's health, learning and psychosocial wellbeing.

■ **SDG 10 – Reduce inequalities within and among countries:** Children from poor and vulnerable families, children with disabilities and children belonging to ethnic minorities are the most affected by institutionalisation – showing a clear pattern of systemic discrimination.

■ **SDG 16.2 – End abuse, exploitation, trafficking and all forms of violence against and torture of children, and SDG 8.7 – Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour.** Institutions put children at increased risk of violence, abuse, and neglect, from peers and adults, and expose them to various forms of structural violence. Children in institutions are also at increased risk of being trafficked or fall victim of other forms of modern slavery.

The EU has introduced an ex-ante conditionality on social inclusion 9.1. in the European Structural and Investment Funds Regulations for the 2014-2020 programming period, with a dedicated investment priority on the transition from institutional to community-based care[22]. By doing this, it has played a leading role in supporting vulnerable children and driving care reform across a number of EU countries. This commitment has been further reaffirmed with the introduction of enabling conditions in the draft Cohesion Policy Regulations for the 2021-2027 programming period[23]. In the past, the EU has also made child protection reform and deinstitutionalisation conditional in the enlargement processes (e.g. Bulgaria and Romania).

The issue of children in institutions has increasingly been put on the EU's global agenda[24]. In particular, the European Commission showed high political commitment towards deinstitutionalisation globally by introducing for the first time ever a **reference to the transition from institutional to community-based care for children in its proposal for the Neighbourhood, Development and International Cooperation Instrument (NDICI)**[25]. This proposal is supported by the European Parliament and the Council[26].

The EU also supported the development of the Global Study on Children Deprived of Liberty, which recognises that '*institutions, by their very nature, are unable to operate without depriving children of their liberty'*. Institutions in some cases may lead to trafficking of children and their exploitation through commodifying care and linking it to tourism[27].

The **UN Resolution on the Rights of the Child**, adopted in December 2019 and co-drafted by the EU, expresses a concern that millions of children continue to grow up deprived of parental care, states that family- and community-based care should be promoted over placement in institutions and urges States to '*take effective action to provide support to families and to prevent the unnecessary separation of children from their parents, including through investment in social protection services and social services'* [28].

The recent **EU Action Plan on Human Rights and Democracy 2020-2024**[29] also prioritises the development of quality alternative care and the transition from institution-based to quality family- and community-based care for children without parental care.

The coming five years present a unique opportunity for the European Commission to **renew its commitment and global leadership to ensure that children grow up in loving and supported families,** in line with President Ursula von der Leyen's prioritisation of children's rights.

Credit: Child's i foundation

How can the EU support third countries to transform their care systems?

The EU should help Governments to strengthen families and communities and provide/oversee quality family- and community-based alternative care in line with the UN CRC, the UN CRPD and the UN Guidelines for the Alternative Care of Children.

Actions may include[30]:

✓ Supporting governments in responding to the needs of the most vulnerable children (including children in institutions), families and communities in their **response plans to the Covid-19 pandemic**, integrating care reform and child protection systems strengthening in the medium- and long-term strategies for recovery.

✓ Improving **governments' knowledge of and control over systems of informal and unregistered care provision (and providers)** prevalent in their countries, closing existing data gaps, developing national and global baselines, and investing in quality, accessible, timely and reliable disaggregated data related to children living without parental or family care in all settings and situations;

✓ Analysing and addressing the **push factors leading to the separation of children from their families**, with a focus on helping to make vulnerable families more resilient (e.g. family planning, pre-natal care, mother and baby units, universal birth registration, parenting programmes focusing on creating safe and protective home environments, social protection, conditional cash transfer, income-generating activities, etc.), while also combating stigma and discrimination.

✓ Ensuring that all children and families have **inclusive access to social programmes and quality services and programmes in the community** (e.g. water and sanitation, housing, energy, garbage collection, safe environment, early childhood education and care, inclusive education and health services, etc.), including in rural areas – whenever possible, transferring resources from institutions to the new services in order to ensure long-term sustainability.

✓ Measuring whether existing EU programming focusing on parenting, children rights, and livelihoods is not only making families more resilient to shocks, but also less likely to separate.

✓ Researching and addressing the **'pull' factors leading to the institutionalisation of children**, including financial incentives, orphanage tourism/volunteering, and institutions' recruitment practices (e.g. parents being coerced or deceived into giving up their children under the false pretence of access to better education and healthcare). Exploring and addressing the **relationship between institutionalisation of children, exploitation and trafficking**.

✓ Ensuring that **policy, legislation and regulations** are revised, developed and adopted to support vulnerable families, alternative family-based care and the transition/closure of residential institutions;

✓ Strengthening **inclusive local and national child protection systems** to address children's needs, establishing effective 'gatekeeping' mechanisms, preventing family separation and promoting effective regulation;

✓ Identifying and implementing long-term integrated strategies for the holistic and systemic transformation of care systems;

✓ **Raising awareness** among families and communities on the rights of the child and the importance of providing them with a stable nurturing environment; countering perceptions that institutional placement is necessary and raising awareness of the harm caused to children by institutionalisation; **reducing communities' stigmatisation of, and discrimination against, children** on the grounds of disability or ethnic or minority background;

✓ Preparing and implementing **family- and community-based solutions** for the reintegration of children taken out of institutions, providing access to essential services to support children within their families and communities, with special attention to deprived and remote areas and to children facing discrimination (on grounds of disability, ethnic or minority background, etc.);

✓ Assessing individual children's needs **and providing comprehensive quality care to children until they can be reunited with their families and communities**, prioritising the development and/or strengthening of kinship and foster care, supporting foster parents' networks, etc. In very specific cases where it may be necessary to provide care in a small group setting, provide quality, temporary, specialised care organized around the rights and needs of the child in a setting as close as possible to a family, and for the shortest possible period of time;

✓ **Promoting children's and young people's meaningful participation** in care decisions, service delivery reviews and national debates on care reform, making sure their voices are heard and acted on;

✓ **Building the workforce** (direct informal carers, care professionals and those in related social services) at national and subnational levels, in terms of training (conducting child and family assessments, case management systems, follow-up monitoring after reintegration, forms of alternative care, training of trainers, special care for children with disabilities), status and working;

✓ Raise awareness and develop the capacity of **private service providers** (e.g. NGOs, Faith Based Organisations, and Foundations) that provide the institutional care services (with or without State resources) to transform their programs – focusing on strengthening families and communities and developing specialized support programs for children at risk (e.g. school reinforcement, development of specific skills, conflict resolution, consumption of psychoactive substances, etc.).

The EU's financial assistance could be delivered via different aid modalities. This includes budget support to governments – in the form of Sustainable Development Contracts or Sector Reform Performance contracts –as well as direct/indirect management of grants.

Experience shows that achieving comprehensive care reform requires complex and multi-sectorial transformations that are often best delivered in partnership between governments, non-governmental organisations and/or UN agencies. This is particularly evident in countries where private actors (NGOs, faith-based organisations, etc.) are engaged in providing a significant portion of child protection and care services and are therefore essential stakeholders for the transition. Therefore, the EU should promote partnership with civil society organisations and support CSOs' programmatic interventions and advocacy initiatives to promote child protection and care reform through EU thematic and geographical programming.

Example of EU-funded project supporting family care in the region – Protecting mothers and babies in Sudan[31]

In Sudan, the social stigma suffered by mothers who give birth outside marriage and their children means that around 100 new-born babies are abandoned on the streets and in the hospitals of the capital Khartoum, every month. The babies that survive are admitted to the Myigoma baby institution, the largest orphanage in the country. Many of the babies who do survive suffer severe developmental delays as a result of the physical and emotional neglect they suffered in the crucial early years of their lives. Others developed chronic illnesses due to poor nutrition and the lack of appropriate care.

Since 2018, Hope and Homes for Children together with their local partner Shamaa have been using EU funds to roll out further community-based services to support vulnerable women and their babies and prevent abandonment and institutionalisation. The EU funding is training and empowering child protection professionals to respond to the needs of vulnerable women, set up new prevention and quality alternative care services and reduce the stigma and discrimination towards single mothers, pregnant women and women who give birth outside wedlock.

Credit: HHC

3. Structural conditions for care reform in Uganda

Replacing institutions with a sustainable system focused on providing care for children within families and communities is a complex process, which requires a number of structural conditions to be in place.

Political will is key to initiate the transition. The strategic vision owned by key champions in government needs to be complemented by a strong legislative and policy framework, accompanied by measurable and timebound action plans. This should be based on a set of **reliable data** on children in alternative care. Another critical factor is the availability of **local know-how and capacity** within the social workforce to actually deliver the reform and, once it is complete, to sustain prevention and alternative family and community-based care services. In this process, the existence of **an active and organised civil society** - including groups of self-advocates – has proven to be essential to ensure that the strategies are adequately implemented and continue to promote the highest human rights standards. Last, but not least, without **funding for the transition** care reform cannot progress. Additional resources are needed during the phase of transformation, when the old and the reformed systems are still running in parallel and until the resources locked in institutions can be transferred to support children in their families and communities.

To varying degrees and levels of governance**, all of these elements are present today in Uganda and could be strengthened with the support of the international community.** The last decade has seen growing momentum for child protection system reform, with progress across the critical areas outlined above. Nevertheless, change is not without concerns. The following sections illustrate the steps taken by Uganda in its journey towards establishing a modern and rights-based child protection system, while also highlighting the pivotal role that the EU could play to sustain and strengthen the care reform efforts within the country.

Structural conditions for care reform

POLITICAL WILL TO TRANSFORM CHILD PROTECTION AND CARE SYSTEMS

AVAILABLE EVIDENCE ON CHILDREN IN ALTERNATIVE CARE

CAPACITY TO IMPLEMENT

KNOW-HOW AND PILOT PROJECTS

CIVIL SOCIETY AND USERS INVOLVEMENT

FUNDING FOR DEINSTITUTIONALISATION

3.1. Political will to transform child protection and care systems

Strong national leadership and long-term vision are indispensable to move away from institutions and develop child protection and child welfare systems that protect children and families within their homes and communities. Political commitment at the highest level will help tackle vested interests and resistance and sustain the process beyond the life span of political and electoral cycles.

The Ministry of Gender, Labour and Social Development (MGLSD) is the lead ministry responsible for coordinating and overseeing all aspects of care reform and alternative care for children in Uganda (e.g. policy formulation, establishing minimum standards of services, coordination and monitoring of childcare and protection services). **Under the leadership of the MGLSD, Uganda has demonstrated political will to reform the childcare system. The principal legislation governing the care and protection of children is the Children's Act - amended in 2016 to strengthen family-based care legislation and remove loopholes that were being exploited to facilitate unethical inter-country adoptions.** To operationalize provisions in the Children's Act on the care and protection for children, several policies, strategies and action plan have been developed over the last decade. The building blocks to the care reform approach can be found in the Uganda National Framework for Alternative Care (2012) and the Standard Operating Procedures for Family Reintegration (2015). In 2019, two additional key guidelines were adopted: National guidelines and Standard operating procedures for foster care and Guidelines for Alternative Care Panels.

On June 22, 2020, the Cabinet approved a National Child Policy[32] to replace the 2004 National Orphans and other Vulnerable Children policy. **The National Child Policy includes childcare and protection as one of the four national priorities and underscores the need to strengthen and support families to care for children and ensure access to quality and disability-inclusive alternative family-based care options for children without parental care**. The National Framework for Alternative Care, initially developed in 2012, is currently undergoing revisions to address specific gaps identified during the participatory care reform assessment conducted in 2018 and to reflect changes in the legislation. In addition, a new national plan of action for alternative care (2020/21-2025/16) is currently under development. Key policy and legal gaps remain as of yet unaddressed: informal care is not generally dealt with in the legal and regulatory frameworks, there is no guidance on preparation and support for children and young people leaving care, and there is no comprehensive national deinstitutionalisation strategy.

Despite the progress**, the current child protection system and domestic resources (see sections 3.3 and 3.6) remain unable to respond to the needs of many children and families**. Based on the country's national monetary poverty line, slightly less than a quarter (23%) of Ugandan children are identified as 'poor' or living in households that are below the poverty line.[33] More than half (56%) of Uganda's children experience multiple deprivations of essential needs and services.[34] Efforts to effectively protect children from violence, abuse, exploitation and neglect continue to be undermined by the weak implementation and enforcement of existing policies and laws, poverty, limited capacity of a proactive and responsive statutory workforce and the weakening of family structures.

Early childhood Development

Early childhood, and in particular the period from pregnancy to age 3, is when children are most susceptible to environmental influences.[35] That period lays the foundation for health, well-being, learning and productivity throughout a person's whole life, and has an impact on the health and well-being of the next generation.[36] In these earliest years, the health sector is uniquely positioned to provide support for nurturing care[37]. Early childhood development is threatened by extreme poverty, insecurity, gender inequities, violence, environmental toxins, and poor mental health. An enabling environment is needed: policies, programmes and services that give families, parents and caregivers the knowledge and resources to provide nurturing care for young children[38].

3.2. Available evidence on children in alternative care

A key element of a State's ability to protect and promote children's rights is the availability of reliable data to develop strategies corresponding to the needs and characteristics of the population. Uganda's population is estimated at 43.8 million[39], making it the second country with youngest population in the world. Furthermore, with a population growth rate of 3.3 elevating Uganda to third fastest growing population in Africa. **Over 56 per cent of the country's population is below the age of 18 and approximately half (48.7 per cent) is younger than 15**[40]. As many as two-thirds of children under age 5 have never had their births registered with the civil authority[41]. Birth registration is a key step in protecting children and ensuring that they receive the services they need to survive and thrive.

Many children in Uganda live outside of protective family care or in situations in which the ability of the family to remain together is at risk. Although Uganda is struggling to collect data on their care system, available evidence shows that since the 1990s, Uganda has seen a significant increase in the number of children that are living in institutions[42]. By 2012, the number of institutions for children in the country exploded: the baseline survey estimated **50,000 children growing up across 800 institutions**[43]. More than two-thirds (64.4 per cent) of children living in institutions have one or both parents living, and most children have a family network that could care for them, given the right support[44].

Most of these institutions are privately run, with only 2 state run facilities. This number is also considered by many to be significantly underestimated given that few institutions have licenses to operate legally. Only 142 homes are legally registered under the Approved Homes Regulations[45].

Seven per cent of children aged 5 to 17 years and four per cent of children aged 2 to 4 years have some at least one form of disability. Children with disabilities are at risk of being place in institutional care either because of stigma related to disabilities or because it is too difficult or expensive to take proper care of the child without adequate support[46].

It is highly necessary to strengthen the data collection mechanism, in order to accurately capture the number of children in all forms of alternative care, and to use that data to monitor and support families appropriately.

Credit: Child's i foundation

3.3. Capacity to implement

The lack of know-how and professional capacity for the provision of social services to children and families can be an obstacle for the implementation of care reform. A child protection system mapping study in Uganda undertaken in 2013[47], revealed that most of the weaknesses and gaps in the functionality of the child protection system in Uganda were attributed to inadequate public support of child protection structures, institutions and programmes.

The child protection system in Uganda is decentralised thus leading the MGLSD to have a relatively limited role in service delivery. At district level, the Community-Based Services Departments, under the Ministry of Local Government, are mandated to plan, manage, and deliver welfare services to children and other vulnerable groups. They should work in collaboration with other key government departments represented at the district level, including the District Education Office, the District Directorate of Health Services, the police, district/resident state attorneys, and district courts. Within the Community-Based Services Departments, Probation and Social Welfare Officers oversee the provision of childcare and protection services. However, these Probation and Social Welfare Officers have no obligation to report to the MGLSD. This **lack of oversight between the MGLSD and the Probation and Social Welfare Officers responsible for care reform at district level leads to uneven progress of deinstitutionalisation across 134 districts**.

A strong social service workforce is critical to meeting the needs of children without adequate family care. However, huge gaps remain in this area. For example, a 2018 rapid assessment indicated high vacancy rates among childcare and protection frontline workers. The report also highlights **gaps regarding job-specific competencies (especially in relation to case management, child protection), issues of burnout and low staff morale linked poor remuneration**[48]**.** Recently, the Ministry of Gender, Labour and Social Development in collaboration with the National Council for Higher Education, developed minimum standards and competency framework for social work education and training[49]. These general standards are expected to improve the quality of University-based social work programs, and consequently the quality of pre-service training for social workers across the country.

Although the Government and partners have implemented some programs related to the delivery of services for children and families (see section 3.4 below), **targeted interventions to strengthen families and promote family care are weak and under-resourced.** For example, investment in programs and services that prevent children from being separated from families, promote effective reintegration programs for children who are separated from families remains low. In addition, investment in high-quality family-based alternative care options for children without parental care have tended to be sporadic rather than systemic.

While the Covid-19 crisis presents immense challenges, it also offers tremendous opportunities to strengthen the health and social wellbeing of children who have been returned to their families by ensuring they are not re-institutionalised. During this pandemic, the monitoring capacity of community health and social workers has been improved to support children in families and facilitate their reintegration process through health, psychosocial and other referral pathways. Furthermore, U.S. sanctions over an FBI inter-country adoption investigation led the government to issue new guidance supporting care reform – including the roll-out of alternative acre panels in the districts and at central level[50]. This proves that children's overall health and wellbeing can be strengthened, with the right political and financial injections in the system.

Credit: Child's i foundation

3.4. Know-how and pilot projects

In the last decade, many innovative projects were implemented to replace institutions with a range of prevention and quality alternative care services in the community. A number of organisations, including Child's i Foundation, have successfully demonstrated deinstitutionalisation of children. These projects include:

■ **Deinstitutionalisation of Orphans and Vulnerable Children (DOVCU) project (2014-2019)**[51]**:** Implemented by Childs i foundation in partnership with ChildFund and TPO Uganda[52], the project successfully reintegrated children living in institutions or on the street into family-based care at district level. The projected demonstrated the feasibility of deinstitutionalisation when the Probation and Social Welfare Officers take ownership of child protection, with a pool of community networks and volunteers trained on how to support families to stay together.

■ **Keeping Children in Healthy and Protective Families (KCHPF) project (2015-2019)**[53]: This USAID/DCOF-funded project worked to reintegrate children living in residential care facilities into family-based care to add to the evidence base by testing the effects on successful reintegration of a package of family-support interventions, including reintegration case management support, cash transfers, and a parenting program. As part of this effort, guidelines for family reintegration are under development. KCHPF also supported decentralized responses to family strengthening, such as the development of district alternative care action plans.

■ **Family Resilience (FARE) project (2015-2018)**[54]: FARE sought to reintegrate separated children living on the streets or in childcare institutions into more resilient families and communities and prevent the unnecessary child-family separation from families assessed as being at high risk of separation in two districts: Wakiso and Kampala. Families identified as being at risk of child separation receive parenting and life skills training, psychosocial support, and referrals for additional services as needed.

■ **Economic Strengthening to Keep and Reintegrate Children into Families (ESFAM)** project (2015-2018): Like FARE, ESFAM is part of ASPIRES. It focused on reintegrating 350 children from childcare institutions/residential care facilities and preventing family-child separation in 350 families assessed as being at high risk of separation in three districts: Gulu, Kamuli, and Luwero. All ESFAM households received case management, parenting skills, psychosocial, and economic strengthening support.

These locally developed know-how and promising practices are great foundations to build the capacity, know-how, skills and expertise of the professional workforce and continue the reform at regional or national scale.

3.5. Civil society and users' involvement

Having an active and organised civil society and self-advocates with lived experience of the care system is fundamental to ensure the strategies are adequately implemented and continue promoting the highest human rights standards in the long-term. Uganda also has a growing number of organisations dedicated to promoting and implementing care reform including but not limited to Catholic Relief Services, SOS Children's Villages, Child's i Foundation, Thrive, and ChildFund. There is also an association for care leavers called Uganda Care Leavers (UCL)[55].

3.6. Funding for the transition

Institutional care is not only a harmful practice, it is also an expensive and ineffective system. Evidence proves that family- and community-based systems of care are more cost-effective and deliver better outcomes in the long run. However, additional resources are needed during the phase of transition, when the old and the reformed systems are still running in parallel and until resources locked in running institutional care can be used to support children in their families and communities.

Public funding for childcare and protection services is generally low in Uganda. For example, the MGLSD was allocated only 0.65 per cent of the overall Government of Uganda Budget for FY 2017/18, with only a portion of that committed to youth and children's affairs. Similarly, the CBSDs receive, on average, 1.3 per cent of local revenue budget allocations.[56] In a context where children experience multiple vulnerabilities, combined with minimal government spending on child protection, keeping children safe remains challenging.

Unfortunately, no national funds are currently allocated to support deinstitutionalisation reform. At the same time, some private donors continue to provide large amounts of funding to children's homes,[57] rather than investing in strengthening families and communities. This undermines efforts aimed at deinstitutionalising the childcare system, including developing interventions and strengthening systems that prioritize family and community-based care for children.

Donors play a key role by investing Overseas Development Assistance (ODA) funds into the phase of transition. In Uganda, several ODAs and multilaterals have already contributed to pilot projects. All projects described under chapter 3.4 were financed through ODA and multilateral funds. Despite these important investments, the **development partners' priorities and funding are fragmented.**

Structural and coordinated support led by a dedicated institutional donor like the EU would help to streamline the priorities and maximise the impact. While EU budget support in Uganda has not directly targeted children rights, Uganda has benefited from EU funds to support transport infrastructure, food security and agriculture, good governance, strengthening civil society – all which may (in)directly contribute to supporting families and children.[58] Most recently, in the context of the Covid-19 pandemic, the EU announced it will provide €24 million in humanitarian assistance for the most vulnerable people in Uganda in 2020, with a special focus on refugees and their host communities[59]. **It is key for care reform to be mainstreamed across all the key priority areas for EU support, such as food and nutrition security, transport infrastructure, youth unemployment, etc.** This will support the implementation of Uganda's 'Third National Development Plan (NDPIII) 2020/21 – 2024/25'.[60]

Community safeguarding training of professionals and paraprofessionals

Credit: Child's i foundation

4. Specific recommendations for NDICI support in Uganda

In light of the challenges and opportunities detailed above, we recommend the following to the EU Delegation in Uganda, DG DEVCO and the EEAS:

1. **Provide budget/sector support to the government of Uganda to promote the implementation of the National Child Policy, including by mainstreaming the issue of care reform within other sectoral policies (e.g. social protection, health, rural development and food security, etc).**

✓ **Supporting care reform and deinstitutionalisation.** This should cover the development of family-based care for children (e.g. strengthening kinship care, recruiting and supporting foster parents, etc.) and integrated networks of mainstream services based in the community (e.g. water and sanitation, accessible housing, inclusive and non-segregated education services, health services, etc.). It should also include developing and improving access to/accessibility of **targeted services aimed at preventing child-family separation and institutionalisation** (e.g. family planning, pre-natal care, mother and baby units, early childhood and care services, crisis intervention and emergency centres, etc.) or addressing the needs of particular groups. For instance, for children with disabilities, this might include technical aids and assistive technologies (e.g. wheelchairs, social alarms, hearing and visuals aids, communication aids etc.), supported living, legal aid, etc.

✓ **Reforming the education system,** to strengthen access to and quality of inclusive education and early childhood development, particularly for vulnerable groups (e.g. children with disabilities).

✓ **Strengthening the healthcare system** to enhance equal access to affordable, accessible, sustainable and high-quality healthcare with a view to reducing health inequalities, raising health literacy, and supporting health prevention. This should include primary healthcare (e.g. facilities for general practitioners, nurses, prenatal care, early detention and intervention programmes), secondary healthcare (e.g. facilities for specialists, outpatient clinic, physical therapy and orthopaedic), and tertiary healthcare (e.g. acute and long-term care hospitals, emergencies services).

✓ **Improving nutrition and food security** – ensuring the availability and access of food.

✓ **Promoting income generation activities** – e.g. by providing at-risk families professional and entrepreneurship training courses, microfinance schemes and mentoring, designing and rolling-out of employment policies, developing business incubators and investment support for self-employment, micro-enterprises and business creation. The activities should include a particular focus on women's empowerment and ending occupational segregation.

✓ **Developing the social workforce**, including support for case management in line child policy, which includes with deinstitutionalisation.

✓ **Supporting training and capacity building of professionals and carers –** e.g. training for child protection and social welfare staff, school professionals (e.g. teachers), medical staff (particularly on communication skills), the judiciary, re-training of institutional care staff to work in the new community-based services, and training for family members, informal carers and foster parents.

✓ **Launching a national research on institutionalized children** (both registered and unregistered).

✓ **Improving data collection mechanisms –** closing existing data gaps, develop national baselines, and invest in quality, accessible, ethical[61], timely, disaggregated and reliable data related to children living without parental or family care in all settings and situations.

✓ **Awareness-raising campaigns and programmes** to promote greater social awareness towards children in institutions and persons with disabilities, informing the general public of their different needs and abilities in society, dispelling myths and superstitions, and affirming their rights and dignity as human beings.

2. **Provide technical assistance (international experts, documentation, exchange of experience, etc.) on the areas listed above, and coordinate with other international donors.**

3. **Building on the effective collaboration between the government and CSOs, promote partnership with civil society to implement the National Child Policy, including all the key areas listed above.**

This may include:

✓ Programmatic interventions to assist the government of Uganda in the implementation of the reform by a) preventing family separation, b) developing family-based alternative care services, and c) dismantling institutional systems and redirecting the flow of national and international resources into institutions;

✓ Advocacy to influence laws, strategies and action plans for the implementation of the reform, identifying gaps in policies and implementation and redirecting financial resources;

✓ Programmatic interventions and/or advocacy to establish a baseline and develop a solid information system to record disaggregated data and monitor the wellbeing of children across the alternative care/child protection spectrum;

✓ Actions to support, empower and nurture children and young adults who experienced care, including existing networks, to become self-advocates and set their own agendas; connecting them with their peers at home and in other countries to make their voices heard in national, regional and global conversations on care reform.

In all of the investments listed above, it is essential to ensure that EU funds' investments in institutions, regardless of the size, are explicitly declared ineligible – including investments for the refurbishing, building, renovating, extending of institutions or improving energy efficiency of the care settings, etc.

Endnotes

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2   Proposal for a regulation on the Neighbourhood, Development and International Cooperation Instrument, COM(2018) 460 final, Annex II and III

3   European Parliament Resolution on the proposal for a regulation on the Neighbourhood, Development and International Cooperation Instrument, T8-0298/2019, Amendment 337 and 481; Council Partial mandate for negotiations 10305/19, Annex II and III

4   See for example Eurochild's definition extracted from the UN Guidelines for the Alternative Care of Children: "a residential setting that is not built around the needs of the child nor close to a family situation and display the characteristics typical of institutional culture (depersonalisation, rigidity of routine, block treatment, social distance, dependence, lack of accountability, etc.). Cited in the Common European Guidelines on the Transition from Institutional to Community-based Care. European Expert Group on the Transition from Institutional to Community-based Care, November 2012, http://www.deinstitutionalisationguide.eu/. In addition, UNICEF when defining an institution considers "whether the children have regular contact and enjoy the protection of their parents or other family or primary caregivers, and whether the majority of children in such facilities are likely to remain there for an indefinite period of time". Cited in the UNICEF Consultation on Definitions of Formal Care for Children, pp.12–13.

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14   Development Initiatives (August 2020) Socioeconomic impact of Covid-19 in Uganda; UNDP Uganda (April 2020) Socio-Economic impact of COVID-19 UN Uganda

15   Xinhua (20 March 2020) Uganda braces for economic impact of Covid-19

16   National Orphans and Other Vulnerable Children Policy of Uganda (2003)

17   Mark Riley, Ministry of Gender, Labour and Social Development (2012) Baseline Study on The State of Institutional Care in Uganda

18   Com/2020/456 final

19   United Nations Resolution adopted by the General Assembly on 18 December 2019, A/RES/74/133

20   For instance, the European Commission Draft thematic Guidance Fiche for Desk Officers for the 2014-2020 period states that "building or renovating long-stay residential institutions is excluded, regardless of their size". The Commission reiterated this commitment in its 2015 reply to the list of issues of the UN Committee on the Rights of Persons with Disabilities (para 81).

21   Lumos (2019) A goal within reach: ending the institutionalization of children to ensure no one is left behind

22   Common Provisions Regulation, Regulation (EU) No 1303/2013

23   Proposal for a Common Provisions Regulation, COM/2018/375 final, Article 11

24   At the end of 2015 DG DEVCO released the tender 'Study on the institutionalisation of children and possible alternatives care solutions in Asia, Africa, Central and South American countries', which aimed to 'strengthen the knowledge of the European Commission on the nature, the extent and scope of institutionalisation and feasibility for deinstitutionalisation (alternative care for children)' (ARES(2015)5590444). The EU also published in 2018 a call for proposal 'Quality Alternative Care for Children and De-Institutionalisation' with a total budget of 13 000 000 euro (EuropeAid/158557/DH/ACT/Multi). This call resulted in grants to five agencies for projects in Myanmar, Cambodia, Georgia, Burundi and Armenia.

25   Proposal for a regulation on the Neighbourhood, Development and International Cooperation Instrument, COM(2018) 460 final, Annex II and III

26   European Parliament Resolution on the proposal for a regulation on the Neighbourhood, Development and International Cooperation Instrument, T8-0298/2019, Amendment 337 and 481; Council Partial mandate for negotiations 10305/19, Annex II and III

27   Global Study on Children Deprived of Liberty, 2019, pp. 505-506.

28   United Nations Resolution adopted by the General Assembly on 18 December 2019, A/RES/74/133, para 34

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61 Developing ethical data collection mechanisms to assess the situation of children living without parental care should include processes to determine where and with whom children are living, the type of care arrangement, and the quality of care they are receiving, ensuring data privacy protections, especially for children under 18.

Credit: Child's i foundation