

**PROTECTION OF THE HUMAN RIGHTS OF
CHILDREN TO ADEQUATE FOOD,
NUTRITIONAL HEALTH AND WELLBEING**

*EXAMINATION OF THE ROLES AND CAPACITIES OF
DUTY BEARERS AT DIFFERENT LEVELS OF
RESPONSIBILITY FOR ALTERNATIVE CARE IN UGANDA*

*A MULTIPLE CASE STUDY IN SELECTED CHILDREN'S HOMES IN THE
KAMPALA EXTRA REGION*

MONICA OLAFSEN



MASTER THESIS

Department of Nutrition

Institute of Basic Medical Sciences, Faculty of Medicine

UNIVERSITY OF OSLO, NORWAY

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My motivation and strong hope is that this tripartite collective study series will be a source of information that will contribute towards the improvement of the quality of care received by Ugandan children.

Oslo, June 2016

Monica Olafsen

Abstract

Background: Vulnerability and malnutrition are serious problems faced by a majority of Ugandan children, with grave consequences affecting their survival, health, development, wellbeing, future economic performance, and consequently the intergenerational cycle of malnutrition and poverty, and thus quality of life. Improving the lives of the most vulnerable and marginalized is of paramount importance from a rights perspective. As a State Party to international human rights treaties, Uganda has assumed the principal role with legal obligations of guaranteeing the fundamental rights and the best interest of all children under its jurisdiction including vulnerable children receiving alternative care in children's homes. Uganda has a considerable unmet need for social and child protection. Consequently, there are numerous privately owned children's homes throughout the country, and most of these homes are unregulated.

Aims: The overall aim guiding the study is to examine the performance of the State of Uganda in meeting its obligations to respect, protect and fulfil the rights relevant to obtain good nutritional health and wellbeing of children receiving alternative care in children's homes. The aim has two parts. 1) To examine the institutional structures and legal, policy and program framework supporting the right to adequate food, nutritional health and wellbeing of orphans and other vulnerable children receiving alternative care in children's homes, and the consequent duties of duty bearers. 2) To perform a qualitative role and capacity analysis of duty bearers with duties towards children receiving alternative care in children's homes.

Subjects and methodology: The realization of the rights of children is the shared responsibility between various duty bearers within the society at different levels of proximity to the child. The study has identified three clusters of duty bearers relevant for investigation; caretakers working in selected privately (non-State) owned children's homes, State actors working in Government and its institutions, and non-State actors working in civil society organizations. Principles of a human rights based approach have guided all aspects of the study. The focus has been on basic determinants at the third level of the normative UNICEF conceptual framework. An analysis of the roles and capacities of relevant duty bearers has been employed, with individual face-to-face structured qualitative in depth interviews, self-administered structured questionnaires, and a structured equity gap study.

Results: The State of Uganda's efforts to realize its obligations towards children receiving alternative care in institutions is deemed lacking, as there is numerous capacity gaps of the three clusters of duty bearers that need to be filled. The human rights and the concept of the best interest of the child is not well understood, and findings indicate the need for capacity development among the broad Ugandan society in this regard.

Conclusion: This study is a first step towards developing an understanding of the capacities of a broadened spectrum of responsible duty bearers, as well as identifying areas of unity and of possible interventions for an improved common understanding, and for the realization of the rights of vulnerable children receiving alternative care in children's homes throughout Uganda.

Preface

The journey towards this master project actually started with an exchange semester for my bachelor degree in nutrition at the University of Stellenbosch, together with research fellow Tone Berg. For us students, South Africa was a wonderful place to live; however, the inequalities we experienced among humans were both appalling and life changing. During my master degree in nutrition, I was excited to learn of the chance to partake in the NOMA¹ Track Module, an international elective master program integrating nutrition, human rights (HR) and governance. Hence, I steered my education in the direction of public nutrition. Parties to the NOMA project were master students from the University of Oslo (UiO), Stellenbosch, and Makerere, and six weeks modules were carried out at each university. The UiO course formed a theoretical introduction to nutrition, human rights and governance, while the successive courses placed theoretical knowledge into context in the South African and the Ugandan “case”, where each country’s challenges, and opportunities, to realize the human right to adequate food (RtAF) were explored. From Norway participated the three research fellows to this study series, namely Tone Berg, Line Erikstad Vogt, and I.

One of the criteria for engaging in the NOMA project was to conduct a master project within the field of nutrition, human rights and governance. Kampala City has an overwhelming number of street children begging for food and money for survival. This was utterly heartbreaking for Berg, Vogt and I to witness, and we all wished the rights of vulnerable children to be the focus of our projects. We connected with Mr. Wilbrod Ngambi from UNICEF who informed us that there was limited knowledge regarding the nutrition situation of children living in childcare institutions (CCIs) throughout Uganda.

UNICEF, in close cooperation with the Ministry of Gender, Labour and Social Development’s (MGLSD) Department of Youth and Children Affairs (DYCA), were in the process of conducting a broader study of the living conditions in these facilities. There has however not been any focus on the right to food, and both the MGLSD and UNICEF explicitly expressed the need for further research in this area.

Thus, we decided it would be interesting to investigate the nutrition situation in some CCI. We decided to conduct a tripartite collective study series on the nutrition situation as related to the human rights of juveniles detained in the country’s five State-owned remand homes. This would result in three independent master thesis with three specific areas of focus, together serving as an *independent* study for the Child Protection Unit of UNICEF as part of their aforementioned broader study, conducted in cooperation with the MGLSD. The result of this work would be used by the MGLSD with the intention of improving planning for children as part of their ongoing efforts to strengthen child protection in CCI. However, despite facilitation by both UNICEF and Makerere University, after three months of preparations and efforts to acquire all necessary approvals, the Permanent Secretary of the MGLSD denied us permission to access the country’s remand homes to research the human rights situation. After

¹ NOMA (NORAD’s Program for Master Studies). NORAD (Norwegian Agency for Development Cooperation): a Directorate under the Norwegian Ministry of Foreign Affairs.

consultations with Mr. Ngambi and Mr. James Kaboggoza-Ssembatya², we were eventually granted approval to carry out research in privately owned children's homes (CH). The same collaboration agreements were applicable. After learning of the general problems related to institutionalization of children, we were highly enthusiastic about this theme.

In the study series³, Berg, Vogt and I have researched the rights of children in five children's homes in Kampala extra region using a human rights based approach (HRBA) and the three levels of determinants⁴ of the normative UNICEF conceptual framework for the realization of good child nutrition.

I apply qualitative methods of data analysis to examine the roles and capacities of duty bearers at different levels of responsibility for the protection and realization of the rights of children when receiving alternative care in children's homes in Uganda. My focus is on the basic determinants at the third level of the UNICEF framework. My investigations were carried out in five selected children's homes, as well as in relevant civil society organizations (CSO) and Government departments and institutions. Berg, Vogt and I have collaborated closely throughout the project, especially in the initial planning phase. Each of us have independently designed, planned and conducted our individual research and data analysis.

Limited information exists about the operation of and the living conditions in the CCI. Through the tripartite approach to the study series, Berg, Vogt and I believe our respective studies complement each other and offer new insight into the situation of children living in children's homes and their duty bearers. Rukundo (2007; 2008; 2011) has investigated the roles and capacities of Ugandan duty bearers with regard to the right to adequate food for all. To my knowledge, this study series was the first to examine the roles and capacities of duty bearers responsible of alternative care for children, and the nutrition status and the food, health and care situation among adolescent girls in children's homes. However, a recent study (Walakira, *et al.*, 2015) involved assessing the MGLSD capacity to fulfill its mandate to approve and inspect CCIs. My hope is that this study series will be useful in the work of the MGLSD and UNICEF to improve planning for children, to impose control over Uganda's CCIs, and to raise awareness among people on the rights of children for the improved quality of care they receive. A secondary purpose, yet not of less importance, is that, through its focus on the important issues of the rights of the child (RoC) and alternative care, the present study will contribute to raising awareness and initiate processes among the duty bearers themselves. I hope that this will result in increased advocacy, greater action, and in the reinforced practice of human rights in the work of duty bearers towards the children of Uganda.

² For the Permanent Secretary. Mr. Kaboggoza is the Assistant Commissioner for Children's Affairs and the Program Director of orphans and other vulnerable children (OVC), in the MGLSD DYCA. MGLSD is the lead State agency responsible for the social protection and welfare of all poor, vulnerable and marginalized groups in Uganda, while DYCA has this responsibility for all children, including OVC and those living in CCI. While DYCA are direct responsibility for the funding and operation of all remand homes, they are responsible for regulating and monitoring the operation of the children's homes, which are all privately funded and operated.

³ Annex 1. shows the contributors to the collective study series.

⁴ Figure 7 in chapter 3 provides an overview of the analytical framework guiding the tripartite study series, while Table 7 in chapter 3 outlines the analytical framework and methods guiding the present study.

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Clarifications of key terms

Alternative care for children:

Adoption is the process through which the legal guardianship of a child is transferred from its parents (or from the State) to new parents via a Foster Care Order that can be consolidated into a full adoption order after three years of foster care. I.e. a person acquires the right to take permanent custody of a non-biological child and legally becomes the parent of the child.

Domestic adoption is an adoption where the adoptive parents and the adopted child are of the same nationality and have the same country of residence. *Inter-country adoption (IA)* refers to adoption that involves adoptive parents from one country and a child from another country.

Alternative care is care provided to children who are deprived of parental care. It is a formal or informal arrangement where a child is looked after outside the parental home, either by decision of a judicial authority or at the initiative of the child's primary caregivers, or by a care provider in the absence of parents.

Caregiver is the primary legal guardian of a child, be it a parent, sibling, extended family (EF) member, foster and adoptive parent, or any other person who has the care of the child.

Caretaker is an individual employed to take care of, and/or provide services to, children. This includes staff working in CCIs, healthcare and educational professionals, caregivers employed by parents, etc. This covers State or non-State actors (NSA) in the position of caregivers with legal, professional-ethical and/or cultural responsibility for the safety, health, development and wellbeing of the child. The State is the caregiver of unaccompanied children.

Childcare institution (CCI) include all institutional care facilities where children are accommodated, cared for and educated in a group setting and applies to anyone or CSO who cares for more than seven children. Any less and these are defined as informal foster carers. The founding may be Governmental or non-Governmental. The Government has established the country's remand homes. Non-Government established CCIs include children's home as well as boarding schools. An Approved Home is a Governmental or non-Governmental CCI approved by the MGLSD to provide care for a child with a Care Order. Caretakers are paid.

Children's home, orphanage or children's villages are non-Governmental CCIs providing accommodation and childcare. They may be approved or non-approved by the MGLSD. They should only provide care to children with a Care Order and includes babies- and children's homes, which provide accommodation and care for children aged below six years and aged between three to 18 years, respectively.

Child protection is measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children, and accordingly to protect children's rights.

Extended family refers to a biologically related family unit extending beyond the nuclear family, in which several generations live proximate or together within a single household, all with social ties and responsibilities towards one another. In response to socioeconomic

changes in the modern society, the traditional extended family is widely replaced by nuclear family units. *Traditional extended family safety network* refers to the traditional informal and kinship based social security, support and protection systems provided by the extended families and neighbours within a community interconnected by cultural bonds. Traditionally, this system mitigated child vulnerability in Uganda, as this kinship system would care and cater for OVC within the community. Often this is referred to as informal fostering or informal adoption. Today, the extended family system is under strain and is threatened, and is consequently struggling to adequately meet the needs of OVC.

Family based alternative care involves for a child to live with a family other than its biological parents. The term encompasses fostering, kinship care, and adoption.

Family preservation is support strategies meant to prevent families from breaking up, and to protect children from abandonment. *Gatekeeping* refers to measures to prevent OVC deprived or at risk of losing parental care from unnecessary initial entry into CCIs, and contribute to their progression back to families or substitute families as soon as possible.

Foster care is the placement of a child with a person who is not its biological parent or relative and who assumes parental responsibility of the child either with or without a Government care order. It is family based care for children whose own family is unable or unwilling to look after them, and can be either short term or long term. The biological parents remain the legal guardians but the foster child lives temporarily in households with neither of their biological parents present. Foster care can lead to adoption after three years for those children who do not have any contact with their birth family.

Nuclear family is the child's immediate family, including parents (or legal guardians) and siblings. A *parent* is the biological mother, father, or adoptive mother or father of a child. *Parental responsibility* is all rights, duties, powers, responsibilities and authority, which by law a parent of a child has in relation to the child.

Remand homes are detention homes, where juvenile offenders between 12-18 years may legally be detained in accordance with Ugandan law. The MGLSD DYCA has the direct responsibility for both funding and operation. In 2012, Uganda had five functional remand homes around the country, but is in the process of building several more for juveniles detained while awaiting court hearings. This included Kampiringisa National Rehabilitation Centre (KNRC) located in Kampala, the only place for legal incarceration of convicted juveniles. However, due to a huge lack of birth certificates, both younger children and young adults are found detained in remand homes. Backlog of court hearings, failing to access legal representation, or lack of human and financial resources for transportation to the court are reasons of why incarcerated juveniles may await court hearings for months and years. OVC have been found placed in remand homes by relatives finding them troublesome or been wrongly accused by employers or neighbours for financial gain. KNRC is where most street children are detained after being rounded up (by the hundreds) on the streets of Kampala by the national police and the military. This has been part of the Government's effort to solve the problem of street children since 1998. This tactic was formalized in 2002 as a child protection program under the MGLSD. OVC without anyone to pay their fine stay remanded, or end up

in one of the country's many privately owned CCIs (ROU, 1995; Moore, 2010; Businge, 2008, October 8; HRW, 2014).

Capacity

Capacity is to be motivated and to understand the relevance and importance of what you have to do, as well as to have a degree of autonomy based on delegated authority. It includes to be empowered with adequate access to human, financial, and organizational resources, as well as possessing the needed skills to undertake a task for which you are held responsible, including technical-, managerial-, and communication skills, and appropriate knowledge and insight corresponding with the duties (Oshaug, 2012).

Food and nutrition (in) security

Food and nutrition security: “*food security* exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life” (UNFAO, 1996). There are four dimensions of food security; food availability, access to food, stability of food supply and food access, and safe and healthy food utilization (UNFAO, 2000). Food security also includes an assured ability to acquire adequate foods in socially acceptable ways (Kennedy, 2003). *Nutrition security* exists when all people, at all times, enjoy an optimal nutritional condition for an active and healthy life, and is influenced by a wide range of factors that may lead to inadequate or excessive nutrient intakes or may impair nutrient utilization. The factors most directly influencing nutritional status are food security, health (services and hygiene), and knowledge and care. Particularly relevant to children, are childcare and feeding practices. Each of these factors are essential to attain good nutritional status, and they often interact with each other. National development policies and resources, including macroeconomic and agricultural policies, affect nutritional wellbeing. Nutrition security means the enjoyment of the right to adequate food and of the right to health (UNFAO, 1997; 2009a; UNICEF, 1998).

Food insecurity describes the limited or uncertain availability of nutritionally adequate and safe foods, or physical and economic ability to acquire foods in socially acceptable ways (Broca, 2002; Kennedy, 2003). It includes factors affecting people's capacity to deal with, or resist, the negative impact of risk factors on access to adequate food and/or on their nutrition conditions. Certain individuals, most often women and children, may experience food insecurity due to inappropriate or inadequate procurement, use, and/or distribution of foods within a family unit. Chronic hunger and malnutrition is usually the consequence of food insecurity. *Nutrition insecurity* may be due to food insecurity and diseases, due to poor health and sanitation conditions (UNFAO, 2009b).

List of principal abbreviations

ACRWC	African Charter on the Rights and Welfare of the Child
ACHPR	African Commission on Human and People's Rights
ANPPCAN	African Network for Prevention and Protection against Child Abuse and Neglect
AU	African Union
BMI	Body Mass Index
BoR	Bill of Rights
CCI	Child Care Institutions
CESCR	Committee on Economic, Social and Cultural Rights
CH	Children's Home
CIVHR	Commission of Inquiry into Violations of Human Rights
CSO	Civil Society Organization
DYCA	Department of Youth and Children's Affairs of the MGLSD
EF	Extended Family
ESCR	Economic, Social and Cultural Rights
FBO	Faith Based Organization
GC	General Comment
GOU	Government of Uganda
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPR	Human and People's Rights
HR	Human Rights
HRBA	Human Rights Based Approach
HRI	Human Rights Instrument
IA	Intercountry Adoption
ICCPR	International Covenant on Civil and Political Rights
ICRC	International Convention on the Rights of the Child
ICESCR	International Covenant on Economic, Social and Cultural Rights
KCCA	Kampala Capital City Authorities
KNRC	Kampiringisa National Rehabilitation Centre
LG	Local Government
M&E	Monitoring and Evaluation
MAAIF	Ministry of Agriculture, Animal Industry, and Fisheries
MAK	Makerere University Kampala
MFPEd	Ministry of Finance, Planning and Economic Development
MDG	Millennium Development Goal
MGLSD	Ministry of Gender, Labour and Social Development
MOH	Ministry of Health
NCC	Uganda National Council for Children
NFNC	National Food and Nutrition Council
NFNS	National Food and Nutrition Strategy
NGO	Non-Governmental Organization
NODPSP	National Objectives and Directive Principle of State Policy
NOMA	NORADs Program for Master Studies
NOP	National Orphaned and vulnerable children Policy
NORAD	Norwegian Agency for Development Cooperation
NRA	National Resistance Army
NRM	National Resistance Movement
NSA	Non-State Actors
NSPPI	National Strategic Programme Plan of Interventions for OVC
OAU	Organization of African Unity
OOP	Office of the President
OPM	Office of the Prime Minister
OVC	Orphaned and other Vulnerable Children
PWO	Probation and Welfare Officer
PSWO	Probation and Social Welfare Officers
REC	Regional Ethics Committee for Medical and Health Research, Norway (REK; Regional Etisk Komité)
RoC	Rights of the Child

ROU	Republic of Uganda
RoW	Rights of Women
RtAF	Right to Adequate Food
RtH	Right to Health
SOU	State of Uganda
SUN	Scaling up Nutrition
UBOS	Uganda Bureau of Statistics
UCRNN	Uganda Child Rights NGO Network
UDHR	Universal Declaration of Human Rights
UFNP	Uganda Food and Nutrition Policy
UHRC	Uganda Human Rights Commission
UiO	University of Oslo
UN	United Nations
UNAP	Uganda Nutrition Action Plan
UNCST	Uganda National Council for Science and Technology
Under-fives	Children under the age of five years
UNICEF	United Nations International Children Education Fund
VAD	Vitamin A Deficiency

1. Analytical dimensions: actors, capacities and rights outcomes

I initiate this thesis by introducing the topic, its importance, and the motivation behind it.

To shed some light on the forces contributing to the situation of orphans and other vulnerable children⁵ and their institutionalization in the context of food and nutrition security, I provide contextual information on the Ugandan political, economic, and civil history and culture in addition to sociodemographic characteristics.

Further, I present the right to adequate food, nutritional health and wellbeing of OVC, and institutional versus family based alternative care. According to the UNFPA (2010), this information is required in a human rights based country situation analysis. Mechanisms and actions taken to address the country's challenges and their effectiveness, is however addressed in chapter 0 alongside a human rights based country legal and policy analysis.

This introductory chapter is completed with an outlining of aims, research questions and assumptions that have guided this research, in addition to an outlining of the thesis structure.

1.1. Introduction to the study

This thesis concerns the performance of the State of Uganda (SOU) as regards meeting its legal obligations accruing from international and domestic human rights law relevant to obtain good nutritional health and wellbeing of OVC receiving alternative care in children's homes. The emphasis of the study has been to investigate the capacities necessary to enable duty bearers to fulfil their duties, and to identify capacity gaps hindering them in doing so. Further, to search for pertinent information, knowledge and perceptions held by relevant duty bearers. Issues of relevance include the situation and human rights of OVC living in CCIs; push and pull factors driving the situation of OVC and their institutionalization; factors threatening the traditional extended family social protection and security mechanisms; and actual efforts towards the implementation of the national alternative care framework. Principles of a HRBA have guided all aspects of the study, and an analysis of the roles and capacities of relevant duty bearers has been employed.

The study considers children as rights holders, while duty bearers are any person at any level of proximity with duties towards the child. The study identified three clusters of duty bearers relevant for investigation, namely caretakers (NSA) in the selected homes, State actors in Government and its institutions, and NSA in CSO. Individual face-to-face structured qualitative in depth interviews was the main method of obtaining data, whereas additionally applied was self-administrated structured questionnaires and field observations in the form of

⁵ OVC is a term used in development documents to describe children who, based on a set of criteria when compared to others, live in situations leaving them vulnerable to great risk of physical, mental or emotional maltreatment, with a potential to affect the fulfillment of their HR. Thus, they are in need of care and protection. Child vulnerability also indicates lack of security, susceptibility to risk and exploitation, and to the risk of falling into and remain in poverty and lifelong living in conditions of impoverishment (ROUMGLSD, 2004a).

a structured equity gap study. Equity gap studies were carried out in the selected children's homes, while in-depth interviews were performed with, and questionnaires completed by, caretakers working in these homes and relevant State- and civil society actors. Semi-structured qualitative interviews were carried out with relevant key informants, adding technical information from their respective fields of expertise. The five elements of capacity and the international human rights principles and standards have directed the development of research tools, as well as the analysis and discussion of findings.

Study rationale

Improving the lives of the most vulnerable and marginalized is of paramount importance from a human rights perspective. As a Party to international human rights treaties, the State of Uganda has assumed the principal role with legal obligations of guaranteeing the rights contained therein for all citizens under its jurisdiction. The best interest of the child and the right of the child to adequate food are fundamental rights protected under international human rights law ratified by Uganda and in Uganda's national legal and policy framework. Uganda has a wide range of legislation, policies, regulations, strategies and initiatives in place aimed at tackling food and nutrition insecurity and at safeguarding the rights of OVC to adequate food, health, care, education and protection. These rights are prerequisite for optimal health, development, and wellbeing, and the State of Uganda has committed itself to respect, protect and fulfill these rights for all children, including OVC receiving alternative care in children's homes. The realization of the rights of children are the shared responsibility between various duty bearers within the society including, amongst others, parents and family members at the level closest to the child, and the MGLSD⁶ as the lead responsible Government line ministry.

Despite having this framework in place, Uganda has considerable unmet needs for social and child protection. Vulnerability and malnutrition are serious problems faced by a majority of children, with grave consequences affecting their survival, health, development, wellbeing, future economic performance, and consequently the intergenerational cycle of malnutrition and poverty, and thus quality of life. There exists numerous privately owned children's homes taking in OVC throughout the country. Yet, the MGLSD DYCA, and others with their approval and political support, have performed only a limited number of research on the situation of OVC receiving alternative care and on the state of the country's children's homes (ROUMGLSD, 2010; 2012b; Vogt, 2014; Berg, 2015; Walakira, *et al.*, 2015). According to these investigations, most homes do not follow and/or reach the set human rights standards as stipulated in international and national law, policies, regulations and guidelines with regard to the continuum of care and legal requirements, in addition to the living conditions and the provision of care. As most homes are not subjected to adequate control by the DYCA, the potential for disregard of the human rights and of the best interest of the child is imminent.

⁶ The MGLSD came into being by a constitutional requirement of the 1995 Constitution chapters 4 and 16 which mandates the Government to amongst others protect and promote fundamental rights of the poor and vulnerable. It is the lead agency for the social development sector that promotes issues of social protection, gender equality, equity, HR, culture, decent work conditions and empowerment for different groups (GOUOPM, 2016).

The coherence and collaboration of the different liable adults involved in and responsible for the lives of OVC are of utmost importance for the protection and realization of their human rights. Therefore, I directed the present study towards the investigation of both State actors and NSA at different levels of responsibility for realizing the human rights of OVC to adequate food and nutritional health. This was with the purpose of attaining a comprehensive insight into the capacities of both legal and moral duty bearers and the dynamics influencing the inclination towards the institutionalization of OVC as a measure of child protection in Uganda. This study is a first step towards developing an understanding of the capacities of a broadened specter of responsible duty bearers, as well as identifying areas of unity and of possible interventions for an improved common understanding and for the realization of the human rights of OVC receiving alternative care in children's homes throughout Uganda.

Restrictions and clarifications

In exploring the framework for safeguarding the rights of OVC, emphasis is placed on relevant international human rights law, international guidelines, and national legislation, policies, regulations and guidelines. Regional African human rights law have been included to provide contextual understanding of traditional African, and Ugandan in particular, cultures, perspectives and mindsets.

Unless otherwise stated, the term *child* is applied throughout this thesis in accordance with the definitions contained in the United Nations (UN) 1989 International Convention on the Rights of the Child (Article 1), the 1995 Constitution of the Republic of Uganda (ROU) (Article 257.1c), and the 1996 Uganda Children Act (Article 2). “*A child means every human being below the age of 18 years*” (UN, 1989; ROU, 1995; 1997).

This thesis applies the core content of *the human right of the child to adequate food* as elaborated in General Comment⁷ (GC) 12 of the UN 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR) (Article 11). This right implies available, safe and culturally acceptable food, meeting the child's dietary needs in quality and quantity. Further, it implies economical and physical sustainable accessibility of food (UN, 1966a; UNCESCR, 1999). The thesis considers *the human right of the child to nutritional health* as attained with the fulfillment of the right to adequate food, and the right to health (RtH) and water (RtW). The core content of the right of the child to the enjoyment of the highest attainable standard of health is applied as elaborated in GC14 of the ICESCR (Article 12) and in GC15 of the ICRC (Article 24). This right implies freedom to control one's health and body and the entitlement to a child friendly system of health protection and to the promotion of healthy child development. This entails availability; physical, economic and information accessibility (non-discrimination and equality of everyone); acceptability (ethical and cultural); and good quality of functioning public health and healthcare facilities, goods, services and programs in sufficient quantity (UN, 1966a; UNCESCR, 2000; UNCRC, 2013). Health is “*a state of complete physical, mental and social wellbeing and not merely the*

⁷ While not being legally binding per se, GCs are standards for implementation of HR provisions, and indicate how treaty monitoring bodies interpret HR.

*absence of disease or infirmity*⁸”. The core content of the right of the child to water is applied as elaborated in GC15 of the ICESCR (Article 11; 12). This right implies water adequacy namely sufficient and continuous, safe, acceptable colour, odour and taste, physically accessible and affordable water for everyone without discrimination for personal and domestic uses. Further considered is sensitivity to gender, life cycle, and privacy and safety requirements (UNCESCR, 2003; UNGA, 2010b). The thesis considers *the human right of the child to wellbeing* as closely related to the standards of the best interest of the child and the right of the child to adequate food and nutritional health, in addition to being interrelated to all other human rights standards. ”*All children have the right to opportunities, to survive, grow and develop, within the context of physical, emotional and social wellbeing, to each child’s full potential*” (GC15 Paragraph 1) (UNCRC, 2013). “*The best interests of the child shall be a primary consideration in all actions affecting children*” (ICRC Article 3)⁹ (UN, 1989), implying that the primary consideration of children should be the main motivation guiding all measures affecting their wellbeing. The best interests of the child, as related to the care security, protection, wellbeing, dignity, and development of children, is guiding this thesis literature review and discussion in relation to the situation and human rights of OVC and of the institutionalization of children in Uganda. Further, this standard is considered as closely linked to the human right to adequate food, nutritional health and wellbeing, in addition to the right of the child to know and to be cared for by its biological parents and their right to temporary or permanent legal guardians to provide the child with protection and assistance in certain situations. The ultimate objective of promoting food security and the right to adequate food is to achieve nutritional wellbeing, and includes food, water, health, care, and with education as a crosscutting dimension. The right to adequate food is a necessary, but not sufficient component of the right to adequate nutrition (Eide&Kracht, 2005). Optimal food, health, care and protection practices is interrelated and interconnected, and pertinent for good nutritional health, growth, development and wellbeing of the child, as the UNICEF conceptual framework illustrates. Inevitable, collected data is not strictly delimited to food, however, only practices perceived by the researcher as relevant for this study has been investigated.

This study identified three clusters of duty bearers relevant for investigation. The cluster of caretakers (NSA) working in the selected children’s homes has been of main priority to examine, while the two clusters of relevant State actors working in Government and its institutions, and civil society (NSA) actors working in CSO had to become of secondary priority. This was due to the overall structure of the study series, which focuses on children’s homes, as well as to constraints such as limited time and finances, as well as cultural barriers.

The clear intention of the study series was only to include children’s homes located within the city of Kampala, formally approved of by the MGLSD DYCA. This was based on the grounds that we wished to investigate the quality of the operation of homes having been formally evaluated and approved of and, as the MGLSD is located in Kampala city most of this work has been done within this area. Further, Kampala city is a core site where the headquarters of most of the Government and other institutions relevant for the present study are situated. As

⁸ UNWHO (1948) Constitution. UNWHO (1978) Alma-Ata Declaration on primary healthcare.

⁹ This HR standard is further enshrined in ICRC Article 9; 18; 20; 21; 37(c) and 40(2)(b)(iii).

of January 2013 the research fellows obtained a full list of 47 homes by the DYCA fulfilling (apparently) these criteria. However, as it turned out, this list was containing homes known and confirmed to exist by the DYCA within the Kampala extra region, while not any of the homes selected for investigation had in fact been formally approved of. This was discovered by coincidence, only after the research fellows had left the country three months earlier and I was at the end of concluding investigations. Thus, unintentionally, the study series only encompasses non-approved homes, including a couple of homes apparently known by State actors at the DYCA level to have violated the rights of the children living there, one of which having been officially closed on at least two occasions. The fact that the study only includes non-approved homes somehow alters the human rights discussion of the responsibility of duty bearers. The discussion regards whether the NSAs operating of non-approved homes affects the State of Uganda's obligations under international human rights law, by reducing or making these obligations less clear. Further, the discussion concerns the applicability of international human rights law, with regard to placing obligations of human rights realization on NSA. This is an ongoing debate internationally, and precedence is not set. Lack of local knowledge are an additional important reason for the research fellows not realizing that the selected homes are located within the Kampala extra region, comprising amongst others Kampala city and the neighboring Wakiso district. One consequence is that three and two of the homes are administrated locally under the Kampala Capital City Authorities (KCCA) and the Wakiso district local Government (LG) respectively, being guided by a different set of legislation and having different structures of administration. I learned that this has practical implications, amongst others on the ability of State actors at local levels to perform their roles and obligations towards children's homes. Due to my lack of local knowledge, these legislations and structures of administration will however not be assessed in this thesis.

The focus of the studies of Berg and Vogt is adolescent girls. This is a group of children with increased demands for nutrients and care, and in Uganda they are likely to be malnourished, to suffer from discrimination, and to become mothers at an early age. This group is entitled to special attention and protection from all parts of society, as recognized under international human rights law, and according to the *life course approach* and the *window of opportunity*, focused attention towards this group gives the greatest returns in terms of preventing malnutrition in future generations. Although highly appreciative of these particulars, the emphasis of the present study is on children in general with only some focus on adolescent girls. This is due to the fact that duty bearers at Government levels have responsibility for all Ugandan children, and at the children's homes level, for all children in their care.

1.2. Background contextual information on the Pearl of Africa¹⁰

1.2.1 Uganda, its people, and its historical legacy

The Republic of Uganda is located on Equator in the Great Lake region of Eastern Africa (Figure 1). Many recent and ongoing conflicts have affected the region, and as all neighboring

¹⁰ Being the pride of Uganda, this famous quote is from Winston Churchill's 1908 book *My African Journey*. However, in reference to this quote and its violent past, Uganda has also been described in terms as "*the Pearl of Blood*" and "*the Bloodstained Pearl of Africa*" (ROUCIVHR, 1994a; Seftel, 1994).

countries have political, economic and ethnic links¹¹ with Uganda, this has the potential to influence or directly contribute to turmoil. As a landlocked country, the capacity to defend its borders is deemed vital (ROUCIVHR, 1994a; b). While most of Uganda has experienced relative stability since 1986, and the whole country, with the exception of the northeastern Karamoja region, has enjoyed relative peace since the end of the civil war in Northern Uganda in 2006, Uganda has a long history of violence, which precede the British establishing Uganda as a protectorate under indirect rule in 1894. This united a territory consisting of several rivalry kingdoms with a *diversity of ethnic tribes*¹².

Figure 1: Map of Uganda.



The capital of Kampala is located in the central region, within the traditional Kingdom of Buganda (UNICEF, 2011b)

The British colonial policy of divide and rule reinforced ethnic differences¹³ and social disintegration within the Uganda Protectorate, and has had enormous impact on Uganda and

¹¹ The colonial demarcation of African borders resulted in State boundaries not respective of the distribution of ethnic groups. This separated certain distinct or closely related tribes, which often identifies with their ethnic group before the constructed borders. Ex. the Tutsi, overlapping five borders including Uganda.

¹² The Constitution recognizes 56 ethnic tribes within Uganda.

¹³ The Buganda traditional kingdom (Uganda in Swahili) and the Baganda (the Ganda people) were favoured and rewarded over other regions, traditional kingdoms and tribes as Baganda Christians supported the establishment of the Protectorate. Buganda received conquered territory from other kingdoms; a large extent of autonomy and self-government; railroad transport; the seat of Government; mission education; and, were the preferred area for producing cotton and coffee (cash crops). Many Baganda worked as colonial administrators over their neighbors, including tax collectors and organizers of forced unpaid labor. The trend of selectively recruiting army officers from “martial” tribes from northern Uganda was initiated, and Asian’s were preferred in commercial affairs.

its people. At the time of independence, formally received on 9 October 1962¹⁴, the Government was unsuited as a legitimate institution and there was vast barriers to national integration and nationalist sentiments preventing the establishment of a functioning political community, leaving Uganda vulnerable to political instability. Uganda also did not have any set and accepted rules and values to guide its people. Besides leaving damaging political¹⁵, economic¹⁶, military¹⁷, and religious *legacies* creating conditions for disunity, the colonial legacy of mismanagement of the diverse peoples of Uganda has been the root cause of extensive conflicts and civil wars.

Since independence, Uganda has endured a turbulent political history, a collapsed economy and infrastructure, and a failed State, as well as never having had a democratic transition of power. Prime Minister Milton Obote's 1966 *coup d'état* initiated a whole era of *coups d'état* and counter coups, foreign invasion, and armed revolts. The ensuing 20-year period of political instability, civil and military unrest, and vicious cycle of violence includes the notorious two socialist regimes of President Obote and the military regime of President Idi Amin Dada, involving excessive abuse of power and horrendous violations of human rights of civilian victims of State terrorism and atrocities^{18 19}.

In 1986, the current President Yoweri Kaguta Museveni and his guerilla National Resistance Movement/Army (NRM/A) seized control of the State, and has continued to control the Government. The sociopolitical situation has since improved radically, and it has been great efforts to rebuild the State. Museveni early endeavored to improve Uganda's human rights reputation as well as democratization. A new Constitution was enacted in 1995. However, although today considered a democratic country, critics claim that Uganda has democratic challenges²⁰ including the governing of a semi-authoritarian regime with remains of hegemonic rule monopolizing political power (Bastian&Luckham, 2003; Makara, 2013), and that the regimes endeavors of democratization has only been assumed to claim democratic credentials²¹ (Tripp, 2010). Critics characterize the leadership style of Museveni as corrupt²²,

¹⁴ Unlike most colonial territories having organized themselves to force self-rule or independence from a reluctant colonial regime, the British both initiated and prepared for the Ugandan independence. Ugandan political parties thus had to cooperate without having settled or subordinated their differences.

¹⁵ Up until today authoritarian rule and domination (justified by Austin's theory; *law is command backed by threat*) is seen in the extensive bureaucracy, corruption, politics being the struggle for self-preservation, and ethnic identity as a political tool. Ex. ethnic/religious polarization; favoring employment and development for certain tribes/regions; deflection from the opposition against privileges once in office; lack of accountability.

¹⁶ British favoring of Buganda created an uneven regional development, seemingly at the expense of other regions, particularly the northern and western. Up until today, the central region is the most developed.

¹⁷ Tensions have persisted between different regions, notably between the central and northern region. Continued dominance of eastern and northern tribes in the army and ethnic conflicts therein, has contributed to the conflicts.

¹⁸ Causes of HR violations were vast HR unawareness; non-interference when witnessing abuse; personalization of power; intolerance; violent force to settle conflicts; competition for limited resources (ROUCIVHR, 1994a; b)

¹⁹ Sources: Kasfir, 1976; Byrnes, 1990; Bastian&Luckham, 2003; Makara, 2013; USCIA, 2015a; TRIAL, 2015.

²⁰ Such as independence of the three arms of Government; democratic institutions; free/fair elections; loopholes in governance framework allowing for system and institutional manipulation.

²¹ NRM instituted its political system in 1989, extended its term in office until 1994, and again until 1996, thus deviated from its 1986 Legal Notice declaring it a four years interim Government. The 2006 Constitution Amendment established unlimited presidential terms. Museveni/NRM won the 1996/2001 no-party- and the 2006/2011/2016 multiparty elections. The processes and results are contested (AED, 2011; NSD, 2011).

²²Corruption affects all parts of the Ugandan society, holding back development. The Transparency International Corruption Perception Index deems the public sector highly corrupt, with declined ranking from 2012. The

unethical and authoritarian. Positive Government records since attaining power is solid economic growth²³, poverty reduction, improved social indicators, leaving Uganda relatively peaceful, stable and thriving. Forty per cent of Ugandans have trust in the Government (UNDP, 2014). When voting for president however, personality and leadership skills are considered more important than the ability to deliver on issues such as employment and development. Thus, to win elections, the opposition needs to convince that they can ensure strong leadership to upkeep peace and security (Afrobarometer, 2010; Helle, *et al.*, 2011).

Cultural aspects of the Ugandan society: gender relations

According to Devereux, *et al.* (2002), *culture* influences the relations between people, between people and land, and between people and food. As the Ugandan society is strongly *patriarchal*, it renders women and children vulnerable due to unequal power relations, their inferior social status, and negative cultural beliefs, values, norms, practices and traditions. Gender inequality and discrimination is reflected in the unequal access and control Ugandan women have over resources, unequal opportunities to partake in decision making, and in the rates of sexual abuse and domestic violence.

Women have a multiple workload. Through dictates on land use, land access and food preparation and consumption, common cultural aspects of the society may directly or indirectly influence the food and nutritional security for women and children. Women and children grow most of the food. By law women and men have equal rights, however due to local customs and lack of political will women do not experience full rights to the food they produce or how to distribute it, or to own or inherit land. Also, sometimes they have to get permission to access land or other productive resources. Women and children provide for all domestic labour, while women and the girl child are responsible for food preparation. Men and the boy child above the age of 12 years are not allowed to enter the kitchen.

Traditionally, the distribution of food and food taboos are dictated along gender and age lines, affecting children and women's access to food in general, and particularly nutritious foods, as delicacies oftentimes are reserved for men. The girl child is far more vulnerable than the boy child, as many marry at an early age, are denied access to education, and are more prone to abuse and defilement. Males are by the family often valued higher than females (Neema, *et al.*, 2004), which is expressed in discriminatory caring practices. Examples of other adverse

Commission of Inquiry into Violations of HRs (CIVHR) outlined the need to develop a culture of service, accommodation, honesty, tolerance, solidarity, unity, mutual respect, trust; and solidarity to demand, struggle for, and resist HR violations. Uganda Vision 2040 sustains the need to establish a national ideology and value system including ethics, integrity, positive attitudes/mindsets, patriotism/national identity, positive cultural practices (ROUCIVHR, 1994b; TI, 2012; 2014; ROUNPA, 2013).

²³ Economic/political liberalization reforms was implemented in 1987, on request by international donors. The economy is mainly driven by small/medium sized enterprises. Continuous internal/external military fighting, unreliable power, high costs of energy, inadequate transportation infrastructure, and corruption however inhibit economic development and investor confidence (UBOS, 2012b; ROUNPA, 2013). Uganda still has very high levels of foreign debt; in 2005 total debt service was USD 96.6 million to multilateral creditors. Uganda has depended on external assistance to cover over 40 per cent of its national budget during the last decade. The last few years there has been a shift from project-based aid to direct contributions to national budgets, which has enabled a considerable improvement in the budget predictability and in the transparency of the budget process. Most of Uganda's public offices are under-funded and heavily reliant on foreign aid (Engh, 2008).

cultural practices affecting women and children are female genital mutilation, dowry²⁴, polygamy, and the practice of in-laws taking all the resources away from widows thus rendering her unable to care for her children. Further, about 60 per cent of Ugandan women perceive wife beating as justified (UBOS, 2012b).

Uganda; the breadbasket of the region of Eastern Africa

Uganda has a favorable equatorial tropical *climate*, tempered by its elevated altitude. The country is rich in natural resources such as different minerals and recently discovered oil, arable land, reliable regular rainfall, and many lakes and rivers. The land is fertile and fit for *agricultural* purposes, with some regions being able to produce two harvests per year²⁵. Agricultural production is the most important sector of the industry and economy and includes food processing, beverage production, and export of products from cash crops such as coffee, tea, tobacco, cotton, sugarcane, cocoa, flowers and horticulture, and of fish and gold. Traditional ways of living, food culture and sources of income varies among different pastoral and agricultural tribes. The majority of people remain dependent on small scale subsistence farming for household consumption and light industries, however less than half rely on this as their most important source of income (UBOS, 2007; 2010; 2012b; 2014a; b) (Figure 2).

Figure 2: Photos of Ugandan food (private photos taken by Monica Olafsen)



²⁴ Bride price, customarily paid by the grooms' family to the parents of the bride upon a marriage, as a form of appreciation for bringing up a good wife, by way of paying a sum of money or property such as animals, banana wine, traditional attire, meat, vegetables and paraffin (NV, 2014, October 24; SD, 2015, August 17).

²⁵ "Oh Uganda! the land that feeds us By sun and fertile soil grown". The national anthem. "Uganda is from end to end a beautiful garden where staple food grows almost without labour". Quote Winston Churchill (Sseppuuya, 2012, October 2; Blanc, 2015, March 18).



Although having a fortunate environment, there is general low productivity and production in agrarian activities. Land fragmentation and lack of agricultural skills and technology leads to poor care and utilization of food. While at the national level being food self-sufficient and producing enough food to meet the needs of the population, all parts of Uganda are not *food and nutrition secure*. Food distribution is uneven and consumption patterns are linked with seasonal variations in particular food crops, thus different regions experience periodic food insecurity (FANTA, 2010; UBOS, 2012b; 2014b). Traditionally it was customary, and during British colonial rule compulsory, for families to store food in granaries to ensure security for times of scarcity. Today it is a preference towards monetary savings, and there is cases where household heads sell off all food produce at low farm gate prices not saving seeds to produce new harvests nor anything for consumption (Byaruhanga&Opedum, 2008). Further, forced evictions does adversely affect individuals or groups access to food and land (Engh, 2008). The prevalent vulnerability to food and nutrition insecurity and right to food deprivation are mainly related to local food accessibility, as there is available food at the national level. Ugandans often consume unvaried diets, frequently causing micronutrient deficiencies. Roots, cereals, and tubers are the main sources of energy, followed by nuts and pulses, while milk, meat and fish are not often consumed (ROUNPA, 2011). It is estimated that average food energy consumption is only between 75-90 per cent of recommended requirements (Aliro Omara, 2007). About 40 per cent are unable to access adequate calories, the most insecure regions is the northern and eastern. The eastern and western regions have the poorest dietary diversity (UBOS, 2014b). Ugandans are friendly and hospitable, and communal farming and the sharing of meals or food gifts are traditional features improving community food security. Eating alone is viewed as bad (Byaruhanga&Opedum 2008). The highest share of household expenses is food, drinks and tobacco at 46 per cent, followed by rent, fuel and power.

As regards *water security*, 60 per cent lack easy access to an improved water source, spending over 30 minutes on the distance to fetch drinking water, a burden that falls on women and children. The average distance is one kilometer, and mean waiting time is 30 minutes. Forty per cent boil their drinking water (UBOS, 2007; 2012b).

The Ugandan *cuisine* consists heavily of staple foods rich in starch, and draws on English, Arab and Asian, particularly Indian, influences, with particular seasonal, regional and cultural differences. It is dependent on possibilities for local crop variety and number of harvests per year, and on cultural customs such as food taboos of particular foods for woman and of the animal totem of different tribes, amongst others. Most tribes have their own delicacy. Breakfast is frequently light, consisting of a cup of tea or porridge, while lunch and/or supper is heavier and commonly the main meal of the day. Main dishes usually consist of a variety of starchy staple foods generally prepared by steaming in banana leaves and stalks, providing a bulk of the meal, served with a sauce or stew of groundnuts, beans or meat. In the southern region, the traditional starchy staple foods are posho made from maize and matoke, while it is a paste made from millet in the northern region. Chicken, fish, beef, goat and mutton are commonly eaten, however not often amongst the poor population. The most common foods eaten in children's homes in the Kampala extra region is posho and beans²⁶ (Gonahasa, 2002; Byaruhanga&Opedum 2008; WTG, 2015; Afghani, 2013, March 8) (Figure 3).

Figure 3: Photo of posho and beans (African Muzungu, 2011)



As *food taboos* and *food distribution* at household level are culturally determined along age and gender lines, woman and children are additionally vulnerable to access related food and nutrition insecurity at the household level. Commonly, fathers and other males are served their share of the best food first, then children are served, and lastly the mothers are served what is left. Fruit is generally regarded as children's food, and it is taboo for girls and adult men to climb fruit trees. Traditionally, it was usually not acceptable for women to eat chicken, eggs, or other nutritious foods or delicacies (Byaruhanga&Opedum, 2008).

In this section I endeavor to depict how Uganda's history and legacy of ethnic conflicts, civil unrest, unethical practices, undemocratic governance, and poverty may continue to affect the mindsets of its people, and hence, what they may expect and accept with regard to ethics, human rights and governance, and how this may affect how the country is governed, and by

²⁶ See Annex 2. for a compilation of traditional foods commonly grown and/or consumed in Uganda.

whom. Further, the vulnerability to periodic access related food and nutrition insecurity at regional and community levels is a matter of governance implying inadequate distribution of national available food. The particular vulnerability of woman and children to access related food and nutrition insecurity at household level is also a matter of governance implying inadequate distribution of national and locally available food, in addition the need to develop a national value system based on positive cultural practices moving towards a culture of equality and mutual respect. All these issues have tremendous implications for the realization of the principle of the best interest of the child and the right to adequate food, nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda.

1.2.2 Poverty in Uganda

The cycle of poverty and malnutrition

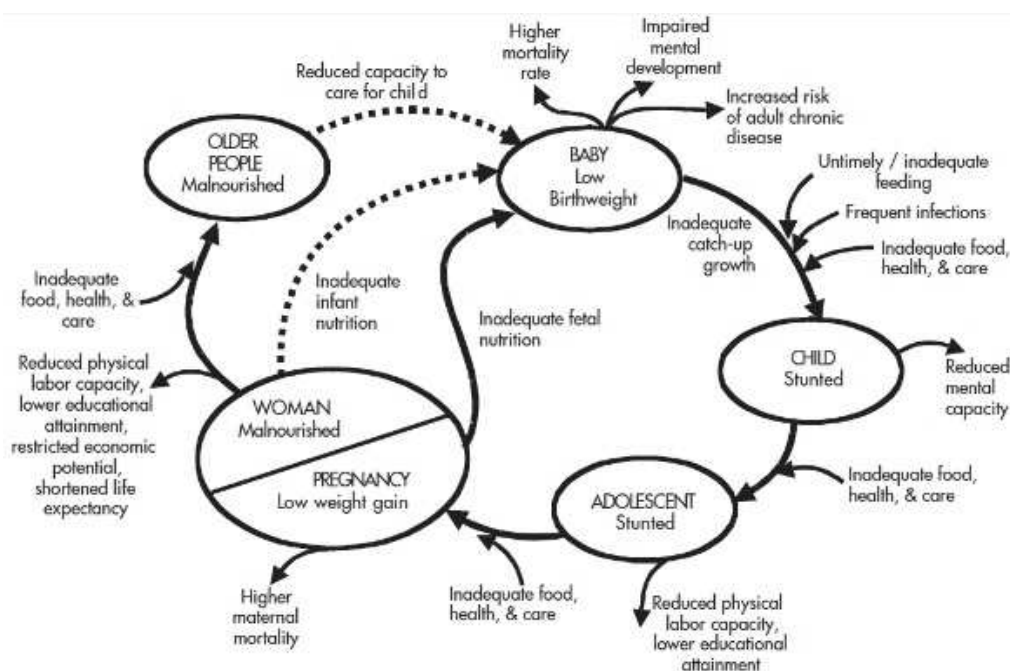
*Poverty*²⁷ is the principal cause of chronic hunger (WHES, 2015). *Hunger and malnutrition*²⁸ in women and children may contribute to sustain poverty throughout the life course by adversely affect the survival, physical and mental health and development of the child, as well as the risk of getting infective or non-communicable diseases in later life. Impaired cognitive development adversely affects the child's ability to learn and work, with consequent poorer educational achievements, fewer options in life, and poorer earning potential. This is in accordance with the *window of opportunity* of the 1.000 days from conception to the child's second birthday²⁹ (Black, *et al.*, 2008; 1.000 Days Partnership, 2011) and the *life course approach* (ACC/SCN, 2000; Benson, 2004) (Figure 4), and the focused attention towards ensuring adequate nutritional status of children and women of reproductive age. Healthy well-nourished women are more likely to give birth to, and be able to care for and raise, healthy children. With recognition of, and the investment in, the key points of entry for adequate food, nutrition and other healthcare interventions, people of Uganda may be enabled to break the intergenerational transferal of malnutrition, ill health, poverty and despair. The same cycle may then be seen as a spiral of hope for an enhanced quality of life, where nutritional improvements may be reinforced throughout the life cycle and succeeding generations may shape increasingly healthier and more productive and prosperous lives. Periods of entry which offer the greatest returns in terms of preventing malnutrition in future generations, include through pregnancy and the reproductive ages for women, infancy, childhood, and the adolescence period for girls (UNSG, 2010; Black, *et al.*, 2013; Bhutta, *et al.*, 2013).

²⁷ Poverty reflects a current state of deprivation of resources or capacities to satisfy current needs, to a level of income or consumption below normal standard for human dignity (Devereux, *et al.*, 2002; ROUMFPED, 2014).

²⁸ *Hunger*, caused by recurrent involuntary lack of access to sufficient food, may over time lead to malnutrition. *Malnutrition refers to; micronutrient deficiency*, caused by deficient vitamin/mineral intake, affecting nutrient utilization. Termed *hidden hunger* as it takes time to develop physical symptoms. Associated symptoms may be unidentified due to lack of knowledge. Globally are iron, iodine and vitamin A (VAD) deficiencies most prevalent. *Undernutrition*, caused by deficient macronutrient/protein-energy intake and/or micronutrient deficiency. *Overweight/obesity*, caused by excessive energy intake. Termed the *double burden of disease* when coupled with micronutrient deficiency. Often seen in relation to poverty (Kennedy, 2003; UNFAO, 2009b).

²⁹ Adequate nutrition during the 1.000 days can prevent, and even reverse, the effects of child malnutrition.

Figure 4: The life course approach



The life course approach illustrates how the burden of malnutrition may persist throughout the life cycle and across generations in a spiral of poverty and despair, and how timely and good quality care throughout particular life periods provides important opportunities to prevent the intergenerational transmission of ill health (ACC/SCN, 2000; Benson, 2004)

Demographics

Uganda has estimated 39 million citizens³⁰, and the *world's second youngest population*, with a median age of 15.9 years (UNDESA, 2015b; UNDP, 2014). Fifty-eight and 52 per cent are below 18 and 15 years, respectively (UBOS, 2014b). Uganda is a member to the UN list of the world's Least Developed Countries, a group of low income countries with especially *high population growth* (UNDESA, 2015a; b). Uganda is a *high fertility country*, ranked number nine in the world with a 3.2 per cent annual population growth (UBOS, 2014a; USCIA, 2015a), number three with 43.8 births per 1.000 people (ROUNPA, 2010; USCIA, 2015a), and number eight with 5.9 children born per woman (UNDP, 2011; 2014; UNDESA, 2015b). It is significant differences between rural and urban women, with rates of 6.8 and 3.8 children respectively. Infant and under-five mortality have improved significantly, yet there is 54 and 90 deaths per 1.000 live births respectively (UBOS, 2014a). There is unmet needs for family planning, contraceptive rates are low, and the high levels of child mortality is prompting people to produce more children. The high fertility rates are linked to cultural and religious beliefs and preferences for large families as a source of labour and sustenance, and a form of social security for old age (UBOS, 2012b).

³⁰ With a land area of 199.810 square kilometers, Uganda is about two-thirds the size of Norway. The population density is 194 persons per square kilometer, as compared with 14 in Norway (Haslie, 2015; WB, 2015).

Uganda has high levels of *poverty*³¹ with 20 per cent of citizens living in absolute poverty³². While 43 per cent have escaped absolute poverty, they remain vulnerable to recede to their previous state of condition (ROUMFPED, 2013; 2014). Ranked number 164 out of 187 countries, the Human Development Index deems Uganda as having low and declining human development (UNDP, 2011; 2013; 2014)³³. At 44.6 on the Gini Index, inequality is high and rising³⁴, and the consumption growth for the poorest 40 per cent has been slower than for the population as a whole (UNDP, 2014; USCIA, 2015b; WBDRG, 2015). However, 92 per cent of households have at least two meals a day (UBOS, 2014b). The literacy rate among those above 10 years is 71 per cent (UBOS, 2014a).

Fighting *malnutrition* in Uganda is critical to food security, human welfare, and economic growth as it affects mortality, morbidity, productivity and poverty. Malnutrition persists due to poor dietary intake; food insecurity; the nutrition transition; low education, illiteracy, ignorance, cultural restrictions, taboos, poverty, earning patterns; and variability in food prices. In addition, inadequate child and maternal care practices, disease, poor access to healthcare, and the effects of HIV/AIDS; lack of nutrition knowledge, frequent births, poor weaning and child rearing practices; family instability and low incomes; inadequate safe water supply and sanitation; and social and political instability. In the group aged 15-49 years, five and 18 per cent of men are overweight (BMI>25)³⁵ and underweight (BMI<18.5), as compared with 19 and 12 per cent in women respectively. Among women, 36 and 23 per cent have VAD³⁶ and any anemia³⁷. The use of preventive iron supplementation and malaria and deworming treatment in pregnancy is inadequate, which is also the case with postpartum vitamin A supplementation. Iodized salt usage is near universal. Eighty per cent live in rural areas. With great urban-rural disparity, the housing quality is mostly poor with iron sheet roofing and floors of earth, and without electricity. Sanitation and hygiene conditions are inadequate. A place for hand washing after the use of a sanitation facility is rare, and if present, water and soap is often lacking (UBOS, 2010; 2012a; c). Forty per cent perceive their

³¹ The national poverty line is equivalent to 1US\$/person/day. Ugandans with consumption below this line are living in absolute/extreme poverty. Relative poverty of non-poor: the middle class with consumption above two times the poverty line, and the insecure non-poor with consumption below twice, but still above, the poverty line.

³² At 56 per cent in 1992, with significant population growth, Uganda reached the UNGA (2010c) MDG1 of halving the numbers living in absolute poverty by 2015. The north remains the poorest, but the gap has narrowed since peace. The east has slowest progress due to weather conditions, dependency ratios, and population pressure

³³ Involving the three dimensions of a long and healthy life; knowledge; and a decent standard of living.

³⁴ Zero and 100 reflects perfect equality and inequality respectively, indicating the deviation of income distribution or consumption expenditure.

³⁵ Body mass index (BMI) is a measure of acute malnutrition in adults, a calculation of weight in kilograms divided by the square of the height in metres (kg/m²). Short stature (stunting) in adults reflects previous poor socioeconomic conditions and inadequate nutrition during childhood and adolescence (chronic malnutrition).

³⁶ Low levels of vitamin A is associated with increased risk of maternal and child mortality and morbidity, with risk of severe visual impairment, night blindness, and preventable blindness, and risk of severe disease, impaired recovery and death from common childhood infections such as diarrheal disease and measles (UNWHO, 2013c).

³⁷ Deficient iron, folate or vitamin B12, malaria or intestinal worms may give low levels of red blood cells and/or functional blood hemoglobin, which decreases the amount of available oxygen, causing anemia. Associated with increased risk of maternal and child mortality and morbidity, with impaired cognitive and motor development in children, a compromised immune system, and weakness. Insecticide-treated bed nets and deworming medication every six months for under-fives reduces the prevalence (Horton&Ross, 2003; Anderson&Fitzgerald, 2010).

wellbeing as related to their standard of living as satisfying, and 21 per cent are satisfied with the Government's efforts to deal with the poor (UNDP, 2014).

In this section I endeavor to describe Uganda's unfavorable demographic profile consisting of a large and fast growing population, which to a great extent is made up of young dependents. Further, vulnerability, poverty and inequality levels are high, while human development and standard of living is unsatisfactory. Accordingly this affects Uganda's available work force, social security measures available at national and local levels, and the food and nutrition security of the population. Adequate food and nutrition to women and children can save lives, reduce human suffering, enhance human dignity, lessen the societal and economic burden of ill health and poverty, increase the individual's options in life and economic performance, and ultimately rise the productivity and economy of Uganda.

1.2.3 Children – a vulnerable group in Uganda: the situation of Ugandan children's nutrition, nutritional health, and nutritional wellbeing

1.2.3.1. *Malnutrition and its effect on the nutritional health of Ugandan children*

In general, statistics about children's nutrition is not sufficient. Malnutrition levels are generally high in Uganda, however child nutrition has significantly improved in recent years. Children from the lowest wealth quintiles, rural areas, and with illiterate mothers, are more likely to be nutritionally disadvantaged (UBOS, 2007; 2012a; c; 2014b).

Macronutrient malnutrition: thirty-three per cent of *under-fives* suffer from chronic malnutrition indicated by stunting³⁸, five per cent have acute malnutrition indicated by wasting³⁹, and 14 per cent are underweight⁴⁰. The longer the length of the preceding birth interval, the less likely it is that the child will be underweight (UBOS, 2012a; c)⁴¹. In *15-19 year olds*, one and 33 per cent of adolescent boys are over- and underweight, as compared with 12 and 14 per cent in girls respectively. Thus, they are more likely to be underweight than older men (18 per cent) and women (12 per cent). There are urban-rural disparities (2012b). According to the findings of Berg (2015), 19 per cent of adolescent girls living in the selected children's homes and in the reference boarding schools were overweight. Only one girl in the reference schools was stunted, as compared with 19 per cent in the selected homes.

Micronutrient malnutrition: anemia and VAD occur in 50 and 38 per cent of *under-fives* respectively, while anemia occurs among 19 per cent of *15-19 year old girls* (UBOS, 2012b).

Under-fives feeding and supplementation practices: breastfeeding is near universal and the total duration is long, averagely 19 months. More than half of children *below six months* and

³⁸ Linear growth retardation, children being short for their age. Represents the long-term effects of malnutrition, and is not sensitive to recent short-term changes in dietary intake.

³⁹ Thin children, with low weight for their height. Represents the current nutritional status, a result of inadequate food intake or recent illness. Overweight children have high weight for their height (measured as BMI in adults).

⁴⁰ Children having low weight for their age. Reflects either chronic (stunting) or acute (wasting) malnutrition, or a combination of both. Represents an overall indicator of nutritional health.

⁴¹ The 2014 Global Hunger Index ranks Uganda as number 52 out of 76 countries, indicating a high level of undernourishment in the population and underweight and mortality in under-fives (von Grebmer, *et al.*, 2014).

6-9 months respectively are exclusively breastfed and receiving solid or semi-solid complementary foods in addition to continued breastfeeding, as recommended by UNICEF and WHO. At 6-23 months, only six per cent are appropriately fed. Among *under-fives*, about half receive deworming treatment and iron supplements, while only seven per cent receive vitamin A supplements (UBOS, 2012b). Further, 33 per cent receive tea or porridge with solid food for breakfast, while 13 per cent do not receive anything (UBOS, 2014b).

1.2.3.2. Care situation and its effect on the nutritional wellbeing of Ugandan children

OVC and the perceived orphan crisis

Despite comprising more than half of the population, children are the most vulnerable group in Uganda with 96 per cent classified as having some degree of vulnerability, and 51 per cent as being moderately or critically vulnerable (Kalibala&Elson, 2010). Poverty, demographic, political, and sociocultural conditions greatly influence the number of OVC. This includes internal conflicts, migration, gender inequality, high fertility rates and early pregnancies. One quarter of 15-19 year old girls are expecting or have delivered babies (UBOS, 2012b). Other factors are HIV/AIDS, malaria and tuberculosis, poor national social protection systems and access to food and healthcare services, strained informal child protection structures, family breakdown, inadequate parental care practices including abuse and neglect. Forty per cent of children aged 5-15 years are part of the working population (UBOS, 2014b), while 25 per cent are child laborers⁴² (UBOS, 2010).

OVC not living with their biological parents are of concern as they are at risk of exploitation or neglect. Seventy-two per cent of children below two years live with both their parents, while this applies to less than half by the age of 10-14 years. Also, 19 per cent are living with neither of their biological parents (UBOS, 2012a), 32.000 OVC are living without an adult caregiver, and more than 32.130 OVC head households. *Eleven per cent* is orphaned, but total or double orphans account for only 1.9 per cent (UBOS, 2014b; ROUMGLSD, 2015a). “*It is a misconception that Uganda has an orphan crisis*” (the 2014 Honorable Minister of the MGLSD) (Karooro, 2014). Hence, while the level of child vulnerability is extremely high, this is mainly due to other reasons than the death of the child’s two biological parents. *In Uganda, orphans are children having lost one or both biological parent(s) to confirmed death, termed single maternal or paternal orphans and total or double orphans respectively.* Children whose parent(s) have an unknown survival status are not included in the term (ROUMGLSD, 2004b; Kalibala&Elson, 2010; UBOS, 2012a; 2014a). This definition distinguishes between *biological orphans* and *social orphans*, who are vulnerable due to family member’s ill health and incapacity. UNICEF (2015, June 15) applies this definition, although recognizing that it contrasts with how the term is applied in many developed countries where an orphan must have lost both parents, and that these two sets of meanings create very different sets of orphan statistics which must be interpreted with care. Further recognized is how misinterpretations as

⁴² According to the ILO convention on minimum age, the term is applicable to all children between 5-11 years working in economic activities. ILO exempts children from 12 years only if they are engaged in light non-hazardous work in economic activities. The Constitution (Article 34) prohibits child labour.

regards the UNICEF orphan statistics might result in responses opposite to UNICEF's intents; focus on providing care for individual children through adoptions or CCI, rather than supporting families and communities that care for OVC and are in need of support.

Placement of OVC in CCI as the prevailing solution to the perceived orphan crisis

“It is worrying that institutional care and IA has become the default option available to OVC in need of alternative care” (the 2014 Honorable Minister of the MGLSD) (Karooor, 2014). According to the ICRC, the Constitution and Children Act, children have a right to know and be cared for by their parents. When children are deprived of parental care, they have a right to appropriate alternative care (UN, 1989; ROU, 1995; 1997). Children not living with their biological parents, but in various forms of alternative care, are in a potentially vulnerable situation and likely to be exposed to violence (GC13 Paragraph 72) (UNCRC, 2011).

There are many problems as regards OVC growing up in CCIs⁴³. Their opportunity to grow up in a family and a community is taken away, parallel with significantly increasing their risk of irreversible physical, psychological, psychosocial, emotional and cognitive development delays and ensuing health, attachment and learning disabilities. Particularly harmful is institutionalization to OVC below three years. Lack of a close relationship with a primary caregiver is a major cause of harm, as *the single most important factor in a child's psychosocial wellbeing and healthy development is to have at least one strong and stable loving interactive relationship with a caring⁴⁴ adult* (Engle, *et al.*, 2000; UNICEF, 2003). The longer OVC are detached from the community and culture, the more difficult for post-institutionalized OVC to live within a community setting. CCIs often prove poor in provision of the stimulation and personalized care and attention vital for children to thrive. The extensive use of CCIs in Africa is controversial, as it has been phased out in the West since the 1960s when its damaging effects were recognized. Research has revealed that many CCIs are not following legal regulations and requirements (Riley, 2012; Walakira, *et al.*, 2015).

As of September 2015 there were 657⁴⁵ baby and children's homes registered in the MGLSD database, while no official information exists about another estimated 200 homes. In 2011 and 2015 respectively, only 35 and 10 of these homes had received an approved home status⁴⁶, while 40 per cent did not have a non-governmental organization (NGO) certificate in 2011 (Riley, 2012; Alternative Care Consultant, written communication of 30 September 2015). In comparison, it was less than 10 CCIs under British colonial rule in the 1950s, and in 1992 this number had increased to 75 CCIs (with 2,882 children). Until Uganda ratified the ICRC in 1990 the colonial laws were still operational (Mugisha, 1992; Parry-Williams, 1993; Nuwagira, 1998; UN, 2013d), however this initiated the opening up of laws regulating the operation of CCIs.

⁴³ Sources: UN, 2006a; b; Csaky, 2009; Browne, 2009; FAI, 2014; Walakira, *et al.*, 2015.

⁴⁴ Care is (caregiving) behaviors and practices (time, attention, affection, involvement, support) of caregivers (or caretakers and the community) promoting and providing health, food, water and nutrition security, protection, stimulation, psychosocial, emotional and learning support necessary for children's survival, growth and development (physical, mental, cognitive, social).

⁴⁵ Of which only 200 homes had been assessed in mid-2013.

⁴⁶ These approvals need to be renewed every three years by the MGLSD.

The ROUMGLSD (2012a; b) DYCA Alternative Care Task Force estimates the number of OVC living in children's homes throughout Uganda to exceed 57.000. As of 2012, 12.000 of these were confirmed residents, while the additional OVC were a conservative estimate. Estimated 50.000 of these OVC are separated from their families, and more than half are admitted without a care order, thus being there illegally. The baseline study of 40 children's homes revealed that 95 per cent of funding comes from the West, and less than one quarter of homes have resettlement or alternative care programs, and among those who do, IA programs are most prevalent. Only one quarter reunify OVC and below 10 per cent have a foster care or national adoption program. The Task Force found that the vision of the homes, rather than the need of the community, is guiding the recruitment of OVC and that most have a family which they sometimes visit. When child sponsorship or IA is involved, it is very little will to resettle OVC or to pursue foster care or national adoption, but sometimes donors are the ones not willing to fund such endeavors. Many OVC available for IA are from other districts than where the children's home is located. Homes are often operated by faith based organizations and headed by Pastors, which are often unskilled and not equipped to deliver quality childcare services. More than half of the homes have completely unacceptable care standards, over two thirds lack adequate numbers of qualified human resources, and 90 per cent lack the required ratio of carers per child. Further limitations are lack of awareness and adherence to legal requirements and minimum care standards as outlined in the Children Act, the Alternative Care Framework, and the Approved Home Regulations. Research supported by the MGLSD and commissioned by Terre des Hommes Netherlands (Walakira, *et al.*, 2015) back the findings of the Alternative Care Task Force. This additionally revealed that child sponsorship by international NGO and private persons are the main funding sources for the homes. Some homes actively encourage parents to place OVC in their care, and material poverty, rather than lack of caregivers, is the main reason for admission. Two thirds have at least one living parent, while 13 per cent have lost both. Half of the OVC are 0-3 years at the time of admission, and 15 per cent before attaining six months. Seven per cent are aged 18-28 years while still living in children's homes. Some management, staff and community members have positive perceptions of institutional care, being unaware of its negative effects.

Accordingly, OVC receiving alternative care in children's homes is a vulnerable group that satisfy several of the criteria used for the identification of vulnerable children. These OVC are vulnerable to food and nutrition insecurity as they are fully dependent on their caretakers, and have no other opportunity to feed themselves in dignity. The human rights of the child to an adequate diet, health, care and development is protected in the Children Act, and is the duty of the person(s) having custody of the child; *while a child is in an approved home on a care order, the warden and staff of the home have parental responsibility for the child* (ROU, 1997). The Alternative Care Task Force has developed a Children (Approved Home) Regulations Assessment Toolkit (ROUMGLSD, 2013a) for implementing, monitoring and reporting on the district CCIs, which amongst others offers the opportunity to score and provide feedback on the food and nutrition available to the OVC. The Task Force disclosed that more than half of the children's homes have inadequate childcare standards and provisions, including limited healthcare provision and access to clean drinking water, and a very limited diet, in addition to the OVC looking malnourished (Riley, 2012).

“It takes a whole village to raise a child”, an African proverb apprising the Ugandan indigenous culturally appropriate practices of alternative care for children

The nuclear and extended family should be the first line of response to address the needs of OVC, followed by efforts of members of the community (ROUMGLSD, 2004b). This is in line with the Ugandan culture and its tradition of the extended family and community functioning as safety nets for vulnerable children. Annex 3. lists provisions in relevant human rights law and Ugandan legislation in support of protecting the family, as the fundamental group unit of society, and the community. “*The Ugandan traditional culture does not create orphans*” (the 2014 Honorable Minister of the MGLSD) (Karooro, 2014). In the Ugandan culture, children belong to the community. The sociocultural mandated loyalty towards family and clan members, providing firm community bonds and family support values, which has ensured the traditional informal kinship based social security, support and protection systems for all community members. This resilient extended family care practice has customarily been the foundation providing care for orphans or other children in need of alternative care in a family environment. According to White (2012) and Oleke, *et al.* (2005), focus has been on paternal orphans as they become more vulnerable due to the patrilineal society construct. Customarily, children who could not be under the care of its father were placed into the care of a resourceful close male relative from the paternal line, who has been termed the *obvious brother*, whom by paternal kin or clan leaders is deemed able to provide the best care. The refusal to foster would bring the family shame and dishonor.

Today families and communities are facing the immense impact of poverty and low resources, with ensuing parental inability to care adequately for their children. Further are the impact of the numbers of OVC, the absence of able guardians, and the alteration in fostering practices. The large number of OVC have overwhelmed the extended family safety nets, and according to White (2012) and Oleke, *et al.* (2005) the stigma of HIV/AIDS is complicit to interrupt the practice of widow inheritance. Fostering is often performed by female headed households of marginalized widows, grandmothers or other single women receiving little support from the paternal clan. Simultaneously, 29 per cent of households house foster children (UBOS, 2012b) while 16 per cent house at least one orphan, though three quarters of these are single as compared to total or double orphans (UBOS, 2014b). Accordingly, although traditional safety nets are strained, and caregivers and community members and leaders often fail to provide care to OVC without external support, this is a clear indication that with support, many households can care for children deprived of parental care (Karooro, 2014). Conversely, investigations (Kalibala&Elson, 2010) have showed that the inherited assets of orphans or the provision of external support to the households of OVC often was misused to meet the needs the caregivers themselves. Thus, it is not unusual for OVC to experience abuse, neglect and exploitation by caregivers (ROUMGLSD, 2004b).

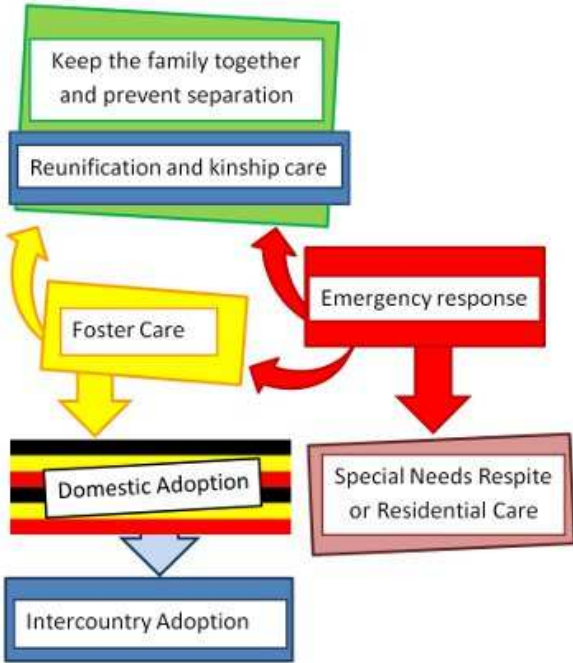
Children belong in stable, loving families - family empowerment and family based care as the Government solution to the OVC crisis

The best caregivers for OVC are families as they provide the best environment for children’s growth and development. This applies to biological, foster, and adoptive families. Food

security and nutritional support through social protection measures at household and community level is the best form of child protection. Through the avoidance of food insecurity at household and community level, the risk of creating child vulnerability will consequently decrease. Food security and nutritional support is the least expensive, while institutional care is resource intensive and the most expensive form of intervention per child (Subbarao&Coury, 2004; Kalibala&Elson, 2010; GC13 Paragraph 72 UNCRC, 2011).

Government’s legal, policy and program framework emphasize reducing the rates of institutionalization by supporting family preservation and reintegration; family empowerment and economic strengthening; as well as family and community based care, which is amongst the evidence based recommendations for action (UN, 2006a; b; GC13 Paragraph 72 UNCRC, 2011) towards improving the lives of Ugandan OVC. The Alternative Care Task Force has developed a Framework for Alternative Care⁴⁷ (Figure 5) (ROUMGLSD, 2015b), being the official continuum of care prioritizing the responses that should be applied when addressing the needs of OVC. As of 2012, this Framework was however not approved by Cabinet, only by the MGLSD [UNICEF Child Protection Specialist]. Amongst the evidence based recommendations, is to reconsider the roles of institutional care and transition homes. While institutional care only should be applied as a last resort, the establishing of high quality rehabilitative and/or transitional homes is recommended to protect, shelter and provide care to OVC in situations of emergency or with no other means of support. Family based care options should be favoured in all cases, and should be the only option for infants and very young children (UN, 2006a; b; ROUMGLSD, 2004b; Kalibala&Elson, 2010; Walakira, *et al.*, 2015).

Figure 5: The Uganda Alternative Care Framework (ROUMGLSD, 2015b)



⁴⁷ Operationalizes the UN Alternative Care Guidelines and ICRC Article 20(3). Prioritizes family reunification as a primary and long term solution; kinship and community care; domestic adoption; foster care; IA; and finally institutional care, being only a last resort once all other options have been exhausted. Investigations indicate that CCIs often is used as the first resort.

In this section I endeavored to depict the nutritional situation of Ugandan children to get an understanding of their nutritional health and wellbeing, before focusing on the food, health and care situation for OVC in children's homes. The important differences between the notions of child vulnerability and orphanhood in Uganda and the harmful developmental effects caused by institutionalization are highlighted to underscore how the application of institutional care as a primary long term solution to provide for OVC is unsustainable. The traditional extended family safety nets are described to underscore how family based alternative care, as the primary focus of the continuum of care for OVC, is not foreign to the Ugandan people, of which the Ugandan legal, policy and program framework as well as international guidelines and human rights law are in support of. The promotion and support for deinstitutionalization, family based alternative care, and family empowerment is evidence based sustainable long term solutions protecting the best interest of the child, and which accordingly will enhance the nutritional health and wellbeing of Ugandan children currently receiving alternative care in children's homes.

1.3. Aims and objectives guiding the study

1.3.1 Assumptions

The study assumes that the right to adequate food is not fully recognized by the system for institutional alternative care in Uganda, and as a consequence this right is not adequately fulfilled for OVC in CCIs. The study further assumes that failure of duty bearers to meet their duties may not necessarily be due to unwillingness to do so, but rather due to lack of capacity.

1.3.2 Aims

The overall study aim is to explore the performance of the State of Uganda in meeting its obligations to respect, protect and fulfil the human rights relevant to obtain good nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda.

The human rights framework and the HRBA are guiding the study. The initial research indicators, as a normative basis for the development of the study, are organized in Annex 4.. These indicators were however simplified at the time of data analysis, as described below. Table 1 in Annex 4. provides an overview of how research indicators comply with the overall human rights framework of respecting, protecting, and fulfilling (promote, facilitate, provide) the human rights to adequate food, nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda.

The aim of the study is divided into two parts:

Aim 1: to examine the institutional structures and legal, policy, and program framework supporting the rights to adequate food, nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda, and the consequent duties of duty bearers.

Aim 2: to get an insight into duty bearers' tasks, commitments, responsiveness, performances, knowledge, perceptions, and constraints with regard to the protection of OVCs rights to adequate food, nutritional health and wellbeing. I will carry out a qualitative role and capacity

analysis of duty bearers with duties towards OVC receiving alternative care in children's homes in Uganda, to explore the capacities necessary to enable duty bearers to progressively fulfill their duties of realizing the human rights of OVC, and to identify gaps in performance.

My **first research question** is “to what extent are legal, administrative, social and cultural factors in the relevant responsible institutions, constraining relevant duty bearers to perform their duties to realize the human right to adequate food to obtain good nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda”?

In order to analyze this question, I shall explore the duty bearers' authority and capacity to make decisions and to take action to implement legislation, policy recommendations and guidelines that aim at securing that OVC get food consistent with the requirements of human rights standards to adequate food, nutritious health and wellbeing. I assume that organized power and authority within responsible institutions can contribute to, or constrain, the safeguarding and implementation of these issues.

My **second research question** is “to what extent do relevant duty bearers recognize their roles and capacities as relevant for their performance in terms of meeting their duties to (progressively) realize the human rights to adequate food, nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda”?

In order to explore this question, I examine to what extent social, contextual cultural and religious factors impact on the realization on the duty bearers' capacity to fulfil the right to adequate food, nutritional health and wellbeing of OVC. I shall further explore the duty bearers' motivation, commitment and acceptance of duty to advocate for and implement these human rights of OVC. I assume that recognition of the roles and capacities of responsible duty bearers can contribute to their actual performance in order to meet their duties.

My **third research question** asks “to what extent do relevant duty bearers have the capacity in terms of proper management of economic, human, and organizational resources relevant for meeting their duties to promote, support and/or implement the human right to adequate food to obtain good nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda”?

In order to analyze this question, I shall explore the duty bearers' (availability, access to and control over) resources to make decisions and to take action which concern the implementation of these human rights of OVC. I assume that proper management of resources within responsible institutions can contribute to promote the realization of these issues.

My **fourth research question** is “to what extent do relevant duty bearers have the capacity in terms of resources and capabilities to communicate effectively for meeting their duties to promote, support and/or implement the right to adequate food to obtain good nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda”?

In order to analyze this question, I shall explore the duty bearers' resources and capabilities to communicate, with the potential to influence the practices concerning the implementation of

the human rights of OVC. I assume that effective communication within and between relevant responsible institutions can contribute to promote the realization of these issues.

My **fifth research question** asks “to what extent do relevant duty bearers have the capacity in terms of capabilities for making decisions that may help implement the right to adequate food and nutritious health”?

In order to analyze this question, I shall explore how the duty bearers’ are engaged in processes of learning and competence building that may enhance the capability to promote, support and/or implement these human rights of OVC. I assume that capabilities for rational decision making can contribute to promote the realization of these issues. I further assume that such decisions rely on the collection and use of reliable and adequate information.

1.4. Brief overview of the thesis structure

Chapter 2 provides the human rights analytical framework, guiding the conduct of this study including its human rights discussion. Highlighted is human dignity as the core value. Further emphasized is the concept of rights holders and duty bearers, and the obligations of the State of Uganda under international human rights law as well as under national law. Particularly focus is given the human rights of the child to adequate food, nutritional health and wellbeing as well as the concept of the best interest of the child. The concept of legal and moral duty bearers and Kent’s conceptual framework of nested rings of responsibilities, as well as distinctions between duties, obligations and responsibilities, are deliberated. The UNICEF normative conceptual analytical framework is however described under methodology.

Study subjects, design and methodology is described in chapter 3. The chapter contains an overview of the study as well as a description of the methods applied including a qualitative role, performance and capacity analysis of selected duty bearers embracing the HRBA, the UNICEF normative conceptual analytical framework and Kent’s nested layers of responsibilities. Further follows ethical considerations, the sampling strategy of study respondents, as well as the study tools employed.

Participant characteristics as well as findings from the analysis of roles, performances and capacities are presented in chapter 4.

Chapter 5 contains methodological considerations and various experiences from the research process, as well as a discussion of findings from the analysis of roles, performances and capacities. Further follows a discussion of relevant interesting findings.

Finally, recommendations and conclusions are provided in chapter 6.

2. Analytical framework for human rights discussion

In this chapter I introduce the human rights framework focusing on dignity as well as moral and legal duty bearers, before applying a rights based country legal and policy document analysis involving the human rights obligations of the State of Uganda⁴⁸.

2.1. Human rights legal framework

2.1.1 Human dignity: all human rights derive from the dignity and worth inherent in the human person⁴⁹

“Human dignity is the vital value and foundational concept giving rationale to human rights” (Donnelly, 2009). Every human being is entitled to human rights *simply by being human*, thus rights are universal and inalienable, interdependent and interrelated, indivisible, *and apply equally to every human*, and as such to *every child*. They apply to individuals and in some cases to groups of individuals. Human rights add moral value and represent behavioral norms and moral principles and emerge as broadly consensual conceptions of ideal rights, and have thus transpired into internationally established normative (social, political and) legal minimum agreed standards⁵⁰. This is reflected in the Universal Declaration of Human Rights of the UN (1948), which presents itself as a *common standard of achievement for all peoples and nations* (UDHR Preamble Section 8). Human rights are fundamental in the protection of human freedoms, human dignity, and human identity.

“Dignity indicates worth that demands respect”. As elaborated by Donnelly (2009), the claim of human dignity is that by simply being human makes an individual worthy and deserving of respect, implying that human rights specify certain forms of social respect manifested as possessions, services, opportunities and protection, entitled to all humans as rights. Human rights reflect a specification of certain minimum preconditions for a life of dignity and a set of social practices aiming to realize certain dimensions connected with the values of human dignity, solidarity and social justice. Accordingly, human rights provide a mechanism for the realization of living a life of dignity. Human dignity implies duties to oneself, in the context of claiming and practicing human rights, and thus actively attempting to make for oneself a life of dignity worthy of humans. Consequently, human rights are empowering.

Human rights in the regional African context

The human rights rhetoric is controversial in general. As regards the applicability of the concept in non-Western traditions such as in the African societies, there exist misconceptions, myths, and contradictory and differencing beliefs and point of views. According to Heard

⁴⁸ In chapter 3, I introduce the UNICEF HRB conceptual analytical framework guiding the tripartite study.

⁴⁹ Preamble to the Vienna Declaration of the 1993 World Conference on HR (UN, 1993). Human dignity is part of the aim of the UN (1945) as stated in its Charter; to reaffirm faith in fundamental HRs, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small (Preamble), and has been reaffirmed in the international BoR and in subsequent HR instruments (HRI). These HRI do however not precisely define the concept, nor how it gives rise to or grounds HR.

⁵⁰ HR standards, as outlined in HRI, represent the minimum level of entitlements and obligations against which duty bearers can be held accountable. They may be used as indicators to identify and monitoring key HR issues.

(1997), the universality of human rights is disputed due to their Western construct, being shaped from the values of Western liberalism and political traditions, and thus based on the European tradition that individuals are separable from their society, which places high value on each individual. *In the liberal democracies of the Western world, the ultimate repository of rights is the human person. The individual is held in a virtually sacralized position* (Legesse, 1980; Donnelly, 1982). This is not a universal value judgment, and there is substantive disagreement on the need for any protection of individuals against their society, and to which extent. As such, some consider human rights non-applicable in the African context, and there are also arguments of an ideological imperialism of human rights towards African societies.

Others argue that the protection of human rights have long traditions in non-Western societies. State Parties to the African Charter on Human's and People's Rights (HPR) of the Organization of African Unity (OAU, 1981) are "*firmly convinced of their duty to promote and protect human and people's rights and freedoms taking into account the importance traditionally attached to these rights and freedoms in Africa*" (Preamble). As elaborated by Donnelly (1982) the concept of human dignity is fundamental in African cultural traditions, which have elaborate systems of human duties designed for the protection of human dignity. Human rights, understood as entitlements held simply by virtue of being a human being, were however foreign to the traditional African approaches to human dignity. Traditional personal rights in relation to the duties of the government or community leaders were assigned based on family, communal membership, status, or achievement, and not on the individuals humanity per se. A difference between the Western and African approach to human dignity is the greater emphasis on individualism in the Western human rights approach, since rights held by individuals will be more individualistic in their operation and effects. Consequently, social claims will rarely justifiably override basic human rights. If however social rights and duties are to take priority over individual rights, human rights will be largely formal in practice, and in the event of a human right being violated, a claim would relatively easy be overridden by the rights of the society and by the associated individual duties. In the traditional African society, the individual may lack many of the human rights. However, the individual may have a secure and significant place in the society and have available an assortment of strong personal and social relations, providing important material and non-material support. In addition, the individual may have available regularized social protection of vital values and interests, which in the West are protected through individual human and legal rights. According to Donnelly, it may be argued that such a society is morally defensible, quite attractive in many ways, protective of basic human dignity, and that only such a society is defensible in conditions of extreme scarcity.

However, the regional African human rights instruments of relevance to this study are all ratified by the State of Uganda, and are reaffirming their adherence to the Principles of the UN Charter and the UDHR, and declarations, conventions and other instrument adopted by the UN and the OAU/AU (African Union). This is illustrated in Annex 6.. In both African and international human rights law, emphasis is on the respect for rights and fundamental freedoms, and on the ideals and principles enshrined in the UN Charter. As illustrated in Annex 7., relevant African instruments, and Ugandan legislation, emphasize the preservation

of historical and cultural customs and traditional moral, ethics, norms and values in ways that are not seen in most international treaties. Only the ICRC (UN, 1989) and the ICEDAW⁵¹ (UN, 1979) have some emphasis on this topic.

In this section I endeavor to depict human dignity as the essence of human rights, and the vital point that children deserve respect as bearers of human rights and human dignity.

2.1.2 Human rights and duty bearers

Legally, the obligation to protect and realize human rights has been assigned principally to sovereign territorial States. Human rights outline the accountability relationship between two parties namely duty bearers and rights holders, and establish legal entitlements of protection for rights holders and corresponding legal obligations⁵² for States as the principal duty bearers to uphold those entitlements. Upon ratification of various human rights instruments, State Parties take upon themselves these legal obligations under international or regional human rights law, and consent to embrace the human rights obligations contained therein as a binding contract between the State, as the principle duty bearer, and its citizens, as rights holders. The purpose of human rights is to guide the behaviour of States towards its citizens, through instituting limits and providing directions to the exercise of power and choice, and to establish guarantees that cannot be neglected (Eide, 2007). Human rights must be claimable, and those whose human rights are violated need to access remedy. Rights structure the political space, guides governance, and offer protection against political and societal threats, and thus reflect a political conception of justice (Andreassen, 2007; Donnelly, 2009).

Legal and moral duty bearers

As elaborated by Alston (2005) and Reinisch (2005), the international human rights legal framework is essentially State centric, as the obligation to protect and realize rights has been assigned principally to sovereign territorial States, and as only States have the opportunity to become Party to treaties. This is underpinned by the international community, through the consistent use of terms such as *non-State* actors and *non-Governmental* organizations to describe private actors. As such, only States can commit human rights violations against individuals. Consequently, it is difficult to hold other entities accountable and criminally liable under circumstances where their conduct violates international human rights law, but where this law is not domesticated adequately within the State of the operative entity.

Human rights are however not limited to the relations between States and its citizens. NSA such as individuals, families or CSOs may have human rights responsibilities attached as duty bearers towards rights holders, and may as such be described as moral duty bearers. This is justified under the UDHR (Preamble Section 8 and Article 29.1) and reaffirmed in the Bill of Rights (BoR) (Preamble Section 5)⁵³. While there are international human rights treaties that only recognise obligations on the part of States, the ICRC (UN, 1989) is an exception, recognizing parents (or other caretakers) as duty bearers (Article 5, 18.1 and 27.2). Generally,

⁵¹ ICEDAW and ICRC are interrelated and ICEDAW apply to all girls and women (UNICEF, 2011a).

⁵² SOUs obligations as related to the RoC to food are elaborated on in section 2.1.3.1.

⁵³ Sources: UN, 1948; 1966a; b; Jonsson, 2004; Ljungman, 2004; UNFAO, 2008; UNICEF, *et al.*, 2013.

regional African human rights law has more emphasis on the responsibilities of moral duty bearers than does the international⁵⁴.

Distinction between the *duties* of duty bearers may thus be drawn, by differentiating between the terms *obligations* and *responsibilities*. As outlined by Engesveen (2005a), and applied in this thesis, *obligations* may be reserved for State Parties, as they under international human rights law are legally bound to implement the conditions that will enable people to enjoy their human rights. *Responsibilities* may be reserved for other duty bearers' namely moral duty bearers or NSA, as they do not have the opportunity to sign treaties, but still have a duty to create enabling environments for human rights realization. As elaborated by Gready (2006), States hold the *primary obligation* of human rights delivery, and have obligations to impose duties on private individuals and entities under national law and of adopting proper regulation and keeping oversight in terms of rendering NSA accountable. Human rights *responsibilities* thus need to apply both indirectly, via State oversight, and directly to NSA. Even though the direct legal responsibilities of NSA under international human rights law are limited, it is argued that NSA have at least the legal obligation to respect, and possibly to promote, human rights. Accordingly, NSA have a basic responsibility to respect and comply with the legal and policy framework of the country of operation as well as to exercise due diligence in their mission, hence becoming aware of, prevent and address any adverse human rights impact.

As regards the *right to adequate food*, the above agrees with the approach to responsibility as interpreted in GC12 (Paragraph 10). *While only States are Parties to the ICESCR and are thus ultimately accountable for compliance with it, all members of society (- individuals, families, communities, NGOs, CSOs, private business sector - have responsibilities in the realization of the HRtAF. The State should provide an environment that facilitates implementation of these responsibilities* (UNCESCR, 1999). According to Drèze (2005), the right to food is more complex than other ESCR, as it is more difficult to interpret and translate into a specific list of entitlements and duties for protecting it. Thus, it is not always justiciable in the sense of being enforceable in court. This is in line with Paragraph 10 of the GC9 on the domestic application of the ICESCR (UNCESCR, 1998) and Eide's (2007) interpretations. Drèze proposes that the right to food may be interpreted as a claim on the society, starting but not ending with the State, implying that its protection is a shared duty involving the State as primary duty bearer, and other individuals and institutions as moral duty bearers. GC15 interprets the right of the child to the enjoyment of the highest attainable standard of health under Article 24 (UNCRC, 2013). As regards *the rights of children*, CRC argues (Paragraph 6) that a wide range of duty bearers need to be involved if their rights are to be fully realized, and that the central roles of parents and other caregivers need to be better recognized. State Parties have an obligation to ensure that all duty bearers have sufficient awareness, knowledge and capacity to fulfil their duties, and for children to develop the capacity to claim their human rights.

Legal and moral duty bearers can be arranged in accordance with the closeness of the relation with the child. *Primary moral duty bearers* are closest to, and have *primary responsibility* for

⁵⁴ Annex 5. lists the responsibilities of moral duty bearers under African and international HR law as well as Ugandan legislation of relevance for children.

the child, and are the most important regarding the provision of direct care and protection. *Other duty bearers* are positioned in varying proximity to the child, depending on the degree of direct or indirect involvement with or influence on the child’s life. Hence, legal and moral duty bearers and their duties may be arranged according to hierarchy in a ring chart, the concept of *nested rings of responsibilities* as proposed by Kent (1993/4; 2005) and presented in Figure 6 as primary, secondary, tertiary, external and principal legal and moral duty bearers. The ring chart illustrates governance. The proximity of moral duty bearers to the child is not static and will vary in different periods in its life, thus the concept of *nested rings*, as it gives room for a dynamic approach towards the duties of duty bearers. The framework explains the relationship between children, highly dependent and vulnerable in need of care and protection, as right holders and their corresponding duty bearers, and clarifies the hierarchy and interdependence of legal and moral duties of duty bearers. The chart pictures the child in the center of the *nest*, surrounded, supported and nurtured by parents, family, community, different levels of Government and ultimately international organizations.

Figure 6: Illustration of the conceptual framework of nested rings of responsibilities (Kent, 2005)



In the intricate network of relations between duty bearers and right holders, the duty bearers themselves are right holders in relation to other rights. By realizing the rights of duty bearers, they will thus be enabled to meet their duties towards other rights holders. If duty bearers at a certain level are failing to meet their duties, duty bearers at a more distant level should not replace the closer ones, but strengthen and empower them so that they can meet their duties. Efforts to support children are best directed at the concentric circles of care and influence that surrounds the child such as families, schools, neighborhoods, the media, legislation, etc. it has been found that attempts to reach children directly may not be sustainable from neither a financial nor a sociocultural perspective (ROUMGLSD, 2012b).

In this section I endeavor to depict that while the State of Uganda is ultimately responsible for all Ugandan children, human rights responsibilities also applies to all members of the society. While being moral duty bearers under international human rights law, through proper

legislation, the State may induce legal obligations on individual members of the society. It is recognized under international human rights law that the first line of responsibility for children is with its parents which are responsible for the care and protection of their children, and that children have the right to parental care. Thus, it is part of the responsibility of other members of the society to respect and promote this. Often when parents fail to meet their parental responsibilities, it is a result of the failure of other duty bearers to meet their responsibility toward the parents. Thus, parents without resources cannot be held accountable for not being able to ensure all the rights of their children. In cases where parents or other duty bearers fail to meet their duties towards children, the duty bearers at a more distant level should provide help in empowering positive ways to strengthen them to become more capable to perform and meet their duties. To the extent possible, children should not be taken away from inadequate parents. Parents should rather receive help from the local community and government to improve their parenting role. Central government should support the local government, and the international community should support governments in their work with children. Therefore, all the circles of responsibility are important in ensuring the entitlements of the child, even though they are in different levels of proximity to the child. Thus, the child as the primary level claim holder is dependent on many duty bearers, and as a child matures, the priority of all duty bearers is to help the child to become responsible for itself.

2.1.3 Human rights obligations of the State of Uganda

2.1.3.1. Human rights instruments ratified by the State of Uganda

International treaties supporting the right to adequate food for Ugandan children

Uganda is State Party to a number of international human rights instruments protecting the right to adequate food and related economic, social and cultural rights (ESCR) of children. By ratifying the ICRC⁵⁵, Uganda has the obligation to ensure that all children under its jurisdiction without discrimination benefit from special protective measures and assistance, and achieve their rights in an accessible manner. As Party to the ICESCR⁵⁶, Uganda has recognized adequate food and freedom from hunger and malnutrition as fundamental rights, and is committed to their progressive realization. The ICRC does however not contain the clause “progressive realization”, and as such the obligations arise immediately, with only the clause “within their means”. These instruments are ratified without reservations relevant to the rights of children. Table 1 shows food related rights as found in the UDHR⁵⁷, the ICESCR and the ICRC. The UDHR is included as it is the foundation for all later developed treaties, and shows how in international human rights law the right to adequate food is part of the right to an adequate standard of living (UDHR Article 25, ICESCR Article 11, and ICRC Article

⁵⁵ ICRC is the most authoritative international HRI protecting the RoC, with almost universal acceptance. It has drawn attention to children’s fundamental human dignity and to the concept of children as bearers of HR (UNHCR, 2006). Uganda ratified the ICRC in 1990 (UN, 1989; 2013d).

⁵⁶ Uganda ratified the ICESCR in 1987 (UN, 1966a; 2013a).

⁵⁷ The non-legally binding UDHR (UN, 1948) has acquired extensive authority as a universally accepted common standard of achievement. Many of its provisions have become part of international customary law. This may be interpreted as all countries in the world are bound to comply with the UDHR. While States may choose not to ratify the different HRI, they cannot refrain from abiding by international customary law (Bailey, 2013).

27). Further included are food related rights in Article 9 and 11 of the ICESCR, and Article 24 and 27 of the ICRC.

Table 1: Food related provisions as established in the UDHR, the ICESCR, and the ICRC. The table is developed by Monica Olafsen

<i>UN 1948 Universal Declaration of Human Rights (UDHR)</i>	
Art.25.1	Everyone has a right to a <i>standard of living adequate for the health and wellbeing of himself and of his family</i> , including <i>food</i> , clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control
Art.25.2	Motherhood and <i>childhood are entitled to special care and assistance</i> . All children, whether born in or out of wedlock, shall enjoy the same social protection
<i>UN 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR)</i>	
Art.9	States Parties recognize the right of everyone to <i>social security</i> , including social insurance
Art.11.1	State Parties recognize the right of everyone to an <i>adequate standard of living</i> for himself and his family, including <i>adequate food</i> , clothing and housing and the continuous improvement of living conditions. States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international cooperation based on free consent
Art.11.2	States Parties, recognizing the <i>fundamental right of everyone to be free from hunger</i> , shall take, individually and through international cooperation, the measures, including specific programs, which are needed: <ul style="list-style-type: none"> a) To improve methods of production, conservation and distribution of <i>food</i> by making full use of technological and scientific knowledge, by disseminating knowledge of the principles of <i>nutrition</i> and by developing or reforming agrarian systems in such a way as to achieve the most efficient development and utilization of natural resources b) Taking into account the problems of both food-importing and food-exporting countries, to ensure an <i>equitable distribution of world food supplies</i> in relation to need
<i>UN 1989 International Convention on the Rights of the Child (ICRC)</i>	
Art.24.2	State Parties shall pursue full implementation of [the right of the child to the enjoyment of the highest attainable standard of health] and, in particular, take appropriate measures to: <ul style="list-style-type: none"> c) <i>Combat disease and malnutrition</i>, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the <i>provision of adequate nutritious foods and clean drinking-water</i>, taking into consideration the dangers and risks of environmental pollution e) Ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of <i>child health and nutrition</i>, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents
Art.27.1	States Parties recognize the right of every child to a <i>standard of living adequate</i> for the child's physical, mental, spiritual, moral and social development
Art.27.3	States Parties, in accordance with national conditions and within their means, shall take appropriate measures to <i>assist</i> parents and others responsible for the child to implement [the right of every child to an adequate standard of living] and shall in <i>case of need provide</i> material assistance and support programs, particularly with regard to <i>nutrition</i> , clothing and housing

The right to adequate food has been elaborated extensively in GC12⁵⁸ on the right to adequate food in Article 11 of the ICESCR (UNCESCR, 1999). *The RtAF is realized when every man, woman and child, alone or in community with others, have physical and economic access at all times to adequate food or means for its procurement. The RtAF will have to be realized progressively. However, States have a core obligation to take the necessary action to mitigate and alleviate hunger* (Paragraph 6). The right implies available, safe and culturally acceptable food, meeting the child's dietary needs in quality and quantity. To enjoy the right to such

⁵⁸ GC12 is the most authoritative interpretation of what the RtF entails. Although not legally binding per se, it imposes moral State duties, and it was only prepared on request by Member States to the 1996 UN FAO World Food Summit where it was pledged to eradicate hunger and half the number of undernourished people by 2015.

food, it should not interfere with the enjoyment of other rights, and it should be economically and physically accessible at all times, implicating sustainability and food security. Adequate food must be physically accessible to everyone, including vulnerable individuals such as children (Paragraph 7-13). *The RtAF is indivisibly linked to the inherent dignity of the human person and is indispensable for the fulfilment of other HRs enshrined in the international Bill of Rights. It is also inseparable from social justice, requiring the adoption of appropriate economic, environmental and social policies, at both the national and international levels, oriented to the eradication of poverty and the fulfilment of all HRs for all*” (Paragraph 4).

The right to water

The human right to water is an integral part of the right to an adequate standard of living of the ICESCR Article 11.1 and is essential for the right to health and to food, to land and to livelihood, as well as to life and to human dignity. According to GC15, *the HR to water entitles everyone to sufficient*⁵⁹ [and continuous], *safe, acceptable* [colour, odour and taste], *physically accessible and affordable water* [for everyone without discrimination] *for personal and domestic uses*, i.e. adequacy. Sensitivity to gender, life cycle, and privacy and safety requirements is essential (UNCESCR, 2003; UNGA, 2010b; Hellum, 2007). The right of the child to clean drinking water is recognized in the ICRC Article 24.

Obligations of the State if Uganda under international human rights law in realizing the right to adequate food for its children

As Party to the ICRC and the ICESCR, the principal obligation⁶⁰ of the State of Uganda is to undertake steps, to the maximum extent of available resources, without any discrimination, with a view to achieve progressively the full realization of the right to adequate food and related rights. This imposes an obligation to move as expeditiously as possible towards this goal. As a first step Uganda is required to domesticate treaties entailing to legalize, implement and monitor the rights as contained therein into national legislation and policy framework⁶¹. Uganda is further obliged to take whatever steps necessary to ensure for every child access to the minimum essential food. Such food is sufficient, nutritionally adequate and safe, and shall ensure children’s freedom from hunger. Children shall as soon as possible enjoy the right to adequate food including food and nutrition security.

⁵⁹ The UNWHO (2011b) estimates the minimum requirement of water for survival under normal circumstances to 15L/person/d, which includes water for consumption of food and drinks, basic cooking needs, and basic personal hygiene practices. Domestic hygienic requirements are not included. Under situations of emergency, this amount may be reduced to 5-7L/person/day for a short amount of time, weeks rather than months.

⁶⁰ Sources: UN, 1966a; UNCESCR, 1990; 1998; 1999; 2000; Eide, 1987; 1998a; b; 1999; 2007; Patel&Jonsson, 2002; van Boven, *et al.*, 1997; UNSCN, 2001; Moser&Norton, 2001; Brouwer, 2005; Windfuhr, 2007; UNFAO, 2009b; SDC, 2012.

⁶¹ As such, HR reflect the right to have or demand legislation and policies that genuinely pursue the realization of HR. However, HR recognized in international HRI are given force through international law and thus retain their legal character, even in situations where some HR are not nationally legislated or judicially enforceable.

Uganda has committed to the progressive realization of three categories of human rights obligations⁶². First, to **respect** the right of children to have access to adequate food and thus *refrain from* depriving or interfering directly or indirectly with their enjoyment of, or violate, such a right or the choices of the individual. To fulfil this obligation, Uganda should provide legislation and policies ensuring children access to adequate food through e.g. non-interference of their parents' possibility to continue to take care of their own food and other needs as well as of their children. This is inherent in the right to seek an income by which the parents can satisfy the food and other needs of their family through their own choice of work, as well as land rights and the abstention from projects which would undermine continued food production, such as forced evictions without compensation and possibilities for livelihoods, as well as discrimination of women or the destruction of existing access to productive resources or directly access to food, or any arbitrary disconnection of drinking water.

Second, to **protect** the right of children not to be deprived access to adequate food by others or for the enjoyment of such a right to be interfered with. To fulfil this obligation, Uganda should ensure legislation with consequent judicial remedies that *prohibit* third parties from interfering with the rights of children and thus ensuring the children access to adequate food. Such legislation can *protect* against unethical behaviour, misinformation, aggregated marketing, the sale of infected foods, fraud, etc. This includes the protection from recruitment of children to come and live in children's homes. There is controversy in the scope of protection versus the scope of freedom of action, both as regards the market and in social and family affairs. E.g. the question of privacy and respect for family life versus protection of women and children against harm, maltreatment or neglect within the family. In such situations, the ICRC requires that the interest of the child shall be the primary concern.

Third, to **promote** activities to strengthen children's right to adequate food through the *advancement* of public awareness and acceptance of human rights. To fulfil this obligation, Uganda should provide broad access to available rights information and education.

Fourth, to **facilitate** measures to strengthen children's right to adequate food. To fulfil this obligation, Uganda should *facilitate (assist or provide opportunities)* job creations, the improvement of methods of food production and distribution, or distribution of land to the landless. This is to strengthen access to and utilization of resources and means to ensure livelihood and thus facilitate household food and nutrition security. This includes the organization of social security systems and the provision of free educational opportunities. Uganda should develop policies for vulnerable groups to *enable* individuals in the long run to overcome hunger and malnutrition on their own using their own resources and capacities.

Fifth, to directly **provide (aid)** children with adequate food in situations where their caregivers are unable to provide for them. To fulfil this obligation, Uganda should *provide* training or

⁶² The tripartite typology of State obligations encompasses to respect, protect and fulfill, while fulfill further includes the obligations to promote, facilitate and provide. The framework of State obligations implies the assumption that individuals actively strive to find their own solutions to their needs and development.

education for caregivers, establish social services, safety nets, or distribute food for acute⁶³ and long term⁶⁴ situations. Uganda should be prepared for disasters and develop policies for vulnerable groups to help those who need direct assistance. Further, to create access to land through land reforms, measures to increase the access to other productive resources or mechanisms to support the creation of job opportunities.

Violations of the right to food occur if the State of Uganda fails to ensure the satisfaction of the minimum essential level required for children to be free from hunger. In determining which actions or omissions which amount to a violation, the inability from the unwillingness of the State to comply needs to be distinguished. Should Uganda argue that resource constraints make it impossible to provide access to food for those who are unable by themselves to secure such access, the State has to demonstrate that every effort has been made to use all the resources at its disposals in an effort to satisfy, as a matter of priority, those minimum obligations (GC12 Paragraph 17) (UNCESCR, 1999; Eide&Kracht, 2005).

The State of Uganda has the obligation to submit regular reports on the national situation with regard to ESCR to the treaty monitoring agencies. After being a State Party to the ICESCR since 1987, Uganda submitted its initial report to the Committee on Economic, Social and Cultural Rights (CESCR) in 2012 (UNOHCHR, 2015). This is the responsibility of the Ministry of Foreign Affairs (ROU&UNICEF, 2009). In its concluding observations, as regards child protection, the CESCR recommends Uganda to consider adopting a comprehensive plan on protection of children, provide measures to assist street children and children in CCIs, and prohibit corporal punishment. As regards the right to adequate food, the CESCR recommends Uganda to expedite the adoption of the Food and Nutrition Bill and the approval of the National Food and Nutrition Strategy. Uganda should more effectively address malnutrition and food insecurity and target the most marginalized and disadvantaged, increase investment in agriculture as a means of improving food production, especially by small-scale farmers for their communities, and ensure that foreign investors do not adversely affect the rights of these farmers. The right to health should be included in the Bill of Rights and in relevant laws. The CESCR urges Uganda to raise progressively the budget allocations to the health sector with a view to reaching the benchmark agreed in the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases. Further, to strengthen its efforts to provide everyone access to quality health care (UNCESCR, 2015). Uganda submitted its initial report to the CRC in 1996, and its second periodic report in 2003. The third periodic report was due date in 2011 (UNOHCHR, 2015). This is the responsibility of the MGLSD. Main challenges to the implementation of the ICRC in Uganda include the long delay of reforming the Children Act, the lack of updated data on the situation of children, and

⁶³ The obligation may apply in *emergencies* when conditions for survival are temporarily disrupted through the destruction of pre-existing sources of FS, and State obligations can be supplemented with international support as international obligations to cooperate may apply.

⁶⁴ The obligation requires States to directly provide basic commodities, or means to obtain it, such as food or resources which can be used to obtain food (through direct food aid or social security), and assistance or services needed for the full realization of HR. This implies to secure that individuals whose HR are violated get their HR fulfilled through provision, directly and immediately, due to the individual's inability to enjoy their HR for reasons beyond their control. To realize this obligation often requires substantial resources, and for many States, such as Uganda, resource constraints is deemed a limiting factor.

the lack of a social protection framework. To ensure the implementation of the ICRC, continued awareness raising on children’s rights is needed, as well as monitoring systems (ROU&UNICEF, 2009).

Principle of the best interest of the child as recognized in the ICRC

Numerous human rights affect the deeper conditions for the child’s optimal *nutritional health and wellbeing*. Prerequisite is adequate food, water and health as well as special protection, care and nurturing by way of psychosocial stimulation under guidance of caring adults and through the realization of all rights under the ICRC. This further includes the rights of the child to information and education, to social protection and security, and to as far as possible to know and to be cared for by its parents⁶⁵. This is illustrated in Annex 5.. The right of the child to have its *best interests being of primary consideration* in all matters involving or affecting the child must be respected under all circumstances, which includes the right to be heard and to have its views given due weight according to age and maturity (GC12⁶⁶; GC13⁶⁷; GC15) as presented in Table 2.

The best interests of the child depends on a variety of individual circumstances such as the child’s physical, social, emotional, and educational needs, on age, sex, the relationship with parents and family, and on background (GC15 Paragraph 12) (UNCRC, 2013). While the ICRC does not offer a precise definition of the best interests of the child, it broadly describes the wellbeing of a child and should be interpreted and applied in conjunction with international human rights norms. The UN High Commissioner for Refugees (UNHCR, 2006) guidelines on formal determination of the best interest of the child deems is important to be aware that under certain circumstances including adoption and separation from parents against their will, the ICRC requires the best interest of the child to be the *determining factor* for decision making. While, for other actions it has to be *a primary consideration* which does not exclude other considerations to be taken into account.

Table 2: Provisions on the best interest of the child, in accordance with the views of the child as established in the ICRC. The table is developed by Monica Olafsen

<i>UN 1989 International Convention on the Rights of the Child (ICRC)</i>	
Art.3.1	In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, <i>the best interests of the child shall be a primary consideration</i>
Art. 7.2	States Parties shall ensure the implementation of [as far as possible, the <i>right of the child to know and be cared for by its parents</i>] in accordance with their national law and their obligations under the relevant international instruments...
Art.9.1	States Parties shall ensure that <i>a child shall not be separated from its parents against their will, except</i> when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for <i>the best interests of the child</i> . Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child’s place of residence

⁶⁵ GC4 on adolescent health and development in the context of the CRC (Paragraph 14; 15) (UNCRC, 2003a).
⁶⁶ GC12 on the right of the child to be heard under the ICRC Article 12 (UNCRC, 2009).
⁶⁷ GC13 on the RoC to freedom from all forms of violence under ICRC Article 19 (UNCRC, 2011).

Art.9.3	States Parties shall respect the right of the child who is separated from one or both parents to <i>maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests</i>
Art.18.1	States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. <i>Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern</i>
Art.20.1	A child temporarily or permanently deprived of its family environment, or in whose <i>own best interests</i> cannot be allowed to remain in that environment, shall be <i>entitled to special protection and assistance provided by the State</i>
Art.21	States Parties that recognize and/or permit the system of <i>adoption</i> shall ensure that <i>the best interests of the child shall be the paramount consideration</i>
Art.12.1	States Parties shall assure to the child who is capable of forming its own views the right to express those views freely in all matters affecting the child, the <i>views of the child</i> being given due weight in accordance with the age and maturity of the child
Art.12.2	For this purpose, the child shall in particular be <i>provided the opportunity to be heard</i> in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law

Under the ICRC, every child has the right to enjoy parental care and protection (Article 7) and shall whenever possible have the right to reside with its parents (Article 9.1). The right of the child to alternative care is recognized, placing obligation on State Parties to ensure children without parental care a suitable alternative (Article 20) (GC13 Paragraph 35; 72, UNCRC, 2011). The UN Guidelines for the Alternative Care of Children (UNGA, 2010a) provides a tool to inform policy and enhance implementation of the provisions in the ICRC relating to the appropriate use and conditions of alternative care for the protection and wellbeing of children deprived of parental care or who are at risk of being so. The 1993 Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption is an international standard on IA, of which the State of Uganda is not yet a signatory (HCCH, 1993a; b); but it is putting into place the conditions, processes and standards required to do so.

GCs explicitly addressing care for children do not exist. Care is addressed indirectly in several but mainly with focus placed on violence against children, healthcare services for children and mothers, and childcare services for working mothers. Emphasis on caregiving behavior and practices promoting nutritional health and wellbeing is limited. However, child protection is addressed, directly or indirectly, and the concept of care and protection is often interlinked.

Regional African treaties supporting the right to adequate food for Ugandan children⁶⁸

According to the African Commission on Human and People's Rights (ACHPR) the right to food is implicit in the African Charter on HPR (OAU, 1981), particularly in light of the provisions on the right to life, health and development (Article 4; 16; 22). As Party to the Charter⁶⁹, the State of Uganda is committed to ensure the protection of the rights of the child

⁶⁸ Uganda has also adopted the AU African Regional Nutritional Strategy 2005-15. Focus is to advocate for renewed commitments to nutrition to intensify Member States effort to sustainably address malnutrition, and to stimulate actions at national/regional levels for improved nutrition. At the AU 2010 Summit, Member States established the yearly 31 October Africa Food and Nutrition Day, to remind Africa of the need to address nutritional problems. Uganda has adopted the AU Comprehensive Africa Agriculture Development Program. Focus is to improve agricultural production, with nutrition and food security being one pillar (ROUNPA, 2011).

⁶⁹ Uganda ratified the African Charter on HPR in 1986 (ACHPR, 2015a).

as stipulated in international declarations and conventions (Article 18.3), and is thereby recognizing the right to adequate food (UNFAO, 2008).

In African human rights law, the right to adequate food is specifically recognized in the OAU (1990) African Charter on the Rights and Welfare of the Child (ACRWC) and in the AU (2006) African Youth Charter (AYC), to both which Uganda is a Party⁷⁰. Table 3 shows food related rights as found in Article 14 and 20 of the ACRWC and Article 14, 16 and 23 of the AYC. Only direct provisions on the right to adequate food is included thus not provisions on the right to an adequate standard of living.

Table 3: Food related provisions as established in the ACRWC and the AYC. The table is developed by Monica Olafsen

<i>OAU 1990 African Charter on the Rights and Welfare of the Child (ACRWC)</i>	
Art.14.2	States Parties shall undertake to pursue the full implementation of [the right of the child to enjoy the best attainable state of...health] and in particular take measures to: c) Ensure the <i>provision of adequate nutrition and safe drinking water</i> d) <i>Combat disease and malnutrition</i> within the framework of primary health care through the application of appropriate technology h) Ensure that all sectors of the society, in particular, parents, children, community leaders and community workers are informed and supported in the <i>use of basic knowledge of child health and nutrition</i> , the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of domestic and other accidents
Art.20.2	States Parties shall in accordance with their means and national conditions take all appropriate measures to a) <i>Assist</i> parents and other persons responsible for the child and in <i>case of need provide</i> material assistance and support programmes particularly with regard to <i>nutrition</i> , health, education, clothing and housing
<i>AU 2006 African Youth Charter (AYC)</i>	
Art.14.2	States Parties shall recognise the right of young people to <i>be free from hunger</i> and shall take individual or collective measures...
Art.16.2	States Parties shall take measures to: h) Provide <i>food security</i> for people living with HIV/AIDS
Art.23.1	States Parties acknowledge the need to eliminate discrimination against girls and young women... In this regard, they shall: h) Take steps to provide equal access to health care services and <i>nutrition</i> for girls and young women

In relevant African human rights law the principle obligation of State Parties to progressive realization of rights, to the maximum of available resources, is not as clearly articulated as in the ICESCR and the ICRC⁷¹. In the ACRWC, this obligation is expressed in relation to child survival and development, education, handicapped children, and health and health services (Article 5; 11; 13; 14). In the AYC, it is articulated in relation to education and skills development, social security, and health (Article 13; 14.4; 16).

The AU (2003a) Maputo Declaration on Agriculture and Food Security in Africa, of which Uganda is a Party, committed Member States to allocate at least 10 per cent of national budgetary resources to agriculture and rural development policy implementation with a deadline of 2008. Uganda had not fulfilled this obligation as of 2010, with spending on public agriculture at five per cent, or less, of the national budget each year (AU, 2003a; Kinder, *et al.*, 2013). As reflected, the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF)

⁷⁰ Uganda ratified the ACRWC in 1994 (ACHPR, 2015b), and the AYC in 2008 (AU, 2010b).

⁷¹ One exception is the AU (2003b) Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women (RoW) in Africa (Article 26), ratified by Uganda in 2010 (AU, 2010a).

remain to be among the least funded sectors, and for a long time the defense and public administration budgets have taken the highest priority (Rukundo, 2008; 2012). The failure of Uganda to meet these set benchmark, may imply lack of prioritization and commitment to these sectors. According to Rukundo (2012), this has been attributed to lack of political and financial commitment, and such omissions of pursuing treaty recommendations and pledges in Uganda constitutes a breach of continental commitment to collectively end hunger and malnutrition in Africa.

The Maputo Declaration reaffirmed the commitment set in the 2001 AU Abuja Declaration, of Member States to allocate at least 15 per cent of national budgetary resources to health sector financing. As of 2011, Uganda had not fulfilled this obligation (UNWHO, 2011c), with spending on public health at 13 per cent of the national budget in 2006. Further, up to 40 per cent of sectoral budgets in the MAAIF and the Ministry of Health (MOH) are implemented using conditioned donor funds (ROUMFPRD, 2006; Engh, 2008).

Principle of the best interest of the child as recognized in regional African treaties

Table 4 shows provisions on the best interest of the child, in accordance with the views of the child as established in the ACRWC.

Table 4: Provisions on the best interest of the child, in accordance with the views of the child as established in the ACRWC. The table is developed by Monica Olafsen

<i>OAU 1990 African Charter on the Rights and Welfare of the Child (ACRWC)</i>	
Art.4.1	In all actions concerning the child undertaken by any person or authority <i>the best interests of the child shall be the primary consideration</i>
Art.4.2	In all judicial or administrative proceedings affecting a child who is capable of communicating its own views, an opportunity shall be provided for the <i>views of the child to be heard</i> either directly or through an impartial representative as a party to the proceedings, and those views shall be taken into consideration by the relevant authority in accordance with the provisions of appropriate law
Art.9.2	Parents, and where applicable, legal guardians shall have a duty to provide guidance and direction in the exercise of these rights [<i>every child's right to freedom of thought, conscience and religion</i>] having regard to the evolving capacities, and <i>best interests of the child</i>
Art.20.1 (a)	<i>Parents or other persons responsible for the child shall have the primary responsibility of the upbringing and development the child</i> and shall have the duty to ensure that the <i>best interests of the child</i> are their basic concern at all times
Art.25.3	When considering <i>alternative family care</i> of the child <i>and the best interests of the child</i> , due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious or linguistic background

2.1.3.2. Ugandan legal and political framework

National legal and political framework demonstrate how State obligations are intended to be discharged at national and local levels, and should describe the extent to which individuals, local governments, CSOs or others intend to assume responsibility for its implementation.

Hunger and malnutrition is not necessarily a matter of lack of available food, but rather an issue of ability to access available food and of food deprivation, and consequently a *failure of*

governance (Sen, 1981). The 2014 hunger and nutrition commitment index (HANCI)⁷² (IDS, 2015) deems the Government of Uganda's (GoU) performance of political commitment to reduce undernutrition and hunger as low, ranked at number 22. Public spending on agriculture and health was only at 3.2 and 10.2 per cent, respectively, of total expenditures in 2012/13, while as of 2014 there was no nutrition budget, thus according to Haddad (2013), making commitment difficult to trace.

National legislation protecting the right to adequate food for Ugandan children

The right to adequate food and nutrition, through the ensuring of food and nutrition security for all, is recognized in the Constitution of the ROU (1995) in the non-legally binding Objectives XIV and XXII⁷³. According to Objective I, the NODPSP shall *guide* all organs and agencies of the State, all citizens, and all organisations in the implementation of international or national obligations of ESCR, including the right to adequate food and nutrition. By not being included in the legally binding Chapter 4⁷⁴, the right to food and related ESCR are interpreted as mere non-justiciable political objectives or guiding principles not being enforceable in court, as they do not have any legally binding provision for remedy and recourse mechanism⁷⁵. Consequently, the obligations of the State of Uganda to respect, protect and fulfil the rights of the child to adequate food and related rights are not explicitly articulated in the Constitution, rendering them mere moral obligations. Oloka-Onyango (2007) argues that Article 45 is inclusive of rights excluded from the Bill of Rights section, thus representing a remedial provision for the enforcement of these rights. However, it may be difficult to prove that an infringed right is fundamental in nature and justifies enforcement while not being explicitly mentioned in the Bill of Rights section.

According to the 2014 HANCI (IDS, 2015), the Constitutional right to food is weak, while the right to social security is solid. There has not been any Constitutional review targeting ESCR (Rae, 2014), yet the Uganda Human Rights Commission (UHRC, 2003) already in 2003 was advised to propose for the Constitutional Review Commission to introduce the right to food in the Bill of Right section. However, the 2006 Constitutional Amendment (ROU, 2005a; b) established a new provision on *National Interest* (Article 8A) (Table 5). Oloka-Onyango (2007) argues that the Amendment reinforces the rights under the NODPSP, thus making it mandatory, rather than aspirational, for the State to take into account all the principles of national interest and common good enshrined in the NODPSP. Thus, the State of Uganda is now “*under a legal and mandatory duty to observe, respect, promote and protect all the HRs enshrined in the NODPSP in much the same way as if they had been incorporated in the Bill of Rights section*”. Ssenyonjo (2009) adds that the Amendment provides for the opportunity to subject the State and NSA to greater judicial accountability for violations of ESCR. The

⁷² Comparing 45 governments of developing countries with severe hunger/undernutrition status on political commitments to reduce hunger and address undernutrition.

⁷³ Objectives XIV and XXII are found in the social and economic statutory objectives in the non-legally binding section of the National Objectives and Directive Principle of State Policy (NODPSP).

⁷⁴ The BoR section on Protection and Promotion of Fundamental and Other Human Rights and Freedoms.

⁷⁵ However, there is comparative jurisprudence from India which interpret such provisions as establishing legally defensible claims (UHRC, 2003).

2011 Uganda Nutrition Action Plan (UNAP) affirms that the Constitution requires the State to encourage and promote good nutrition to build a healthy nation (ROUNPA, 2011).

The National OVC Policy (NOP) (ROUMGLSD, 2004a) asserts that the State of Uganda has shown commitment to the welfare of children through the adoption and implementation of international and national policy and legal instruments that concern children. Article 34 of the Constitution on the rights of the child, that includes a provision of special protection to OVC, is inscribed in the legally binding Chapter 4, and is further interpreted and operationalized in the Children Act⁷⁶ (ROU, 1995; 1997). The Children Act additionally protects the rights of the child to adequate food, health and development. The protection of these rights is the duty of the person(s) having custody of the child, accordingly placing obligations on the State and responsibilities on parents or other caretakers to ensure adequate care for the child. The Act provides legal remedies for violations of the right of the child to adequate food and related rights, and these rights are hence protected and enforceable under Ugandan law. Denying children the right to food is punishable under the ROU (1950) Penal Code Act Section 156, 157, 158 and 200, and generates offences against parents, not the State, in circumstances of neglect of their responsibilities to provide care for their children (Rukundo, 2008). Table 5 shows food related rights as found in the Constitution, the Children Act, and in the Penal Code Act. Additionally, there is a number of complementary legislation influencing the welfare of children including their right to adequate food as listed by ACPF (2013).

Table 5: Food related provisions as found in the Constitution, Children Act and Penal Code Act. The table is developed by Monica Olafsen

<i>1995 Constitution of the Republic of Uganda</i>	
Obj. XIV	<i>General social and economic objectives;</i> The State shall <i>endeavour to fulfil</i> the fundament rights of all Ugandans to <i>social justice and economic development</i> and shall, in particular ensure that all; a) Development efforts are directed at <i>ensuring the maximum social and cultural wellbeing</i> of the people b) Ugandans enjoy rights and opportunities and access to education, health services, <i>clean and safe water</i> , work, decent shelter, adequate clothing, <i>food security</i> , pension and retirement benefits
Obj. XXI	<i>Clean and safe water;</i> The State shall take all practical measures to promote a good <i>water</i> management system at all levels
Obj. XXII	<i>Food security and nutrition;</i> The State shall; a) Take appropriate steps to <i>encourage people to grow and store adequate food</i> b) <i>Establish national food reserves</i> c) <i>Encourage and promote proper nutrition</i> through mass education and other appropriate means in order to build a healthy State
Obj. XXVIII	<i>Foreign policy objectives;</i> 1) The foreign policy of Uganda shall be based on the principles of: a) <i>Promotion</i> of the national interest of Uganda b) <i>Respect</i> for international law and treaty obligations
Ch.2 Art.8A	<i>National Interest;</i> (1995 Constitution, as amended on 15 February 2006) 1) Uganda shall be governed based on <i>principles of national interest and common good</i> enshrined in the NODPSP 2) Parliament shall make relevant laws for purposes of giving full effect to clause 1) of this Article
Ch.4 Art.34	<i>Rights of children;</i>

⁷⁶ The Children (Amendment) Bill (ROUCGLSD, 2015) aim to amend the Children Act to enhance child protection; provide for guardianship of children; strengthen conditions for IA; prohibit corporal punishment; etc.

Ch.4	1) Subject to laws enacted in their <i>best interests</i> , children shall have the right to know and <i>be cared for</i> by their parents or those entitled by law to bring them up 3) No child shall be deprived by any person of medical treatment, education or any other <i>social or economic benefit</i> by reason of religious or other beliefs 7) The law shall accord <i>special protection to orphans and other vulnerable children</i>
Art.45	<i>Human rights and freedoms additional to other rights;</i> The rights, duties, declarations and guarantees relating to the fundamental and other human rights and freedoms specifically mentioned in this Chapter <i>shall not be regarded as excluding others not specifically mentioned</i>
1996 Children Act	
Art.5	<i>Duty to maintain a child;</i> 1) It shall be the <i>duty of a parent, guardian or any person having custody of a child to maintain that child</i> and, in particular, that duty gives a child the right to: education and guidance; immunisation; <i>adequate diet</i> ; clothing; shelter; and medical attention 2) <i>Any person having custody of a child shall protect the child</i> from discrimination, violence, abuse and <i>neglect</i>
Art.7	<i>Harmful customary practices;</i> It shall be unlawful to subject a child to <i>social or customary practices</i> that are harmful to the child's health
Art.11	<i>Duty to report infringement of child's rights;</i> 1) Any member of the community who has evidence that a child's rights are being infringed or that a parent, a guardian or any person having custody of a child is able to but refuses or neglects to <i>provide the child with adequate food</i> , shelter, clothing, medical care or education shall report the matter to the local government council of the area 2) ...a decision shall be made by the secretary for children's affairs in <i>the best interests of the child</i>
1950 Penal Code Act	
Ch.XV	<i>Desertion of children;</i>
Section 156	Any person who...having the lawful care or charge of a child under the age of fourteen years, and being able to maintain such child, willfully and without lawful or reasonable cause <i>deserts the child and leaves it without means of support</i> , commits a misdemeanour ⁷⁷
Ch.XV	<i>Neglecting to provide food, etc. for children;</i>
Section 157	Any person who...having the lawful care or charge of any child of tender years and unable to provide for itself, [who] <i>refuses or neglects</i> , being able to do so, <i>to provide sufficient food</i> , clothes, bedding and other necessaries for such child, so as thereby to injure the health of the child, commits a misdemeanour
Ch.XV	<i>Master not providing for servants or apprentices;</i>
Section 158	Any person who, being legally liable either as master or mistress <i>to provide for any apprentice or servant necessary food</i> , clothing or lodging, willfully and without lawful excuse refuses or neglects to provide the same...commits a misdemeanour
Ch.XIX	<i>Duty of head of family;</i>
Section 200	It is the duty of every person who, as head of a family, has charge of a child under the age of fourteen years, being a member of his or her household, to <i>provide the necessaries of life</i> for such child; and he or she shall be deemed to have caused any consequences which adversely affect the life or health of the child by reason of any omission to perform that duty, whether the child is helpless or not

The goal was for the Children Act Amendment to be enacted by 2012 (ROUMGLSD, 2011a), however this was not enacted as of May 2016. According to the 2014 HANCI (IDS, 2015), Ugandan women have legal access to agricultural land, but in practice there is discriminatory practices against land access and ownership. As of 2011, there were no economic rights for women under law, and the State tolerated a high level of discrimination against women.

⁷⁷ A misdemeanour is punishable by a moderate penalty (fine, short term imprisonment, community service). A felony is punishable by a more severe penalty (>1y imprisonment, death penalty) (Rukundo, 2008).

Principle of the best interest of the child as recognized in national legislation

The principle of the best interest of the child and the right of the child to know and to be cared for by its parents are recognized in the Bill of Right section of the Constitution (Article 34.1), and in the Children Act (Article 4) (ROU, 1995; 1989). The Children Act further recognizes the best interest of the child under 11 different Articles. The right to alternative care for children is recognized in the Children Act (Article 4.2), placing obligation on the State to ensure that children without parental care are provided with the best suitable alternative.

National policies supporting the right to adequate food for Ugandan children

Uganda has a wide range of policies and strategies aimed at tackling food insecurity, as well as a number of complementary policies influencing the welfare of children including their right to adequate food as listed by ACPF (2013).

The Uganda Food and Nutrition Policy (UFNP) (ROUMAAIF&MOH, 2003) was adopted in 2003, framed within the overall national development policy objective of eradicating poverty⁷⁸, and expressly recognizes the human right to adequate food for all Ugandans and the State obligations as enshrined in the ICESCR and the Constitution, as well as the vicious cycle of poverty and malnutrition. The Policy presents a framework to promote and ensure sustainable food security⁷⁹ and adequate nutrition for improved nutritional status and health, as well as social and economic wellbeing for all through economic productivity and increased incomes. A HRBA is emphasized. The Policy was developed by the adhoc multisectoral National Food and Nutrition Council (NFNC)⁸⁰ established by the Government in 1987. The MAAIF and the MOH are the lead ministries responsible for food security and nutrition. They are mandated by the Constitution to set minimum standards, assure quality, and develop relevant policies (Engh, 2008). They are in charge of the implementation of the Policy within a multisectoral framework involving many sectors relevant to realize the right to food.

According to the 2003 Ministers of these two State agencies, the State is committed to fulfil the Constitutional obligation of ensuring food and nutrition security for all citizens. Yet, the Policy lacks a financial investment plan and the 2005 draft National Food and Nutrition Strategy (NFNS) (ROUMAAIF&MOH, 2005) developed to operationalize and guide Policy implementation, was in 2012 still awaiting Cabinet approval, with subsequent Parliament legislation, before it can be adopted as a national agenda to fulfil international and national State obligations to eradicate hunger and malnutrition. Both the Policy and the Strategy have been lingering in the system for a substantial number of years, as their drafting were initiated in 1991 and 2003 respectively. The 2009 Draft Bill for a Food and Nutrition Act (ROUMAAIF&MOH, 2009) had in 2013 yet to be enacted, as it was still awaiting Cabinet approval (Rae, 2014; Ariba, 2013, September 4). The main purpose of the Act is to ensure the

⁷⁸ The 1997 Poverty Eradication Action Plan (ROUMFPED, 2004) provides the planning framework for all national development policies together with Uganda Vision 2040 (ROUNPA, 2013).

⁷⁹ This is in line with the Plan for Modernisation of Agriculture (ROUMAAIF&MFPED, 2000), seeking to ensure sustainable food security, create gainful employment, increase incomes, and improve quality of lives.

⁸⁰ The NFNC was proposed to provide awareness raising, policy advocacy, and to guide and coordinate the intersectoral implementation and monitoring of food and nutrition programs.

establishment and institute the mandate of the (ad hoc) Food and Nutrition Council to coordinate and ensure Policy implementation and monitoring. Today the Council still lacks legislative support. The Strategy recommends the Office of the Prime Minister (OPM) to be the institutional home of the Council, thereby to become an institution managed by the executive arm of the State.

The nutritional goal of the Food and Nutrition Policy (ROUMAAIF&MOH, 2003) is to promote and improve the population's nutritional status to a level consistent with good health. The needs of vulnerable groups including children are integral, and includes an objective to promote optimal nutritional standards in institutions through the provision of food and micronutrient supplementation as well as ensuring availability and access to adequate and nutritious diets throughout the life course. However, as the adopted Policy lacks quantifiable targets and is not translated into a legal entitlement through the enactment of the Bill⁸¹, it lacks political commitment and makes implementation weak (Rukooko, 2012; Rae, 2014). Thus, the right to food recognised in the Constitution and in the Policy remains vulnerable and legally weak (Rukundo, 2008).

A 2013 Policy review (ROUOPM, 2014) deemed the Policy in need of updating, which the OPM and UNICEF planned to follow through in 2014. Aliro Omara (2007) considers that the draft Strategy shows a weak will by the State to set up legally binding measures necessary to implement the Policy in accordance with its approved principles and expectations. According to Rae (2014), most of the aspirations of the draft Strategy (ROUMAAIF&MOH, 2005)⁸² are reflected in the Agriculture Sector Development Strategy and Investment Plan (ROUMAAIF, 2010) and in the Health Sector Strategic Plan and Investment Plan (GOUMOH, 2010)⁸³.

The 2011-2016 Uganda Nutrition Action Plan (UNAP) (ROUNPA, 2011)⁸⁴ frames an agenda for implementing the Food and Nutrition Policy, which the State will pursue to fulfill its national, regional and international legal obligations to eliminate malnutrition. President Museveni reaffirms in the foreword the political commitment to fulfill the Constitutional obligation to ensure food and nutrition security for all, and calls for the adoption of the draft Bill. The aim of the Plan is to improve the nutritional status of the population with emphasis on the two vulnerable groups of women and children. Particular focus is on infants and young children, mothers, adolescent girls (10-14 years), and women of reproductive age (15-49 years). But, as most causes of malnutrition are linked to practices or access to resources at household and community level, the Plan addresses the needs of all citizens through interventions such as nutrition care within the household, production of nutritious food,

⁸¹ The Bill explicitly recognizes the RtAF for all, includes a provision of direct relevance to OVC, and places the responsibility to adopt measures to provide for their food and nutrition needs with the MOH. It has the most advanced, innovative and comprehensive text on the RtAF in Africa, and surpasses international standards as stated in the ICESCR and GC12. It places obligations on the State, identifies responsibilities within the household, and includes financial provisions, M&E and recourse mechanisms (Rae, 2014).

⁸² NFNS expressly recognizes the RtF. Focus is to ensure political mobilization and advocacy for the RtAF, good leadership, governance and strengthening of social safety nets; decentralization; gender targeting; empowerment and nutrition education; HRBA to M&E; and intersectoral coordination. It lacks a financial investment plan.

⁸³ Nutrition is part of the National Minimum Healthcare Package, under the Health Sector Policy and Strategy.

⁸⁴ UNAP was formulated within the frame of the ROUNPA (2010) National Development Plan, the overall national vision of a modern and prosperous Uganda, which commits to significantly reduce malnutrition.

livelihood support, as well as public health. Objectives include strengthening the legal and institutional framework in support of nutrition including the legal establishment of the Food and Nutrition Council and its secretariat, and advocacy for increased resources for nutrition interventions. This includes the financial strengthening of key public sectors and the creation of policies and incentives to enable the private sector and local governments to increase their investment in nutrition.

The UNAP Secretariat as a coordinating mechanism is established in the OPM (ROUOPM, 2014). While implementation of the Plan is a joined effort between the Government and various partners, it is emphasized that the major investor is the central and local Government. Government financing is through “*focused resource reallocation within existing budgets and through mainstreaming nutrition in various sector programs to increase resource availability*”. The State however recognizes that the domestic budget is not adequate to independently finance the Plan, thus implementation depends on external resources. According to the Scaling up Nutrition (SUN, 2012; 2015), the Ministry of Finance, Planning and Economic Development (MFPED) planned to review the budgeting process at central and local Government within 2012 to include nutrition. As of 2015, this review has not been conducted; but it is still planned for, in addition to a funding gap analysis of domestic and external funding to cover the costs of the Plan. A report on implementation deems the nutrition specific Government funding scarce, and commitment lacks from all stakeholders. The Government has mobilized donors, however donor funding is inadequate, resources for Government programs is limited, and there lacks a mechanism for transparent expenditure tracing. The report suggests to increase Government commitment; for the Government to allocate a national nutrition specific budget; to obtain nutrition specific funding at the line ministry level; and to provide nutrition budget guidelines (ROUOPM, 2014).

According to the 2014 HANCI (IDS, 2015), policies on the security of access to land and to agrarian extension services are strong, while national safety nets are limited and only covers a few risks for a limited number of beneficiaries. As of 2014, Uganda had undertaken a national nutrition survey within the last three years; has a nutrition plan with time bound targets; and has a multisectoral and multistakeholder coordination mechanism. However, the extent of nutrition features in the different national development policies and strategies is weak.

National institutions protecting the right to adequate food for Ugandan children

The Uganda Human Rights Commission (UHRC) is a semi-autonomous Government institution established by virtue of Article 51 of the Constitution in 1997, and is mandated under Article 52(h) to monitor Government compliance with international human rights obligations and recommendations, and annually report to the Parliament on the situation of human rights and freedoms in Uganda (ROU, 1995). The UHRC is constrained by scarce resources and has continuously received limited budgetary allocations, in some cases below 50 per cent of requirements, from the central Government (Rukundo, 2012). Formally, according to the 1997 UHRC Act, the UHRC possesses financial autonomy, since it is the responsibility of Parliament to ensure adequate resources and facilities. In reality the UHRC is underfunded and does not receive money in relation to its estimates nor in relation to the

agreed budget. This makes the UHRC heavily dependent on foreign donors, which could jeopardize its independents (Engh, 2008).

The Uganda National Council for Children (NCC) is a semi-autonomous Government institution with mandates in the Constitution and in the Children Act. It was established by the 1996 NCC Act to provide a structure and mechanism which will ensure proper coordination, advocacy, monitoring and evaluation (M&E) of policies and programs relating to the survival, development, protection and participation of the child and for other connected matters. The NCC is constrained by scarce resources and received limited budgetary allocations, in 2014 23 per cent of requirements from the central Government. This stifled the NCCs implementation of planned activities (ROUOAG, 2015). Formally, according to the 1996 NCC Act, the NCC possesses financial autonomy, since it is the responsibility of Parliament to ensure adequate resources and facilities. In reality the NCC is underfunded and does not receive money in relation to its estimates nor in relation to the agreed budget. This makes the NCC heavily dependent on foreign donors, which could jeopardize its independents.

Principle of the best interest of the child as recognized in national policies

As a response to the high level of child vulnerability the MGLSD has developed various policies, regulations and initiatives aimed at improving the lives of OVC, such as the National OVC Policy (NOP) and the National Strategic Program Plan of Interventions for OVC (NSPPI-I) for the implementation of the NOP, both developed in 2004, and revised in 2011 (NSPPI-II). It has also developed two tools identifying program areas vital to the wellbeing of OVC i.e., the National Quality Standards Framework, and the companion National Quality Standards Guide for the protection, care and support of OVC (ROUMGLSD, 2007a; b).

The National OVC Policy (ROUMGLSD, 2004a)⁸⁵ offers a framework for responding to the needs of OVC and their families. It expressly advances the HRBA, aims to protect and realize the rights of OVC, and lay emphasis on the principle of the best interest of the child and on mitigating the vulnerability of the most vulnerable and marginalized. The Policy underlines the family and the community as the first line of response and the reintegration of OVC back with their families. The strategy is to provide support to OVC and their families to strengthen the capacity to self-sustenance, to advocate the reinforcement of cultural values that foster protection and care of OVC, and to provide alternative institutional care for OVC only as an option of last resort. Policy objectives are to ensure institutional, legal, and policy framework for child protection; resource mobilization; enhanced capacity of duty bearers; and that OVC and their families access basic services. Thus, food and nutrition security, poverty reduction, and child protection are central components. According to the MGLSD Coordinator for the National Child Protection Working Group (personal communication 7th October 2013), child protection is scattered in different policies, however a child protection strategy is being developed. Challenges to child protection include the inadequate capacity and mainstreaming of statutory protection services and community based structures, due to insufficient funding,

⁸⁵ NOP is an essential part of the Poverty Eradication Action Plan and the Social Development Sector Strategic Investment Plan (GOUMGLSD, 2003). The latter addresses OVC vulnerability, inequality and exclusion. It aims to create enabling environments for the poor and vulnerable to develop their capacities for improved livelihoods.

human resources, as well as awareness and training of the rights of children and violation of their rights (ROU&UNICEF, 2009).

The 2011/12-2015/16 National Strategic Program Plan of Interventions for OVC (NSPPI-II) (ROUMGLSD, 2011a) extends the 2004 Plan⁸⁶ for implementation of the OVC Policy, and renews Government commitments to ensure that OVC are adequately provided for and that their rights are fully met. The Plan aims to guide an effective and coordinated OVC response through quality service provisions, and targets 51 per cent of critically and/or moderately vulnerable children. The Plan outlines the periodic goal for 70 per cent of OVC households to be food secure and have proper nutrition, and for 95 per cent of OVC to be fully nourished. This will be achieved through the provision of social assistance by means of implementing a national cash transfer program to increase food access and utilization, and the provisioning of food aid to critically vulnerable OVC and their households.

For OVC receiving alternative care in CCIs, focus is to promote diet diversification, supplementation and fortification, and to increase access to and utilization of safe water and sanitation facilities. To increase OVC school attendance, focus is to provide scholastic materials, uniforms and school fees. As regards child protection, emphasis is on traditional and emerging social support mechanisms, the provision of appropriate alternative care in accordance with national guidelines, and the promotion of a culture for foster-care and other appropriate alternative care for OVC within communities.

The Plan outlines the periodic goal for 60 per cent of OVC without parental and/or family to receive appropriate alternative care. Emphasis is on provision of appropriate rehabilitation and reintegration services to street children and OVC who are experiencing exploitation and abuse, and improved supervision of alternative care arrangements to ensure adherence to national standards. The Plan outlines the periodic goal for 80 per cent of CCIs to meet national standards, and for all duty bearers to be aware of their duties. Further to strengthen the capacities of families, caregivers and other service providers to protect and care for OVC.

The Plan has a financial plan, and the periodic goal is for a four per cent increase in central Government resource allocation through conditional grants to support districts to fulfill their mandate, however a timeframe is not set. Further, for relevant local Government and MGLSD officials to receive training in resource mobilization, and for all local Governments to contribute with resources for OVC programs. The Plan emphasizes the need for a shift in funding, from the over reliance on unpredictable external funding.

According to the Children (Approved Home) Regulations Assessment Toolkit (ROUMGLSD, 2013a) for implementing, monitoring and reporting on the district CCIs in accordance with the Children Act, the National Alternative Care Framework (ROUMGLSD, 2015b) and the Approved Home Regulations (established in 1991 and revised in 2009) (ROUMGLSD,

⁸⁶ NSPPI-I (ROUMGLSD, 2004b) focused on system and structure developments, ex. OVC advocacy and communication strategy; OVC management Information and evaluation system (ROUMGLSD, 2011b; 2015a). Kalibala&Elson (2010) found that >4.000 CSOs provided fragmented, incomprehensive and unsustainable OVC services; the most supported areas was education and health; the least supported was legal and child protection; and food and nutrition security interventions were poorly managed.

2013b), all decisions shall be based in accordance with the principle of the best interest of the child. OVC shall not unnecessarily be placed in CCIs, this should only serve as a temporarily solution for unaccompanied OVC, or for those whose family is unable, even with appropriate support, to provide adequate care. Time in CCIs shall be limited to the period necessary for family tracing and child resettlement or to find other long term family placement, and to no more than six months. Emphasis lay on family reunification, prevention of family separation, and on interventions helping families to stay together. This includes ensuring that allocation and distribution of aid does not encourage family separation in order to receive assistance, that placement decisions are not resource led, that OVC and their caregivers have sufficient resources for survival and maintenance and access to basic services and support, and that local responsibility for the care and protection of children are promoted.

All CCIs shall meet agreed standard, and be registered and independently inspected on a regular basis. The level of care provision in institutional and family based care should be assessed against an agreed set of standards based on the UN Guidelines for the Alternative Care of Children and the Approved Home Regulations. Sufficient and balanced food shall be provided according to the needs and circumstance of the child, especially taking into consideration malnourishment, diseases such as HIV, or other special dietary needs. Sufficient clean water shall be available and accessible. Included in the Approved Home Regulations (ROUMGLSD, 2013b) is the identification of responsible duty bearers for the management of a children's home, rules on reporting to the MGLSD, the home's responsibilities for keeping records of the all the children's health status, school performances, care orders and social background, rules on how to apply for an approved home status, and legal procedures for closure of a home. *"No person shall operate any home unless the home has been approved in writing by the Minister"* (Regulation 3.1).

National initiative: the Alternative Care (Media) Campaign

The MGLSD is coordinating the alternative care response through partnerships to raise awareness, promote and support the NSPPI-2 and the National Alternative Care Framework, including UNICEF Uganda, the Child's i Foundation and the International Child Campaign, SUNRISE (Strengthening the Ugandan National Response for Implementation of Services for OVC) (Alliance Uganda), and other CSOs. The campaign promotes and explains the alternative care responses in support of family preservation, child reunification and resettlement, and a HRB alternative care system and options for OVC in Uganda. The campaign includes a country specific alternative care website and Facebook group as well as periodic radio, billboard and television campaigns to raise awareness of the problem and the solution. The advocacy appeal is for CSOs to join the Government in a coordinated response, as well as to provide a platform for CSOs who are delivering according to the Framework. The 2011 and 2012 campaign *Ugandansadopt* (ROUMGLSD&CIF, 2011), aimed to promote short and long term foster care and domestic adoption of non-biological relatives, through education and good social work practices. All children's homes are being persuaded to join the campaign. Further, in 2013 the Alternative Care Taskforce together with district officials hosted Regional and Official Government Resettlement and Alternative Care Workshops around the country, where district Government and children's homes staff together are

encouraged to implement resettlement and family based alternatives to long term institutional care, and receives support in developing district and institutional plans to make the necessary changes. The aim is to raise awareness of CSOs, donors, governments and the public of the problems, and the benefits of supporting resettlement and alternative care programs. Within the Campaign, as of 2013 UNICEF and the USAID had planned for developing a public awareness education strategy (Alternative Care Consultant, personal communication 8 October 2013).

In this section I endeavor to depict how the State of Uganda is performing related to international and regional African human rights law as regards the human right to adequate food and the principle of the best interest of the child⁸⁷.

⁸⁷ Additionally relevant here is also section 1.2.3.

3. Study subjects, design and methodology

In this chapter I describe the study design involving the operationalization of the qualitative HRB role, performance, and capacity analysis of duty bearers at the basic level of the UNICEF conceptual framework. I further describe methods of data processing and analysis.

Data to the collective study series was collected in Kampala city and Wakiso district within the Kampala extra region of central Uganda. Research was performed under the supervision of the Department of Nutrition at the UiO and the Makerere University School of Liberal and Performing Arts in Kampala (MAK). Berg, Vogt and I collaborated closely in the initial planning phase from August until December 2012 in Uganda and then in Norway until February 2013 to plan and obtain approval for the research. Vogt and Berg collected data, as well as recruiting eligible children’s homes, within the period of February till May 2013, while I collected data to the present study between July and October 2013. I have designed, planned, organized and conducted the research and data analysis as well as written this report.

3.1. Study design and data collection

3.1.1 Human rights based approach: an added value in the process of improving the lives of Ugandan children

Many rights have developed from needs, thus traditionally the basic needs and charity approaches to development have been applied. The human rights framework and principles of a HRBA⁸⁸ as a conceptual framework, which have guided both planning and execution of this study, however adds value in many ways.

Table 6 outlines the main differences between these development approaches.

Table 6: Main differences between a charity, needs, and human rights based approach to development (Danish Institute for Human Rights, 2007)

Charity Based Approach	Needs Based Approach	Human Rights Based Approach
Focuses on input not outcome	Focuses on input and outcome	Focuses on process and outcome
Emphasizes increasing charity	Emphasizes meeting needs	Emphasizes realizing rights
Recognizes moral responsibility of rich towards poor	Recognizes needs as valid claims	Recognizes individual and group rights as claims toward legal and moral duty bearers
Individuals are seen as victims	Individuals are objects of development interventions	Individuals and groups are empowered to claim their rights
Individuals deserve assistance	Individuals deserve assistance	Individuals are entitled to assistance
Focuses on manifestation of problems. Aims at relieving suffering	Focuses on immediate causes of problems. Aims at relieving suffering	Focuses on structural causes and their manifestations. Aims at addressing structural injustices
Considers finding more resources. No obligation to meet the needs. Needs are met when resources are available	Considers finding more resources. No obligation to meet the needs. Needs are met when resources are available	Considers redistribution of existing resources. States, power holders and international entities have obligations to fulfil the rights

⁸⁸ Sources: UNDG, 2003; Jonsson, 2003; Uvin, 2004; Brouwer, 2005; UNOHCHR, 2006a; b; UNDP, 2006; Gready, 2006; UNFPA, 2010; UNFAO, 2012; WaterLex, 2014.

Recognizing access to adequate food and other basic needs as human rights constitutes an important step towards making it a reality for everyone. As the HRBA translates basic needs into internationally recognized human rights standards as legal obligations and benchmarks, rights holders are not seen merely as objects of benevolence or charity but as participatory owners of non-negotiable legal entitlements that they are empowered to claim. Simultaneous attention to high quality processes and outcomes for human development is equally essential, as human rights are interdependent and indivisible, and as process quality affects the success and sustainability of outcomes. This may apply to program interventions, or like in the present study, to the use of human rights standards and principles as a framework for planning, execution and analysis. Within a HRBA, attention is placed on the conduct of the researcher in meeting with participants, as the purpose is the promotion and protection of human rights.

As the approach adds legal and moral accountability and duties by placing emphasis on the identification of accountability relations between rights holders and duty bearers, I identified responsible duty bearers with a scope to apply a role and capacity analysis to identify the capacities of duty bearers to fulfill their duties towards realizing the human rights of OVC. Essential within the HRBA is to focus on the most vulnerable and marginalized, and it thus emphasizes the promotion of human dignity through the development of claims that seek to empower excluded groups to claim their rights. The approach helps to protect people from power exertion, and may be applied to challenge power through mobilizing the civil society and social movement. As part of a HRBA, the study series has applied the normative UNICEF conceptual framework to guide the study and as a tool to assess causality implications.

In the present study I have placed particular emphasis on the standards as stipulated in relevant human rights provisions and GCs, particularly on the right of the child to adequate food and related ESCRs such as the right to water, the highest attainable standard of health, to care and protection, in addition to the principle of the best interest of the child. Further I have emphasized the human rights principles of participation, accountability, non-discrimination, transparency, human dignity, empowerment, and respect for the rule of law. As the HRBA and the role and capacity analysis pays particular attention to disparities, discrimination, exclusion and injustice, focus is placed on basic determinants of the UNICEF framework.

Approvals and ethical considerations

Research is carried out according to the Helsinki Declaration, a set of international ethical principles regarding human experimentation (WMA, 2008), as well as to ethical regulations established at the UiO and at the MAK. Every effort is made to anticipate and safeguard against ethical concerns. The research team to the study series received research clearance from all relevant bodies to perform fieldwork in Uganda. A common research proposal for the study series was approved by the Uganda National Council of Science and Technology (UNCST) (Annex 17.), by the Office of the President (OOP) (Annex 15.), as well as by the Norwegian Regional Ethics Committee for Medical and Health Research (Annex 20.). An introductory letter from the Assistant Secretary of the MGLSD gives the research fellows access to all of Uganda's children's homes and clearance to perform research (Annex 14.).

Participation to the present study was voluntary, and confidentiality, privacy, anonymity and respect was emphasized. When recruited, eligible participants got letters of introduction and affiliation from the MGLSD (Annex 14.), UNICEF Uganda (Annex 16.), MAK (Annex 19.) and the UiO (Annex 18.), a letter introducing the research (Annex 21.), as well as letters of research approval from the OOP (Annex 15.) and the UNCST (Annex 17.). At the time of the appointed interviews, participants received oral information about the study and a new chance to get the above cited letters, as well as given a letter requesting for their informed consent and an option of anonymity/non-anonymity (Annex 22.) and an oral explanation to ensure full understanding of these issues. Participants were thus given the opportunity to volunteer to partake in the study by providing a written signature, as well as the opportunity to sign a declaration providing for full anonymity. Participants were orally and in writing informed that they could choose to withdraw from the study until a given time. This procedure was the responsibility of the research assistants, whom had been trained to administer it. All selected children's homes, as well as participants working there, are given anonymity to ensure the full anonymity of the children partaking in the two other studies of the study series. Other participants have received anonymity in accordance with their individual preference. All data sources have been treated with confidentiality, I have kept all written information secure, and I have presented the collected data in the thesis in such a manner that participants cannot be identified. Participants have not received any form of payment for partaking in this study.

3.1.2 Qualitative human rights based role and capacity analysis

A human rights analysis involves the identification of specific duty bearers, their roles and duties, and their capacities and accountability. A role and capacity analysis⁸⁹ is central in the HRBA, as it is a tool to analyze the capacity of rights holders to claim their rights and of duty bearers to meet their corresponding duties. The assumption is that rights are not being realized due to the lack of capacity of rights holders to claim their rights and/or of duty bearers to meet their duties. A role and capacity analysis has the purpose to reveal and close the gap between human rights norms and the reality. It is thus central for monitoring⁹⁰ the realization of the human rights of the child to adequate food, nutritional health and wellbeing, as well as for identification of areas for capacity development of relevant duty bearers to address the various conditions for the realization of good child nutrition.

3.1.2.1. Qualitative study design

I have employed a qualitative approach to study design, which comprehends a HRBA and a non-experimental cross sectional in depth investigation of the roles, performances, and

⁸⁹ UNSCN (Sub-Committee on Nutrition) (2001) working group on nutrition, ethics and HR has developed an analysis framework to monitor the implementation of duties towards the realization of the RtAF, RtH and Rt care for good nutrition, which defines five elements of capacity relevant for examining the capacity of duty bearers. Jonsson (2003) and Sabatini (2005) have further described the framework, while the UiO thesis of Engesveen (2005a; b); Stupar (2007); Rukundo (2007); Andresen (2009); Kikomeko (2010); Karlsen (2011) have tested and applied (parts of) the concept. Engh (2008) has further developed the framework and suggested relevant indicators. Other sources: Patel&Jonsson, 2002; Jonsson, 2004; Rukundo, *et al.*, 2011.

⁹⁰ Monitoring of HR realization entails parallel monitoring of whether duty bearers are performing in meeting their duties (outcomes), and how (processes), to ensure that right holders can enjoy their HR.

capacities of relevant duty bearers for analysis at the basic level of the normative UNICEF conceptual framework. This includes subjective experiences, perspectives and perceptions as related to the protection of the human rights of vulnerable children receiving alternative care in children's homes in Uganda. As such, I have applied elements of a multiple case study approach⁹¹ to examine and understand the relations between a phenomenon, its context and its circumstances, from several perspectives. The approach is descriptive, or phenomenological⁹². This is in order to reveal insight into capacity gaps and the need for capacity development of relevant duty bearers to ensure the progressive realization of the human rights of OVC.

I do not try to provide an interpretation of the underlying meaning behind the data collected, as the participants' individual understandings and interpretations are of high importance for the study (Kvale, *et al.*, 2010; Denscombe, 2010). It is still important to be aware that though I do not try to generalize⁹³ the results, the reader may do so. Further, as a non-Ugandan, the analysis is based on my outside perspective of interpretation and understanding the participants' views and experiences.

I have collected data through multiple sources, data triangulation, to enhance validation of the results (Robson, 1993). I have applied qualitative tools including documents for analysis of relevant legal, policy and institutional framework, as well as review of relevant reports and literature. Also, I developed qualitative tools for the conduction of a role, performance and capacity analysis of duty bearers, involving individual in depth interviews, self-administrated questionnaires, and a complementing observational equity gap study. The latter was mainly a tool to get systematically acquainted with the operation of and the contextual state of the children's homes. The study consists of several components (Dahlgren, *et al.*, 2007) besides being cross sectional, it comprises of different clusters of duty bearers as well as different institutions among these clusters. As such, the study involves elements of an evaluative comparative multiple case study approach (Yin, 2014).

3.1.2.2. *Operationalization of the rights based role and capacity analysis*

I have developed qualitative tools for the investigation of the roles and capacities of selected duty bearers at different levels of responsibility for ensuring the rights of OVC receiving alternative care in children's homes in Uganda. The foundation of which these tools are developed is the human rights framework, the HRBA, a country situation assessment and a legal and policy document analysis as part of a causality analysis, the normative UNICEF conceptual framework, the role and capacity analysis framework, as well as Kent's nested

⁹¹ Implying an empirical inquiry with the aim to investigate a real life contextual phenomenon in depth, and seeking to know how or why something occurs. Further, relying on multiple sources of evidence to explain presumed causal linkages, enlighten certain contexts, topics or situations; exploring differences and similarities within and between different cases, as well as drawing a single set of cross case conclusions (Yin, 2014).

⁹² Reflecting the purpose to capture the participant subjective understandings of these issues and the influencing factors in depth (Dahlgren, *et al.*, 2007; Thagaard, 2013)

⁹³ Generalization is widely used in case law (Kennedy, 1979), however an analytic generalization is applied in which a theory is used as a template with which to compare the empirical results of the case study (Yin, 2014).

layers of responsibilities. Table 7 contains an overview of the study, while the following is a description of the operationalization of the rights based role and capacity analysis.

Table 7: Study overview. The table is developed by Monica Olafsen

STUDY OVERVIEW
PLANNING PHASE OF THE TRIPARTITE COLLECTIVE STUDY SERIES
<p>Determine study topic, research team and collaborating partners. Refine study topic and develop frames for the tripartite collective study series. Collection of relevant information and develop a common proposal for the collective study series. Seek approvals from the MGLSD, OOP, UNCST, and REC.</p>
PLANNING PHASE OF THE PRESENT STUDY
<p>Refine topic and frames for the present study. Collection of relevant information and develop an individual proposal for the present study. Initial human rights based analysis: Causality and performance analysis: country situation assessment and analysis; legal and policy document analysis. Role and responsibility analysis of duty bearers. Initial framework development: Normative UNICEF conceptual framework. Kent’s nested layers of responsibilities. Develop research tools to facilitate a role, performance and capacity analysis of duty bearers: Performance analysis of service delivery in selected children’s homes: simple observational equity gap study. Role and capacity analysis of purposive selected duty bearers: qualitative structured interview guides and self-administrated questionnaires.</p>
RECRUITMENT PHASE OF THE TRIPARTITE COLLECTIVE STUDY SERIES
<p>Sampling strategy: select and recruit eligible children’s homes.</p>
INITIAL RESEARCH PHASE OF THE PRESENT STUDY - KAMPALA
<p>Recruit local research assistants. Seek approvals. Refine research tools together with the research assistants. Conduct pilot study: pre-test and rehears the study tools in one selected children’s home. Refine procedure for contacting eligible study respondents together with the research assistants.</p>
RESEARCH PHASE OF THE PRESENT STUDY - KAMPALA EXTRA REGION
<p>Refine research tools. Sampling strategy: purposeful selection and recruitment of eligible duty bearers in: Five selected children’s homes. Central and local Government and its institutions. CSOs. Sampling strategy: purposeful selection and recruitment of other key informants. Investigations: Simple observational equity gap studies in the five selected children’s homes. Individual in depth interviews with recruited study participants. Self-administrated questionnaires completed by study participants.</p>

Interviews with key informants.
Transcribe interviews.

DATA PROCESSING AND ANALYSIS PHASE

Transcribe interviews.
Refine human rights based analysis:
 Causality and performance analysis: country situation assessment and analysis; legal and policy document analysis.
 Role and responsibility analysis of duty bearers.
Refine framework development:
 Normative UNICEF conceptual framework.
 Kent's nested layers of responsibilities.
Human rights based analysis:
 Performance analysis: equity gap study in selected children's homes.
 Capacity (gap) analysis of duty bearers: interviews and questionnaires.
Human rights based discussion of the results of data analysis.
Human rights based recommendations to address identified capacity gaps.

Causality analysis: the basis for a rights based role and capacity analysis

Before applying a role and capacity analysis it is vital to have a good understanding of the HRB problem to investigate. The initial step of a HRB analysis is to identify rights holders and which human rights they are not having realized, and why. To consider the country context and to have in depth knowledge of its norms, institutions, legal framework and enabling environment is an added value of the HRBA (Jonsson, 2003).

I have acquired a thorough understanding by performing a HRB country situation assessment as well as a legal and policy document analysis (chapter 1 and 2). This is elements of a causality analysis which have resulted in the identification of the problems and unfulfilled rights, and why it is so. The causality analysis is a tool that facilitates the identification of people in their roles as claim holders and duty bearers. In this respect, it is possible to apply a role and capacity analysis of the identified rights holders and an investigation and observational analysis of their situation. These elements are found in the theses of Vogt (2014) and Berg (2015). In the present study I have also performed a small complementing observational equity gap analysis of the children's situation. The original causality UNICEF conceptual framework (Jonsson, 1997; adapted from UNICEF, 1990) for understanding the causes of malnutrition, with malnutrition being the manifestation of causes at immediate, underlying and basic levels, is a good tool in a causality analysis. This framework has been applied as guidance in the work with this study.

The normative UNICEF conceptual framework

When the three research fellows entered the offices of UNICEF Uganda, we had three criteria for our master projects. First, the theme should be within the field of nutrition, human rights and governance. Second, we wished OVC to be the focus of our projects. Finally, as we were foreigners in Uganda, we wished to collaborate closely in the initial planning and

investigation phases of the project. As we were three researchers collaborating with UNICEF, the choice easily fell on investigating the human rights of children living in children's homes from three perspectives within the frames of a HRBA and the normative UNICEF conceptual framework's (Figure 7, left) (UNSCN, 2001) three levels of conditions necessary to realize optimal nutritional health for child wellbeing and development. The framework reflects that the nutritional status of a child is an outcome of complex causally related biological and societal determinants and processes.

Manifestation: the desired outcome of adequate nutritional health and wellbeing *manifests* at the *individual level* of the child. Malnutrition *manifests* under conditions of inadequate dietary intake, poor health and disease, and insufficient care. Therefore, it is paramount to enjoy both the right to adequate food and of the right to health and care, parallel with all other rights.

Immediate level: for analysis of the *immediate conditions* affecting the child's nutritional health and wellbeing, the absence or manifestation of infectious disease and the adequacy or inadequacy of the child's dietary intake is pertinent. Conditions at the *immediate level* manifest at the individual level, and are affected by conditions at the underlying level.

Underlying level: for analysis of the *underlying conditions* affecting the child's nutritional health and wellbeing, conditions impacting availability at *household, including children's homes, and community level* are examined. Relevant here is the adequacy or inadequacy of first, the child's access to adequate food, water and sanitation; second, adequate care of children (and women); and finally adequate access to health- and other social services, which consequently determine the child's dietary intake and health, and consequently its nutritional status. Only when all the rights to adequate caring practices and access to food and basic health services are realized will a child be well nourished. The interrelationship between the *underlying conditions* is complex, and reflects existing capacities and a particular utilization of available resources. Conditions at the *underlying level* are affected by conditions at the basic level and as such are a consequence of gaps between the legal and policy framework, resources and implementation.

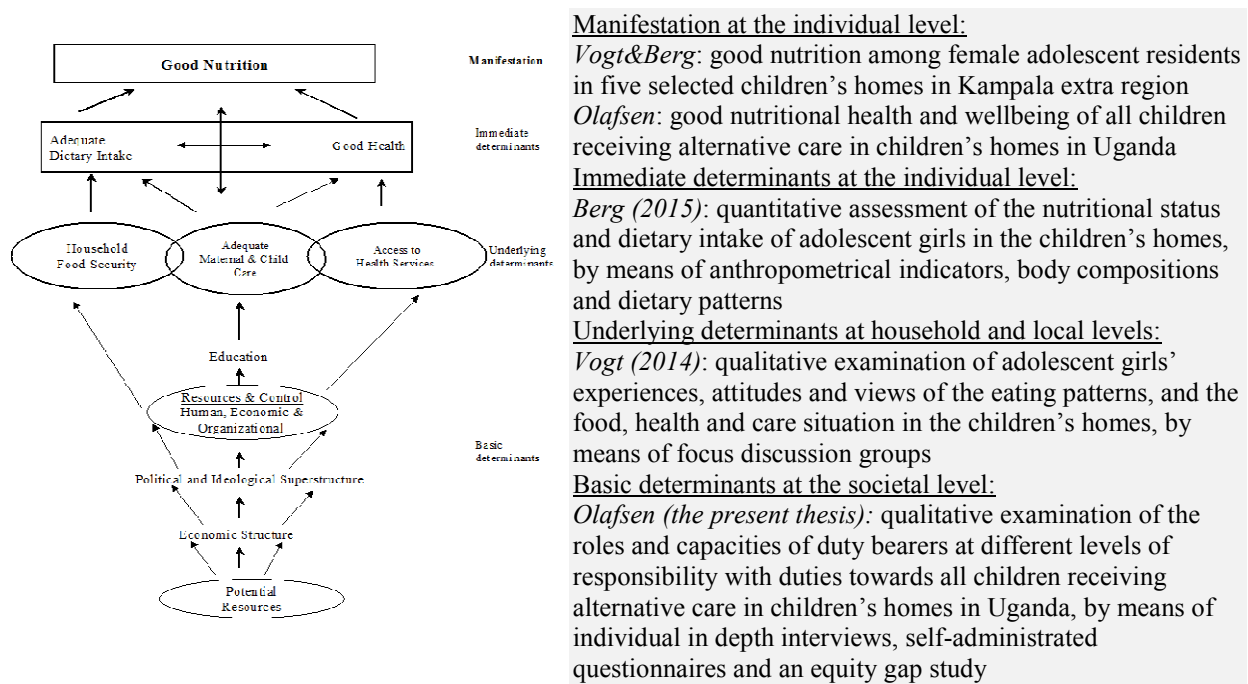
Basic level: for analysis of the *basic or structural conditions* affecting the child's nutritional health and wellbeing, conditions impacting at the societal level are examined. At this level the society's structures and processes will influence the child's access to food, care and health services, and consequently the nutritional health and wellbeing. Analysis focuses on the presence or non-presence of relevant resources (human, economic, institutional), as well as economic, social, political, cultural, historical and ideological *structures and processes* that impact the control and management of the society's potential resources. These structures and processes can be seen as the basic determinants of good nutrition or malnutrition, and their development and interaction explain the availability and control of resources. Resources are available at diverse levels of society, and controlled and utilized in many different ways, as the use of resources depends on the way problems are understood as well as the values and priorities of those controlling them. This again is influenced by education and information.

Realization of the rights of the child to food, health and care thus requires that the duty bearers meet their duties. While the causes of a problem may be different at the immediate

and underlying levels, the basic causes are often the same. Thus, addressing conditions at the basic level may simultaneously result in creating enabling conditions for solving other problems. Examples of such conditions are democratic deficit and equity gaps in the legal system and budgetary allocation and their implementation, as well as in the accountability system. Addressing such conditions is likely to increase sustainability. However, basic conditions are the most difficult to address.

As the research fellows had different preferences as regards which perspectives of levels of determinants to select for individual investigations, this choice easily fell into place. Figure 7 shows one variant of the normative UNICEF conceptual framework (UNSCN, 2001) to illustrate the overall analytical framework guiding the study series. The text explains how this framework has guided the conceptualization and planning of each individual study. The framework helps to provide a holistic understanding, as it shows how influences at all levels can affect the nutritional status of the child, and how care must be taken at all levels to prevent structural conditions for the creation or maintenance of malnutrition. Further it provides a theoretical framework for a role and capacity analysis and can be used for the identification of State obligations, and thus for strengthening the capacities of duty bearers in addressing and acting on the various determinants for the realization of good child nutrition.

Figure 7: Normative UNICEF conceptual framework (UNSCN, 2001)



Based on the three common Norwegian supervisors’ respective fields of expertise, the three researchers received an individual main Norwegian supervisor, as well as a local Ugandan supervisor. The limits of the study series were set in consultation with them, namely to investigate five selected children’s homes having an approved status from the MGLSD, and one home as a pilot study, within the city of Kampala. As elaborated in chapter 1 these criteria changed along the way, thus the study series have actually investigated five non-approved

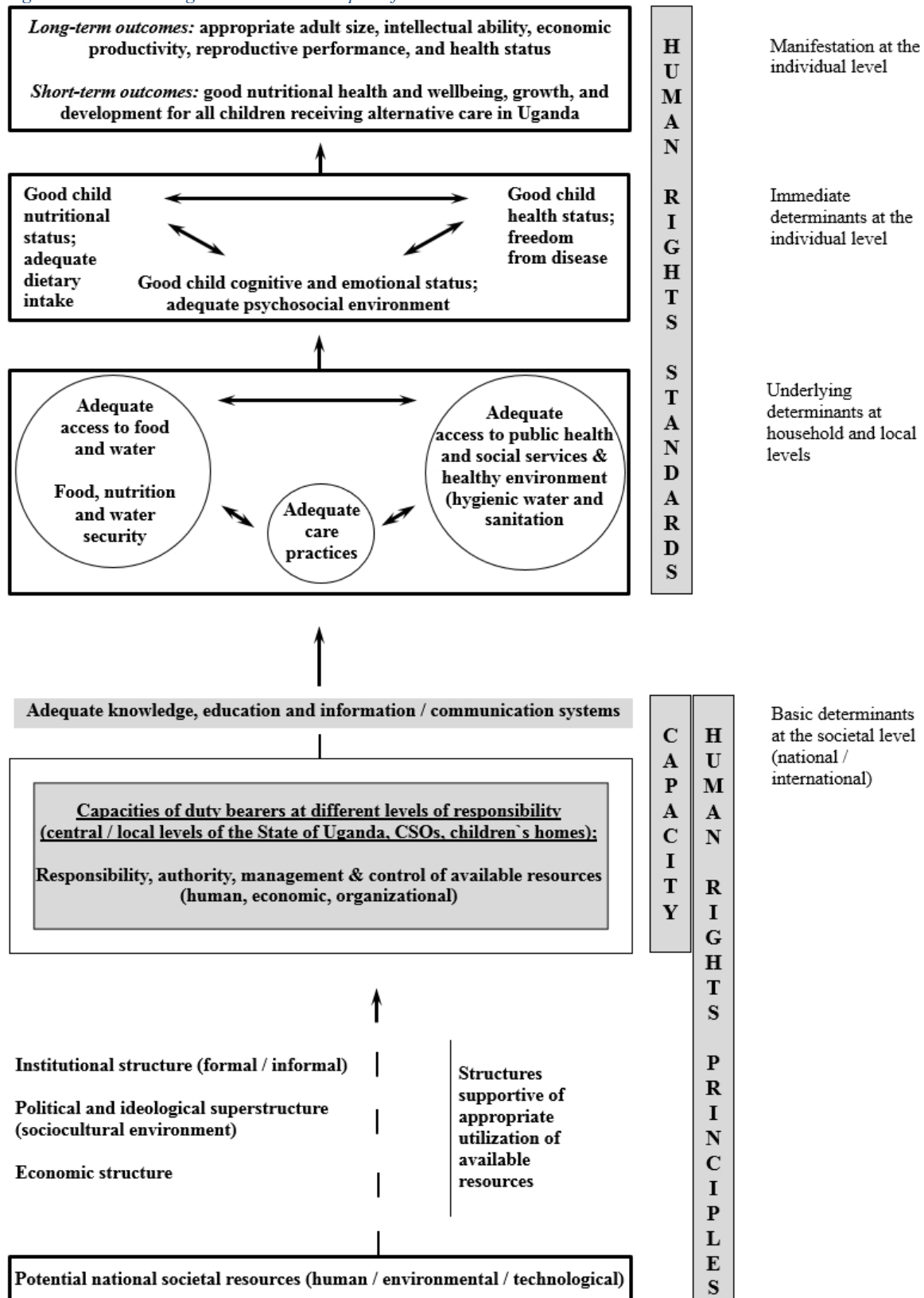
homes within the Kampala extra region. As adolescent girls only recently have received focus on the international development agenda (Black, *et al.*, 2013; Bhutta, *et al.*, 2013) as well as being a particularly vulnerable group of OVC in Uganda, we additionally applied gender and age as limitation criteria. As also elaborated on, these criteria could not apply to the present study, as duty bearers are responsible for all children and not just certain groups of children.

The research fellows have independently designed, planned, and conducted individual research and data analysis for our respective studies.

As illustrated in Figure 8, I have adapted⁹⁴ the normative UNICEF conceptual framework to conceptually suit and guide this study. The study focuses on analysis at the basic level of the framework, which emphasizes on the presence or non-presence of relevant resources, and on the economic, political and ideological structures that influences their control and management.

⁹⁴ Inspired by different variations of the framework (UNICEF, 1990; Jonsson, 1993; 1997; 2003; Smith&Haddad, 2000; ACC/SCN, 2000; UNSCN, 2001; Engesveen, 2005a; Black, *et al.*, 2008).

Figure 8: The human rights normative conceptual framework



The human rights normative conceptual framework for identifying the determinants for good child nutritional health and wellbeing, growth and development. The framework is guiding the present study and includes the rights holders' entitlements. The framework is developed by Monica Olafsen

Role analysis - Kent's nested rings of responsibility and the causality analysis

A role analysis is part of a HRB *responsibility analysis*, with the intention to find out who is supposed to do something about the HRB problems of the identified rights holders. This analysis identifies key rights holder and duty bearer relationships for the specific right. I have applied Kent's (1993/4; 2005) nested rings of responsibility together with a causality analysis as tools for guidance in the process of identifying specific responsible duty bearers as well as in the establishment of their specific roles, duties, performances, and capacities in meeting their duties as regards implementing the rights of OVC. It is relevant to identify whether duty bearers are legal or moral, governmental or non-governmental, and at which level they are found namely at household/children's home, community, local, national or international levels. Duty bearers may be institutions or individuals with the power to affect OVCs lives.

The performance and capacity of duty bearers at one level of responsibility depends on the performance and capacity of duty bearers at more distant levels. Accordingly, failure of duty bearers to meet their duties may not necessarily be due to unwillingness to do so, but rather due to some of their own rights not having been realized as well as a result of lack of capacity.

Annex 9. lists all eligible duty bearers and informants I identified as relevant and interesting to investigate. These duty bearers are responsible by virtue of their position of authority in the different children's homes, Government, and CSOs relevant for ensuring the realization of the rights of OVC receiving alternative care in children's homes, while key informants from other institutions have expert knowledge in issues of significance. The grey areas in the annex shows how I have applied Kent's concept, modified to conceptually suit this study, in an attempt to differentiate and classify the legal and moral duty bearers. I have additionally been inspired by Ljungman's (2004; UNICEF, *et al.*, 2013) attempts to categorize duty bearers, as well as by the section on obligations and responsibilities of State actors and NSA in Annex I of the UNFAO (2009b) which distinguishes between responsibilities and obligations under national law. I have not included the operationalization of this process in the thesis.

Table 8 shows relevant international human rights provision supportive of the rights of the child to a standard of living adequate for development, to adequate nutritious food, to water, to the highest attainable standard of health, and to care, separated into the claims of children as rights holders and the corresponding obligations of duty bearers.

Table 8: International treaty provisions supporting the right of the child to a standard of living adequate for development, adequate nutritious food, water, the highest attainable standard of health, and care, separated into the human rights of children and the obligations of duty bearers. The table is developed by Monica Olafsen

What are the rights holders' claims? The right to adequate food, nutritional health and wellbeing		
Children have the right to:		
	UDHR 25.1	A standard of living adequate for the health and wellbeing, incl. food, clothing, housing and medical care and necessary social services, and the right to security
	UDHR 25.2	Motherhood and childhood are entitled to special care and assistance. All children shall enjoy the same social protection
A standard of living adequate for development	ICESCR 11.1 ICESCR 12.2(a) ICRC 27.1	An adequate standard of living Healthy development A standard of living adequate for the child's physical, mental, spiritual, moral and social development
Adequate nutritious food	ICESCR 11.1 ICESCR 11.2 ICRC 24.2(c)	Adequate food Be free from hunger Adequate nutritious foods and clean drinking water
Water (explicit) Water (implicit)	ICRC 24.2(c) ICESCR 11.1 ICESCR 12.1	Clean drinking water An adequate standard of living Enjoyment of the highest attainable standard of health
The highest attainable standard of health	ICESCR 12.1 ICRC 24.1 ICRC 32.1	Enjoyment of the highest attainable standard of physical and mental health Enjoyment of the highest attainable standard of health (and medical care) Facilities for the treatment of illness and rehabilitation of health, and access to such health care services Protection from performing any work that is likely to be harmful to the child's health or physical, mental, spiritual, moral or social development
Care	ICRC 7.1	Know and be cared for by its parents (as far as possible)
Additionally, the girl child have the right to:		
Equal access to health care services	ICEDAW 12.1; 14.2(b)	Equal access to adequate health care facilities and services incl. in rural areas and incl. those related to family planning
Equal access to information on family planning and child health and nutrition	ICEDAW 16.1(e) ICRC 24.2(e)	Have access to information, education and means to equally enable women to decide freely and responsibly on their number and spacing of children Be informed, have access to education and support in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding and hygiene
What are the duty bearers' obligations?		
States Parties are obliged to:		
Realize the right to a standard of living adequate for development	ICESCR 11.1 ICRC 6.2 ICRC 27.2; 27.3	Ensure the realization of the right to an adequate standard of living Ensure to the maximum extent possible the survival and development of the child Assist parents and others responsible for the child to implement an adequate standard of living
Realize the right to adequate nutritious food	ICESCR 11.1 ICRC 24.2(c) ICRC 27.3	Ensure the realization of the right to adequate food Combat disease and malnutrition incl. within the framework of primary health care, and through the provision of adequate nutritious foods and clean drinking water Assist parents and others responsible for the child to implement an adequate standard of living, and in case of need provide material assistance and support programs with regard to nutrition
Realize the right to the highest attainable standard of health	ICESCR 12.2 (c; d) ICRC 3.3 ICRC 24.1 ICRC 24.2(b) ICRC 24.3	Realize the right to prevention, treatment and control of diseases; and the right of all to medical service and attention in the event of sickness Ensure provision of institutions, services and facilities which conform with appropriate standards Ensure children access to health care services Ensure provision of medical assistance and healthcare to all children with emphasis on the development of primary healthcare Abolishing traditional practices prejudicial to the health of children

Realize the right to care	ICESCR 10.1	Accord the widest possible protection and assistance to the family, particularly while it is responsible for the care and education of dependent children
	ICEDAW 11.2(c)	Promote the establishment and development of childcare facilities
	ICRC 3.2	Ensure the child such care as is necessary for its wellbeing
	ICRC 3.3	Ensure that institutions, services and facilities responsible for the care of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision
	ICRC 7.2	Ensure implementation of the right of the child to know and be cared for by its parents (as far as possible) in accordance with national law and relevant international instruments
	ICEDAW 16.1(d)	Ensure on a basis of equality, the same rights and responsibilities as parents, irrespective of marital status, in matters relating to their children; in all cases the interests of the children shall be paramount
	ICRC 18.1	Ensure recognition of the principle that both of the parents, or legal guardians, have common primary responsibilities for the upbringing and development of the child. The best interests of the child will be their basic concern
	ICRC 18.2	Render appropriate assistance to parents and legal guardians in the performance of their childrearing responsibilities, and to ensure the development of institutions, facilities and services for the care of children
ICRC 18.3	Ensure children of working parents to benefit from childcare services and facilities for which they are eligible	
<i>Additionally, as regards the rights of the girl child, States Parties are obliged to:</i>		
Realize the right of the girl child to equal access to health care services and nutrition	ICEDAW 12.1	Eliminate discrimination against women in the field of healthcare, and ensure equal access to healthcare services incl. those related to family planning
	ICEDAW 14.2(b)	Ensure women in rural areas access adequate healthcare facilities, incl. information, counseling and services in family planning
Realize the right of the girl child to equal access to information on family planning, and child health and nutrition	ICEDAW 10(h)	Ensure equal access to specific educational information to help to ensure the health and wellbeing of families, incl. information and advice on family planning
	ICEDAW 16.1(e)	Ensure women equal rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights
	ICRC 24.2(e)	Ensure that all segments of society are informed, have access to education and support in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding and hygiene

Study population

Right holders in the present study are all children of Uganda, with particular emphasis on vulnerable children at risk of or already receiving alternative care in children's homes.

Duty bearers are any person at any level of proximity with duties towards protecting and realizing the rights of Ugandan children, with particular emphasis on duty bearers responsible for OVC and for alternative care for children in children's homes.

I identified three *clusters of duty bearers* for investigation, namely duty bearers working in children's homes, in Government and its institutions, and in CSO. The cluster of duty bearers working in children's homes have been of main priority to examine because of the overall structure of the study series and its focus on children's homes. The two other clusters hence

had become of secondary priority, and due to constraining factors such as limited time and finances as well as cultural barriers, these clusters have not been examined as thoroughly.

Sampling strategy of eligible duty bearers

Selection and recruitment of eligible children's homes: the two research fellows to the study series were so kind to perform this sampling on behalf of the team. The three research fellows had different inclusion and exclusion criteria. Common criteria was to recruit five children's homes, as well as one for a pilot study, having an approved status from the MGLSD and being located within Kampala city⁹⁵. Additional inclusion criteria for the present study was only to recruit homes available for all children, namely of any age and gender, amongst others as gender equality and non-discrimination is essential. Additional inclusion criteria for the studies of the two research fellows was only to recruit homes accommodating a minimum number of 10 adolescent girls between 10-19 years who had lived there for at least one year, and who could speak English or Luganda. Additional criteria for the study of Berg was that these girls could not be pregnant or lactating, bedridden because of illness, or disabled.

The two research fellows obtained from the MGLSD a list containing the names of the 47 children and babies' homes within Kampala city that had been registered and verified as of January 2013. All babies' homes were excluded on the assumption that they would primarily shelter children below the age of three years. Homes with phone numbers on their webpages were contacted to obtain information of relevance for inclusion, while phone numbers of staff working in homes where contact information was not available online was obtained from other CSOs working with institutionalized children in Kampala. When homes with less than 10 adolescent girls had been excluded, 20 children's homes remained on the list. Six of these homes were randomly selected using the webpage www.randomization.com. The two research fellows, their assistants, and a driver visited each location to recruit homes, providing introductory letters from the MGLSD (Annex 14.) and the UiO (Annex 18.). They had to visit 16 out of 20 homes to recruit six homes. When a selected home did not fit the inclusion criteria, the subsequent home on the randomized list was selected. Locating the homes was challenging due to lack of contact information, lack of local knowledge, as well as rough roads in the outskirts of Kampala. Out of the 20 homes, three could not be located, and only one did not wish to partake in the study. This home is a particularly interesting one, referred to by many of the study respondents. The two research fellows spent six weeks between February and March 2013 on the selection and recruitment of five children's homes that fit all the inclusion criteria, as well as one all girls home as a pilot study.

Purposeful selection and recruitment of eligible duty bearers: before arriving in Kampala I had prepared a list of eligible duty bearers and other key informants (Annex 9.) by way of performing an initial role analysis applying the internet, human rights instruments, policies and other literature. Others were added to the list as my team received new information along the course of investigation. The selection and recruitment of respondents was a continuous effort carried out throughout the whole period of investigation. Eligible respondents were key

⁹⁵ As earlier mentioned the study team ended up recruiting non-approved CH within the Kampala extra region of central Uganda, comprising Kampala city and the neighboring Wakiso district.

duty bearers responsible by virtue of their position in authority in the selected children's homes, as well as in CSO, central and local Government and its institutions relevant for ensuring realization of the rights of OVC receiving alternative care in children's homes in Uganda. Respondents were purposively selected based on their expert knowledge that I found significant and valuable to the study.

The initial task of the research assistants was personally to locate and arrange time for investigation of first the pilot study and next the five children's homes. The goal was to perform interviews with four staff members at each home including managers, caretakers, social worker, chefs etc. The assistant and the contact person at each home arranged this recruitment of respondents on the day(s) of investigation, in agreement with me. Voluntary participation was emphasized, and only one staff member declined when asked by the research team, consisting of the assistant and the researcher, to partake in the research, however others may have declined when being asked by the contact persons. As the number of staff in three homes was limited, who to interview gave itself. In one home, the contact person strictly controlled whom the team could access, and to be able to investigate four staff members was a continuous negotiation lasting for weeks. In another home, the team freely arranged interviews with staff members.

In available time between investigations in the children's homes, the assistants' task was to recruit relevant duty bearers working in Government and its institutions (n=9) as first priority, and in CSOs (n=4). As the assistant had valuable local knowledge as well as a broad official network of contact persons, the priority of who to target for investigation among eligible duty bearers was agreed upon in common. At central Government level the focus was on duty bearers working in the MGLSD DYCA as the lead State agency responsible for the welfare of all children, including OVC receiving alternative care in children's homes. These State actors are in a position to advocate for and ensure legislation and strategy implementation. At local Government level, the focus was on State actors responsible for strategy implementation. At civil society level, the focus was on duty bearers emphasizing the national framework and strategies in their work, and those emphasizing the rights of the child. The team performed in depth interviews with four respondents in each of the five children's homes (n=20), four from the MGLSD DYCA, three from different local Governments, one from the UHRC, and one from the NCC (n=9), as well as four from different CSOs (n=4). Additionally, some of these respondents as well as others from these institutions answered self-administrated questionnaires; children's homes (n=26), Government and its institutions (n=2), as well as different CSOs (n=11).

Selection and recruitment of other key informants: eligible respondents were informants from other institutions whom, other than being members of the Ugandan society, did not have any apparent duties towards ensuring the rights of OVC receiving alternative care in children's homes. Key informants (n=9) were purposively selected based on their expert knowledge of technical information from their respective fields of expertise that I found significant and valuable to increase my understanding of the Ugandan society of relevance to the study. The assistant had valuable inputs on whom to target, however such appointments were of the

very last priority. I developed customized *semi-structured qualitative interview guides* (Annex 13. provides one example) to provide direction to each of these interviews.

Procedure for contacting eligible study respondents: I had developed such a procedure before arriving in Kampala, however due to lack of integration of local ways of doing things this was revised based on inputs from the assistants. Instead of pursuing initial contact by way of email or telephone, the research assistants personally located and met with all eligible respondents to recruit and make appointments. As this work is very time consuming as well as requires certain local communication skills, it was deemed best for the assistants to pursue this work without my presence. Other features in favor of this decision was that I am a relatively young white female foreigner, which in Uganda is not necessarily favoring attributes for such endeavors. The assistants brought with them letters of introduction and affiliation from the MGLSD (Annex 14.), UNICEF Uganda (Annex 16.), MAK (Annex 19.) and the UiO (Annex 18.), a letter introducing the research (Annex 21.), as well as letters of approval from the OOP (Annex 15.) and the UNCST (Annex 17.). The assistants contacted the recruited duty bearers and key informants a day before as well as on the same day to reaffirm the appointments.

Anonymity

To protect the rights of the children partaking in the studies of the two research fellows, I ensure full anonymity of the children's homes. As the anonymization in these two studies does not completely synchronize, I have made anonymization in accordance with Vogt (2014) as this study also includes an observational study. All respondents received the option of being ensured anonymity when signing the letter of informed consent. While none in the selected homes signed up for anonymity, I have still ensured their anonymity in order to protect the children. Respondents working in the homes are thus termed according to the respective children's home, CH A-E, followed by their role as caretaker, manager, etc. Retrospect, the respondents working in Government and its institutions as well as in CSOs receive anonymity. The three research assistants have signed a letter involving their duty of confidentiality (Annex 8.), as well as themselves being provided full anonymity.

Research assistants

I received help from my local supervisor to recruit three suitable local male research assistants, as well as guidance as regards their payments. My requirements were good oral skills in oral Luganda and English, good written English and computer skills, and training within the field of human rights. Added preferences were good local political and societal knowledge, good communication and driving skills, as well as an official network of contact persons. My intent was to hire two assistants to provide help and support in all aspects of the research during the course of data collection. Circumstances however ensured individual assistance from three different assistants at overlapping times. Their main tasks (Annex 8.) were to recruit and take lead in communication and facilitate respondent interviews, translate from Luganda to English, and discuss with me and transcribe interviews. Further I appreciated guidance in matters of relevance to the study such as local etiquette and the political and

societal environment etc., transportation of the research team, and in particular the provision of support and protection in situations where I proved vulnerable in the Ugandan society.

Performance analysis

A performance analysis is part of a *responsibility analysis*, with the intent to find the extent of the HRB problems of the rights holders. It encompasses monitoring the performance of duty bearers as regards meeting their duties, both their efforts and the results achieved, in accordance with the human rights principles and standards.

I have not assessed the overall performance of each institutional duty bearer, but some aspects of performance are incorporated in the interviews and in the self-administrated questionnaires. A performance analysis is however part of the country situation assessment (chapter 1) and legal and policy document analysis (chapter 2) examining the State of Uganda's overall performance. Further, it is a part of the equity gap study carried out in the selected children's homes. The findings of Vogt (2014) and Berg (2015) add valuable information as regards effect on adolescent girls and their perceptions of the performance of duty bearers.

Equity gap studies (Annex 12.) were carried out in each of the selected homes in relation to the conduction of the interviews. Information was gathered by way of taking notes from simple field observations and communication with relevant staff, performed individually by me and the assistant. When orally accepted by the respondents, photographs were sometimes taken. I had developed a structured tool based on human rights standards and national legislation, policies and regulations as regards standards for food, water, hygiene, sanitation, health, care and protection in CCIs. The execution of these studies lasted between one and two hours.

Capacity (gap) analysis

A capacity (gap) analysis of the five elements of capacity⁹⁶ involves assessing the ability of duty bearers in meeting their duties and undertakes actions for rights realization, implying their performance in accordance with established norms and standards taking into account their efforts and achieved results and the resources available. This analysis should be grounded in a HRB causality, role, as well as performance analysis, which may support or shed light on findings. The objective is to determine capacity gaps in meeting duties, implying how duty bearers' performance deviates from the ideal norm. The examination of capacity gaps seeks to find out *why* duty bearers are not fulfilling their duties namely to reveal what is hindering them. Any revealed gaps may need to be resolved before rights can be enjoyed, and is thus important for the identification of areas in need of capacity development of duty bearers to address the various conditions for the realization of good child nutrition. Often a duty bearer cannot meet its duties, as its own rights are being violated.

⁹⁶ Capacity is the ability to effectively perform functions for setting and achieving objectives and identifying and solving problems. It is the sum of all factors that enable individuals, communities, institutions, organizations and governments to adequately perform their roles and duties, and it is the key factor determining how well rights holders claim their rights and duty bearers fulfill their duties.

Individual face-to-face qualitative structured in depth interviews was the main method of obtaining data for the capacity analysis of duty bearers, while *self-administrated structured questionnaires* was a complementary method. I had developed two tools namely objectives based structured interview guides (Annex 10.) and questionnaires (Annex 11.), directed by international human rights principles and standards and the five elements of capacity. I customized each tool to the three main clusters of duty bearers, as well as to the sub-clusters of central and local Government, the UHRC, and the NCC. Questionnaires were left behind at each location of performed interviews to be collected a few weeks later, with encouragement for answering by duty bearers not being available at the day of investigation. The basis of the tools was the English language as duty bearers at this level of expertise were expected to be fluent in this language. This was however not always the case as regards low educated staff working in the selected children's homes. When no other respondents were available, the assistant translated all questions into Luganda and all answers into English. The assistant was the lead interviewer, which was one reason for the structured form of the tool, while both the assistant and I took detailed handwritten notes. I only orally intervened under the interview if something was unclear. The interviews took place in a suitable room with only the participant, the assistant and I present. Emphasis was placed on confidentiality, privacy and anonymity.

A pilot study was conducted to pre-test and rehearse the tools and procedures, and involved staff working in the sixth selected children's home. Beforehand two assistants and I had spent a full week going through and making changes to make the tools I had developed in Norway more suitable to the local language and conditions. The assistants received a comprehensive understanding of the tools and the background of each question, and developed a personal relation to the tools, the study, and the importance of the topic for OVC. Together we went through the guides in detail and developed a strategy on how to ask questions and probe for answers. The pilot study however proved that the tools were excessively too complicated even for respondents educated at a tertiary university level. Sentences were too long and included too many elements, and the language was too technical. However disappointing, this was an extremely valuable learning experience. After two interviews performed by each of the assistants, the team rescheduled the remaining appointments for the next day to give me time to change the tools back to their initial simpler form. The pilot test the following day proved satisfactory, although highlighting the importance of time efficiency. To illustrate, average interview time was a bit less than two hours, while it took four hours on the one occasion where I had to perform all aspects of the interview alone.

Focused group discussions: while it would have been excellent to conduct such discussions, I eventually dismissed it as practically unfeasible due to the limited number of available staff as well as the hierarchy among staff at different levels of all the clusters of duty bearers. This hierarchy would most likely have hindered respondents from providing their true opinion.

Five elements of capacity

The capacity components introduced here is a combination of those introduced by the UNSCN (2001) and complemented by Jonsson (2003) and Engh (2008). I have employed these components as I found best suitable to the present research framework. The capacity

analysis of duty bearers in certain roles or positions examines the following interlinked five elements of capacity to determine how well they fulfill their duties. *First*, their legal, social, political, traditional, cultural, moral and/or spiritual, implying (in)formal norms and rules, *authority* and legitimacy to take action and carry out the duty. *Second*, their *motivation* to implement measures towards the enjoyment of a right, and the *acceptance, internalization, commitment, and leadership taken* as regards the *legal and/or moral responsibility* to carry out the duty. *Third*, their ability and access to, and *control* over, the necessary economic, human and organizational *resources* required to address the problem and meet the duty, including (in)formal rules. *Economic* resources include land, natural resources, and means of production such as tools and equipment, technology, assets, income, credit etc. *Human* resources include adequate numbers, motivation, willpower, knowledge, experience, skills, time, commitment etc. *Organizational* resources include (in)formal institutions of temporary support systems such as families, extended families, clans and organizations as well as long term support such as government or NGO support, administrative infrastructure, opportunities for networking, (in)formal rules that structure certain patterns of interaction etc. *Fourth*, having the capability to *communicate* includes the ability to access information and communication systems and participate in communication. *Finally*, having capabilities for *informed rational decision making* and *learning* from experience, which requires evidence based and logical analysis for problem identification and its causes to inform action.

The five capacity components are prerequisites for accountability of duty bearers. When being motivated, the duty bearer *might feel* or *acknowledge* that he *should act* or *do something about a problem*. When having authority the duty bearer might feel or know that he *may act* or *that it is permissible to take action*. Even if the duty bearer accepts that he should do something and that he may do it, it may be impossible to act due to lack of resources. Thus, when having access to and control of resources the duty bearer might be in a position where he feels that he *can act*. Holding duty bearers accountable must be seen in light of their capacity to meet duties. A duty bearer cannot be held accountable for not fulfilling a duty if the necessary capacities are lacking. However, lack of capacities does not relieve the duty bearer from their duties. For duty bearers to be held accountable, the three first conditions of the framework must be satisfied. *Acceptance of responsibility* may be expressed from conduct or from assumed roles that raise legitimate expectations on part of the rights holder. *Authority to perform* a duty requires *requisite power, to access and control resources*, to be vested in the individual who has accepted the responsibility to perform a certain duty. Formal and informal rules, norms and power relations may influence such facilitation of authority. The two final conditions, namely the capabilities to communicate and for rational decision making and learning, may *assist* duty bearers *in the process* of meeting and fulfilling their duties.

Capacity building

A role and capacity analysis is a tool in the realization of rights, as specific capacity gaps may require resolving before rights can be enjoyed. It identifies areas for capacity development of duty bearers, and the outcome should be a range of strategies of action aimed at reducing or closing the identified capacity gaps with the purpose of realizing unfulfilled rights. The UNICEF framework is a tool for establishing a viable norm, where the ideal conditions at the

basic level are when the identified duty bearers can and are satisfactorily complying with human rights norms and carrying out their duties. In this respect, capacity development entails the strengthening of political, societal, legal and institutional protection systems. The goal is to develop fair power equilibrium between rights holders and duty bearers, and hence action performed by duty bearers must aim at strengthening and building rights holders' capacities to claim and exercise their rights and the capacities of duty bearers to meet their duties in accountable ways. Capacity building may lead to political commitment and empowerment, and may enable individuals to resolve their own needs in sustainable and dignified ways. It may encompass direct delivery of services, development of human rights awareness and skills including the elements of capacity, advocacy and social mobilization, and monitoring of rights. Focus of priority of action may be needs, political priorities, cost and sustainability.

Capacity development is outside the scope of this study; it is however my hope that the collaborating partners, namely the MGLSD DYCA and UNICEF Uganda Child Protection Unit, will use the study series for these purposes. Further, I have hopes that the study may have contributed in some ways to raise awareness and initiate processes among the participatory duty bearers themselves, and for this to have resulted in increased advocacy, greater action, and in the reinforced practice of human rights in their work.

3.2. Data processing and analysis

Qualitative data assessment, *real time analysis*, starts already with data collection, as making initial impressions about the gathered information is inevitable, and may yield added data. This is in conformity with purposive and criterion based respondent selection (Robson, 1993; Pope, *et al.*, 2000), which proved valuable to this study. I continuously took field notes during the data collection period, which is used to complement the transcribed material and to add contextual details. During the interviews, both the assistant and I took hand written notes. Afterwards we discussed the interviews and the assistant initiated the transcription process by typing each interview into individual Microsoft Word documents, which I completed. I then copy pasted each individual answer to every interview question of each study into one single document for each of the individual cluster of respondents. I thus had three documents containing answers from the in depth interviews, three containing the self-administered questionnaires, as well as five individual documents containing the equity gap studies of the five children's homes. The total transcribed material consists of 359 A4 pages with single space lining and font size 10.

I have applied a systematic *content analysis* of documents considered essential and valuable for the realization of the aim of the study, and a *role, performance and capacity analysis* by way of a qualitative assessment of in depth interviews, self-administrated questionnaires, and the equity gap studies. To direct the analysis and discussion of findings, I developed and organized the questions in the three tools (Annex 10. Annex 11. Annex 12.) under the headlines of the five elements of capacity and sub-headlines of the international human rights principles and standards, as well as linking these to the research questions and normative indicators (Annex 4.). As I started the process of data analysis I realized that this framework was too complex to guide the analysis. I thus simplified this framework by way of limiting the

focus human rights principles, as well as limiting the numbers and restructuring the research questions and indicators. This was done in order to refocus the analysis on capacity gaps and the need for capacity development of relevant duty bearers. Nonetheless, I have still used the more comprehensive normative indicators for performance and capacity of the initial framework as a guide to ensure quality of the data analysis. The revised indicators are more broad based than the initial indicators and are developed from the gathered data material. Accordingly, I have used my own developed framework of research questions and normative indicators to guide the analysis. While other qualitative methods of data analysis have been applied by others (cf. Stupar, 2007), this is in accordance with Engesveen (2005a; b) and Engh (2008). Whereas I do not try to provide an interpretation or generalization of the underlying meaning behind the data collected, it is important to remember that I have an outside perspective to the Ugandan culture, and thus analysis is based on my interpretation and understanding of the participants' subjective experiences, perspectives and perceptions.

While Engesveen (2005a; b) has analysed every capacity under the headlines of normative indicators, Engh (2008) has analysed data under the headlines of capacities. I have presented the findings of the data analysis under the headlines of the capacities and under the sub-headlines of the revised normative indicators as short reports in prosaic text. Sometimes I have done this with descriptive numbers in tables or in the text itself. Relevant quotations from the participants are used to underpin findings. Findings have been analysed and discussed in the light of international human rights principles and standards as established in the normative indicators. Findings are viewed or compared between the three different clusters of respondents. I have tried to avoid thematic repetitions by way of reorganizing topics under the respective categories of capacities and indicators. As performed by both Engesveen and Engh, I have described and discussed the main findings in the same chapter. This is to ease reading as well as to avoid repetitions. At the end of each section I have summarized the main result of the research questions.

4. Findings

I initiate this chapter with an introduction of both the participant duty bearers and right holders in the selected children's homes, as well as a short performance analysis. References is made to the studies of Vogt (2014) and Berg (2015). Further, I report findings from the investigations of the five elements of capacities of the three clusters of respondents.

4.1. Participant characteristics

4.1.1 Characteristics of participant duty bearers and key informants

Participants were purposefully selected and recruited. Eligible respondents were key duty bearers responsible by virtue of their position in authority divided into the three clusters of Government and its institutions (n=11); civil society organizations (n=15); and children's homes (n=37); as well as other key informants (n=9). Table 9 summarizes the number of respondents and their level of education, divided into their respective clusters. Most respondents in all clusters have tertiary education, while in the children's homes cluster three have primary and 12 have secondary education respectively.

Table 9: Number of respondents and their level of education, divided into their respective clusters

Duty bearers	Number of informants	Level of education			
		Primary	Secondary	Tertiary	Unknown
CH-A	6	2	3	1	0
CH-B	9	1	3	5	0
CH-C	7	0	3	4	0
CH-D	10	0	0	9	1
CH-E	5	0	3	2	0
CH cluster total	37	3	12	21	1
MGLSD	4	0	0	4	0
LG	4	0	0	4	0
NCC	1	0	0	1	0
UHRC ⁹⁷	2	0	0	2	0
Government cluster total	11	0	0	11	0
Uganda Child Rights NGO Network (UCRNN) ⁹⁸	2	0	0	2	0
UNICEF Uganda ⁹⁹	1	0	0	1	0
Uganda Women's Effort to Save Orphans (UWESO) ¹⁰⁰	3	0	0	3	0
Raising Voices ¹⁰¹	6	0	0	6	0
ANPPCAN (African Network for the Prevention and Protection against Child Abuse and Neglect) Uganda Chapter ¹⁰²	3	0	0	3	0
CSOs cluster total	15	0	0	15	0

⁹⁷ <http://www.uhrc.ug/>

⁹⁸ <http://www.ucrnn.net/>

⁹⁹ <http://www.unicef.org/infobycountry/uganda.html>

¹⁰⁰ <http://uweso.org/>

¹⁰¹ <http://raisingvoices.org/>

¹⁰² <http://www.anppcanug.org/>

The team performed in debt interviews with four respondents in each of the five children’s homes (n=20), four from the MGLSD DYCA, three from different local Governments, one from the UHRC, and one from the NCC (n=9), as well as four from different CSOs (n=4). Some of these respondents as well as others from these institutions answered self-administrated questionnaires; children’s homes (n=26), Government and its institutions (n=2), and different CSOs (n=11).

At central Government level the focus was on duty bearers working in the MGLSD DYCA as the lead State agency responsible for the welfare of all children. At local Government level, the focus was on State actors responsible for strategy implementation. At civil society level, the focus was on duty bearers emphasizing the national framework and strategies in their work, and those emphasizing the rights of the child.

Key informants (n=9) were selected from other institutions and did not necessarily have any apparent duties towards ensuring the rights of OVC receiving alternative care in children’s homes. Table 10 lists key informants and their respective institutions.

Table 10: List of key informants and their respective institutions

Key informants	
Institution	Title
MGLSD	National Coordinator Coordination Office for the National Child Protection Working Group
Naguru Police	Assistant Commissioner Department for Human Resource Development, Planning and Quality Control
ANPPCAN Uganda Chapter MAK	Program Manager Department for Research, Communication and Advocacy Student HRs Activist. Pursuing a Master’s Degree in HRs
Human Rights Centre Uganda	Director. UN Special Rapporteur on the situation of HR Defenders. Former Chairperson of the UHRC (1996-2008)
Reev Consult International	Director. Professor in Social Science at MAK. World Bank consultant. Managing Consultant on research on poverty reduction
Makerere Research Institute	
UHRC	Director of Complaints, Investigations and Legal Services
Alternative Care Initiative	Alternative care consultant in the MGLSD

4.1.2 General characteristics of the selected children’s homes

Table 11 summarizes key characteristics of the selected children’s homes, such as number of children residents, their previous state of conditions, age group, sex, and caretaker to child ratio. Information is retrieved from the equity gap studies as well as from Vogt (2014).

Table 11: Characteristics of the selected children’s homes

Selected CH	CH-A	CH-B	CH-C	CH-D	CH-E
Approved home status	No, closed down twice by MGLSD	No	No	No	No

Type of CH	Pentecostal ¹⁰³ CH, registered NGO	Pentecostal CH, registered NGO	Pentecostal, boarding school ¹⁰⁴ , registered NGO	Pentecostal, short term rehabilitative transitional CH ¹⁰⁵ , registered NGO	Pentecostal, boarding school, registered NGO
No. of residents	75	70	100	40	306
Vulnerability	Mostly orphan street children	Mostly street children	Most has families, 28 orphans	Abandoned babies, most street children, OVC from high risk slum families	263 orphans, the rest has families
Age (years)	0-19	6-19	6-19	Girls 3-13 Boys 3-6	6-19
Sex	Boys/girls	Boys/girls	Boys/girls	Boys/girls	Boys/girls
No. of staff present daily	3-5	9-15	6	15	5-11
Caretaker: child ratio¹⁰⁶	2:75	4:70	3:100	2:40	4:306
Type of meals served in CH	Supper: posho/beans ¹⁰⁷ fried in water	Breakfast: liquid maize porridge with bread. Lunch & supper: most often posho/beans fried in oil. Changing menu. Other food if hungry	OVC says only supper: posho/beans. Caretakers say breakfast, lunch, & supper is served in the CH	Breakfast: maize porridge with bread/milk/egg. Lunch & supper: changing menu. Other: fruits & midday snack	Breakfast: maize porridge. Lunch & supper: posho/beans
Additional meal received in school days	<u>Secondary school</u> : Lunch: posho/beans	No	<u>Primary school</u> : Breakfast: maize porridge. Lunch: posho/beans. <u>Secondary</u>	No	No

¹⁰³ In CHs referring to themselves as born-again/Pentecostal-institutions, Christianity is a big part of the children's lives. Muslim children are obliged to change their religion and even names if their birth name has Islamic roots. The children are taught to read the Bible, and it is mandatory to pray and attend church every day.

¹⁰⁴ CH boarding schools provide shelter for children with paying caretakers as well as children without adequate parental care. Further these CH boarding schools are registered with the Ministry of Education and Sports, which is cheaper than being appropriately registered as a CH with the MGLSD.

¹⁰⁵ This CH is special as it has a street outreach program which locate and builds trust with street children and offer them shelter, rehabilitation and education before family reunification. If families are found, they are empowered by the facilitation of income generating activities. If families are not found, the CH tries to look for foster families. The OVC are not supposed to stay at the CH for more than six month. However, some OVC end up staying there for many years if the CH is unable to find the relatives or foster families. The OVC are not sent to public school but are offered individualized education at the CH.

¹⁰⁶ "An adequate number of direct care givers with a ratio of 1:5 for babies and 1:8 for other children shall be employed in each home..." Approved Home Regulation 8.5 (ROUMGLSD, 2013b).

¹⁰⁷ Posho is white maize flower porridge cooked with water to a thick consistency, served with bean sauce made out of dried, red, long kidney beans either fried in oil or cooked in water and salt and sometimes added vegetables. This is the food most often consumed in children's homes in Uganda as it is the cheapest food available, and it is thus often the only type of food consumed as well. According to Berg (2015), a diet of posho and beans appeared to provide the children with sufficient protein, carbohydrate and fiber, and many micronutrients. However, this diet is typically low in fat and fat-soluble vitamins.

			school: Lunch: posho/beans		
Feeling of hunger	Yes	No	Yes	No	No
Access to healthcare	Yes	Yes	Secondary school participants: no	Yes	Yes
Access to toilet paper, soap, sanitary napkins	No	Yes	No	Yes	Yes
Access to running water	Yes	Yes	No: veil	Yes	Yes
Access to adequate emotional care incl. food care	Yes	Yes	No	Yes	Yes/no
Weekly meetings to openly discuss issues incl. food, care, health	OVC says no Caretakers says yes	Yes	No	Yes	No
Adoption	Yes	Yes	No	No	Yes
Volunteer caretakers	Yes, all five	Yes	Yes	No. Other volunteers: yes	Yes
Strategy of family reunification	No	Rescue street children, rehabilitate, reunite	No	Rescue street children, rehabilitate, reunite. Family empowerment	No
Food projects or income generating activities	No	Farming, OVC musical performance, instrument repair, leasing out vehicles when not in use, soap/craft production	Farming, maize mill, brick making, medical clinic	Farming, adult musical performance, market space, tailoring, crafts making	Farming

CH-A has inadequate funds to send all children to school as well as serving them adequate food in quality and quantity. They cannot afford to pay the fee to provide lunch for those in primary school. CH-A is equipped with one toilet characterized as a hole in the ground and no washroom area. The OVC wash themselves with the help of a friend and water in a jerry can, standing on the hands and knees on the ground, in front of everybody in the home. The OVC have the problem of poor hygiene related diarrhea, preventative measures are to boil drinking water and having a drinking fountain. CH-A rely solely on private donations. The church responsible for CH-A prioritizes church planting and mission before feeding the OVC.

Common dishes for supper in CH-B are posho, beans fried in oil, cassava, matoke, rice and sweet potatoes. Every weekend, meat and chicken are served. They have tapped water, they use filter and boil the drinking water. CH-B receives funding from organisations and private donors, and generates income by having the OVC perform in musical acts and plays.

CH-C is struggling financially and has inadequate funds to serve adequate food. CH-C is funded through a sponsorship program where private donors from abroad sponsor an individual child with tuition fees, school uniforms etc. CH-C additionally receives tuition fees from children in boarding school. The OVC describe unfriendly situations where their caretakers imply that they are not worthy of more food because they are orphans from poverty. They also experience caretakers abusing them if they ask for more food, and who mistreatment the OVC both physically and mentally. According to the caretakers, the OVC receive breakfast, lunch and supper in CH-C, and there are possibilities for several servings during one meal. CH-C used to have running water, however, roadwork cut the pipes to the village and they received no compensation. Now they have to carry water from the well, which is located close by but however on the bottom of a rather steep hill. The water quality is inadequate, and water-tablets are used in the drinking water.

CH-D serve breakfast consisting of porridge with milk, usually escorted by a slice of bread, dough-nut or an egg. Then follows a small in-between meal consisting of porridge with milk, lunch, and finally supper. The menu changes every day, but common dishes are posho, beans cooked in oil, rice, Irish potato and sweet potato. The children are often served fruits after dinner. Saturday and Sunday dinners always consist of meat or chicken. Drinking water is boiled and treated with a machine. They have two resident nurses. CH-D is funded by various organisations and private donors. In addition, CH-D generates income through concerts, fundraisings, and activities such as farming, selling produce or self-made crafts and tailoring at their local market place. CH-D is the only short term rehabilitative transitional home in the study, which has full focus on rescuing street children with the goal of family reunification or settling with a foster family. CH-D has its own educational program with a catch-up interim primary school to accelerate and comfortably reintegrate the OVC into mainstream education. They develop social skills, manners and discipline, discipline of a school routine, listening skills, problem-solving skills, the benefits of attending school, as well as catching up on the national curricula. The goal is to enable the former street children to compete with children from a normal family background.

CH-E is funded through a humanitarian organization, as well as private sponsors who send money to their sponsored child. CH-E has no way of treating the pumped mineral water before consumption. The OVC receive deworming treatment twice per year.

4.1.3 Performance analysis of the selected children's homes

4.1.3.1. Normative indicator: perceptions and provisions of healthy foods for OVC in line with Ugandan standards

In the cluster of children's homes, 17 out of 20 respondent duty bearers particularly mention *the normal diet of posho and beans* as good for children's growth, health and wellbeing. As such, they do all agree that the Ugandan traditional standard foods are good enough for children. "*Beans make the children look healthy*" [CH-E Caretaker 2]. The lasting effect of the feeling of satisfaction, compared with other foods such as rice is highlighted. "*The children love posho and beans as it makes them feel satisfied*" [CH-C Administrator].

Respondents inform that posho provides energy giving carbohydrate starch while beans provide proteins and other nutrients. Two respondents highlight the importance of adding oil to the dish to provide taste and vitamins. “*Posho, beans and cooking oil to fry beans, together provides all the nutrients needed*” [CH-D Business Development Manager]. Some mention the inclusion of some of the following in the OVCs diet on special occasions; silver fish and meat for proteins; fruits, juice, onions, tomatoes, cabbages and leafy greens for taste and vitamins; Irish and sweet potato, cassava, matoke, groundnuts, sauce, liquid porridge, milk and sugar. In the Government and CSO clusters, all respondents highlights that children should receive a balanced diet containing all foods in appropriate portions and include proteins, carbohydrates, fats, vitamins and minerals. Fruits, vegetables, milk, eggs, silver fish, and some meat are emphasized, while posho and beans is mentioned as elements in a varied diet. One respondent highlights that “*the context of which children live differs from the ideal. Children should however not eat monotonous food such as for example only posho and beans*” [UCRNN Senior Official].

Vogt (2014) and Berg (2015) find that CH-B, at the very top, and CH-D, provide the most adequate diet for the OVC, while CH-A, at the very bottom, as well as CH-C and CH-E, which provide the least adequate diet with the least food variety, number of meals, and portion sizes. “*The younger participants at CH A and all participants at CH C expressed huge dissatisfaction towards the meal frequency and over their monotonous diet of posho and beans. They described horrible situations over feeling hunger over a long period of time, and explained how the lack of food also affects their ability to concentrate at school. These participants were also left in a situation where they involuntarily eat food they don’t even like the taste of on a daily basis*” (Vogt, 2014). As further described by Vogt “*results indicate that residents at CH A, C and E have poor food consumption¹⁰⁸, as maize porridge, posho and beans are the only foods consumed*”.

Poor food consumption affects nearly five per cent of the Ugandan population (UNWFP&UBOS, 2013). According to Vogt (2014), these findings may indicate that the OVC at CH-A, -C and -E are part of the five percentage of the population with the least varied diet, thus these OVC are worse off than 95 per cent of the rest of the population. According to the findings of Berg (2015), low dietary diversity¹⁰⁹ affects 45.5 per cent of the children’s homes participants, as compared to 39 per cent of the population. Dietary diversity is low with a median score of 3 out of 9 food groups, and animal products are rarely eaten. Consequently, the OVCs dietary pattern may be characterized as “unacceptable food consumption likely to consist of a particular unbalanced diet deficient in energy, macro- and micronutrients” (UNWFP&UBOS, 2013), as confirmed by Berg. According to the findings of Berg, at a group level the OVC have a low energy intake of 6881 kilojoule per day, as compared with estimated 9100 kilojoule per day on a national level (UNWFP&UBOS, 2013). The adolescent girls in the selected children’s homes suffered from stunting (18.6 per cent) and overweight (18.6 per cent), and were at risk of insufficient intakes of essential fatty acids and multiple

¹⁰⁸ Defined as having an extremely unbalanced diet that chiefly comprise foods consisting of maize flour with some vegetables (UNWFP&UBOS, 2013).

¹⁰⁹ Defined as consuming less than five out of seven food groups in one week (UNWFP&UBOS, 2013).

micronutrients, especially of vitamin A, B12, C, D, E and calcium. The adequacy of the diet, in terms of energy, macro- and micronutrients varied among and within the various homes. In agreement with their findings, both Vogt (2014) and Berg (2015) suggest that the issue of discrimination in relation to food and care provision occurs among the OVC living within the selected homes. At two of the homes, the girls consumed a more adequate diet than the reference group. This is in line with Vogt (2014), who proposes that while her study indicates that some OVC may be more food insecure compared to the rest of the population, other research have found a protective effect of institutionalization in terms of food intake. In light of this, Vogt suggests that “*CH B and D residents may have a better food consumption in comparison to other Ugandan children. Residents at these two homes eat a variety of different foods, and are food secure in terms of food always being available for them*”.

Table 12: Respondents in the cluster of children’s homes reporting being satisfied with the adequacy of the food, healthcare, and care and protection provided to the children living in the respective children’s home they work

	Food	Healthcare	Care and protection
CH-A (n=5)	4	3	5
CH-B (n=9)	7	8	8
CH-C (n=7)	7	6	7
CH-D (n=10)	10	10	10
CH-E (n=5)	4	5	5
Total (n=36)	32	32	35

Table 12 shows satisfaction with the adequacy of the food, healthcare, and care and protection provided to the OVC living in the selected children’s homes. In CH-A, while reporting satisfaction with the adequacy of the food provided, four respondents mention increased provision of enough food and drink as well as food variety as areas for improvement. The responses received however show a misalignment; both between the various caretakers and between the present study and the studies performed by Vogt (2014) and Berg (2015) were CH-A scores the lowest on the indicators. “*There is too little food and drink, and lack of variety*” [CH-A Caretaker 1]. “*The children eat quality foods, which is why they look healthy*” [CH-A Administrator]. Lack of financial resources affects all areas of food and healthcare in this home. “*The children only receive healthcare, immunization, access to hospital, and deworming when we have money*” [CH-A Secretary]. In CH-B, three respondents mention increased food variety for a balanced diet as an area for improvement. “*There is room for improvements, but the diet is fairly good*” [CH-B Social Worker]. In CH-C, three respondents mention the need for increased funding to ensure food variety for a balanced diet as an area for improvement. In CH-D, four respondents mention increased food variety for a balanced diet as an area for improvement. “*The children feed on posho and beans, as well as fruits, eggs and meat in the weekends*” [CH-D Social Worker]. In CH-E, increased provision of enough food as well as food variety for a balanced diet is mentioned as areas for improvement. “*The food is adequate (enough food), but not healthy (balanced)*” [CH-E Manager].

In comparison, none of the respondents in the CSO and Government clusters answered that they are satisfied with the adequacy of food, healthcare, care and protection provided to OVC

receiving alternative care in children's homes in Uganda. *"Children need a balanced and healthy diet, which is not often provided in the children's homes"* [UHRC Senior Official].

Thus the question remains why there are divergent conditions and variations in food adequacy and care provided among the various children's homes in Uganda. In the following I will point at the various reasons that I found in the role and capacity analysis of selected duty bearers at different levels of responsibility for the care and wellbeing of OVC receiving alternative care in children's homes in Uganda.

4.2. Findings from the role and capacity analysis of duty bearers at different levels of responsibility for children living in children's homes in Uganda

4.2.1 Capacity I: authority to make decisions and to take action

4.2.1.1. Normative indicator: recognition of the capacity element of authority

Respondents in the children's home cluster use their authority capacity to make the best choices for OVC, to allocate duties, to ensure the OVC are not fighting and are showing respect, and to make final decisions if there are quarrels. These respondents are responsible for planning, buying and choosing the best quality food, to teach the importance of food, as well as to supervise during mealtimes. *"Authority drives you when you have a job description"* [CH-B Social Worker].

The CSO cluster use authority to supervise and coordinate projects. *"UNICEF work closely with the MGLSD and we use our authority to push them"* [UNICEF Senior Official]. *"We do not have authority per se; however, we are trusted and respected within communities i.e. they know we will respond"* [Raising Voices Senior Official].

In the Government cluster respondents use authority to plan, enact and ensure implementation and monitoring of laws and regulations including children's homes registration, information sharing with the MGLSD, as well as giving the MGLSD access to the homes. Quality standards are used as guidelines, and homes are given warnings and three months to improve conditions before being closed down. *"People with high authority can compromise planning and execution. Thus, to give authority results in implementation"* [MGLSD Senior Official 2].

4.2.1.2. Normative indicator: perception of the distribution of mandate and authority

Table 13 and Table 14 summarize the CSO and Government cluster respondents' perception about who is legally and morally responsible for OVC including those living in children's homes. The Government through its MGLSD is considered ultimately legally responsible through its mandates and authority. *"The Government through its MGLSD and probation officers is legally responsible for OVC and children's homes, as they approve and give certifications and have the mandate to monitor, supervise and to build the capacity of children's homes. But it is too weak and lack resources to play its role"* [UNICEF Senior

Official]. A few recognize the legal role of parents. *“The Government is legally responsible, if parents fail. Parents and families as legally prime caregivers are responsible for providing for the child”* [MGLSD Senior Official 2].

Table 13: Respondents in the clusters of CSO and the Government perception regarding who is legally responsible for OVC

	GoU (n=9)	CSO (n=4)
Government level	9	4
Civil society level	0	0
CH level	0	0
Family/parental level	2	0

The moral responsibility for OVC is mostly delegated to the society in general. *“Everyone who has the ability is morally responsible”* [Raising Voices Senior Official]. Only one respondent consider the Government as morally responsible for OVC.

Table 14: Respondents in the cluster of CSO and the Government perception regarding who is morally responsible for OVC

	GoU (n=9)	CSO (n=4)
Government level	1	0
Civil society level	2	2
CH level	4	1
Family/parental level	1	1
Everyone, except the Government	4	2

Table 15 and Table 16 summarize the three clusters of respondents’ perception about who is legally and morally responsible for safeguarding the human right to food of OVC living in children’s homes. Respondents consider the Government through its MGLSD as ultimately legally responsible. Other responsible Government line ministries, such as the MAAIF, MOH or OPM are not mentioned. The decentralization policy of responsibility delegated to local levels is however mentioned. Other well-off individuals including private individuals and CSOs are by a few children’s homes respondents highlighted as legally responsible as well. In Uganda this is most often interpreted as a charity approach of relatively short term food provision. *“When parents, families and communities cannot safeguard the right to food of their children, it is the legal responsibility of the Government through the MGLSD, local councils, probation officers and social workers as well as other well-off individuals to ensure the right to food”* [CH-E Manager].

The children’s homes legal responsibility is highlighted by less than half in the Government and CSO clusters and by only one fourth in the children’s home cluster. *“The children’s homes through its directors, caretakers and the management committee is legally responsible, as they are supposed to have enough means to provide enough food for the children living in the home”* [CH-D Acting Program Manager]. The legal issue related to the children’s home having a MGLSD approved home status or not is additionally stressed. *“The children’s homes are legally responsible if they are approved by the MGLSD i.e. they are being service provider organizations with certificate for operation”* [KCCA Senior Official]. Others do think the Government does not have anything to do with the OVC in the country’s children’s homes, and consider it the sole responsibility of the vision bearer or creator of each home to

provide for their needs and ensure their rights. *“The Government is not responsible as it was not their initiative to create the children’s home”* [CH-E Director].

Table 15: Respondents perception of who is legally responsible for safeguarding the RtAF of OVC living in children’s homes

	CH (n=20)	GoU (n=9)	CSO (n=4)
Government level	15	6	4
Civil society level	2	0	0
CH level	5	4	2
Family/parental level	4	1	1
Community level	0	2	1

Respondents consider all people including CSOs as morally responsible for safeguarding the right to food of OVC living in children’s homes. *“All people who are touched by the plight of these children, i.e. have a heart, are morally responsible”* [CH-A Administrator]. *“Everyone who has more food than others is morally responsible”* [UNICEF Senior Official]. Others particularly highlights the founder of the children’s homes, and equalize children’s homes with family homes. *“The directors of children’s homes are legally and morally responsible, and cannot blame the Government or expect it to take care of its family. If you keep a child, it is your responsibility”* [CH-C Matron]. Three respondents in the Government cluster highlight the moral responsibility at the Government level.

Table 16: Respondents perception of who is morally responsible for safeguarding the RtAF of OVC in children’s homes

	CH (n=20)	GoU (n=9)	CSO (n=4)
Government level	0	3	0
Civil society level	6	0	0
CH level	12	5	2
Family/parental level	3	0	2
Everyone, except the Government	6	1	2
Community level	0	3	1

The CSO cluster considers the following as the obligations at central and local Government level towards OVC living in children’s homes; to provide policy guidelines and ensure an environment for local implementation, including monitoring of children’s homes and the provision of resources.

The Government cluster considers the following; to promote protection of the rights of the child through providing, oversee, regulate and ensure the implementation of legislation, policies, guidelines, standards and strategies. Advocacy and networking for financing, as well as community sensitization and mobilization. Give certifications, monitoring and supervision of the care and protection of OVC, as well as to build the capacity of children’s homes. Local councils shall supervise and ensure the right to food in children’s homes. *“The obligations of the NCC towards OVC living in children’s homes are to provide protection, keep oversight, and to do advocacy work”* [NCC Senior Official], while *“the obligations of the UHRC are to monitor, investigate and sensitize”* [UHRC Senior Official]. All respondents within these two clusters consider they are given adequate authority to implement and enforce relevant strategies. *“I am given adequate authority through the law”* [MGLSD Senior Official 3].

UNICEF Uganda cooperates closely with the MGLSD. *“UNICEF gets authority from the Government, as we have no independent authority. We provide support for the weak Government with its weaknesses, and try to push for the NGO-angle with more Government control of the NGOs. We cannot act outside the Government priorities, except with first line support in emergencies”* [UNICEF Senior Official]. Some respondents share the typical view of CSOs, namely that the organization follows its own agenda or view as regards the best interest of the child. *“I am not constrained by laws and policies. I work in the best interest of children”* [Raising Voices Senior Official]. *“Although the Government think all children’s homes should be closed, social norms in the local society do not support this perception, therefore I work for and with the local community”* [CH-E Director].

4.2.1.3. Normative indicator: perception of constraints related to the distribution of mandate and authority

Table 17: Constraints respondents meet in fulfilling their duties towards the human right to food and nutritional health of OVC living in children’s homes

	CH (n=20)	GoU (n=9)	CSO (n=4)
Financial	16	6	3
Human	0	2	0
Capacity	0	1	0
Security	0	2	0
Bureaucracy	5	1	0
Political interference	0	1	0

Table 17 summarizes the three clusters of respondents’ perception about constraints they meet in fulfilling their duties towards the OVCs right to food and nutritional health. Financial constraints affecting the use of authority and fulfilment of mandates is the most frequently mentioned in all three clusters.

In children’s homes there is a lack of funds to fill the budget demands, including salaries and to cater for needs such as food, water, soap, hygiene articles, medical needs and firewood. *“Some people compromise due to financial constraints”* [MGLSD Senior Official 3].

At the Government level, the lack of financial resources affects accountability. *“The MGLSD cannot respond to the need of every child and children’s home thus there is no one being accountable in Uganda due to the macro political situation”* [UNICEF Senior Official]. Lack of financial resources also affects monitoring of children’s homes as well as coordination efforts and mechanisms to save OVC and help children’s homes to function. *“The policy of decentralization is complex as responsibilities are delegated without allocation of adequate resources for implementation from central Government”* [UNICEF Senior Official]. Respondents in the Government cluster also mention lack of human resources, capacity and security, bureaucracy, corruption and political interference. *“Some children’s homes are owned by big people such as Ugandan ambassadors to other countries benefitting from being their managers. Sometimes we fear for our jobs and lives when we try to interrupt their businesses”* [Luwero District Senior Official]. *“There is bureaucracy and political*

interference through higher Government individuals when a children’s home is closed, including the opening of a new one” [KCCA Senior Official]. The attitudes of the public and of the children’s homes towards children’s rights are additionally highlighted. “The public attitude towards children is problematic, it does not bother about children’s rights” [NCC Senior Official]. “Parents and the extend families are lacking care and commitment towards children” [UCRNN Senior Official]. “Many children’s homes do not comply with regulations, and many are just set up for IA” [MGLSD Senior Official 3].

Respondents in the cluster of children’s homes additionally mention child related and human resources issues such as resistance to change and lack of communication, as well as the difficulties of family tracing and changing former street children’s behavior.

Table 18: Respondents experience of meeting authority hierarchy and its effect in their work

	CH (n=20)	GoU (n=9)	CSO (n=4)
Bureaucracy	16	7	2

Table 18 summarizes the three clusters of respondents’ experience of meeting authority hierarchy and how it effect their work.

Children’s homes cluster respondents perceive that bureaucracy and structures of hierarchy may compromise their work and the OVCs rights to food and nutritional health. The reasons given are lack of communication and cooperation and the need for signatures from higher officials which may lead to delays. Some respondents consider that it may be positive and beneficial to their work, as all have collective responsibility to follow protocols and duties, respect orders, and reporting through proper communication and regular meetings. One may feel independent when the director delegates tasks and gives opportunities. *“There is bureaucracy. However, the director has the authority to take positive decisions” [CH-E Manager]. Challenges of bureaucracy and structures of hierarchy are resolved through proper patience. “Do not give up” [CH-D Caretaker]. “One has to continue the battle and struggle until it is resolved” [CH-A Secretary]. Further it is resolved through communication, consultations, reports, and staff meetings to express needs, challenges and resolve problems. To ensure the OVCs right to adequate food and nutritional health, well laid out plans and budgets are planned in advance so that the budget is there on time. Reduction in budget allocations as well as looking for donations is an important part of this work. “Grown children above the age of 19 years cannot continue to live in the home” [CH-E Manager].*

Respondents in the CSO cluster have the following perceptions on bureaucracy and structures of hierarchy. *“The Government is the major constraint. For example, the review of the Children Act has taken eight years, and is still at the MGLSD due to lack of economic resources” [UNICEF Senior Official]. These challenges are resolved through keeping up as long as it takes, working in partnerships, do advocacy work towards the Government, and applying set procedures.*

The Government cluster respondents perceive that bureaucracy, structures of hierarchy, and political interference through higher individuals may compromise their work. *“Death*

threatening may occur in the effort to get connection with higher people” [MGLSD Senior Official 4]. *“Corruption and bureaucracy in decision making work undermine our efforts i.e. is compromised if we want something other than what is considered correct”* [MGLSD Senior Official 1]. *“Donors behind children’s homes create problems”* [MGLSD Senior Official 3]. Challenges are resolved through continued efforts to enforce legislation, consultations, trying to convince through using documented experiences, data, and facts, and always construct community structures, in addition to coordination, networking, and information sharing, and lobbying for funding. *“I work with partners. CSOs put pressure on the Government. But, if they are infiltrated with politics it may result in lack of results”* [MGLSD Senior Official 1].

Most respondents in the Government and CSO clusters consider that local Governments have been given adequate authority to implement and enforce strategies towards the right to food and nutritional health of OVC living in children’s homes. *“Local Governments and the probation officers have been given authority through the children’s homes regulations and they sit at the management committees of the homes. But they compromise with benefitters i.e. friends and others that gain something, as there is money in the business of children’s homes”* [MGLSD Senior Official 4]. They however lack the capacities of finances, skills and understanding to implement. *“What is authority if you cannot implement it”* [MGLSD Senior Official 1]. Some respondents question the political will of the local Governments to enforce laws. Communication, dialogue, consulting, reporting and meetings with the central and local authorities and other institutions and staff is used to change routines or procedures as well as to find solutions and make collective decisions in all clusters. In the CSO cluster, they write concept papers and cooperate with partners. In the Government cluster, they *“have to convince the whole hierarchy”* [MGLSD Senior Official 2]. The NCC *“initiates monitoring and research to teach about problems and provide recommendations”* [NCC Senior Official], while the UHRC *“write proposals and brief consent notes to highlight challenges and find solutions”* [UHRC Senior Official]. Challenges are laws, bureaucracy, corruption, different interests and priorities, financial constraints, and resistance. *“When children’s homes are not given financial support I may receive negative attitude from the managers”* [KCCA Senior Official]. *“The challenge of convincing the whole hierarchy; they may not want to listen”* [MGLSD Senior Official 2]. *“People do not easily accept changes due to different interests and motives, thus this resistance eats peoples time etc.”* [MGLSD Senior Official 4].

4.2.1.4. *Normative indicator: perception about an enabling environment related to the distribution of mandate and authority*

Children’s home cluster respondents consider that their supervisors are encouraging them to participate effectively to harness their potential and to fulfill their duties in the following way; through communication and listening, facilitation, counseling, supervision, coordination, encouragement, being an example in character, and by thanking and showing appreciation. Further, delegation of responsibility, and the provision of equipment and resources. *“I am empowered through being given freedom and authority to do the work, and I receive verbal appreciation of the work I do”* [CH-E Caretaker 2]. Others highlight how financial or other

gain is motivating their work. *“They show appreciation through the giving of allowances, tips and increased money, as well as gifts of clothes or pretty things such as bracelets”* [CH-B Assistant Administrator]. *“I encourage, guide and show the way, because one day the children will be something and they will remember me”* [CH-A Caretaker 1].

Government cluster respondents consider that their supervisors are encouraging through provision of technical support and capacity building from partners, by sharing of reports, mentoring, cooperating and giving resources, and by allowing staff to do their work including police support. Others are motivated by receiving salaries, while yet others do not consider that they receive any motivation. *“They remind us about the budget constraints and that we thus have to prioritize. Otherwise, we receive no encouraging”* [MGLSD Senior Official 1].

CSO cluster respondents consider that their supervisors are encouraging them through innovations and discussions, provision of needs, support, supervision and capacity building.

In all clusters it is mentioned how the MGLSD provides training about human rights.

In the CSO and the Government cluster, half of the respondents consider the national policy climate as not enabling the Government to fulfill its mandates, while a few disagree. *“The atmosphere accepts free demonstration of democracy at all times”* [UCRNN Senior Official]. Most consider the national laws enabling, but see their limitations. *“The policies and laws may be in place but if there is no will from the Government then it cannot fulfill its mandate”* [Luwero District Senior Official]. Others consider that policies and laws need reinforcement. *“At the policy level, there are loopholes for lawyers to traffic children”* [MGLSD Senior Official 1]. The UHRC respondent considers that the national policy climate and national laws and policies, including on human rights, enables the UHRC to fulfill its mandates. Although the UHRC receives funding by foreign donors, the respondent considers that the UHRC has the capacity to exercise its independence under the legal framework, and that the society attitudes and behaviors towards human rights enable the UHRC to fulfill its mandates.

Table 19 summarizes the CSO and Government cluster respondents’ perception about if the society’s attitudes and behaviors towards rights enable the Government to fulfill its mandates.

Table 19: CSO and the Government cluster respondents’ perception regarding if the society’s attitudes and behaviors towards HR enables the Government to fulfill its mandates

	GoU (n=2)	CSO (n=11)
Enabling	1	5
Non-enabling	0	4

4.2.2 Capacity II: duty bearers motivation, commitment and acceptance of duty

4.2.2.1. Normative indicator: recognition of the capacity element of motivation

In the children’s home cluster, the communication capacity is used as a tool to sensitize and motivate the OVC about food and other issues. The motivation capacity is used to ensure that

the OVC eat the food that is served, are disciplined, and work hard to perform and to get an education. Respondents find that a change in diet and preparing tasty and good quality food, as well as the provision of gifts if they have performed well is motivating the OVC. Adults and older OVC who perform well are role models and are motivating to the younger OVC, which has great encouraging effect.

Children's home and CSO cluster respondents find that extra allowances or supplemented salaries, leave from work, a good relationship with staff, as well as the feeling of being appreciated in the work they do, is motivating. *“Engagement with partners is motivating as it creates a better understanding of the rights of the child. In coalitions no one really has the authority, resulting in decreased use of authority and increased motivation, as one moves together”* [UCRNN Senior Official].

In the Government cluster, respondents use awareness raising, advocacy and capacity building to understand problems as motivational tools towards all three clusters. Examples are courses in growing food, proper food and health, and to follow regulations on OVC and children's homes. *“Motivation is something all people need as it gives a positive mind towards work, and an increased understanding and appreciation of roles and of what is needed in the work”* [Wakiso District Senior Official]. Financial resources, linkages and cooperation leads to motivation, training, and results.

4.2.2.2. Normative indicator: perception of personal occupational and private duties in line with human rights instruments and national framework

Most children's home cluster respondents perceive they have legal responsibilities to provide the OVC in their care with clean water, enough nutritious food and timely serving of enough (three) meals, while some however highlights that this applies only if there actually is food available. As such, the minimal core content of freedom from hunger in GC12 is emphasized. *“Even though the children do not receive change in diet, they should at least have enough food to eat. Then they will avoid stealing”* [CH-A Caretaker]. Further mentioned is the illegality of not providing basic food and the possibility of being imprisoned if Government inspections find any irregularities. *“The children are responsible to report staff to the police or the local council if our work is inadequate”* [CH-C Administrator].

Three respondents in the CSO cluster consider their legal mandate as the NOP/NSPPI, which places responsibilities on CSOs involvement in line with Government priorities. The fourth CSO respondent however considers that *“we do not directly bear any legal duties, as we work as a voluntary CSO and do not have a legal mandate”* [Raising Voices Senior Official].

The Government cluster respondents highlight that their obligation towards children's homes is to monitor, keep oversight, inspect a few times per year, provide technical guidance, as well as to investigate and follow up on violations, ensure child protection and to take legal action against child abuse. Further, to promote the rights of the child, and to ensure that OVC access food, proper nutrition and other services.

Children's home respondents believe in handouts cf. the needs and charity approach as outlined in Table 6 in section 3.1.1, as opposed to the HRBA. They perceive they have moral responsibilities to look for more donor support to fulfill the basic needs of the OVC, and to provide the best care as if it was their own children. This includes the serving of food, that being if it is available. *"I want to provide the best to the child. When you see that you cannot provide, you have to choose what is available"* [CH-B Administrator].

Respondents in all clusters mention the moral duty of advocacy, awareness raising and mobilization for the rights of OVC and giving a voice to OVC and on public duties. *"I have a moral responsibility to be true to what we advocate for, that being the respect for the rights of the child"* [Raising Voices Senior Official]. However, some informants and duty bearers only view their human rights advocacy and other duties towards OVC and vulnerable groups as a part of their professional legal mandate. They do not perceive this as an integral part of their moral duties of living by example and act towards other citizens in a spirit of the human rights principles they advocate for. As such, human rights advocacy is perceived as an income generating activity.

4.2.2.3. *Normative indicator: health effects of (in) adequate food intake. Duty bearers acknowledge their special role in providing nutritional health and care*

Children's home cluster respondents emphasize that with adequate food OVC will survive, have normal growth and bodyweight, look strong, and develop healthy with normal eye, skin and hair color and abdominal size. *"Too little food results in big bellies, the stomach gets bigger than the child. Normally, after two months in the home it is difference in the bodies and an improved health"* [CH-C Matron]. They will get good health and immune system to better resist and fight infections and diseases. They will have normal brain development and learning capacity, be active and achieve good performance in school and other work. They will be happier, more satisfied, have positive attitude and behavior, be more appreciative, be energetic, active and participate, and stay awake. On the other hand, too much food causes diarrhea, stomach problems, big bellies, and disease. Respondents have experienced that too little food results in the OVC not feeling well, getting stomach ulcers, loss of sleep, negative attitudes causing fighting, riots, walking away to the street, stealing of food, hospitalization and other problems and negative habits. Adolescent girls will get boyfriends, often leading to early pregnancies and school dropouts. *"The children will get a reduced moral and they will lose the moral within them"* [CH-D Social Worker].

While they in the Government and CSO clusters provide the same answers, their language of communication proves a higher level of training about the subject matter. They also emphasize that adequate food will ensure a better sense of responsibility such as to learn not to waste and to contribute to grow food. Increased academic performance will enhance the future economic performance, and thus contribute to an effective nation building. While none of the participants had heard about the concepts of the window of opportunity and the life course approach in relation to eradication of hunger and malnutrition, these explanations still indicates a great understanding of the subject matter.

Respondents in all clusters have different views about the concept of adequate food in the traditional Ugandan society. About half consider that this was not taken into consideration and that availability determined what children ate, while the rest believe it was considered but that they only could provide what was available. Some consider that children traditionally received quality foods, while most consider that the food received was not good enough. *“Quantity was the focus of course, to get satisfied”* [CH-B Assistant Administrator]. Several respondents point at the traditional role of women elders as advisors who had knowledge of what food to provide at different ages which were passed on through generations. Some believe Ugandans have more knowledge today, while others believe they have less. *“Traditionally there was appreciation of what children needed. Today this has changed, knowledge is lost and awareness rising is needed”* [NCC Senior Official]. Some perceive that there is increased focus on food quantity and the feeling of satisfaction in the modern society, as poverty levels affect the quality of food given. *“Inadequate food is part of the vicious cycle of poverty”* [CH-C Student]. Some consider the concept of adequate food as the role of NGO, others of the individual, but not of the community as it was earlier. Respondents highlight how the care and appreciation of children has changed. *“Traditionally, one was caring more about children. Today parents and the extended family are lacking care and commitment and some do not value adequate food for their children”* [KCCA Senior Official].

4.2.2.4. Normative indicator: duty bearers are responsive to OVC and their needs

For children, food and mealtimes means excitement as it is time to provide for hunger, time for a break and for being together. However, for many it means not being allowed to eat. *“At family level, mealtimes are at irregular intervals and cannot be taken for granted”* [UHRC Senior Official]. *“Children relax when there is no need to fight to access enough food”* [MGLSD Senior Official 3]. Contributing to a positive experience for children during mealtimes is when there is special focus on bonding, interaction, communication and sharing as a family in a warm atmosphere. *“Sitting arrangements is important, as children should not have to stand in line like prisoners”* [CH-B Assistant Administrator].

In all the children’s homes, with the exception of CH-D, caretakers identify OVC not eating or drinking enough or being malnourished through direct observation of physical appearance, their appetite, sickness as well as communication with the child. The routine is to report such cases to the resident nurse or to the director for follow up. The child will receive medical checkups and a special diet until it catches up weight. There is however financial and human resource constraints. *“Sometimes we do not have the possibility financially to provide health and care services to the children”* [CH-A Caretaker 1]. *“There is no malnutrition here, thus I do not know about any routines for the identification of child malnutrition”* [CH-B Social Worker]. In all the children’s homes, respondents consider that the routines for identification of malnutrition should include proper monitoring of the OVC as well as medical checkups by a resident nurse or in hospital every four months. In CH-D, all OVC receive health assessment by the resident nurses on arrival and then daily. The nurses inform the caretakers of the special care needed, and thus the child will receive special meals, and referring to a health center or Mulago hospital for medical examination if needed. *“CH-E have experienced this*

problem once, in 2010 a pair of twins were malnourished with big bellies. Then we provided a special diet for two and a half months consisting of milk, eggs, pumpkin, rice, and fruits, as well as special healthcare including deworming and medications” [CH-E Caretaker 1].

In the Government cluster they work to improve the conditions of OVC in children’s homes and to realize their right to food by including it as a part of planning, by providing, following and monitoring laws and policies, and by lobbying with partners for support. It is however constraints. *“Monitoring is not really happening. OVC are supposed to be resettled, and it is a high turnover of OVC and children’s homes” [MGLSD Senior Official 1].* Other MGLSD officials claim monitoring is happening by the use of the regulations and quarterly surprise inspections and as the local Government probation officers is being on the children’s homes management committees, retrieve quarterly reports, and summon homes if it has been filed complaints. The NCC is *“mandated to advocate for the rights of the child and to monitor the compliance of policy implementation. It makes field visits to inspect district officers, and are for instance looking into bylaws on food and nutrition security created by district leaders, ex. on food stores in sub-counties” [NCC Senior Official].* The UHRC *“receive complaints for example on adoption and mistreatment. It sensitizes on the right of the child to food, including in schools. It makes field visits to monitor when receiving complaints. The monitoring of Government compliance is done through the MGLSD” [UHRC Senior Official].*

The CSO cluster work with partners to create enabling conditions for OVC, lobby for implementation of laws, mobilize donor resources to support, rehabilitate and resettle OVC, and work with communities to monitor children’s homes. *“We talk, talk, talk with our partners more often, but without effects for three years. UNICEF do advocacy with the MGLSD but they are weak. While the NOP is a program with a pillar for adequate food including monitoring of food, livelihood etc. at household and children’s home level, OVC is a project without Government budget. Government monitoring has been weak, and we push the Government to do inspection work. While Watoto¹¹⁰ is performing well, most OVC are in the worst homes. Since the OVC project does not include child protection, the UNICEF policy and budget does not include the project” [UNICEF Senior Official].*

CSO and Government cluster respondents are dissatisfied with the way the State is prioritizing the rights of OVC in its work, including the girl child. The UHRC respondent are not satisfied with the way the UHRC is prioritizing the rights of OVC in children’s homes in its work. *“OVC seem to be neglected categories yet the Constitution caters for them. There is a need to reemphasis on their plight by the Government” [Raising Voices Senior Official].*

In the three clusters, only six out of 39 respondents consider it undesirable for the State to build and operate children’s homes, while 11 consider it undesirable for the State to increase the control of children’s homes and limit their operation.

With the exception of three respondents in the children’s home cluster, all respondents in all clusters consider it the obligations of the State to realize the right to food for OVC living in

¹¹⁰ Christian NGO and Pentecostal church operating a children’s home with more than a thousand children. This is the one children’s home that declined partaking in the collective study series.

children’s homes. Most children’s home cluster respondents consider that the State should exercise this obligation by way of having the MGLSD to visit regularly and keep oversight with their activities and compliance with national policies. *“The Government should include children’s homes in the national budget, work together with homes, and provide food when there is need i.e. when the homes struggle”* [CH-E Caretaker 2]. The State is considered responsible for sensitization, promotion of children’s laws, as well as implementing programs through NGOs. Government cluster respondents consider that the State should exercise these obligations through its system of decentralization, provision of necessary framework, guidelines and programs, capacity building and sensitization, as well as strengthening inspections to monitor children’s homes compliance. *“The Children Act ensures the right to food, etc. District probation officers, children’s homes management committees, health officers, and local council 3 is responsible for ensuring compliance”* [MGLSD Senior Official 3]. Respondents in the CSO cluster consider that the State should commit necessary resources, policies, structures, do inspections, as well as enable children’s homes to operate.

Table 20: Respondents perception regarding the legal obligations of the State to provide food and supplementation for malnourished children, including those living in children’s homes

	CH (n=38)	GoU (n=11)	CSO (n=15)
Yes, legal obligation	23	8	13
No, legal obligations	6	3	2
Yes, moral obligation	23	11	8
No, moral obligations	4	0	3

Table 20 summarizes the three clusters of respondents’ perception about the legal and moral obligations of the State to provide food and supplementation for malnourished OVC living in children’s homes. Respondents consider that the State should implement this obligation as *“children’s homes exist to supplement the Government”* [CH-D Social Worker]. Some blame the lack of implementation of this obligation on the culture of corruption. *“Uganda is full of corrupt public officials, which has led to failure of the State fulfilling its legal and moral obligation to provide food and supplementation for malnourished OVC”* [CH-C Student]. Out of a total of 64 respondents, 11 do not consider it the legal obligations of the State. *“The State cannot be expected to pay when they do not believe in children’s homes, and the director nor the staff is working for the Government. The Government has negative perception and think all homes should be closed, thus they have no interest in their activities”* [CH-E Director].

Children’s home cluster respondents consider that the State should implement its obligations by way of visitations and supervision of all children’s homes to find out how they can provide support and help. To monitor the nutritional status of OVC and make recommendations, distribute food through the district probation officers, sensitize and teach about food- and farming skills, and provide food and medications through hospitals.

CSO cluster respondents consider that the State should implement these obligations through planning, resourcing, implement laws, monitoring, and to work in partnerships to identify malnourished OVC and thus provide. Others disagree. *“The State does not have obligations to*

provide food and supplementation for malnourished children, this is the responsibility of guardians” [UCRNN Senior Official].

Government cluster respondents consider that the State as a Party to the ICRS should implement these obligations by providing human rights capacity development of communities and children, and by providing structures, instruments and supervision. Some recognizes the overall responsibility the State has for its children. *“If you start a children’s home, you are responsible. However, if you cannot provide, thus the State is responsible. The State should be punished if it does not see or choose not to interfere when OVC are malnourished. The State has a duty to rescue OVC who are starving” [KCCA Senior Official].* There is however different opinions. *“The State does not have obligation to provide food and supplementation for malnourished OVC, the obligation of direct food provision only apply in emergencies. Government obligations are however awareness rising and community mobilization” [MGLSD Senior Official 4].* *“If there is lack of resources and the OVC are malnourished, it is the responsibility of the children’s home to take action as it is a private business. The State should enforce the homes compliance with legislation and encourage an exit strategy for OVC to be reunited with their families, thus they will no longer be vulnerable. This gives sustainability. Ugandan children’s home are private, a business, and Uganda is not a social welfare state that can provide food to all these OVC. The State should encourage child protection performed by communities” [MGLSD Senior Official 3].*

Table 21: Respondents perception regarding the duties of non-State actors, such as CSOs, charity organizations and staff working in children’s homes to provide food for children living in children’s homes

	CH (n=38)	GoU (n=11)	CSO (n=15)
Yes	26	8	12
No	3	3	1

Table 21 summarizes the three clusters of respondents’ perception about the duties of NSA to provide food for OVC living in children’s homes. Only seven out of 64 respondents do not consider it the duty of NSA to provide food.

Children’s home cluster respondents consider that NSAs has these duties because *“if NSA chooses to take on duties, it becomes their legal duties and thus their duty to provide food [CH-E Manager]. “It is their duty as some NGOs have enough to help. NSAs is more obliged than the State. It takes a heart to feel concerned, to care, and thus to provide food. Everyone is called upon to be concerned about this” [CH-A Caretaker 2].*

CSO cluster respondents consider that NSA have these duties as they are operating to benefit the OVC.

Respondents in the Government cluster have different views. *“It is the moral obligation of NSA. The State has the legal obligation, while children’s homes receive the legal obligation if they are licensed” [MGLSD Senior Official 1]. “NSAs does not have these duties. They should however work to create awareness of families not to use children’s homes, and not encourage their creation” [MGLSD Senior Official 3].*

Respondents in all clusters consider that NSAs should exercise their duties to ensure food for OVC in children’s homes by way of mobilizing resources, awareness raising, direct food provision, systematic feedback presented to the Government, ensure to act legally and adhere by guidelines and rules, use referral networks and coordination, and to support supervisions and encourage strategies for family reunification. *“NGOs are responsible for buying a steady supply of food and for making sure the food is there for the OVC”* [CH-B Accountant]. NSAs should ensure food security by way of farming or finances, give educational support and buy items. As such, some respondents in all clusters invite a charity approach of direct food or financial provision towards ensuring the basic needs of the OVC in children’s homes. While long term sustainability is emphasized as the ideal, it is recognized how this is not the reality. The individual motives of NSA are highlighted. *“NSA often have their own goals and visions, resulting in decreased inclusion of children’s homes and food”* [CH-B Administrator].

Respondents in all clusters consider that the State should enforce and monitor adherence and performance of the duties of NSA in accordance with laws and regulations, including through dissemination of these as well as NGO registration and licensing. *“There is need for more Government regulation, inspections and oversight, and accountability monitoring of NGOs, as this is weak”* [UNICEF Senior Official]. Further emphasized is awareness creation and building capacity of CSOs and children’s homes staff. *“The State should encourage strategies for family reunification, not let everyone open up homes, and punishing by revoking licenses [MGLSD Senior Official 1]. “The Government should work towards reactivating traditional safety networks for care and protection of OVC”* [UWESO Senior Official]. Some respondents consider that the State should facilitate NSAs operations through the introduction of food gardens, provision of incentives such as reduced taxes, provide lists of NGOs and workshops and information on how one can contribute to help children’s homes. *“The State should facilitate NSAs operations and provide resources”* [Raising Voices Senior Official].

4.2.2.5. Normative indicator: updated insight regarding child vulnerability and the recommended approach to tackle poverty, vulnerability and their effects on children’s nutritional health

Table 22: Respondents perception of what children need from their caretakers

	CH (n=20)	GoU (n=9)	CSO (n=4)
Food	10	7	4
Health	3	5	3
Care	12	5	1
Protection	6	6	4
Respect	2	2	0
Love	17	5	2
Guidance	9	2	0

Table 22 summarizes the three clusters of respondents’ perception of what OVC need from their caretakers. In the cluster of children’s homes, love is emphasized. *“Caretakers need to have a heart for, feel love for, and care for the needy children. It is your duty to feel it in your heart as a parent”* [CH-A Administrator]. *“Children need caretakers to make them feel*

special and loved, to help them forget the past, to fix their needs. If the child feels loved, you can comfort it and the child will tell you everything” [CH-B Social Worker]. With this awareness it is interesting that the key issue of parental love is not in focus and that family reunification is not more emphasized.

All clusters show the perception of the lack of need of respect for children. *“Many people do not respect children”* [MGLSD Senior Official 4] including respect for children’s views, their right to be heard, to information, to involvement and participation, and to experience opportunities. *“All children should be treated as human beings. Every child is unique. Therefore, the child should not be compared with others, as they have different needs and need different things. Children should not be discriminated against, they should be treated equally”* [CH-D Social Worker]. In the Government and CSO clusters, it is additionally mentioned that children need family tracing and reunification. *“Children deserve to know who their parents are”* [Wakiso District Senior Official].

While most respondents in all clusters describe how child vulnerability¹¹¹ entails OVCs needs not being met, only three, within the Government cluster, apply the language of human rights and describe how the rights of the child are not being supported, promoted and upheld by families and communities, and one, within the CSO cluster, mentions the lack of consideration of the best interest of the child. *“When the rights of the child are not promoted, children are likely to suffer”* [KCCA Senior Official]. *“Poverty results in reduced parental care. Children in extreme need and desperation are much open for the risk of being exploited, as they have to go to extreme lengths to get their needs met”* [CH-E Director].

Most respondents seem to find it easier to describe which groups of children that are vulnerable, as compared to why or what child vulnerability entails namely the basic determinants important to understand how to provide sustainable changes. While lack of basic needs are the most frequent initial reply followed by living in situations of abuse, the susceptibility to risk and exploitation, and to the risk of falling into or remain in poverty is only mentioned twice. CSO and Government cluster respondents recognize the different degrees of vulnerability. *“All children are vulnerable in one way or another but the degree varies. Vulnerability is not just an effect of poverty, but poverty increases it”* [UNICEF Senior Official]. The UHRC receives an increasing number of cases of child neglect. *“Examples are cases related to HIV/AIDS, sexual abuse, access to justice in remand homes, and one child in a children’s home was burned as punishment for stealing meat. International adopted children from Uganda are vulnerable as there is no follow up. The Hague treaty should be ratified”* [UHRC Senior Official].

Table 23: Respondents considering that children with one or two living parent may be orphans

	CH (n=20)	GoU (n=9)	CSO (n=4)
One living parent	16	7	4
Two living parents	4	0	0

¹¹¹ For definition see supra note 5.

Most participants consider that OVC with one living parent may be orphan, while four in the cluster of children’s homes consider that OVC with two living parent may be orphans. Table 23 summarizes respondents’ perception about OVC with one or two living parent and their status as being orphans. Respondents apply the term total or double orphan as well as orphan about OVC without any living parents. Partial, half, single, paternal or maternal orphan, as well as orphan is applied about OVC with only one living parent. The term psychological and social orphan is introduced. Initially all respondents apply the term orphan, and distinctions are only made after requests for particular clarifications through several stages of questions. There are great disparities between how respondents understand the concept of orphanhood. *“Some children are vulnerable just as orphans, as they may have relatives that are poor or do not care about them, or they have no available parents”* [CH-B Social Worker]. In addition to making distinctions between maternal and paternal orphans, some make distinctions between orphans below and above the age of 18 years. *“Children who have lost their mother are not orphans, while both the children and the widow become orphans if the head of the family and the breadwinner, which most often is the father, dies. The widow is needy and thus cannot afford providing all for her children”* [CH-A Secretary]. Several respondents highlight the problem of abusive stepmothers. The term orphan is by many needed and used strategically as a way of entry for OVC into children’s homes. *“It is the economic hardship that leads parents to give their children up to children’s homes as orphans, so that the child can receive basic needs and partake in services”* [Raising Voices Senior Official].

Table 24: Respondents considering the Ugandan girl child more vulnerable than the boy child

	CH (n=20)	GoU (n=9)	CSO (n=4)
Higher degree of vulnerability	13	7	3
Similar degree of vulnerability	7	2	1

Table 24 summarizes the clusters of respondent’s perception about the Ugandan girl child as being more vulnerable than the boy child. *“Traditionally and stereotypically girls’ nature are considered as naturally physically weak, weak hearted and weak spirited. They are taught to be submissive and to await orders from male authorities, they are expected not to act in their own initiatives, they are considered as less worth and they are not considered first priority and not treated equally”* [CH-B Assistant Administrator]. *“Cultural setup and norms dictates early marriages to get the girl child immediately out of the way and they are objects to dowry. Girls are looked at as not allowed to say no and that they do not have a voice, thus they have not learned to say no and lack a voice to say no. Girls are often defenseless and vulnerable, voiceless and likely to be taken advantage of”* [CH-B Administrator]. Examples given are defilement, child labor and child sacrifice, as well as girls being the last to receive services such as education and to be served food. *“Adolescent girls score high at the vulnerability index, as their wellbeing does not affect Ugandans”* [UNICEF Senior Official]. None of the children’s homes have a distinctive focus on the special nutritional needs of adolescent girls. The food all the OVC receive is considered good enough, and a special diet is only provided when a need is discovered.

Most respondents in the children’s home cluster are satisfied with the food provided to adolescent girls as adequate to support growth, development and future childbearing. Only a few disagree. “No, the food provided to adolescent girls is not adequate. We have only posho and beans” [CH-A Caretaker 1]. Half of Government respondents do not recognize the need of adolescent girls for special food provision to support their bodily changes and future childbearing. “All children need adequate food. As the adolescent girl has already grown up, I however consider babies to need it more” [MGLSD Senior Official 1]. In the CSO cluster, it is expressed that sick OVC and pregnant girls need special food consideration. Respondents in the Government cluster claim that the State does not have a distinctive focus on promoting the special nutritional needs of adolescent girls. This is however incorrect, as the UNAP do.

4.2.2.6. Normative indicator: non-discrimination and equality for OVC

Recall that the studies of Vogt (2014) and Berg (2015) suggest that the issue of discrimination occurs among the children living within the individual selected children’s homes. However, in the present study only one respondent admits that discrimination sometimes do happen and affects the access to food, water and healthcare of the OVC living in CH-A. As regards the girl child, children’s homes respondents consider that they generally more often are affected by discrimination due to their special vulnerabilities. “The girl child can bear and keep silent longer than the boy child due to cultural conditions. This makes it harder to discover their inner needs, reactions and problems” [CH-E Director]. Some emphasize the importance of non-discrimination as it will create problems for the specific child. “If the caretaker shows that she favors a specific child, other children will attack and fight this child receiving favors or steal the child’s food etc.” [CH-C Matron].

Table 25 summarizes the children’s home cluster respondents considering if there is a difference between the access and availability of food, health and nutritional care, as well as the level and rate of malnutrition among for the girl and the boy child in the specific home. Seven out of 26 respondents consider there is a difference between the access to food, health and nutritional care while five consider there is a difference between the level and rate of malnutrition among for the girl and the boy child in the respective home. As the only home, the six respondents working in CH-D consider there is no difference at all in access of services between the girl and the boy child.

Table 25: Respondents in the cluster of children’s homes considering there is a difference between the access and availability of food, health and nutritional care, as well as the level and rate of malnutrition among for the girl and the boy child in the specific children’s homes

	Access to food	Access to health- and nutritional care	Rate and level of malnutrition
CH-A (n=5)	3	0	2
CH-B (n=7)	2	3	1
CH-C (n=4)	2	3	2
CH-D (n=6)	0	0	0
CH-E (n=4)	0	1	0
CH-Total (n=26)	7	7	5

Government cluster respondents consider that only having boys or girls in a children's home is discriminatory, and that having OVC from different regions as well as poor caretaker-child relationships may lead to discrimination and adversely affect the child's access to basic needs and services, such as the child being served last. *"Children's homes prefer girls, as the adoption marked is better. Boys need land"* [MGLSD Senior Official 1]. Findings from the study of Nuwagira (1998) is in support of this. *"When children are categorized into different groups as OVC, more discrimination may happen as only a few groups are concentrated on. For example, the focus on boys is abandoned due to the increased focus on girls by CSOs. The girl child is always given better opportunities within homes as compared with boys"* [MGLSD Senior Official 2]. *"We do not categorize children. That is it only donors that do"* [CH-D Business Development Manager]. Children who are discriminated against, will grow unruly, run away, and they may end up malnourished and be exposed to exploitations and risks. *"There is stigma and discrimination against OVC who lack caregivers and therefore lack school funding. They receive less food, as people do not want to be identified with them"* [UCRNN Senior Official]. CSO cluster respondents consider that discrimination may result in OVC who needs help the most not getting the attention they need. *"Resources are pumped into Uganda, and how the Government are looking at different groups of children impacts on which OVC to prioritize"* [UCRNN Senior Official].

Four respondents in the cluster of children's homes had heard about affirmative action. They describe that this concept can be used in their work to address existing discrimination in relation to food by way of adding some additional food to particularly the youngest OVC and the adolescent girls as well as ensuring them serving first. CH-D *"focuses on rescuing street girls below 13 years, as there is more girls on the street and as they are more vulnerable. Since girls also are more vulnerable within children's homes, we rescue a limited number of the youngest boys that will not be a potential threat to girls. The oldest age of boys is six years. On the streets it is the survival of the fittest; boys want food first, thus they push away younger children and girls. Therefore, we make sure all the children sit down and receive equal meals and the same portion sizes on the plates at the same time"* [CH-D Social Worker]. CH-B *"encourages girls to compete with boys academically, provides mentors, and gives the opportunity to stand for leadership positions in the home"* [CH-B Administrator].

Government cluster respondents consider that affirmative action in relation to food may be included in policies, by way of emphasizing equal opportunities, participation and prioritizing of the girl child as well as using well documented approaches for activities and services. There is however different opinions. *"I encourage its use. However, boys need food more than girls do"* [MGLSD Senior Official 3].

CSO cluster respondents consider that emphasis should be laid on all children. They emphasize community awareness rising to dismantle cultural believes and thinking of children being of less value than adults and the consequent discrimination.

To eliminate discrimination against OVC, the Government cluster use awareness rising, advocacy and mobilization, enactment of bylaws, and strengthening of inspections and guidelines to ensure compliance. If compliance is poor, the children's homes are closed down.

“Gender awareness training of CSOs and children’s homes managers is high on the agenda, as well as to build capacity of caretakers” [Wakiso District Senior Official].

The CSO cluster addresses all categories of OVC, raises awareness to change the society’s attitudes and norms, and follows laws and policies. *“OVC are human beings and need care. Government needs specific social safety programs to give equal opportunities, and should ensure registration of births/deaths, ensure the possibility to track OVC and their families, and provide services for children within their households” [Raising Voices Senior Official].*

4.2.2.7. Normative indicator: the society’s internalization of basic human rights and the rights of the child

“The Government is the custodian of human rights, and has a lot to play in fighting for children’s rights” [UCRNN Senior Official].

Table 26: Respondents perception regarding human rights applicability in the Ugandan context

	CH (n=20)	GoU (n=9)	CSO (n=4)
Applicable	5	3	2
Non-applicable	9	0	0
Applicable in theory, not in practice	6	6	2

Table 26 summarizes the three clusters of respondents’ perception regarding human rights applicability in the Ugandan context. Most respondents consider them inapplicable or only applicable in theory. *“We want human rights to be applicable in Uganda, but it is just a wish. It is just a volunteer policy” [CH-B Administrator]. “High poverty levels make it unrealistic, as people do not know about human rights, and it reduces the possibility to claim them, which is essential for these to be enjoyed. Thus, human rights are inapplicable” [Wakiso District Senior Official].* The society is not ready for human rights due to lack of public awareness and proper civil education and sensitization particularly in the villages. *“Due to poor Government implementation, people are not ready for all human rights. The Government received donor support for implementation of the 1995 Constitution, however this was poor” [CH-E Manager].* Some blame this on poor laws, limited resources, and the political leadership. *“There are also political reasons, the country’s leaders are not into human rights, they are dictators. They sugarcoat and pretend to the outside world that Uganda follow human rights law and accordingly that Ugandans have human rights” [CH-D Social Worker].*

Other reasons why the society is not ready for human rights are some perception and cultural issues such as on homosexuality, the suppression of women, and the lack of value of children. *“The society does not care about or accept all human rights. People think human rights are liberties i.e. spoilers that will spoil the child. Ex. the right of the child to express itself can result in the undermining of the parents and the child running away from home” [CH-D Caretaker]. “Human rights are made for Europe, it is a taboo in Uganda. In Europe, children can stand up for their rights. In Uganda it is a taboo not to be permitted to cane your child, or that the child should be allowed to suing their parents if they so did” [CH-D Business Development Manager].* Some however consider human rights applicable. *“The society is*

increasingly becoming more enlightened and aware of their human rights. They are pushing and using courts, showing that human rights are applicable” [Raising Voices Senior Official]. “Human rights are applicable in the Ugandan context to a large extent. However, Government and police officials get easily compromised, and the consequent corruption results in lack of implementation as resources are not available [MGLSD Senior Official 1].

Most respondents consider the regional African human rights instruments more or equally applicable with the international. *“There are only small extensions e.g. the focus of families in the African instruments” [CH-B Social Worker]. “International instruments cannot apply, as they are independent of the nature of the African child. African children are difficult to handle. One has to break their human rights, as they are used to being brought up in tough ways. The West believes in talking. Uganda believes in caning” [CH-D Caretaker]. Homegrown African problems need homegrown solutions. We understand our situation better. The AU is more conscious of lack of resources regarding for example food, nutrition, and OVC [CH-B Administrator]. Others disagree. The international instruments focus on more developed countries, and Uganda is not yet there as the level of development is different [Luwero District Senior Official]. The difference in accountability mechanisms is mentioned. “The UN has higher standards than the AU. The UN monitors to ensure accountability. It would be easier to apply the African instruments, but these are not monitored to see country efforts, nor are they really enforced or complied with. The AU is using shaming and blaming when they try to monitor, which is positive. There are limitations in Africa due to lack of funding of the AU” [UNICEF Senior Official].*

Others mention the cultural differences between the West and Uganda in relation to human rights as well as the lack of implementation. *“Ugandan laws capture elements of both the international and African instruments. Uganda wants to look good in front of the international community, however implementation on the ground is still missing. Cultural application is still missing. There are cultural conflicts on issues, such as the right to education for girls, FGM, adults are thinking on behalf of children, they are not allowed participation in decisions [Raising Voices Senior Official].*

Table 27: Respondents perceptions regarding the applicability in the Ugandan context of the HRtAF for OVC living in children’s homes

	CH (n=20)	GoU (n=9)	CSO (n=4)
Applicable	13	4	4
Non-applicable	4	0	0
Applicable in theory, not in practice	3	5	0

Table 27 summarizes the three clusters of respondents’ perception regarding the applicability of the right to adequate food for OVC in children’s homes. While most respondents consider human rights in general as inapplicable or only applicable in theory, most respondents consider the right to adequate food applicable or only applicable in theory as it is a basic need. *“OVC often run away because there is no food. When someone has the ability and takes on the responsibility to establish a children’s home and recruit children that are not theirs, they should have the capability including adequate means to ensure food and thus have the duty to*

provide food and care. Children's homes however often lack funds to implement the right to food. The OVC can leave if they are not properly cared for" [CH-E Director]. Some respondents mention available resources and its effect on the applicability of the right to food. *"If resources allows for it, OVC are entitled to the right to adequate food i.e. it depends on the availability of resources. Otherwise, no"* [MGLSD Senior Official 2]. Others point to the fact that the right to food is not ensured by some non-genuine children's homes as they are only income generating businesses with selfish interests or look at themselves as sympathizers. *"It is applicable in some children's homes, however some starve their OVC. Children's homes look at themselves as sympathizers, resulting in them not complying with regulations"* [Luwero District Senior Official].

"In Uganda, children are a source of labor and wealth. Children are expected to work to support the family that supports the child" [MGLSD Senior Official 3]. Respondents perceive the child's role within the household today is to assist the parents performing domestic work inside and outside the house, provide security and protection to the family and the household by staying at home or close to the home, to safeguard the image of the family, and to provide company. Further, getting an education, respect and obey parents and elders, respect oneself and others in the society, as well as to take part in the household and to be supportive to and take care of parents in their old age. The child is expected to behave well, be responsible and morally upright, have positive behavior, and to implement cultural norms and practices. *"Spare the rod and spoil the child"*¹¹² is a proverb applied by most respondents. *"The common view in the society is that it is a fair way and one must punish a child by inflicting pain through caning, as it will result in morally upright children that will fear to do the same mistake again, or else the child will not grow up to be responsible"* [MGLSD Senior Official 4]. *"Caning and corporal punishment is disciplining and is socially acceptable and a favorable way of punishing children as a part of child raising. It is seen as a good thing, as they believe it will make the child change its behavior and attitude. Talking as disciplining is spoiling the child"* [MGLSD Senior Official 3].

When differentiating between tolerable and intolerable behavior of punishing children, respondents use terms as good, acceptable levels, little or fair and too much, excessive, extreme, heavy, unacceptable levels, serious, aggregated, overbeating or caning. Good caning involves two to three strokes while lying down leaving no scars, some places the limit up to 10 strokes. *"Corporal punishments not harming the body are tolerable, as one have to punish the child"* [UNICEF Senior Official]. Respondents consider that excessive caning involves too many strokes such as 10-30 leading to the peeling off of skin, bleeding, hospitalization or near death. Some mentions that stepmothers are the only who perform this. Others point at a shift in attitudes towards the use of corporal punishment. *"Caning is not modern urban ways. The society has become funny i.e. people care less about their neighbors. If you have done nothing for a child, you have no right to say anything on the way someone punish their child."*

¹¹² Commonly claimed to originate from Book of Proverbs Chapter 13 verse 24 of the Christian Old Testament, *"Whoever spares the rod hates his son, but he who loves him is diligent to discipline him"*. It is however also claimed to come from a 17th century poem by Samuel Butler called Hudibras. *"What medicine else can cure the fits, Of lovers when they lose their wits? Love is a boy by poets styled, Then spare the rod and spoil the child"*.

Children used to belong to the society” [MGLSD Senior Official 2]. “Communities are crazy. They produce children, but do not take care of them. Thus they choose to use corporal punishments. When children are naughty, it is often because of something. Society often do not take time to listen to the child i.e. they do not communicate about reasons for the behavior nor provide counseling to correct it. Beating solves nothing, it should be banned” [CH-C Administrator]. In comparison, according to Uganda Bureau of Statistics (UBOS) and UNICEF, 60 per cent of Ugandan men and 70 per cent of women consider it justified for a man to hit or beat his wife for reasons such as burning of food or being argumentative.

Table 28: Respondents considering there is accepted in the society to deny a child access to food for a short period if the child has been naughty

	CH (n=20)	GoU (n=9)	CSO (n=4)
Short period of time	11	5	2
Long period of time	0	0	0

Table 28 summarizes the three clusters of respondents considering there is socially accepted to deny a child access to food for a short period if it has been naughty. Only one respondent mentions denying food for a short period of time as a way of punishing children accepted by the society. However, when being asked particularly about this, more than half of respondents describe this as tolerated. *“It is accepted by the community to deny a child access to food for a short period if it has been naughty, but not by the Government” [CH-E Manager]. “Depriving of food is increasingly being used” [Wakiso District Senior Official]. “This is one reason why street children run out of the house” [CH-A Administrator]. One respondent describes incidents were parents have cut off fingers and toes of their children after the child has stolen food or destroyed food, for instance by way of kicking out a pot of beans.*

The following is different traditional beliefs, customs, norms, rituals, hierarchies, or attitudes in the society, which respondents from the three clusters consider may interfere with optimal food practices in Uganda and that may affect children’s level of food and nutrition security. *“In polygamist families, the number of women and children per man is considered important. However, the duties of the man towards his children are considered as less important. Family planning is not endorsed, as the cultural belief is that children are a joy, a blessing, and a source of wealth. Poverty results in there not being enough food for these children” [CH-D Social Worker]. “The belief is that family planning is spoiling our women, that they are being thought bad manners to control birth. When the woman is pregnant, breastfeeding or old, you are in control as a man, otherwise the woman is in school or working and has the opportunity to be promiscuous” [Naguru Police Senior Official]. “Witch doctors give advice to avoid healthy foods or to eat unsafe food to heel people. Ex. to cook the chicken, but to keep it for one week before eating it. There are no refrigerators in the villages” [CH-C Matron]. “Some imposes religious beliefs on children, such as emphasis on religious fasting for Muslims, Pentecostals, etc. In some slum children’s homes, children and even babies are forced to fast. It is for saving money, but under the pretext of religion” [MGLSD Senior Official 1]. “In religious cults, if someone dies people will not go to the gardens for several days [Luwero District Senior Official]. The culture of only women and girls are digging. “As they are weaker, the consequent output will be reduced, and thus the amount of food produced is not*

optimal” [CH-D Business Development Manager]. Further is the reduced use of granaries as food storage facilities, the abolition of traditional food production practices, and the reduced practice of basic informal nutritional education. “Traditionally there were bylaws to ensure food security, and people were caned if they did not have granaries to preserve food for safeguarding against hunger in periods of droughts. This is going away, and people tend to sell all food in markets, thus reducing OVCs access to food” [NCC Senior Official]. “The society wants cash. This is a problem when some sell all food produced without accounting for food to the family. Today people are more into doing business such as boda boda¹¹³ driving than agriculture. Thus, they have to buy food, which is more expensive than producing it yourself [CH-C Administrator]. “Nutrition is not talked about in communities, as they grow everything their awareness should be increased” [Raising Voices Senior Official]. “Parents leaving their child, and the thinking and expectation that someone out there is going to take care of it for you. Begging among street families, and the thinking and expectation that someone out there is going to take care of you. This lazy culture was reinforced by colonization, and today by donors. The harsh conditions in the Karamoja region is another factor” [UCRNN Senior Official]. The head of the family is served and eats first i.e. most often the father. The most and the best parts of the food are reserved for men. Food taboos for women, the girl child and children, as well as across clan levels. “Some cultures do not eat certain foods across clan levels, such as like the Baganda clan system that is categorized in various animal totems that represent and symbols the clan, and members of particular clans do not eat meat form the particular animal as it is taboo to eat their own totem” [CH-C Student]. “In the African context, food quantity and the feeling of satisfaction is preferred, while quality is not considered as important or prioritized” [CH-D Social Worker]. Negative attitudes towards children affect negatively their food and nutrition security. “In Uganda, a child is a burden resulting in lack of food and in poverty. Children get comments if they eat a lot; “You are eating all this”. Thus, the child runs away” [CH-B Social Worker]. “Finances may compromise the humanity, as well as the attitudes towards what to eat” [CH-B Administrator]. Rural urban migration to informal settlements in slums. “People do not want to partake in agriculture for food production in the villages. Commercialization of food produce i.e. selling good quality food in markets, for then to buy food of less quality for own consumption” [MGLSD Senior Official 2].

Table 29: Respondents considering who is normally given special priority of food provision within the household

	CH (n=20)	GoU (n=9)	CSO (n=4)
Children	2	2	0
Mother	0	0	0
Father	13	7	4

Table 29 summarizes the three clusters of respondents considering who is normally given special priority of food provision within a typical household. Two children’s home cluster

¹¹³ The researcher has been informed that the term stems from motorcycle transportation services available in the land between two borders of Uganda and a neighboring country, where the drivers shouting out “border, border” implying transportation from border to border. Due to English not being the native language, this sounded like “boda, boda”, which today is the common term for a motorcycle taxi.

respondents have experience that children are given special priority of food provision within the households in Arua in Northern Uganda, while two Government cluster respondents have experienced this in the urban middle class among the Baganda in Kampala. In both places all children are served first, the father second, then the mother and other guests are served last. *“Reasonable fathers let children receive food first, otherwise fathers are served first”* [MGLSD Senior Official 3]. However, traditionally, today in the villages, and commonly elsewhere, the father as the head of the household is prioritized and served a big portion of the best parts of the food first and children are served last. *“If a father is served after his children, he will give them of his own food if there is scarcity. And children need less food than men. The father consumes his meal separately from the rest of the family, and is not expected to care about checking if there is enough food for the rest of the family”* [CH-C Cook]. *“The father receives the biggest portion of the good food such as the best meat and vegetables. The father gives leftovers to the boy child, who receives more (quantity) for muscle growth than the girl child. The mother gives leftovers to the girl child”* [UWESO Senior Official]. It differs whom respondents experience is receiving food the last, sometimes the children, but most often the mother or the girl child as they are serving the food. *“Children are not normally given special priority of food provision within the household, and that is one reason why the child is leaving”* [CH-B Social Worker].

Table 30: Respondents perceptions regarding the applicability of the existence of food taboos and its effect on some adolescent girls in the country today

	CH (n=20)	GoU (n=9)	CSO (n=4)
No	8	4	0
Yes	3	3	1
In some cultures and rural areas	8	2	3

Table 30 summarizes the three clusters of respondent’s perception regarding the existence of food taboos and its effect on some children and adolescent girls today. There are varied opinions in this regard. Some respondents consider food taboos as past history, some consider it a myth, and others conceive that it is mostly practiced in the villages, while most consider that it will not adversely affect the girl child. *“It is a myth that women are not permitted to eat nutritious foods such as egg, chicken, fish, pork, liver, mutton meat from cheap, other types of meat, green nuts, greens, white aunts, and grasshoppers as these foods are reserved for men only, and this resulting in poorer diet in the form of loss of nutrients for girls, as she can take options and eat alternative foods”* [CH-B Assistant Administrator]. Some respondents highlight the economic and selfish reasons for maintaining food taboos for adults and men. *“Women and children are stopped from eating certain foods. This has economic implication. Food is scarce and related to money, thus the economic value adds on to the traditional reasons for stopping the child from eating. Boys may find labor outside the household and thus access food. Girls may not. Traditional cultural beliefs are that eating or not eating certain foods is a token of girls’ behavior i.e. they will not or will become a good wife”* [Wakiso District Senior Official]. *“Men are greedy i.e. they want all the good and nutritious foods for themselves, and thus put limitations on the women and children”* [CH-D Acting Program Manager]. *“Most girls let, or need, others to decide for them. Food taboos exist because girls and women are not respected in the society. Due to selfishness of men, who*

believe they are wise, all good things are reserved for them” [CH-C Matron]. Others highlight the implications food taboos may have on the nutritional health and wellbeing of children and women. *“These girls get a decreased variety of food to choose from and are missing out on nutrients, as chicken does great things to the body”* [CH-C Matron].

Table 31: Respondents perception regarding food taboos and its potential limiting factor for the nutritional health of adolescent girl’s living in children’s homes throughout the country

	CH (n=20)	GoU (n=9)	CSO (n=4)
No	12	4	2
Yes	4	5	1
In some cultures and rural areas	2	0	1

Table 31 summarizes the three clusters of respondents’ perception regarding food taboos and its potential limiting factor for the nutritional health of adolescent girl’s living in children’s homes. While there is different opinions, most respondents consider they are not affected in children’s homes. *“These issues only affect at the household level, not at the children’s homes level”* [UNICEF Senior Official]. *“These girls are not expected to be pregnant, thus food taboos cannot be a limiting factor”* [MGLSD Senior Official 1]. It is however highlighted that this depends on the will of the caretakers of the individual children’s homes. *“If caretakers are rude, food taboos may have a limiting factor for the nutritional health of adolescent girl’s. They have to follow the caretakers’ choices and decisions. Children should be allowed to make their own decisions, as it is good to teach them to make good decisions ex. about food* [CH-C Matron].

In all clusters most respondent perceive that the society believe the OVC in children’s homes are more food and nutrition secure than other OVC. Most however assure that while they may be more food and nutrition secure than other OVC, those living in children’s homes most often are however not food and nutrition secure. *“The society perception is that children’s homes have adequate donors, OVC are more food and nutrition secure and are better catered for, and that homes access everything the OVC need. This is not always accurate. They think these OVC are privileged¹¹⁴, thus parents want to bring their children there”* [Wakiso District Senior Official]. Respondents highlight that most children’s homes do have more food for their OVC than does other households in the communities. They also describe how some OVC choose not to visit or be reunited with their families due to reasons such as the lack of food security, and that children of neighbors come to the children’s home during lunch hours to receive excess food. *“The perception is that the more OVC in the children’s home results in more donors, and as there are many OVC in the home it has a lot of money. Thus, more OVC are delivered as people think the home needs more OVC”* [CH-B Social Worker]. *“It is a lot of irresponsibility in society because of this. Parents are begging children’s homes to take their children. Children are also being dumped there, parents pretending themselves to be dead as they do not want to work to provide for their children”* [MGLSD Senior Official 1].

¹¹⁴ Termed the lucky orphan syndrome: jealousy against the “privileged” orphan.

In comparison, only four children’s home and CSO respondents perceive that some members of the society believe the OVC in children’s homes are less food and nutrition secure than others. *“Some are concerned and ask about the level of food security”* [CH-A Caretaker 2].

Table 32: Respondents perception regarding cultural, traditional and religious norms and values affecting the nutritional health of children and if they may be used to serve ulterior motives by civil society organizations

	CH (n=20)	GoU (n=9)	CSO (n=4)
Yes	14	8	4
No	6	1	0

Table 32 summarizes the three clusters of respondents’ perception of cultural, traditional and religious norms and values affecting the nutritional health of OVC and if they may be used to serve ulterior motives by CSOs. Most respondents consider that CSOs as donors and as the ones operating children’s homes have ulterior economic, religious and/or political motives. *“Ulterior motives of running most homes are to use it as a way of benefiting and attract donor resources for the OVC for personal gains, including being used as collecting centers for trading and trafficking such as to sell children for IA and sexual exploitation”* [UHRC Senior Official]. *“Bad religious and cultural practices are forced upon OVC. Ex. a children’s home that was just closed down (September 2013) had children as young as three years fasting three days per week. The home had multiple donors and a vision to look after. Some donors have special interests ex. economic, religious or political”* [Luwero District Senior Official]. *“Ex. Watoto is a good elite home run by a faith based Pentecostal organization, which attract money due to the number of OVC who should not have been there. After 17 years of living in a children’s home it is problematic to go back to society”* [UNICEF Senior Official]. *“CSOs are proliferating and are profiting. They work to increase their space to operate as they wish without interference”* [CH-D Social Worker].

Table 33: Respondents perception regarding child vulnerability and orphanhood as being socially constructed through the creation of children’s homes

	CH (n=20)	GoU (n=9)	CSO (n=4)
Yes	3	6	1
No	16	2	3

Table 33 summarizes the three clusters of respondents’ perception of child vulnerability and orphanhood as being socially constructed through the creation of children’s homes.

Most Government cluster respondents consider child vulnerability and orphanhood as socially constructed through the creation of children’s homes. *“The international community, with the motive of making money, convince parents that institutionalizing the child results in an economic relief. It is politically and socially motivated and crafted. If extended families were supported, there would be no OVC”* [MGLSD Senior Official 3]. *“The reason for creation of children’s homes is black man with Muzungu¹¹⁵ wife”* [Luwero District Senior Official].

¹¹⁵ White people.

Most CSO and children's home cluster respondents however consider that it is not socially constructed. *"OVC would still exist if children's homes were not there. Creation of homes does not cause the death of parents. OVC are a result of poverty, child abuse and need, due to Uganda's political instability, conflict and war in Northern Uganda, climate related disasters such as famine and landslides, lack of infrastructure such as roads, and the HIV/AIDS pandemic. Before, children could survive longer on the street. Today the laws are stricter, it is illegal to give money to beggars on the streets; the punishment is imprisonment. Police are doing roundups of street children 2-3 times per week, thus children are sent to remand homes before being driven away from Kampala and not always to the correct destination"* [CH-D Business Development Manager].

Respondents explain the attitudes of parents and extended families contributing to the practice of sending both orphaned and non-orphaned children to live in children's homes the following way. Some believe there is mostly good intentions while others believe motives are personal gain. *"Parents and extended families are looking for assistance to ensure food security, better healthcare, protection and better opportunities for their children. They think children's human rights are preserved to a large extent in children's homes, that they are positive and the best place for children to be"* [CH-E Manager]. *"The African society's problem is the mentality of personal gain and exploitation of children. Parents have high expectations of benefiting from their children's absence by way of financial relief for the family, as well as receiving free education of the child. Children's homes are thus seen as sources of income for the family"* [CH-D Caretaker]. *"Parents are also needy i.e. they lack potential, lack patience and love and perform child neglect. So they look at children's homes as a welcome relief and a source of refuge. They are running away from their responsibilities"* [CH-A Caretaker 2]. *"Children's homes are given funds from donors, thus parents believe it is their right to have them looking after their children. They give their child to homes, and then produce other children"* [CH-D Business Development Manager]. *"Parents and extended families do not give a damn, as they do not want the cost of caring for children. The child is stubborn, and has failed the family. There is corruption and information gap. People lack information on family planning"* [MGLSD Senior Official 3].

Respondents consider the society has mixed feelings about OVC. Positive feelings mentioned are that people feel touched by, sympathize with, are supportive of, and concerned about OVC. *"Children living in children's homes are often admired, as they are considered to be treated well"* [CH-E Caretaker 1]. Negative feelings mentioned are that people do not sympathize with nor care about OVC, and that they are ignored, despised, as well as being discriminated against due to their dirty appearance and lack of hygiene. Further, that OVC have bad parents, and that stepmothers often mistreat and discriminate them including denying food. OVC are hopeless, with no background and no future, and people fear to associate with them. OVC are needy, and boys are seen as criminals with no potential. Many communities take OVC out of school. *"Modern families are more into caring for themselves and have a belief that OVC is created because families have messed around i.e. it is their own fault as parents only should produce the number of children they can afford to take care of, support and provide for. Thus they have to bear the consequences of their mistakes. Therefore*

they have low feelings towards both these parents and the OVC and do not want to be associated with them” [MGLSD Senior Official 2].

CSO and Government cluster respondents provide the following explanations to the attitudes of the international society contributing to the practice of supporting OVC in children’s homes, compared with supporting them while living with their families in local communities. *“This is a big hurdle and obstacle. It has to do with accountability, as it is easier to monitor effects and control the cash flow from donors towards children’s homes, thus they prefer the child sponsorship program. It is more difficult to monitor at household levels, as it is more of a process and a commitment. Enough is not done to sell in the family protection system, even though this is more functional. Traditional international NGOs and donors such as UNICEF do not fund children’s homes. Children’s homes donors are individuals, volunteers who pay the home to work there, donors building churches, and existing churches. The attitudes of churches are the hardest to change” [UNICEF Senior Official]. “The international society has ulterior motives of profiting. Children’s homes are a lucrative moneymaking business. This includes the lucrative business of IA as well as accessing organs. Ex. adoption agencies go scouting for children in villages for adoption i.e. human trafficking and a criminal act” [MGLSD Senior Official 1]. “The funding of children’s homes is a business. There is loopholes in national legislation. If the international society had found a strong Government, the institutionalization of children would be less” [MGLSD Senior Official 2]. “Probably the international society are not aware i.e. has not learned about the negative effects it has on children to be living in children’s homes; does not know that these children have extended families; and does not know what is happening in homes. The picture shown is that children in children’s homes do not have families. The international society needs to be sensitized of the functions of extended families, that children in children’s homes do have families, and of the fact that if one child is sent to children’s homes there will be created 10 more OVC” [Wakiso District Senior Official]. “Muzungu’s think that they understand the Ugandan situation and the African children. They lack knowledge of legality, and provide support without checking. They are moneymakers. Muzungu’s are too emotional, they believe what Ugandans are saying” [KCCA Senior Official].*

There are mixed feelings in all clusters about cultural and religious CSOs in the community wishing to contribute in the upbringing of OVC in children’s homes. Some consider cultural institutions to contribute to primitivity such as discouraging gender equality, women having to kneel down in front of males and elders, FGM, superstition, as well as witchcraft and child sacrifice. *“Cultural practices are an effect of arrogance and illiteracy, as well as some bad norms” [CH-B Accountant].* Most respondents consider religious CSOs more positive than cultural, however many are skeptical about the ulterior motives also among these. However, some see both Muslim and Pentecostal institutions as negative due to the perception that they increase discrimination and are not promoting human rights. *“More than 80 per cent of children’s homes are funded by faith based organizations. They are having inspiration from God, however they do not have any level of standards. They are trying to do good but this is misguided kindness. It is difficult to reason with people who get messages directly from God. They hide behind God and use homes as business ventures. Placing children in children’s*

home should be the last resort” [UNICEF Senior Official]. *“There are especially many faith based organizations operating homes. I used to be positive towards these CCIs. However, now I find them annoying and scary as they have been misused, especially by Pentecostal Pastors. Children’s homes are being used for financial gain*” [MGLSD Senior Official].

Respondents consider that many practices may adversely affect the wellbeing of OVC in children’s homes. In all clusters sexual harassment and abuse by caretakers, older children or individuals in the community is frequently mentioned as negative practices, as well as early sexual activities and homosexuality. *“We dislike homosexuality and relationships between boys and girls in the children’s home, as we are all a big family*” [CH-C Administrator]. *“Some girls may dress bad and seduce the staff*” [CH-B Social Worker]. *“Forced marriages may happen if the caretaker admires the child*” [CH-B Accountant]. Other forms of child abuse highlighted is physical and psychological abuse, trafficking and illegal adoptions, labor, denial or shortage of funds for food, shelter, clothes, beddings, care, education and health services, inadequate number of caretakers, lack of security, discrimination and tribalism, as well as dependency, and loss of identity and belonging. *“Children should grow up in families and communities, not in institutions. In children’s homes the children are fenced in, having limiting contact with the rest of society*” [CH-D Acting Program Manager]. *“OVC in homes are socialized differently as everything is provided for by donors, and thus creating lack of knowledge and lack of participation (ex. digging) as they are hidden away and cut from the society. This creates dependency and makes it difficult to partake in society later in life*” [Wakiso District Senior Official]. Further are religious discrimination and indoctrination where the children’s homes do not take up OVC from other religions or the child has to change its religion in order to live there, children’s homes militaries sending OVC to fight wars in neighboring countries, as well as diverging of funds and corruption. *“In slum area children’s homes it is the survival of the fittest. In wealthy homes such as Watoto, where high Government officials are central in ensuring its operation, they are imposing a certain way of thinking upon children*” [MGLSD Senior Official 1].

Government and CSO cluster respondents as well as in CH-D emphasize children’s homes as not promoting human rights and the best interest of the child, and highlight the importance of following the Alternative Care Framework. *“In children’s homes there are frequent violations of the rights of the child and abuse of the girl child, as people are opportunistic. Homes must be monitored regularly, and should follow the Alternative Care Framework for child deinstitutionalization and reunification, and increase the use of fostering of children within families. Children should be helped in its community, and resources should be provided to the family instead of to children’s homes. The need for children’s homes have been misused and misinterpreted, in reality only one is needed in each region, for circa 300 OVC*” [NCC Senior Official]. Respondents consider that the existence of children’s homes cause breakdown of the extended family, brings dependency, carelessness, laziness and the decrease in parental responsibility, and thus the promotion of child neglect. *“Children’s homes deprive communities of having their children. They make the society lazy, abandoning their responsibilities and leave it to Government and Muzungu’s to take care of their children as they feel that they owe them something*” [MGLSD Senior Official 1].

“People without knowledge think children’s homes are positive” [MGLSD Senior Official 3]. Findings from the study of Nuwagira (1998) support this. Respondents perceive the societal benefits of children’s homes as them being sources of employment, the OVC provide community work, provide social facilities and services to the community such as water sources, schools, playgrounds, phone charging, and health clinics. They provide resources such as water, food, clothing, accommodation, care, protection, psychosocial support, counseling, rehabilitation, career guidance, education and learning skills for the OVC living there and in the community. Children’s homes are sources of help and parental training, they reunify families, and they ensure well brought up children. *“The society benefits because without children’s homes there would be more street children, thieves, and other bad people, because nobody would play the parenting role to teach the OVC about the do/do not’s. Thus, children’s homes provide security for the society”* [CH-C Matron].

“It takes a village to raise a child”. This proverb is mentioned by most respondents. *“The child belongs to the whole society. Therefore, all in the society have the mandate to raise the child, which includes the right to punish and cane the child”* [CH-D Social Worker]. Of existing societal practices to protect, care, and support OVC most respondents mention the extended families system as well as the communities including the church. Additionally mentioned is CSOs. *“Parents and/or extended families are the best suitable caregivers for OVC. The extended family and kinship care system is still the strongest child and social protection system in Uganda, and it is preventing investment in other social protection and care mechanisms. In extended families, children who have lost parents will not be termed OVC, thus alleviating OVC”* [UNICEF Senior Official].

Respondents consider that the traditional roles of the extended families are somehow changing. *“In 1986, the extended families took care of all children, thus all children were well protected. Then the number of OVC increased, and the capacity of the extended families became overstretched and lacked resources, resulting in increased numbers of street children and children’s homes. Modern families depend less on extended families, there is everyone for themselves”* [MGLSD Senior Official 2]. *“Poverty, economic changes, and a loss of cultural identity have resulted in a reduction in people’s will to take responsibility* [KCCA Senior Official]. *“Today people take advantage of children who are not theirs. Parents send their own children to children’s homes, while they support OVC in their household. Extended families are no longer always to be trusted and often take advantage, abuse, and do not care about others suffering. When parents die, relatives now often steal the belongings and the property of OVC, or only take on the child because it is an heir. Often these children are mistreated and discriminated against. The care that used to be provided for the OVC is no longer to be taken for granted”* [CH-C Administrator].

There still lie expectations on the extended families. To support the extended family in its traditional roles towards protecting and care for OVC, respondents consider it important to empower extended families to take care of the children, through financial and educational support and sensitization. *“As indigenous knowledge is lost, there is need for sensitization and education to increase awareness about the extended families roles, the needs of children,*

as well as on human rights and child protection” [MGLSD Senior Official 2]. Findings from the study of Nuwagira (1998) support this.

4.2.3 Capacity III: availability, access and control (management) over relevant economic, human and organizational resources to enable decision making and action

Management of economic resources

“A Government that has signed the ICRC has also committed itself to allocating resources to defend these rights, and this should be reflected in the national budget. [...] Budgets are crucial instruments for advancing the rights of children [..., and] are objective barometers of Government policy priorities and true commitments” (ROUNCC, 2012).

4.2.3.1. Normative indicator: recognition of the economic resource capacity

Children’s home cluster respondents use economic resources to provide good quality food, change in diet, scholarships, other basic needs, as well as to supplement staff salaries. Due to lack of economic resources, transportation and human resources are scarce and thus budgeting and making priorities is necessary. *“Having economic resources simplifies the fulfillment of duties towards the children” [CH-B Social Worker].*

4.2.3.2. Normative indicator: access to available economic resources for duty bearers to meet their duties

Relevant State institutions and actors do not have access to the economic resources that are required by them as duty bearers to be able to meet their human rights obligations to promote, support and implement the right of the child to adequate food while receiving alternative care in children’s homes. *“The MGLSD is not prioritized by the Government. It is the first ministry to be cut in budgets” [MGLSD Senior Official 1].* Duty bearers in all clusters are dependent on donor funding for the implementation of their duties. Still, donor funding is not enough. *“It is lack of donor money directed at coordinating, supervising and monitoring of children’s homes, both at central and local Government levels” [MGLSD Senior Official 4]. “Reaching all homes requires sufficient resources such as fuel, which we do not have enough of. It results in a reduced number of visits” [Luwero District Senior Official].*

Also the NCC and the UHRC report of lack of financial resources. They are constrained by inadequate resources and has continuously received limited budgetary allocations, and in some cases below 50 per cent of their budget requirements from the central Government. They thus have to rely on donor support, something which is a potential threat to their independence. Further, the NCC Government allocations are channeled through the MGLSD, of which it has a mandate to monitor (ROUNCC, 2012). *“The NCC is a Government agency, thus receiving salaries and subsidies from the Government. The NCC solicits for funding, but partners have specific interests. There is very much financial resource constraints, which compromise the work towards the realization of the rights of children in children’s homes”*

[NCC Senior Official]. *“The UHRC receives financial resources from the Government and from donors. Financial resource constraints such as lack of fuel results in reduced visits to children’s homes, and thus reducing our ability to perform our monitoring and investigation obligations”* [UHRC Senior Official].

In all clusters, resource mobilization is time consuming. In the CSO cluster, funding is generated by building partnership and fundraising, while in the Government cluster by way of resource mobilization and advocacy, lobbying and networking with Government and partners, donor conferences and writing of donor proposals. Children’s homes generate funding by way of individual, church and NGO donations, child sponsorship programs, concerts, and other income generating activities.

4.2.3.3. *Normative indicator: perception about the availability and management of economic resources for duty bearers at the State level*

Within the Government cluster, there is consistent dissatisfaction with the following within the State including the UHRC. The sufficiency of financial resources available for ensuring proper training of staff within the field of human rights of the child to adequate food and nutritional health, the needs of OVC, children’s homes, and the implementation of relevant advocacy and awareness raising strategies. Further, for regular investigation, monitoring and reporting on the situation of the right to adequate food and nutritional health of OVC, for regular monitoring and evaluation of the impact of its own work, and for actively participate with international and regional human rights mechanisms. *“If the resources were sufficient then this would have been replicated at district level”* [Luwero District Senior Official].

The UHRC respondent is satisfied with the prioritizing of financial resources towards regular investigation, monitoring and reporting on the situation of OVC living in children’s homes, and considers the relative share of funds allocated to this area as reasonable within the UHRC. The respondent is satisfied with the adequacy of the extent of transparency in the use of resources and of the extent of accountability in the use of resources within the UHRC. All respondents are dissatisfied with the sufficiency of financial resources for realizing the rights of OVC in children’s homes, as reflected in the budget of the State, and do not consider the relative share of funds allocated to this area as reasonable. Respondents are dissatisfied with the sufficiency of financial resources in the State budget available for respecting, protecting and fulfilling the right to adequate food and nutritional health of OVC and the budget available for the Alternative Care Task Force and their Children’s Homes Inspection Team for their work to assess the living conditions in CCIs. *“Funds allocated to OVC are too little, especially by the Government to the MGLSD”* [ANPPCAN Senior Official].

The respondent from the UHRC is satisfied, while none of the CSO respondents are satisfied, with the adequacy of the extent of transparency in the use of public resources as well as the extent of accountability in the use of public resources in the State. *“There are a lot of paperwork and corruption mismanagement scandals of public funds showing a lack of accountability and transparency, but little implementation”* [UCRNN Senior Official].

All Government and CSO cluster respondents are dissatisfied with the adequacy of financial resource allocation for the State to realize the NSPPI-2 within 2016. Government cluster respondents are dissatisfied with the adequacy of the advocacy efforts undertaken by the MGLSD for ensuring wide political commitment and resource allocations. They do not consider it as high probability that the MGLSD will manage to secure increased funding in conditional grants from the State in time to realize the policy in 2016 nor through contribution from local Government locally generated revenue. CSO respondents are divided in these issues. Most consider the advocacy efforts undertaken by the MGLSD for ensuring wide political commitment and resource allocations as adequate. Just a few consider it as high probability that the MGLSD will manage to secure increased funding in conditional grants from the State in time to realize the policy in 2016 or through contribution from local Government locally generated revenue. *“Central Government should consider allocation of a conditional grant to OVC”* [UWESO Senior Official]. The local Government respondent considers herself not having received adequate training in financial resource mobilization.

The local Government respondent considers the alleged reports of State corruption have insignificantly affected the right to food of OVC in children’s homes, remand homes and on the street, while OVC living with parents, extended families, or other legal guardians have significantly been affected. *“Most of the funds embezzled from the OPM were to improve the livelihoods of the people, which would in turn improve the food security in private homes”* [Luwero District Senior Official]. Most CSO respondents consider the alleged reports of State corruption have significantly or to some extent affected the right to food of OVC in children’s homes, living with parents, extended families, or other legal guardians, and on the street. All are considering that OVC living in remand homes have significantly been affected. *“Money allocated to the local Governments is cut, hence lowering budget. Government servants’ salaries have delayed, hence affecting their families”* [ANPPCAN Senior Official].

4.2.3.4. *Normative indicator: perception about the economic resources available in the CSOs and the selected children’s homes to meet their duties*

In the CSO cluster most of respondents are satisfied with the financial resources available for ensuring proper training of staff within the field of human rights of the child to adequate food and nutritional health, the needs of OVC, and children’s homes, and the implementing of relevant advocacy and awareness raising strategies within their respective CSO. UCRNN, Raising Voices, and ANPPCAN provide human rights advocacy and awareness raising activities to OVC living in children’s homes, as well as at local levels. Most respondents are satisfied with the sufficiency of financial resources available for regular investigation, monitoring and reporting on the situation of the right to adequate food and nutritional health of OVC, for regular monitoring and evaluation of the impact of its own work, and for actively participate with international and regional human rights mechanisms. UCRNN, UWESO and Raising Voices perform regular investigation, monitoring and reporting on the situation of the right to adequate food and nutritional health of OVC in children’s homes. Most respondent are dissatisfied with the sufficiency of financial resources within their respective CSO to

promote the rights of OVC in children's homes, as reflected in their budget, nor consider the relative share of funds allocated to this area as reasonable.

Most children's home cluster respondents perceive that there are financial resource constraints in their respective home, which may compromise the OVCs right to food and nutritional health. Particularly CH-A consider the budget insufficient. *"The financial status is very poor"* [CH-A Caretaker 2]. Most are however satisfied with the prioritizing of financial resources as regards the provision of food, health and care for good nutrition in the individual home, and while not considering the relative share of funds allocated to this area as reasonable. Budgets available for realizing the rights of the child is as such not perceived as sufficient by relevant duty bearers. However, at the children's homes level the budgets in most homes have earmarked food, health and care for good nutrition, which is a key prioritization. All respondents claim to prioritize basic need provisions of food for the OVC before other basic needs. Basic foods and the provision of all meals are emphasized. *"In case of lack of resources we prioritize provision of all meals, limit food supplements such as fruits and snacks, and limit other essentials. Staff's salaries will be reduced, so that it will not affect the children's food and health"* [CH-D Acting Program Manager].

Secondary to food, health and medical care, the OVC's welfare, education and shelter is prioritized. The needs of the most vulnerable are safeguarded in the following ways. In all homes the youngest OVC are considered before the older. Additionally, in CH-B all in the home are served before those from the community, and in CH-C total orphans are first prioritized as these are the most vulnerable. *"These are the Blessed Family, and are always prioritized as they do not have any family to visit them. Single orphans receive visitors, and are thus more attended to"* [CH-C Matron]. In CH-D and CH-E, OVC with special needs or disabilities are prioritized. In the cluster of children's homes, 10 out of 26 respondents perceive that in the past four weeks it happened that the OVC were not able to eat the kinds of food they would have preferred for them to eat because of lack of resources. Eight consider that it happened that the OVC had to eat a limited variety of foods because of lack of resources. As such, these respondents deem the quality of the food the children received inadequate. While eight respondents perceive that it happened that the OVC had to eat a smaller meal than they needed because there was not enough food, particularly in CH-E, only four consider that they had to eat fewer meals in a day because there was not enough food. As such, these respondents deem the availability of food in quantity inadequate. Only one respondent, in CH-B, consider that it happened that the OVC went to sleep at night hungry and went a whole day and night without eating anything at all because there was not enough food, and that there was no food to eat of any kind in the home because of lack of resources. As such most respondents deem the availability and accessibility of food in quantity as adequate. However, only 11 of these respondents consider the last 4 weeks as representative for the previous 12 months of availability of nutritious foods.

In case of lack of economic resources, CH-A receive donations from friends (individuals) and churches. *"We have only non-functioning projects such as a bakery, chicken farm, a small garden and art and craft making"* [CH-A Caretaker 1]. CH-B has a children brass band and an acrobatics group, and receive money from hiring them out. Other income generating

activities are art, crafts and tailoring, and a liquid soap project. Further they do farm work, having a small garden at the home as well as a bigger garden further away. They also ask for donations from well-wishers. CH-C eats and sells food produced at their farm and maize mill, including maize flower, garden produces, poultry, piggery, cattle, and fish. They have a water project (not functioning), and generate income from their clinic as outside people pay for their services. They also ask for donations from well-wishers. CH-D has a business development manager and work specifically on the issue of generating funding and income to the home, including the following; rent out or sell arts, crafts and food made by the OVC at the home's stall in the local market. Sell stationaries and photocopies. Produce uniforms and other garments. Farming on their private farm including a garden, poultry and piggery. They also hold concert fundraisings and work to find sponsors. CH-E generates more funding by trying to attract new donors by making more appeals. However, the home also does some farming, and has a cow- and a piggery project. *"We only depend on donations. In the worst-case scenario we have to close the home and the OVC will have to go back to live on the street"* [CH-E Director]. While only one respondent, in CH-E, in the cluster of children's homes is dissatisfied with the extent of transparency in the use of resources, no one is dissatisfied with the extent of accountability in the use of resources. Five respondents in CH-A provide no answer as regards accountability.

As regards human resources, in the children's homes cluster half of the respondents perceive the economic resources available as sufficient to ensure adequate employment of staff, and consider it sufficient to ensure proper training of all staff in human rights, nutrition, health and care, and management of the OVC. While lack of economic resources may not be perceived as an obstacle to ensure adequate employment and training, it may be safe to say that an increased number of well-trained human resources would be an asset.

Management of human resources

4.2.3.5. Normative indicator: recognition of the human and organizational resource capacity

Human and organizational resources are by children's home cluster respondents applied to discover and develop the talents of the OVC, to mobilize resources, to grow food, and poultry. In the CSO cluster, resources are geared towards communication strategies such as advocacy, awareness rising, empowerment, lobbying, information sharing, as well as towards coordination, monitoring, child protection, providing livelihoods, and to seek out new resources. Government cluster respondents use human resources for resource mobilization and in the provision of courses such as in feeding and farming skills. Economic resources to ensure adequate human and organizational resources in the MGLSD, local Governments, Government institutions, as well as in children's homes is often inadequate. *"Staffing is inadequate in the MGLSD, and there is lack of support to local Governments"* [MGLSD Senior Official 1]. There is however different opinions about this. *"There is enough human resources and expertise in both children's homes and in the MGLSD"* [MGLSD Senior Official 3]. *"CH-E lack human resources i.e. it is quite understaffed"* [CH-E Director].

Management committees guide children's homes on service provision, while local Governments spend human resources to help connect children's homes with CSOs and district programs which advises on improved agricultural production.

4.2.3.6. *Normative indicator: access to available human resources*

While most respondents in all clusters prove dissatisfied with the financial resources directed towards human resources, as demonstrated in the section on economic resources, most respondents in the children's home and CSO clusters are however satisfied with the facilitation of an enabling environment within their respective institution, with satisfactory numbers of accountable and empowered staff respecting and advocating for the human rights, the rule of law, and the human dignity of children. The Government cluster respondents however demonstrate dissatisfaction with this. None of the respondents mention the lack of available knowledgeable staff, only the lack of access to these due to financial constraints. Most respondents in all clusters are satisfied with the adequacy of the skills, experience, devotion, and available time of relevant staff in their respective institution. Contradictive, only one third of respondents in the children's homes cluster consider that there is any form of human resource constraints which may compromise the right to food and nutritional health.

Most respondents in the CSO cluster are satisfied with the facilitation of capacity building to improve the skills to better carry out their mandate towards OVC in children's homes, with such activities taking place monthly and quarterly. "*Capacity building is one of the CSOs priorities and it has helped us as staff to grow*" [Raising Voices Senior Official]. However, Government cluster respondents are dissatisfied. In the UHRC, such activities take place annually, while they take place quarterly in the local Government. Most respondents in all clusters claim that the following has been on the agenda; human rights standards and principles; food and nutrition security; the window of opportunity; non-discrimination; the Alternative Care Framework; and democratic governance and corruption.

None of the CSO respondents claim that nutrition security, nutrition, or democratic governance and corruption have been on the agenda. About half of the respondents claim that children's right to adequate food, food security, child malnutrition, and nutrition have not been on the agenda, while child protection has been on the agenda. In the local Government child malnutrition, nutrition, the girl child and the window of opportunity, family reunification, foster care, national and international adoption, adoption trafficking¹¹⁶, and democratic governance and corruption has not been on the agenda.

As regards the satisfaction with the human resources available for State actors, most CSO and Government cluster respondents are dissatisfied. This includes the adequacy of the skills, experience, devotion, and available time of State actors, as well as the adequacy of State actors' capacity to address and respond to human rights violations in relation to OVC in parental care, children's homes or on the street, adoption trafficking, and to gender with focus

¹¹⁶ See Graff (2009) for a visualization of "The Orphan Manufacturing Chain", Cheney (2014) for an adaptation to the Ugandan situation, and Esslemont&Migiro (2015, May 28) for a report on the Ugandan IA situation.

on the girl child. Further, they are dissatisfied with the capacity to implement and monitor the implementation of strategic plans.

However, most respondents are satisfied with the adequacy of State actors' capacity to conduct research and human rights analysis, and prepare reports on the human rights situation in the country. The UHRC respondent are additionally satisfied with the UHRCs capacity to prepare reports for international and regional human rights mechanisms, as well as to promote and monitor implementation of recommendations.

Management of organizational resources

4.2.3.7. Normative indicator: access to available mechanisms to provide feedback and exercising influence on decision making

In the selected children`s homes they have established the following mechanisms for the OVC to provide feedback and exercising influence on decision making; in CH-A, the OVC are invited to communicate in a group and individually, and to write letters to inform caretakers about what they think. *“The children are welcome to talk with the caretakers”* [CH-A Secretary]. CH-B has a suggestion box, junior staff, and general socializing and interaction between the OVC and staff. *“Junior staff holds children`s meetings and weekly child courts where the children discipline each other. If there is something they cannot deal with, they report to staff”* [CH-B Administrator]. CH-C has meetings, interactions, and the Pastor speaks with the OVC. CH-D has a suggestion box, counseling sessions, individual meetings with the OVC, compulsory weekly family time with both the staff and the OVC, child to child and child to staff feedback. For holistic care, each staff is responsible for one to two OVC. CH-E has a suggestion box, a children council, daily general assembly in church, monthly meetings, and general daily interactions.

In CH-A, *“the children know that the home does not have enough food”* [CH-A Caretaker 2]. Further feedback is about lack of soap, oil, sanitary pads, clothes, shoes, books, pens and school. CH-B has received feedback about changes in food and meals, lack of necessities, protection when being outside the home, educational challenges and privileges such as shoes. CH-C has received feedback about lack of food variation and enough food. Further, feedback about the expression of love, communication and listening, lack of pens and books, long walks to school, lack of shoes, poor handling by the elders in school, and abuse and disrespect among the OVC. CH-D has received feedback about receiving bad meals, only posho and beans daily, and when no fish or meat is served during the weekends. CH-E has received feedback about one type of beans not being tasty enough, the wish for termination of an inadequate cook, the meal times, broken plates, and wish for a change in the daily routine such as waking up later in holidays and meals served at other times, lack of sanitary pads, and arguments between the OVC.

4.2.3.8. Normative indicator: awareness of accountability mechanisms

Table 34: Respondents awareness of mechanisms that effectively can hold duty bearers accountable for inadequate or non-delivery of services towards children

	CH (n=20)	GoU (n=9)	CSO (n=4)
Police family and child protection unit	11	4	2
Local Government leaders	9	3	1
Board of Directors	4	0	0
Other leaders	4	0	1
Parents	1	0	0
NGO Board	0	0	1
MGLSD	1	2	2
Toll free Government hotline	1	1	1
UHRC	0	1	0
NCC	0	0	1
Parliament	0	0	1
UN/AU reporting mechanism	0	0	1

Table 34 summarizes the three clusters of respondents' awareness of mechanisms that can hold duty bearers accountable for inadequate or non-delivery of services towards OVC.

Children's home cluster respondents' report of having developed disciplinary policies, rules and reporting procedures, and child protection policies. The procedure is for staff to report to the manager, who reports to the director, who reports to the board of directors.

CSO cluster respondents do contract reviews, report inconsistencies to the NGO board, which are starting to control the NGOs, and report to the MGLSD. All are actively using these mechanisms. As regards challenges in enforcement, the following is mentioned. *"It takes time for the Government to react and for recommendations to come through; they have many excuses involving what they are planning to do. OVC are not a priority for the Government. The Government is not enforcing laws due to the economic resource component"* [UCRNN Senior Official]. *"There are too few district probation officers, and only five people sit on the NGO Board. There is too many NGOs, and it is not possible to follow up on their accountability"* [UNICEF Senior Official].

All Government cluster respondents consider that the State is actively using these mechanisms, including the NCC. However, the UHRC respondent does not consider that the UHRC is actively using these mechanisms. As regards challenges in enforcement, the following is mentioned. *"There is corruption at all levels of central and local Government i.e. there is interference of orders from institutions above, negative attitudes, incoordination, bureaucracy, and financial constraints, which make implementation and enforcement very difficult"* [MGLSD Senior Official 4]. *"There are issues of attitudes from local communities when we close down children's homes, as they consider it a penalty"* [Luwero District SPO]. *"There is never complaints on the right to food i.e. only immediately after disasters"* [UHRC Senior Official]. For Government officials it is developed public service standing orders i.e. rules and guidelines. *"The proper channels are first to report to the district probation officers, second to the chief administrative officers, and third to the MGLSD. However, it is a*

good idea not to report children's homes, but to sit them down and counsel and sensitize them about their responsibilities [Luwero District Senior Official].

4.2.3.9. Normative indicator: perception of the MGLSD

Government cluster respondents consider the strengths of the MGLSD to be its legal, policy and institutional framework including decentralization to take care of OVC, as well as the expertise of its human resources and employment. Further, its capacity to mobilize attention and funding from different sources due to its mandate to deal with marginalized groups, and its performance of its mandate of advocacy and sensitization. Relevant policies have been rolled out, for example local government probation officers have been well trained to implement by MGLSDs partners of technical support organizations, as well as cooperating with powerful community development organizations. The MGLSD performs independent inspections of children's homes. *"The MGLSD performs fair and reasonable"* [KCCA Senior Official]. Respondents consider the weaknesses of the MGLSD to be its inadequate numbers of staff, funding and resources, the lack of implementation of the NOP and of capacity building at sub-county level. *"The MGLSD is amorphous as they have too much activity going on. Its mandate is too wide to manage competently, as there are too many categories of vulnerable and marginalized groups to take care of. The MGLSD has untapped potential. It receives only 0.5 per cent of the national budget, which is very little"* [MGLSD Senior Official 4]. *"The Government should spearhead the MGLSD. Staffing is a problem at all levels of the MGLSD and district local governments. There is a high employee turnover due to unattractive salaries, as well as being inadequate numbers and knowledge of staff. Corruption is a problem at all levels"* [MGLSD Senior Official 1]. *"Enforcement of regulations and coordination is weak. There are so many commercial actors using children as a bait, and who traffic children"* [MGLSD Senior Official 2]. *"The MGLSD is too soft to those children's homes that do not comply. There are too many children's homes as well as homes in hiding"* [MGLSD Senior Official 3].

CSO cluster respondents consider the strengths of the MGLSD to be its legal framework, its technical staff, its ability to influence policies, and its cooperation with CSOs. Respondents consider the weaknesses of the MGLSD to be the inadequate Government budget allocations. *"Implementation is a challenge at central and local levels of Government. The MGLSD are the least funded by the Government, and thus depends on donor support and funding. Thus, some areas of NOP/NSPPI are left out due to conditionality's"* [UWESO Senior Official]. *"The MGLSD is a comparatively weak institution. Its mandate is too much and they are misguided i.e. they want too much and try to do too many things compared to its limited number of staff and resources. Ninety-six per cent of children cannot be a special interest group i.e. they cannot be the responsibility of the MGLSD. The Government is not being held to account, and decentralization has not helped on the situation"* [UNICEF Senior Official].

To overcome its weaknesses, Government cluster respondents consider that the percentage the MGLSD receives of the national budget need to be increased as well as the MGLSD needs to prioritize resource mobilization and lobbying. *"The MGLSD should do a lot of advocacy to*

increase its positioning in the Government. Due to the numbers of OVC the MGLSD is responsible for, it deserves a reasonable part of the national budget” [Wakiso District Senior Official]. “There is a need to make jobs in the MGLSD more attractive for adequate staff including through increasing salaries. However, increased salaries are no guarantee for decreasing corruption” [MGLSD Senior Official 1]. Further, it is considered that there is a need to develop coordination guidelines, to refine the loopholes in the Children Act, strengthening the inspector unit, create a children’s homes inspection desk, and to build the capacity of local government probation officers. “The MGLSD should stick with policies and regulations, and instantly just close homes when they do not comply. The practice of giving three months’ for improvements before evaluating if the home is to be closed down provides for a three months’ notice to reposition the home” [MGLSD Senior Official 3].

To overcome its weaknesses, CSO cluster respondents consider that the MGLSD should hold the Government to account, increase its visibility, and “*make that strong voice which can be heard*” [UCRNN Senior Official]. The MGLSD should reduce its mandate, and increase its resources including through increased Government allocations. “*Parliament has to be firm on insisting and making sure on the sufficient funding for the MGLSD. Parliament needs increased negotiation capacity as well as an increased will to negotiate on budget allocations for the MGLSD*” [Raising Voices Senior Official].

The strengths of the NCC are its advocacy and lobbying capacity, its access to Government regulators and the Cabinet, as well as its partnerships. The weaknesses of the NCC are the coordination of different actors, the sensitization to change people’s attitudes towards the human rights of children. The independence, integrity and credibility of the NCC is promoted and ensured through the NCC Act and the NCC Council [NCC Senior Official].

The strengths of the UHRC are its work to educate and sensitize the public, its annual human rights reports, as well as its different units. The UHRC has been awarded as the best human rights institution in Africa, as well as received A-credit from the International Chamber of Commerce. The weaknesses of the UHRC are its inadequate human and financial resources. “*People expect the UHRC to be everywhere, but we cannot, and we are not mandated to either. The UHRC and the Government is so independent, it is not true that Government people are hired, it is only people who are against the Government who say this. People have confidence in the UHRC; its tribunal handles human rights violations, it is free of charge and corrupt free*” [UHRC Senior Official].

4.2.4 Capacity IV: resources and capabilities for effective communication

4.2.4.1. Normative indicator: recognition of the communication capacity

Children’s home cluster respondents use communication resources to organize formal and informal assemblies including church meetings and to teach about God, where everyone receive updated information and the OVC get to speak their mind and communicate their needs. Clearly, friendly and interactive communication ensures good relationships and better

transfer messages to the OVC as well as to staff. *“I ensure child counseling and avoid harassing. Ex. if a child annoys me, I forgive and communicate with the child, so that the child does not run away”* [CH-E Caretaker 2]. Individual talks with the OVC are emphasized to bring them closer, so that they will trust the staff and communicate about themselves. Communication is further used by staff to show love, to learn about the OVCs problems and to counsel, rehabilitate, encourage and modulate their character. Patience is key, as it takes time to make the child understand, comply and respond. When the OVC do not speak Luganda, it may result in communication difficulties. Internet, email, facebook and phones are used to communicate needs and try to access donors for the children’s homes. *“We communicate with friends and the public. By explaining the problem, they get touched and thus wish to be donors”* [CH-A Administrator].

Government and CSO cluster respondents however apply communication resources in awareness raising, advocacy, reporting and information sharing, empowerment and capacity building work. As such, the communication capacity is key and resources are spent on communication. *“The MGLSD lobbies and advocates for proper nutrition and child feeding both at national and district Governments levels”* [MGLSD Senior Official 1]. *“The NCC is mandated to coordinate meetings, and to disseminate materials about the rights to food and health to service providers. This is to guide the quality of services provided to children”* [NCC Senior Official].

4.2.4.2. *Normative indicator: perception of the implementation of the national advocacy and awareness raising strategy*

“The society needs to be sensitized on the rights of the child and to learn to value these. There is a need to increase awareness through advocacy, partnerships, lobbying, and sensitization to change people’s attitudes. Article 34 of the Constitution establishes that children have human rights. There is a cultural public misconception of the rights and duties of children, amongst other to respect children. People believe it creates child rebels” [UHRC Senior Official]. The human rights advocacy and awareness raising activities undertaken in Uganda towards improving the conditions for OVC including those living in children’s homes *“are there, but they are not good enough as people are not properly sensitized. The Government needs to do more by making it a priority”* [MGLSD Senior Official 2]. The MGLSD are working with partner CSOs and the media in its efforts to sensitize the public. *“CSOs can criticize in ways the politicized MGLSD cannot”* [MGLSD Senior Official 1].

4.2.4.3. *Normative indicator: awareness and perception of human rights and the special needs of the child*

None of the respondents comprehensively describe the concept of human rights, and most do not demonstrate a well-developed understanding of the concept including the right to adequate food. When asked about what human rights are, most listed a few examples of rights, freedoms and entitlements. Most frequent were civil and political rights such as the rights to live and to freedom, in particular freedom of speech, expression, association and

worship. Many emphasize the point of human rights as God-given, while homosexuality is mentioned as a negative practice in relation to human rights. *“The problem people have with the ICRC in Uganda is homosexuality”* [CH-C Administrator]. While the provision of basic needs is widely acknowledged as important by respondents, it is not recognized as a human right and the charity approach is emphasized.

Table 35: Where respondents have learned about human rights

	CH (n=20)	GoU (n=9)	CSO (n=4)
Personal reading/experience	9	4	2
School/university	5	6	3
CSO/donor training	3	0	0
GoU training/sensitization	7	9	0
Workplace	4	9	4
Media	3	0	0

Table 36: Where respondents have learned about children’s special need for food, health, care and protection

	CH (n=20)	GoU (n=9)	CSO (n=4)
Personal reading/experience	9	3	1
School/university	4	4	3
CSO/donor training	5	0	1
GoU training/sensitization	1	1	0
Workplace	5	5	3
Media	1	0	0

Table 35 and Table 36 summarize where respondents have acquired knowledge about human rights as well as about children’s special need for food, health, care and protection. They demonstrate how the sensitization efforts as regards these two subjects, by the Government, CSOs and the media is not reaching out adequately to the population as a whole. Further, it highlights the lack of Government efforts in sensitization about children’s special needs for food, health, care and protection within the Government cluster itself. *“I learned about human rights when my relatives chased me away after the death of my husband”* [CH-A Caretaker 1]. *“I learned about human rights from the probation officer visiting the children’s home”* [CH-A Secretary].

Most respondents are satisfied with the level of human rights knowledge among relevant staff, as well as of the awareness of their own human rights i.e. as rights holders and citizens, and as employees in the institutions.

Table 37 summarizes respondents able to identify any human rights instruments relevant for children and their human right to adequate food, as well as any national legislation or strategies relevant for OVC in children’s homes. Findings indicate that in the children’s home cluster the awareness of human rights instruments relevant for children is low, while the awareness about the Constitution and the Children Act is relatively high. Fourteen respondents were aware that the MGLSD is the ministry responsible for OVC including those in institutional care. Consistent with most of the findings in the present research, the Government cluster respondents demonstrate the broadest level of awareness.

Table 37: Respondents within the three clusters able to identify any HRI relevant for children and their HRtAF, as well as any national legislation or strategies relevant for OVC living in children’s homes and their HRtAF

	CH (n=20)	GoU (n=9)	CSO (n=4)
ICRC	3	7	2
ACRWC	0	6	2
Constitution of the Republic of Uganda	12	5	1
Children Act	9	8	4
NOP and NSPPI	0	6	3
UNAP	1	3	0
Alternative Care Framework	0	5	1
Approved Home Regulations	2	7	1
UFNP, draft UFNS, and draft Bill	0	5	2
MGLSD	14	9	4

Table 38 summarizes the three cluster of respondents’ satisfaction with the level of knowledge of the Alternative Care Framework, the Approved Home Regulations, the NSPPI-2 and the UNAP amongst duty bearers. While most children’s home cluster respondents could not mention these instruments, most in this cluster are however satisfied with the level of knowledge. Consistent with most of the findings in the present research, the Government cluster respondents demonstrate a lack of satisfaction with their dissemination.

Table 38: Respondents satisfaction with the level of knowledge of the Alternative Care Framework, the Approved Home Regulations, the NSPPI-2 and the UNAP among actors

	CH (n=26)	GoU (n=2)	CSO (n=11)
Satisfied	15	0	5
Dissatisfied	3	2	3

The Government, including the UHRC, as well as the civil society and the media, have an important role to play as regards dissemination of information about human rights including the rights of the child to adequate food, health, care and protection. Unfortunately, the respondent in the UHRC do not provide any answers to the following questions, including about the communication work of the UHRC.

Most CSO and Government cluster respondents are unsure about the adequacy of the cooperation between the UHRC and the State, including the UHRC work towards influencing the State regarding their fulfillment of their duties towards OVC while living in children’s homes. Most respondent are dissatisfied about the cooperation between the central and the local levels of Government, as well as the communication between the UHRC and the public. Only one respondent is satisfied with the communication between the State and the public.

Most CSO cluster respondents are satisfied with the adequacy of the communication between their CSO and the Government, as well as the adequacy of the communication between the CSO and the public. *“The State organizations, local Governments and CSOs work independently in cocoons. It buries the issue of accountability”* [UCRNN Senior Official].

Most CSO and Government cluster respondent are dissatisfied with the adequacy of the human rights training and advocacy and awareness raising programs for relevant stakeholders

as well as the production and dissemination of public human rights information and advocacy materials in the UHRC. Further, most are dissatisfied with the adequacy of the advocacy for national implementation of international human rights obligations, and the recommendations of the international and regional human rights mechanisms in the UHRC.

More than half of CSO cluster respondents are satisfied with the adequacy of the work with the media in disseminating human rights information as well as the engagement with international and regional human rights mechanisms in the UHRC. *“Most research is not disseminated to relevant stakeholders. The UHRC tries, but the media does not address the needs of the rural poor”* [Luwero District Senior Official].

“The freedom of expression in the media is rather high today, but there is now a high degree of self-censoring and non-investigative journalism, as the Government is the biggest media advertiser. To get proper information the use of social media is crucial. Journalists are poorly paid, and they receive bribing to kill stories. Sometimes the media is biased and portrays wrong or inadequate and misleading information” [Student Human Rights Activist]. Government respondents do not consider the media coverage and communication in matters regarding children’s homes and OVC as adequate, but as truthful. Most CSO cluster respondents consider it as inadequate and untruthful. *“Communication and media houses need to be trained on reporting on issues of childcare and protection. To some extent the media has tried to create awareness of the relevancy of nutrition to children”* [UWESO Senior Official]. Most children’s home cluster respondents consider it as adequate and truthful. Most CSO and Government cluster respondents do not consider the media coverage and communication in matters regarding State performance of realizing the rights to adequate food, nutritional health and wellbeing of OVC in children’s homes as adequate, or truthful. *“Some means of determining actual performance need to be delegated to non-State bodies, otherwise their reports lack credibility”* [ANPPCAN Senior Official].

4.2.4.4. *Normative indicator: awareness and perception of reasons for non-compliance with national legislation*

Children’s home cluster respondents consider poverty and its associated problems as the main reasons for the existence of the many children’s homes. *“Poverty results in increased selfishness, and it reduces the bond between family members”* [CH-E Manager]. Further, the HIV/AIDS epidemic, wars and political instability, early pregnancies, urbanization, domestic violence, as well as parental neglect, abuse and abandonment. *“Increased ignorance, parental death, unemployment, lack land and shelter, and parental fear of responsibilities cause a high number of needy orphans and street children”* [CH-B Accountant]. Some respondents recognize the effect of demand. *Poverty is seen as a business opportunity. Not all children’s homes are genuine, they are a source of moneymaking and income generating through international support. The homes are used as scams* [CH-D Acting Program Manager].

All CSO and Government cluster respondents consider business the main reason for the existence of the many children’s homes in Uganda. *“Business! They exploit OVC to mobilize money for their own pockets. They create jobs, and perform IA. It is not because there are too*

many orphans!” [KCCA Senior Official]. Other reasons mentioned are poverty, irresponsible parenting and the breakdown of morals, the overstretched extended families, national trafficking, and weak enforcement mechanisms. *“Enforcement mechanism are weak, there is no gatekeeper measures except from probation officers, and so anyone can open a children’s home”* [UNICEF Senior Official].

Respondents in all clusters consider the strict laws, the registration fees, the high standard requirements, lack of responsibility, lack of qualifications and knowledge, bureaucracy in the registration process, gaps in the law, corruption and the expected bribes to probation officers, and the culture of hierarchy, as well as sinister motives as the main reasons for why many children’s homes are not ensuring compliance with national legislation. This is also the reasons provided for why there are engagement limitations between children’s homes and the local Governments. *“Children’s homes register as churches and boarding schools, as these have few taxes and fewer restrictions. The MGLSD has too high expectations, such as on the quality of the food to be served, and they lack supervision and civil education due to lack of funds. Only a few homes have fulfilled the requirements. Other homes keep a low profile to avoid implementing the tough requirements or consequently to close down, i.e. they try to avoid problems by operating in hiding”* [CH-D Acting Program Manager]. *“Some are unaware and just start a home. The MGLSD has not done enough to educate on how to put up homes. There is lack of proactive advocating, oversight and monitoring. The supervision is weak. It is not enough that they have a desk, they need to go out seeking children’s homes and inform them”* [Raising Voices Senior Official].

All respondents consider family and extended family reunification of OVC as positive and the best thing that can happen for the child. *“When the NGO is good, it has a high success rate on reunification. Reunification is included in the Alternative Care Framework”* [UNICEF Senior Official]. A few respondents have some precautions. *“It depends on it being safe and the environment is being supporting”* [CH-B Administrator]. *“When OVC are reintegrated into the community, the mentality is that the OVC is still a problem. While the child has been living in the children’s home the family has had more resources, so when the OVC returns the resources reduces”* [MGLSD Senior Official 2]. *“Muzungu’s do not want the community based approach, they want children to live in children’s homes until the age of 18 years. Thus not all homes want to trace the family”* [KCCA Senior Official].

All respondents consider national adoption of OVC as positive. *“It provides an opportunity of economic wellbeing for the poor and needy child”* [CH-E Director]. *“I think these processes are sincere without ulterior motives of personal gain. I want to remain our children in the country and in the districts, to maintain their cultures and their identities”* [MGLSD Senior Official 1]. There is some precautions as regards the following of legal requirements and monitoring. *“It is only good if there is no other blood parents, relatives or extended family, and if laws and procedures are followed and the Government is monitoring it adequately. In Uganda there is failure in following the legal process, and measures to protect the child are not good enough* [CH-C Administrator]. There are also cultural barriers for national adoption among Ugandans. *“Very few are ready and willing, as it is not a part of the Ugandan culture. Ugandan families are not interested if the child is not a part of extended families. We cannot*

find interested families as Ugandan families do not see the concept. The society believes adoption is for white people” [KCCA Senior Official]. Findings from the study of Nuwagira (1998) support this. There are also precautions as regards culture and individual motives for national adoption. “It is positive if the adoptive parents can manage to maintain and love the child as if it is their own. Most Ugandans have different motives, such as wanting the child for reasons of performing labor or child sacrifice” [CH-A Secretary]. Findings from the study of Nuwagira (1998) support this. Some are ultimately negative towards national adoption. “Children’s homes provide education and encourage the child to work hard and live a life alone. When adopted, the child may not work hard” [CH-B Administrator].

Children’s home cluster respondents consider sensitization and awareness raising of parents and communities about the problems related to institutionalization as well as to be open towards reunification and national adoption as well as family tracing and visitations and the following of the law, as key priorities that the individual children’s home could do to increase the practice of family reunification and national adoption. Further, increased number of social workers as well as increased counseling of OVC living on the streets. *“Sensitizing on reunification and the problems related to institutionalization towards both relatives and donors! Most often the international donor ignorance is the problem, as they only wish to support OVC living in homes” [CH-D Acting Program Manager]. “Training in parental skills, and counseling to help the child to forgive its parents, and to help bring back the heart of the parents. Visitations to develop the relationship between them” [CH-A Caretaker 2].*

CSO and Government cluster respondents consider that the MGLSD should increase its sensitizing and empowerment efforts towards communities, CSOs and the media to increase these practices. Findings from the study of Nuwagira (1998) support this. *“National adoption should be popularized to be made known through media advertising. There is a need to change the Ugandan culture of only providing for biological and extended family’s children” [Raising Voices Senior Official]. “Strict observance and enforcement of the law. Dissemination of guidelines and the Alternative Care Framework, and reduced bureaucracy in the Government and relevant organs and systems would decrease the long and hectic process of national adoption” [MGLSD Senior Official 4].*

Table 39: Respondents perception regarding IA of OVC

	CH (n=20)	GoU (n=9)	CSO (n=4)
Ultimately positive	9	0	0
Only positive when legal procedures are followed	8	3	2
Ultimately negative	2	6	1
Negative concerns	3	0	1

Table 39 summarizes the three clusters’ perceptions about IA of OVC. Most children’s home cluster respondents are positive about IA; it is described as an opportunity. *“IA is a window of opportunity for the child, and it helps increasing the development of the country. According to the law, IA children at the age of 18 shall be told of their status and can choose to return to Uganda” [CH-B Social Worker].* Some respondents question the legal procedures in Uganda

and thus the safety of the OVC. *“Measures to protect the child are not good enough. IA would be positive if measures were adequately implemented and monitored. Now it is fear of child trafficking and child abuse”* [CH-C Administrator]. Respondents highlight the situation of the child, as well as the circumstances of the adoptive parents. Some consider IA as only good if the child has no family and is below the age of one year. Others consider it good if the child is in need of support, while others consider it positive as long as the child and the adoptive parents visit Uganda. Some are ultimately negative about IA. *“It is bad as children are vulnerable and there are hidden agendas. Whites promote homosexuality, and there is child neglect, child trafficking and kidney donations”* [CH-B Assistant Administrator]. Others are generally positive but have some concerns. *“I am afraid that children’s homes will collect children for IA. Whites have a different heart than Africans; when seeing OVC in agony whites want to help, but blacks will later use the help against the child, such as you would be nobody if I did not help you”* [CH-C Administrator]. CH-A and CH-E respondents describe their children’s homes each having had only one experience with IA.

Most Government cluster respondents are negative about IA. *“The child will receive a different form of socialization. It is negative to export raw materials, and children contribute to Ugandan economy”* [NCC Senior Official]. *“IA is not the best for Uganda, and it is not good for families. On the positive side, Ugandan families understand the concept of IA as compared with national adoption”* [Luwero District Senior Official]. Those being positive highlight the importance of following the legal procedures in IA. *“IA should be used as the very last resort following legal procedures and only in severe cases such as for critically ill or disabled children for whom treatment is not available in Uganda. According to the Children Act, the child shall be fostered in Uganda for three years before adoption. Through legal guardianship, which needs to be approved by judges of high court, there is no need for fostering, thus there is no bonding. This is negative”* [KCCA Senior Official].

Most CSO cluster respondents have concerns. *“IA is a money making venture. You cannot be sure, as it is unregulated, thus the use of legal guardianship to avoid the normal process”* [UCRNN Senior Official].

In the children’s home cluster only one respondent answers the question of how the children’s home can work to decrease the practice of IA. *“We should work to decrease the poverty of the children’s relatives. Ex. it happens that the parental death is being faked for the purpose of receiving money for the child to be internationally adopted”* [CH-D Social Worker].

CSO and Government cluster respondents consider the following should be done to decrease the practice; *“Strengthening of the extended family mechanisms, stricter regulations and law enforcement of children’s homes and adoption, promote national adoption. The Government should withhold IA until loopholes have been closed and it is able to control it. Today, it is not safe for OVC in Uganda”* [UNICEF Senior Official].

Most Government and CSO cluster respondents are not aware of what is being done regarding stopping licensing of new children’s homes and stopping IA until laws can be properly enforced in Uganda. *“The ratification of the Hague Convention is on the way. The Prevention in Trafficking Act needs enforcement. MGLSD reviews the Children Act to stop IA”* [MGLSD

Senior Official 3]. *“There is monitoring of IA by a Committee. There has been a petition statement by the MGLSD to Cabinet for no more licensing of new children’s homes and stricter regulation”* [UCRNN Senior Official]. *“UNICEF has appealed to the Government. There is however no acting by the Government”* [UNICEF Senior Official].

Only one respondent in the Government and the CSO cluster have not heard about the concept of adoption trafficking. *“Children hunters with their own motives and intentions go from district to district to find children to go to children’s homes, and maybe to be internationally adopted. This is also trafficking”* [Wakiso District Senior Official]. As regards the extent of adoption trafficking, there are uncertainties. However, most respondents recognize it and consider it a problem. *“It is a very big problem. Lawyers are paid big money, which is shared with both probation officers and police officers”* [MGLSD Senior Official 4]. *“We do not yet know the magnitude. UNICEF is still waiting for the high court clearance to do a study to assess the problem”* [UNICEF Senior Official]. As regards the adequacy of the preventative measures taken, most respondents consider they are not good enough. *“Different stakeholders are not at same page i.e. for lawyers it is a business, and judges are not aware of the role of the probation officers. The MGLSD must step up* [Luwero District Senior Official].

Table 40 summarizes respondents’ perception about children’s homes as sustainable and effectual ways of raising OVC, and of ensuring their right to food and nutritional health. Most children’s home respondents are positive, the Government respondent is negative, while there is different views in the CSO cluster.

Table 40: Respondents perception regarding children’s homes as sustainable and effectual ways of raising OVC, and of ensuring their right to food and nutritional health

	Yes	No	Don’t know	No answer
CH-A (n=5)	4	0	0	1
CH-B (n=7)	5	1	1	0
CH-C (n=4)	4	0	0	0
CH-D (n=6)	4	2	0	0
CH-E (n=4)	4	0	0	0
CH-Total (n=26)	21	3	1	1
GoU (n=2)	0	1	0	1
CSO (n=11)	4	4	2	1
TOTAL (n=39)	25	8	3	3

Out of 26 children’s home respondents, about half report awareness about that the State considers the following; children’s homes as unsustainable and ineffectual, and are working to limit their operation. International donor funding of children’s homes as contrary to national legislation, and as undermining national development efforts. Institutionalization of children to increase destitution of families, affecting OVC and their human rights. Institutionalization as not in the best interests of the child, as it is damaging to their social and mental development, is undermining the rights of children to be cared for by their families, and is creating child vulnerability. Respondents views about if the State is correct in the above mentioned issues are very varied. *“If more was done for the society, the children would not*

need institutions” [CH-D Public Relations Officer]. “The State is not correct, but too well off families may think so” [CH-A Caretaker 2].

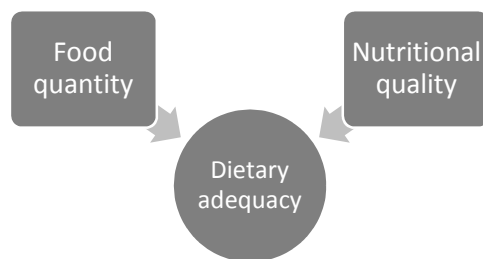
Most Government and CSO cluster respondents are dissatisfied with the adequacy of the State’s implementation of its advocacy and awareness raising strategy towards the above mentioned issues. *“Whereas institutionalization of childcare is inevitable, it should not be the first line of response” [UWESO Senior Official]. CSO cluster respondents consider the civil society’s general response towards the appeal to join and align with the Alternative Care Framework in a national coordinated response as positive and consider it a good move. “It is perfect as it will unveil gaps. It is so far the best for OVC because there are too many illegal homes. More capacity building and supervision is demanded” [UWESO Senior Official].*

4.2.4.5. Normative indicator: awareness and perception of the right of the child to adequate food and nutritional health and wellbeing, and individual duty bearers capabilities to communicate effectively

The traditional languages of the many ethnic tribes in Uganda are often very different and not possible to understand for other than members of the tribe. In the central region, Luganda is the traditional language of the Baganda, and in the whole of Uganda English is the second language. Many people do not have English skills and there are many people migrating to Kampala from the rest of the country who do not understand Luganda. Legislation, policies and regulations, as well as evidence based quality information on OVC, the human rights of the child, and food, nutrition, health and care practices for optimal nutritional health, has to be easily available for duty bearers and the public. Thus, it needs to be translated into all relevant languages, and communicated with OVC by children’s homes staff. *“There is a lot of misinformation. It should be invested in advocacy, awareness rising and education. When information is written in English signs, it is inadequate” [UNICEF Senior Official]. “The UHRC has translated the Constitution into four languages. However, the Government deliberately stopped the UHRC from disseminating them. The Government is not interested in increasing the publics knowledge about human rights nor in the implementation of the laws they passes” [Student Human Rights Activist].*

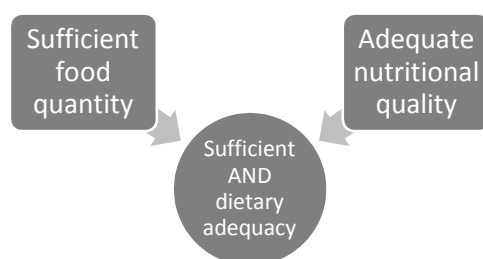
This thesis applies the core content of the human right of the child to *adequate food* as outlined in GC12. The understanding of this term varies amongst study respondents, above all as regards the component of dietary adequacy and its essential elements of food quantity and nutritional quality. Only one Government official describes how the term *dietary adequate* imply both food quality and quantity such as outlined in GC12, as illustrated in Figure 9.

Figure 9: Illustrates how the term adequate imply both food quality and quantity as outlined in GC12. The figure is developed by Monica Olafsen



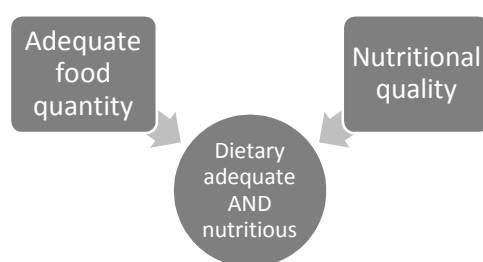
As illustrated in Figure 10, a couple of the highest educated respondents apply the term *sufficient AND adequate food*, implying sufficiency in food quantity while adequacy indicates nutritious quality foods. As such, these respondents understand the term adequate food only to involve some nutritious quality foods, but not necessarily in sufficient quantities.

Figure 10: Illustrates how some respondents apply the term sufficient and adequate food to describe food quality and quantity as outlined in GC12. The figure is developed by Monica Olafsen



One respondent however informs that to understand the term adequate food, most Ugandans would need both *adequate AND nutritious food* to be applied. As illustrated in Figure 11, I accordingly understand most respondents' replies to imply that adequate food only entails access to enough or sufficient food in quantity, while nutritious indicates access to a variety of quality foods and a balanced diet.

Figure 11: Illustrates how most Ugandans would need both adequate and nutritious food to be applied to describe food quality and quantity as outlined in GC12. The figure is developed by Monica Olafsen



While these differences in terminology may be due to different issues such as the feeling of stress or pressure of the respondents in the initial phase of the interview, little thought through and ambiguous formulation, or misinterpretation by the research team etc., their distinctions are however of importance. Duty bearers' knowledge and awareness of the right of children to adequate food and their corresponding duties to ensure this right, requires an appropriate understanding of what food attributes is required to ensure children nutritional health and wellbeing. *“The MGLSD have a mandate of social mobilization and sensitization that we have to fulfill in cooperation with community development officials and organizations for the general wellness of children, which includes good health and adequate food. This includes*

providing information to parents and other caretakers about nutrition, about where to by proper foods, and about where they can access care and support including food support” [MGLSD Senior Official 2]. As such, accurate communication as well as skills development at all levels is essential to ensure policy implementation, but in particular to ensure that duty bearers at the children’s homes level have up to date knowledge of food and nutrition security and knowledge to ensure proper nutrition and health for the OVC in their care.

Contradictive to both oral and written testimonies that most Ugandan’s main emphasis is on food quantity to ensure a full stomach to feel satisfied, to *support and respect* the rights of children to adequate food, nutritional health and wellbeing, is by most respondents understood as to provide and ensure a balanced diet, involving food quantity and nutritious quality. Most respondents recognize the link between food and nutrition; health, healthcare, hygiene and sanitation; and educational performance. They explain that a balanced diet will ensure the child a better life, health, growth, development, knowledge and educational performance, while a few highlight provision of clean water, healthcare, sanitation, education, care and protection as essential parts of the right to food as well. *“To support and respect the right to nutritional health and wellbeing involves for children to have love, joy, happiness and excitement. This happens if children are provided with good and enough food, that being provision of its basic needs”* [CH-E Caretaker 1]. *“Children’s wellbeing goes beyond health and giving just food and the right healthy diet. You have to see how all this is provided. The ICRC has three pillars to ensure nutritional health and wellbeing of children; the right to survival (including the rights to food, health and shelter for growth and development), the right to participation, and the right to non-discrimination”* [UNICEF Senior Official].

For children to have access to enough food as well as enough number of meals per day are mentioned less frequently, however one quarter of children’s home cluster respondents as well as one in the MGLSD did not refer to food quality at all but only for children to receive enough food. Three meals per day, if possible, are mentioned as ideal, as well as for children’s access to food not to be restricted or limited. Others highlight the availability of food namely that children are supposed to be given sufficient of the food that exist, thus implying that there sometimes is scarcity of food. *“To support and respect the right to nutritional health and wellbeing involves that basic needs such as food must be provided when or if we have the resources and the child wants to eat”* [CH-B Administrator].

Government and CSO cluster respondents emphasize mechanisms to access balanced food including handouts in situations of emergencies and in places where there is little food available such as in Karamoja, as well as mechanisms to ensure that families have opportunities and means to provide and ensure food for their children. Food availability, accessibility, acceptability, affordability, as well as the capability to access food is mentioned. For malnourished OVC access to services is stressed. Further, they emphasize the State obligation to respect, ensure and coordinate relevant child friendly and food and nutrition security legislation, policy and institutional framework in support of the right to food, as well as to ensure implementation at children’s homes level and to directly control and monitor its realization. The support of the civil society is specified. The family as the first area of

response for OVC is accentuated, as well as the responsibility of duty bearers at household and children’s home level to ensure and provide adequate (enough) nutritious food.

As regards the understanding of household food and nutrition security for children, only two children’s home cluster respondents include the components of food quality and quantity. Household food and nutrition security for children entails “ensuring to have access to enough nutritious food for all in the household” [CH-E Director]. For the child to be food and nutrition secure, in the Ugandan society it is essential for all members of the household to be food and nutrition secure. Nine respondents only consider food quantity as part of household food and nutrition security for children. “In Uganda, food quality equals food quantity” [CH-B Social Worker]. All CSO and Government cluster respondents include both elements of food quantity and quality. “To have enough and sufficient food to feed the whole family, and additionally keep some in granaries in case of situations of starvation” [MGLSD Senior Official 1]. Table 41 summarizes the three clusters of respondents understanding of household food and nutrition security for children as regards food quality and quantity.

Table 41: Respondents understanding of household food and nutrition security for children

	CH (n=20)	GoU (n=9)	CSO (n=4)
Food quality and quantity	2	9	4
Food quality	0	0	0
Food quantity	9	0	0

4.2.5 Capacity V: capabilities for informed and rational decision making and learning from experience

4.2.5.1. Normative indicator: recognition of the decision making capacity

Children’s home cluster respondents use decision making in staff recruitment, meetings and duty allocations. They make decisions on what food and its quality to buy, and meals and its quantity. Emphasis is on including and consulting the OVC to identify needs, and the best interest of the child is mentioned. Teamwork, collective responsibility, and evaluations of the consequences of the decisions made are also mentioned. CSO cluster respondents use decision making in prioritizing key issues affecting OVC such as research in children’s homes. “We hold roundtable discussions with the MGLSD and partners. Ex. it was decided to put a hold on IA as there is a capacity gap in the MGLSD and in the country’s children’s homes which needs to be cleaned up as well as to ratify the Hague Convention” [UNICEF Senior Official]. In the Government cluster, the MGLSD use their decision making power to close children’s homes that have not followed up on the recommended changes within three months. All decisions should be made in the best interest of the child. “The MGLSD needs decision making power due to the hierarchy. The permanent secretary has the technical leadership and takes decisions” [MGLSD Senior Official 2].

4.2.5.2. Normative indicator: perception on the HRBA for good governance

Three children's home cluster respondents do not know whether the home is following the HRBA to good governance to obtain good nutritional health and wellbeing of the OVC living there, while one respondent consider that the home is not. The explanations given for how the home is following the HRBA are however diverging giving a strong indication that not all respondents have a clear understanding of the issue. *"The policy is that every child is given the right to do what he is supposed to do"* [CH-E Manager]. *"We follow the approach by providing basic needs, at the least"* [CH-D Business Development Manager].

All CSO cluster respondents consider that the CSO they are working in are following the HRBA. Explanations given are also diverging, but respondents show a clearer understanding of the issue. CSO cluster respondents have the following perception of the Governments performance according to the HRBA to good governance. *"There are governance problems. The Government has made progress and has improved in opening up and being open to and tolerate criticism. The future is bright"* [Raising Voices Senior Official]. *"The Government is doing its best, but is limited by lack of funding and resources"* [UWESO Senior Official].

One Government cluster respondent considers that the Government is not following the HRBA to good governance. The explanations given for how the Government is following the HRBA are diverging. Respondents consider that the NCC and the UHRC do. Some respondent consider that the Government is following the HRBA, however without being aware about it. *"The Government is following the approach, however the Government has no knowledge about this"* [MGLSD Senior Official 4]. *"Among elites, there is not awareness of human rights practice"* [KCCA Senior Official]. Others consider that the Government is following the HRBA as it has put in place the NCC and the UHRC as well as laws, policies and guidelines which are based on the HRBA, and it is involved and is trying its best among others through public private partnerships. *"Ex. Rwanda and Kenya asks Uganda for help on policy and guideline formulations. However, in comparison, implementation of the HRBA is lacking in Uganda"* [MGLSD Senior Official 1]. Not every Government respondents wish to give their perception as regards the Government performance in according to the HRBA to good governance. *"Children and their caretakers are not educated about their human rights. Implementation and enforcement of the HRBA is a challenge. The Government is performing 50 per cent. It should be scaled up"* [MGLSD Senior Official 2]. *"The Government is performing fairly. However, CSOs are better i.e. they are the ones that do most"* [KCCA Senior Official]. *"The Government is showing political will"* [NCC Senior Official].

4.2.5.3. Normative indicator: monitoring and evaluation

Children's homes cluster respondents work in the following ways to oversee implementation and monitoring of strategies for realizing OVCs human right to adequate food and nutritional health. CH-A does roll calls in the morning to ensure that all get food, and deliver reports and accounts. CH-B supervises and does roll calls during mealtimes to ensure that all gets food, and delivers reports weekly, monthly, and quarterly including subjects about feeding. *"I check the store, and make follow up if there is no food"* [CH-B Administrator]. CH-C supervises,

including the number of OVC to cook for, the amount of food to prepare, the food preparation (taste and cleanliness), the serving of food e.g. that all receives food in the right proportions and that the youngest receives food first. *“We ensure the right use of the land we have, to increase the variety of food. Most children`s homes are owned by NGO, with limited Government control and regulation, thus there is lack of control of food provision”* [CH-C Student]. CH-D follows plans and indicators, and monitors and evaluates indicators with the results, including in annual reports. All work is timetabled, to ensure that all activities are done, supervised and followed up. *“I oversee the workers at the farm, the production site, and the market, and use line managers for effective supervision, monitoring and reporting”* [CH-D Business Development Manager]. CH-E supervises the food and the meals including the whole process of acquiring, cooking and serving of the food. The houseparents` prepare weekly reports, and the manager follows up basic needs.

CSO cluster respondents work in the following ways to oversee the implementation and monitoring of the Government strategies towards OVC in children`s homes. They collaborate with partners and monitor the fulfilment of the rights of the child, and take the results forward to Government, do advocacy, and write reports to the UN and the AU. *“We have a duty to collaborate with and support the OVC National Implementation Unit in the MGLSD to carry out its oversight and inspectorate role. The Government has a comprehensive monitoring and evaluation framework for OVC. The national steering committee is meeting twice a year. However, the hard questions are not being asked i.e. they are not looking beyond what has been done, and they are not looking at what has not been done”* [UNICEF Senior Official].

Government cluster respondents work in the following ways. The MGLSD has revised the Children Act and the Children Homes Rules to update them and to help resort problems. *“The Children`s Homes Rules are not printed. The Ministry of Justice and UNICEF support it, however the master copy is lost”* [MGLSD Senior Official 1]. The MGLSD use the implementation strategy of relevant policies and plans, follow the 2012 Monitoring and Evaluation Framework, do capacity building and assessments, support and mentor local Governments, and do some monitoring of children`s homes. *“The MGLSD does not monitor its own work. The DYCA is responsible for implementation, and the Planning Section monitors implementation. We encourage partners and NGOs to support us including M&E”* [MGLSD Senior Official 1]. The local Government respondents describe working within the Government structures and coordination systems, as well as in partnership with the MGLSD, the district and sub-county OVC coordination committees, and the child protection committees. They supervise, sensitize, do follow up visits, and have mentoring sessions. *“The MGLSD and SUNRISE cooperate in training of social workers from community based organizations. We use cluster-learning networks of service providers”* [Luwero District Senior Official]. The NCC does planning, project intervention, inspection, monitoring, partnering, and networking, while the UHRC creates reports on OVC and Parliament reports.

All UHRC, NCC, CSO and children`s home cluster respondents consider their organization to regularly monitor and evaluate its own performance in accordance with national policy criteria, while respondents in the Government cluster consider that the local Governments do the same. *“National policy criteria for NGOs do not exist. The NGO Board develops strategic*

plans, does M&Es of the accountability of members, and write annual reports” [UCRNN Senior Official]. The NCC and CSOs additionally monitor the Government and other CSOs. *“We deliver with or on behalf of the Government, thus M&E derives from this”* [UNICEF Senior Official]. Within the children’s home cluster there is very diverging responses as regards who is responsible for this monitoring and evaluation, and how often it is performed. Within the CSO cluster, each CSO has its own monitoring and evaluation unit doing quarterly and annual evaluations, including international donor and other organizations. Within the Government cluster there is also disunity between who is responsible for local Government monitoring and evaluation and how often it is performed.

The following are gaps identified and actions undertaken to improve performance. CH-A lacks finances affecting payments for the caretakers, food, medical bills, school materials and fees, uniforms, shoes, soap, oil, and beds, as well as the OVCs behavior. Actions undertaken to improve performance are to look for more donors, starting up projects to cultivate own food and to create money avenues (not functioning), and counseling of the OVC. Gaps in CH-B are financial, OVC moving outside the home without permission, and the OVC being weak in education. Actions undertaken to improve performance are communication with donors for assistance, marketing the brass band, the children’s affair officer assembles all OVC daily to talk with them about important issues, and to address problems and make solutions. CH-C lack resources, is understaffed, has small food variety and insufficient health monitoring, as well as disunity between the different departments. Actions undertaken to improve performance are to prioritize on the budget, making changes in the procurement of food, intervention to create unity and cooperation, and job clarification. Gaps in CH-D are poor organizational structure through non-informing, delays in delivering of OVC permits, the way cases were filled in i.e. problems with the MGLSD forms, and budgets. Actions are undertaken immediately to improve performance, amongst others through intervention by the director and job clarification. Gaps in CH-E are funds, food, health services, number of sanitary facilities, and number of staff. *“The Government requirement is one adult per 10 OVC. This home only has four houseparents’ for more than 100 OVC. No actions are undertaken to improve performance due to lack of resources. We search for new donors and funding, and we are maintaining our food projects”* [CH-E Director].

Gaps within the CSO cluster are lack of focus and too broad based advocacy work, data collected does not come in time, lack of staff, and disconnection with communities. Actions undertaken to improve performance were to create an organizational capacity assessment for internal and external monitoring and evaluation, as well as the mobilization of resources.

Local Government gaps are the priorities of infrastructure such as roads at the expense of OVC, lack of sufficient resources including technical staff and systems, inadequate service delivery, and guidelines not being followed. Actions undertaken are capacity building and mentoring, information sharing, system strengthening, and supervision. *“The new Government structures at central level audit local Government performance. This is to get value for money, and it has effect”* [MGLSD Senior Official 2]. *“We try to draw on child focused CSOs and the NGO Forum to move in coordinated ways”* [Wakiso District Senior Official].

Most children's home cluster respondents consider the States monitoring of children's homes performance in meeting its duties towards the OVC as adequate, while all the Government respondents' consider them inadequate. Government respondents are not satisfied with the adequacy of those monitoring efforts undertaken by the NCC and the UHRC in this regard, as well as towards monitoring the efforts undertaken by the State in meeting its obligations towards OVC in children's homes. UHRC respondents are not satisfied with those efforts undertaken by the State, regarding reporting to international treaty bodies nor the implementation of concluding recommendations by international and regional treaty bodies on the conditions for OVC in children's homes. Half of CSO cluster respondents are unsatisfied with this. *"The Government reports do not give a clear picture because the grass roots are often neglected"* [Raising Voices Senior Official]. Most CSO respondents are dissatisfied with those efforts undertaken by the State including the UHRC and the NCC regarding monitoring of CSOs performance in meeting its duties towards OVC.

4.2.5.4. *Normative indicator: perception on child empowerment, participation and freedom of expression, and opportunities for exercising influence in decision making*

All respondents consider it desirable to promote children's awareness of their human right to adequate food and related rights, so they can access redress if they are being violated. *"All children have a human right to know everything relevant for them to be able to fight for their rights, their lives and themselves"* [CH-D Acting Program Manager]. The human rights principles of participation, empowerment and access to information are emphasized. Some children's home cluster respondents have some experience on adverse reactions to the increasing of the OVCs access to information and empowerment. *"When children know their rights they tend to demand unavailable resources and react violently"* [CH-A Caretaker 2].

Most children's home cluster respondents work in some way to increase the OVCs awareness of their human rights. Most commonly mentioned ways are through communication and reading to them their rights and having these manuals placed on notice boards in the homes, and to teach about the police toll free lines to contact to reach help. Other ways of sensitization are through ways of drama, peer educators, school syllabus, the local police visiting schools and children's homes, or other NGOs teaching in the children's homes. The Government cluster has developed national guidelines for child participation, and highlights their integrated approach with schools, CSOs, and children's homes. *"The Government engages children's homes to be keen on child participation. UNICEF supports a lot of children information sessions, ex. the police visiting schools will reduce children's scared feelings towards them so that they can claim their rights. We ensure that children actively participate. Policy formulation is a participatory and inclusive process of various stakeholders"* [UNICEF Senior Official]. Lack of resources for implementation is however emphasized. *"Child participation is in focus, but implementation is weak. We should be working with the ministry of education and sports and do community activities to create awareness among children. There is lack of resources"* [MGLSD Senior Official 2]. The CSO cluster respondents do awareness raising and advocate for the increasing of children's awareness of their human rights amongst others through media, involvement in campaigns,

and by creating platforms for children. *“Children should be allowed to, and be given a platform to, express their feelings and opinions”* [CH-E Caretaker 2].

The children’s homes have the following mechanisms in place for the OVC to be able to claim their rights. CH-A has individual and group meetings. CH-B has junior staff and courts. *“We give OVC a chance to express themselves and make decisions”* [CH-B Assistant Administrator]. In CH-C, the OVC can arrange meetings with the caretakers. *“There is a good environment with good relationships through good communication with the OVC, they can access the matron and the manager easily”* [CH-C Cook]. *“OVC need to learn and practice to communicate that they are not satisfied and to make their own decisions”* [CH-C Matron]. CH-D has a suggestion box, individual and group meetings including weekly family time, and family meetings where families learn about the home. *“The OVC are not restricted, they have free access to anyone they wish to talk with. All children should be treated as human beings, have a voice, be listened to, be involved in planning and decision making”* [CH-D Caretaker]. CH-E has daily church meetings as well as Sunday church meetings with discussions. *“In the general assembly children are thought to ask questions and to speak their mind and the staff listen to their problems and demands, with consequent implementation of these if possible”* [CH-E Manager]. *“The children can talk with the director, watch and learn from TV shows, and interact and learn from other children”* [CH-E Caretaker 2].

CSO and Government cluster respondents mention the following mechanisms existing in Uganda for children to be able to claim their rights and to access redress if their rights are violated. Children may report to the police and to the local Governments probation officers. Children engage in and express themselves in the media, district NGO platforms, and children courts as well as children committees and rights clubs in schools. *“These children’s rights clubs are very vibrant, and they use strikes to bring out their concerns. A girls’ education movement are doing peer reporting in schools and communities when girls are not attending school”* [UCRNN Senior Official]. *There is district Child Parliaments, supported by the Parliamentary Forum for Children, where children are sitting in during local Government sessions, there is a National Day of Prayer for Children where children attend with MPs in the Cabinet. There is also community Child Protection Committees* [UNICEF Senior Official]. Only the NCC and the UHRC respondents mention their own institutions in this regard. *“The UHRC has received one complaint of violation of the standards and services provided to OVC living in children’s homes from its regional office. This complaint was 8-9 years ago, involving lack of adequate provision of food”* [UHRC Senior Official].

Table 42: Respondents in the cluster of children’s homes perception regarding State actors and children’s homes staff interactions with the OVC living in the respective children’s home

CH (n=26)	State actors	CH staff
Regular interaction	12	21
Irregular interaction	8	5

Table 42 summarizes children’s homes respondents perception about State actors and children’s homes staff interactions with the OVC in the respective home. Twelve respondents claim that State actors have explored if OVC in the respective home are aware of their right to

adequate food to obtain good nutritional health and wellbeing, while eight claim they have not. There is discrepancy between respondents within each home. Most respondents consider that children’s homes’ staff interacts regularly with the OVC. *“The State needs to create a relationship with the institutions for this to happen”* [CH-D Public Relations Officer].

Most respondents in all three clusters consider empowerment positive for children. *“Child empowerment is critical in overcoming child vulnerability”* [UWESO Senior Official].

The cluster of children’s homes has the following mechanisms in place for including OVC in decision making relevant for their lives; in CH-A, communication is used to encourage and motivate. *“The children come to the caretakers, and we try to find solutions together”* [CH-A Caretaker 1]. CH-B has meetings with both the parents and the OVC, have junior staff meetings and child courts, and present a report before the board of directors. In CH-C the OVC has their own meetings which they report to the matron, who report to the respective leaders. CH-D has a resettlement manager. *“During the reconciliation period, relationships are built between the OVC and their relatives. Parents often have a negative view of their child and why it ran away. Therefore, the family empowerment program with consequent trainings is important”* [CH-D Acting Program Manager]. In CH-E, the decisions of OVC above the age of 12 years are respected. *“There are interactions and regular general assemblies to address needs. The decisions come from above i.e. from the manager, the director, or from donors”* [CH-E Caretaker 2].

The CSO and Government cluster mention non-discrimination as important for inclusion of OVC in decision making. *“Child consultations when planning varies”* [MGLSD Senior Official 1]. *“Ugandan policymaking is too democratic i.e. consultations are too much. The process is good, but do not inform the final decisions. It would be okay if their meanings and authentic input were actually being taken into account”* [UNICEF Senior Official]. Table 43 summarizes the respondents’ perception about the adequacy of the mechanisms in place for including the OVC and the concerned stakeholders in decision making relevant for their lives.

Table 43: Respondents perception about the adequacy of the mechanisms in place for including OVC and the concerned stakeholders in decision making relevant for their lives

	CH (n=20)	GoU (n=9)	CSO (n=4)
Adequate	11	5	0
Inadequate	2	4	4

5. Discussion

5.1. Methodological considerations

5.1.1 Sampling strategy: selection and recruitment of eligible children's homes and duty bearers

Children's homes

As elaborated on in section 1.1 under “restrictions and clarifications”, the clear intention of the collective study series was only to include children's homes located within the city of Kampala, formally approved of by the MGLSD DYCA. However, unintentionally, the study series only encompasses non-approved homes located within the Kampala extra region, comprising amongst others Kampala city and the neighboring Wakiso district. The research fellows believed they received a list of children's homes located within the city of Kampala formally approved of by the DYCA; however, what they actually received was a full list of both approved and non-approved homes known and confirmed to exist by the DYCA within the Kampala extra region. I assume this misunderstanding occurred mainly due to culturally related communication gaps between the Norwegian research fellows and the Ugandan duty bearers in the DYCA, namely different ways of expressing oneself as well as understanding the English language. During the course of the investigation period, I personally experienced such misunderstanding numerous times both in relation to the study and in private affairs. I further assume that the lack of local knowledge is an additional important reason for why this misunderstanding was not revealed. While the two research fellows used an uneducated driver with no relation to the study, my two research assistants who were very much involved in all aspects of the research were also the ones driving to the different selected children's homes to make arrangements with the duty bearers working there. They were the ones initially making me aware of the issue. Further, I interviewed duty bearers and key informants at the DYCA level, some of which questioned the inclusion criteria of the children's homes.

While the inclusion of children's homes from the Kampala extra region, as compared with only from the city of Kampala, may or may not have affected the results of the study series noteworthy, it resulted in the inclusion of two children's homes from more rural areas. As there are well known demographic differences in the nutritional status among children in Uganda, particularly between urban and rural areas and between Kampala and the rest of the country, the existence of an urban-rural divide between children's homes could have been an interesting topic of further investigations. In the present study series there is however difficult to make such distinctions. The study series cannot claim that the inclusion of children's homes is representative for the whole country, for the Kampala extra region, the city of Kampala, nor for urban or rural areas in the Kampala extra region. We may however claim that the inclusion of children's homes is representative for the non-approved homes investigated by the MGLSD DYCA at the time of investigation in 2013.

The inclusion of only non-approved children's homes investigated by the MGLSD DYCA has of course affected the results of the study series, as they have all been deemed below adequate

standards. However, as only an extremely limited number of children's homes have actually formally been approved of, it is likely that the selected children's homes are more representative for the children's homes in the Kampala extra region. The study series would actually not have been able to find five eligible children's homes for the study series inclusion criteria in the whole country. Of course, it would have been better if communication had been clearer so that we became aware of these issues at the initiation of the investigations and, for the present study, I could as such have altered my research tools accordingly. However, while the communication would have been clearer, I am not of the belief that it would have altered the outcome of the investigations in any significant way.

Duty bearers

The sample size in the present study is considerable. Interviews of four duty bearers in each of the five children's homes may have been unnecessarily many, as the team did no longer receive considerably new information in the final children's homes. Research however continued due to the overall aim of the study series to investigate five homes. Additionally, focus of the present study has been to analyze the differences between the responses given by the three clusters of duty bearers, and not the difference between the five children's homes, as between the differences in the three clusters of duty bearers.

As regards duty bearers in the Government cluster, I consider the total sample size of nine as adequate, I however consider only one representative from the UHRC and the NCC as inadequate. Further, I believe the study would have gained from the inclusion of duty bearers from the Uganda Parliamentary Forum for Children, as well as duty bearers from the adhoc Uganda Food and Nutrition Council. The work to include duty bearers from the Government cluster was however secondary to the interviews in the selected children's homes, and the limited time and finances did not allow for it as recruitment of duty bearers from this cluster is extremely time consuming. Duty bearers in the CSO cluster were prioritized last. Recruitment in this group is also time consuming. Additionally, at the final stage in the investigations, both the research assistant available and I lacked adequate knowledge, network, and communication skills necessary to recruit duty bearers from the Government and CSO cluster, among others there were difficulties in identifying appropriate CSOs. Consequently, only four duty bearers in four CSOs were selected. These CSOs focused on child protection and children's rights, but unfortunately did not have a distinct focus on the right to food nor the alternative care framework.

5.1.2 Study design and methods of data processing and analysis

The human rights based approach

The HRBA, including the human rights and the best interest of the child, has been the impetus for the study, with the normative UNICEF conceptual framework and the human rights standards and principles as guiding tools. The HRBA proved efficient by way of structuring the collective study series in accordance with the normative UNICEF conceptual framework, guiding the conceptual development at the level of the basic determinants, as well as guiding

the development of the qualitative study design including research tools namely the in-depth interviews, the equity gap study, and the self-administrated questionnaires.

Throughout the research, attention was placed on the conduct of the research team in meeting with study participants among others by way of being true to all approvals and ethical considerations and by way of respectful, non-discriminating and empowering communication and attitudes towards all eligible duty bearers. As the HRBA adds legal and moral accountability and duties by placing emphasis on the identification of accountability relations between rights holders and duty bearers, I identified responsible duty bearers with a scope to apply a role and capacity analysis to identify the capacities of duty bearers to fulfill their duties towards improving the lives of OVC.

The in-depth interviews of duty bearers are of a participatory character, which is an important element in the HRBA, which has the potential to enlighten, empower, and encourage the participants to reflect on the issues of discussion to play their roles and perform their duties. The HRBA may as such help to protect people from power exertion, and may be applied to challenge power through mobilizing the civil society and social movement. By approaching the study through the HRBA, an analysis was made regarding duty bearers capacities to fulfil their duties, and capacity gaps hindering them in doing so. Such an analysis proved very useful as it enabled the identification of the differences in opinions and perceptions between the children (Vogt, 2014) and the duty bearers in the children's homes, supported by facts about the children's nutritional status (Berg, 2015), as well as the identification of such differences between the three clusters of duty bearers.

Data processing and analysis

The intention of the research team for the present study was that one research assistant should perform the in-depth interview, while the other should write down replies. My role was however to observe and make written comments. The team was to have a debriefing to discuss each interview immediately after its accomplishment in order to reveal what could have influenced the participant and the responses and in what way. Then the assistant(s) were to immediately transcribe the interview, which I would complete. However, this plan did not hold for several reasons. One assistant resigned, thus the remaining research assistant had to perform both the tasks of doing the interview and write down replies, while I had to assist in noting down the responses. For reasons such as lack of clear communication between the assistant(s) and I, as well as difficulties in making appointments with the different duty bearers, there was limited time between each interview to debrief and transcribe the interviews. Therefore, the assistant(s) transcribed all interviews after the completion of all interviews in the five children's homes. The quality check of their work and filling in my comments had to be postponed until I got back in Norway. I consider that this might be a weakness of the transcription process; however, I do not consider that it has affected the quality of the final results of the study.

The in-depth interview guides that I had prepared in advance proved to be efficient tools. However, retrospectively I consider the differentiations that I made between the institutions within the Government and the CSO clusters were unnecessary. Primarily because there were

few, if any, differences to analyze between the different institutions within these two clusters. While the guide contained many questions, resulting in interviews lasting up to two hours, the research team received few negative feedback. However, due to the guide's structured form, there were limited opportunities to explore interesting comments further. This I consider a weakness in methodology, which may have affected the final results of the study.

Although receiving interesting findings in the self-administrated questionnaires, some questions proved difficult to analyze. Retrospectively I realize that some were inadequately phrased, i.e. leaving room for different interpretations. As such, this tool proved to have been inadequately tested in the pilot study.

The equity gap study was a good observational tool for the research team in order to get insight into the situation of each children's homes. However, as some of the information requested was of sensitive character, it proved difficult to receive adequate information from the respondents.

Reflexivity¹¹⁷

Prior to the data collection I performed parts of a human rights based country situation, legal, and policy document analysis (causality and performance analysis) and a role and responsibility analysis of duty bearers. I developed an initial normative UNICEF conceptual framework, reflected on Kent's nested layers of responsibilities, and I developed research tools to facilitate a role, performance and capacity analysis of duty bearers responsible for children receiving alternative care in children's homes. All decisions regarding planning, conduction and analysis were grounded in the HRBA.

Prior to data collection I lived and studied in Kampala City for seven months, while simultaneously working to obtain the clearance to perform research on children receiving alternative care in remand homes.

I perceive I obtained significant pre-knowledge on the situation of institutional care in Uganda and the relevant research on the area. As such, I obtained a degree of personal pre-conceptions. Accordingly, as the purpose has been to see the world through the eyes of the duty bearers, it has been important not to let pre-knowledge, pre-perceptions, thoughts, impressions and experiences influence and bias the development of research tools as well as the interpretations and analysis of the collected data material. However, it is inevitable that my pre-understanding and interests have left traces throughout the whole research process, in particular as regards the qualitative methods chosen within the frames of a HRBA.

I searched for male adult English speaking research assistants, amongst others because being a relatively young white European woman is not necessarily an attribute promoting easy access to duty bearers in the poverty stricken patriarchal Ugandan society. Therefore I did not partake in the recruitment of duty bearers. Additionally, we did reflect upon whether I should

¹¹⁷ Qualitative interviewing involves the process of examining ones conceptual baggage, assumptions and preconceptions as researcher, and how these affect research decisions. Further it involves examining the relationship with the respondent, and how the dynamics affect responses to questions.

or should not partake in the in-depth interviews as I could have been a distractive element for some duty bearers with the potential to influence the dynamics in the research setting thus affecting the responses to the questions. I however did find that respondents were rather open to answer the questions honestly in spite of my presence. I assume some culturally related questions in the questionnaire were answered more vividly due to these issues being foreign to me.

Validity¹¹⁸

Internal validity was attempted through triangulation at several levels. First, the data was collected through several methods, including document review, in-depth interviews, self-administrated questionnaires, the equity gap study, as well as key informant interviews. Second, several kinds of participants were included in the study, such as the three clusters of children's homes, Government and CSOs. Within these clusters, there were participants from very different levels of the society, with different levels of education, professions and life skills. Third, one lead researcher, two fellow researchers, three research assistants, and four supervisors, representing both Ugandans and Norwegians were engaged in the study. These factors provided an opportunity to analyze and interpret findings from different perspectives. The internal validation of the study is elevated by the comparison of duty bearers and the adolescent girls' perspectives and nutritional status as performed by Vogt (2014) and Berg (2015). The tripartite collective study series will be joined together for common publication, and will consequently provide a stronger multiple case study on the human right to adequate food, nutritional health and wellbeing of children receiving alternative care in children's homes in Uganda.

External validity was increased through choosing children's homes as a setting typical for its kind in order to be able to relate the findings to similar situations. Although the findings are not transferrable from one children's home to another due to the small sample size as well as the qualitative approach applied, the knowledge that has been revealed through the study may however be applied to inform legal and policy recommendation in Uganda as well as the need for capacity development.

As regards transparency, the study has followed methodological procedures for data collection and analysis, and has specified thorough descriptions of all methods and procedures applied throughout the process.

¹¹⁸ Involves the trustworthiness, authenticity, transparency and relevance of findings. Internal validity involves credibility namely the capturing of multiple realities. External validity involves transferability to another context.

5.2. Discussion of findings from the role and capacity analysis of duty bearers at different levels of responsibility for children living in children's homes in Uganda

5.2.1 Capacity I: authority to make decisions and to take action

Research question one considers contextual (legal-administrative, social, cultural, religious) factors as constraints on duty bearers' performance of duties to promote and realize the human right to adequate food to obtain good nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda. In order to analyze this question, I have explored the authority and capacity of duty bearers' to make decisions and to take action. I assume that organized power and authority within responsible institutions can contribute to, as well as constrain, the safeguarding and implementation of these issues.

Mandate and authority determines who has the power to make decisions and what actions are legitimate or permissible as regards performing a duty. Such as assess a problem, analyze its causes, reduce or solve this problem, which includes access to and control of resources. In order to meet their human rights duties, duty bearers need the capacity of mandate and authority to be able to actually take such action. Defining mandate and authority is closely related to the identification of responsible duty bearers, as established in the role- and country legal and policy document analysis of section 2.1.3. Thus, this capacity component is prerequisite for ensuring the accountability of relevant duty bearers. However, formal and informal rules, norms and power relations, may influence such facilitation of authority. Engh (2008) argues that once the State obligations are identified, there is a need to define mandates and authority that translate such obligations into relevant policies. An identification of such policies, as well as the responsible actors, is a useful starting point for an analysis of the capacity of acceptance and commitment to carry out these policies and duties.

Both State and non-State duty bearers, including individuals as well as institutions, and their roles, responsibilities, mandate and authority to make decisions and to take action should be defined in relevant policies. While most duty bearers report that they have legal and/or moral legitimacy to act in accordance with a duty to promote and/or realize the rights of OVC living in children's homes, they report of social, legal-administrative, and cultural barriers to act. While most respondents are aware of the mandate and authority of the MGLSD as the lead line ministry responsible for OVC policy implementation, the mandate of the MAAIF and the MOH, as the line ministries responsible for ensuring the human right to food and food security policy, implementation is not recognized. The mandate of the society, including parents and children's homes, is mostly recognized as a moral duty to care for OVC, and not a legal duty. Respondents do not consider the lack of legal authority and mandate, nor the inconsistency of following the Government strategies, as a constraint for duty bearers considering themselves responsible to actually take action as regards their human rights duties towards OVC. As such, there is need for enactment of the Food and Nutrition Bill to establish a home for its Council to be able to efficiently carry out its oversight and capacity development mandate. Further, there is need for capacity development as regards the legal and moral responsibility of parents and families to care for their OVC as well as the strategy

of deinstitutionalization as outlined in continuum of care of the revised Children Act, the Approved Home Regulations, and the Alternative Care Framework, which is not yet enacted. This would contribute to change the focus from a charity approach towards a HRBA as regards the right to food for OVC.

As regards decentralization and authority of local Governments, respondents consider there is adequate mandate and administrative and financial authority to carry out OVC policies. While it exist effective coordination systems, there is a lack of sustained commitment as reflected in excessive bureaucracy and corruption and lack of human and financial resources at all levels of the society. As such, the structure of accountability is not adequately implemented to ensure that duties are performed in accordance with obligations and that duty bearers are accountable to the proper authorities. To establish social, legal-administrative, and cultural authority, to diminish whatever sanctions they suffer if they take action, there is a need for a review of relevant legislation as well as intensive societal intervention in keeping with these challenges to ensure that authorities at all levels are not constrained and are supportive to the implementation and enforcement of policy recommendations aiming to realize all the rights of the Ugandan child. With the exception of the cluster of CSOs, duty bearers at lower levels of the hierarchy often feel that they are restricted or have limitations for exercising influence on decision making. None of the respondents feel the restrictions on their relevant institutions or any limitations in authority to perform its duties. As most children's homes in Uganda operate without a license from the MGLSD, there is thus misuse of authority and subsequent violation of the right of many of these OVC to be cared for by their parents or their extended families as well as for many of the OVC on their human rights to food, health, care and protection. This points to the commitment to human rights duties, which is the focus of the next section.

5.2.2 Capacity II: duty bearers' motivation, commitment and acceptance of duty

Research question two considers the self-perception of duty bearers' performance of roles, capacities and duties to promote and realize the human right to adequate food to obtain good nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda. In order to explore this question, I have examined the motivation, commitment and acceptance of duty to advocate for and implement these human rights of OVC, taking into account social, contextual cultural and religious factors impacting the duty bearers' capacity. I assume that recognition of the roles and capacities of responsible duty bearers can contribute to their actual performance in order to meeting their duties.

Ensuring that human rights are upheld takes political commitment and strong leadership on the part of the State, showing politicians identifying with the cause and being willing to mobilize adequate resources and ensure adequate implementation. The duty bearer who has been entrusted the capacity of authority and mandate to perform a certain duty thus needs to accept its responsibility to actually carry out this duty. The capacity of acceptance of legal and/or moral responsibility involves duty bearers' motivation to implement measures towards the enjoyment of a human right, and the internalization, commitment, and leadership taken in this regard. When being motivated, the duty bearer might feel or acknowledge that he should

act or do something about a problem. Acceptance of responsibility may be expressed from conduct or from assumed roles that raise legitimate expectations on part of the rights holder. From a human rights perspective it is important to distinguish political will from capacity, i.e. were the inability to perform a duty is interpreted as lack of capacity to do so, as compared to unwillingness to comply.

As a State Party to relevant international and African human rights instrument as well as through the Children Act, the UFNP, the UNAP, the NOP, the NSPPI, the Alternative Care Framework, and the Approved Home Regulations, Uganda recognizes and acknowledges that it should do something about the nutritional health and wellbeing of its population and in particular its vulnerable groups such as OVC and adolescent girls, in addition to do something about the situation of the numerous OVC and children's homes. Most Ugandan policies try to incorporate the HRBA, the country is in the process of ratifying the 1993 Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption, and are developing its social grant schemes to include more vulnerable groups. These issues indicate acceptance of obligations on the part of the State. Ratification of human rights instruments is however a limited indicator of political commitment as it is a one-time event. Thus, it is vital to consider later and ongoing indicators of motivation and commitments to follow up on past ratifications.

The lack of legislating (Constitutional, the Food and Nutrition Bill and Strategy) the ratified human rights instruments as regards the human right to adequate food, as well as the lack of instituting the Uganda Food and Nutrition Council, the lack of provision of adequate funds and other resources to realize the right to adequate food on the contrary indicates a lack of State acceptance, internalization, motivation and commitment as regards meeting its legal obligations of the human right to adequate food. The prolonged time of the enactment of the Children Act, the Alternative Care Framework and the Approved Home Regulations, indicates a lack of acceptance, internalization, motivation and commitment as regards the State meeting its legal obligations towards the human rights of OVC receiving alternative care in children's homes. Further, the prolonged time for the State submission of initial and periodic reports according to schedule to the respective UN treaty monitoring agencies indicates a lack of commitment towards international obligations. The State is further involved in land grabbing, adding to food vulnerability to already vulnerable groups, and public social expenditure is smaller than funds allocated to military expenditure and incursions undermining poverty reduction efforts. The State of Uganda does not have a social assistant grant scheme for poor and vulnerable children. Political leadership has not taken practical steps towards allocating national resources towards realizing the human right to nutritional health and wellbeing of OVC in children's homes. Ensuring that human rights are upheld takes political commitment on the part of the State, which depends on a strong, committed and involved political leadership willing to mobilize adequate resources for implementation, as Government budget allocations expresses the policy priorities, objectives and aspirations. As the political leadership has made a deliberate choice of political action i.e. it has chosen not to act and to make a true commitment in this respect, the political will towards ensuring the rights of the Ugandan children is deemed lacking.

The MGLSD, the most underfunded ministry in Uganda, shows acceptance, internalization, motivation and commitment towards its legal obligations through the on-time submission of initial and periodic reports to the UNCRC and their constructive dialogue on the human right to food, as well as by developing, revising, adhering to, implementing, monitoring, and creating and keeping oversight framework with relevant legislation, policies, plans, guidelines and regulations, such as the Children Act, the NOP, the NSPPI, the Alternative Care Framework, and the Approved Home Regulations relevant for OVC. This is even though all of these instruments are not endorsed by Parliament, as this is a process that may take years and even decades. The Minister of the MGLSD and the Assistant Commissionaire of DYCA and other representatives publicly acknowledge the MGLSDs obligations to ending the plight of OVC both in and out of children's homes, however with comprehensive help from civil society and communities. As such the MGLSD shows willingness to create an enabling political and economic environment. Government officials seem to be generally careful about publicly acknowledging their obligations to realize the human right to food.

State and non-State institutions, through their formal framework, may indicate acceptance and commitment to certain duties. However, individual duty bearers may for different reasons lack such motivation towards ensuring their implementation.

Duty bearers in the three clusters recognize elements of the human right to adequate food, however lack of capacities, such as resources and awareness of relevant duties, limits the acceptance, internalization and the realization of this rights towards the OVCs in which the duty bearers have commitments towards in the children's homes. The minimal core content of freedom from hunger in GC12 is emphasized by most duty bearers, by way of focusing on food availability, namely the provision of enough food that at least ensures the feeling of satisfaction and short term nutritional wellbeing, as compared with being nutritious to ensure adequate health and long term nutritional wellbeing. On the other side, duty bearers are aware of the adverse health effects of an inadequate food intake for children. While children's home cluster respondents should acknowledge their special role in providing nutritional health and wellbeing to the OVC in their care, the lack of available resources is considered a valid reason for the lack of available food and thus lack of food provision, and in particular lack of provision of nutritious adequate food. Duty bearers, particularly in the children's home cluster, but also in the two other clusters, believe in short term food and other necessity handouts, including from the Government, cf. the needs and charity approach. None of the duty bearers recognize how this is opposed to the HRBA and the human right of the child to adequate food. Some duty bearers distinguish between the commitments to their occupational legal human rights duties as compared to their private moral duties, i.e. they see human rights only as an income generating activity.

There is generally low internalization of basic human rights and the rights of the child in the Ugandan society. While duty bearers in the children's home cluster recognize elements of the right of the child to live with its parents or extended family, lack of capacities such as awareness of relevant duties limits the acceptance and internalization and finally the realization of this right. The lack of care and respect for the human rights of the child, in particular related to food and discrimination of the girl child, is also emphasized as reasons in

this regard, as well as the disparities in the definition of orphans. As placing the OVC in the children's homes is a direct choice of child protection strategy of parents and CSOs which is contradictive to the Government policy of child protection, there is a clear violation of the legal rights of the child to parental care. Further, as there is a deliberate choice made by duty bearers in the children's homes to spend the limited available resources on institutional rather than parental care for OVC, the human right to food of the OVC they have made commitments to are violated as well. As such, duty bearers at all levels are not responsive to OVC and their needs, as the inability to provide adequate food in their parental home for these OVC is often due to unwillingness rather than lack of capacity. Lack of financial resources may affect family reunification, however this is not the case in situations where the child is recruited to the children's homes.

Many duty bearers in all clusters, but in particular in the children's home cluster, are not fully aware of their human rights duties towards OVC receiving alternative care in children's homes including the OVCs human right to adequate food and to parental care. However, those who are aware of these human rights and legal issues do not necessarily consider that they have a role to perform in this regard, as they do not accept and have not internalized the duty to act. Main reasons are lack of awareness, and as such, duty bearers' basic values may still support assuming responsibilities. However, extensive awareness rising on human rights and the needs of the child is needed to ensure that are duty bearers become clearly motivated to act according to their responsibilities. This is in support of findings from a MGLSD study, indicating that the lack cooperation between the MGLSD and child focused CSOs is due to of a lot of suspicion and lack of harmony in discussion and decision making existing between these institutions as regards the prioritization and methods of work on OVC related issues (DRT, 2007)

As most children's homes staff operate without adequate knowledge of the human rights and the best interest of the child, and are not following the MGLSD approach of deinstitutionalization, there exists misuse of authority and lack of commitment and subsequent violation of the right of many of these OVC to be cared for by their parents or their extended families as well as for many of the OVC on their human rights to food, health, care and protection.

The next to explore is how economic, human and organizational resources affects the commitment to human rights obligations and duties, which is the focus of the next section.

5.2.3 Capacity III: availability, access and control (management) over relevant economic, human and organizational resources to enable decision making and action

Research question three considers duty bearers capacity performance in terms of access to and management of adequate economic, human, and organizational resources to promote and realize the human right to adequate food to obtain good nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda. In order to explore this question, I have examined duty bearers' resources to make decisions and to take action concerning the implementation of these human rights of the OVC. I assume that proper

management of resources within responsible institutions can contribute to promote the realization of these issues.

Even if duty bearers accept that they should do something and that they may do it due to having authority and mandate, it may still be impossible to act due to lack of resources. Thus, when having access to and control over necessary economic, human, and organizational resources required to address a problem and meet the duty, duty bearers might be in a position where they feel that they actually can act. Economic resources include land, natural resources, means of production such as tools and equipment, technology, assets, income, and credit. Human resources include adequate numbers, motivation, willpower, knowledge, awareness, experience, skills, time, and commitment capacities, and are closely related to the capacity to recognise and understand a problem. Many aspects of this capacity are captured in section 0.

Lack of economic resources can often be compensated for, if formal or informal structures that can assist in individual crisis situations are available. Access to formal structures includes administrative structures and institutions such as local Governments and the UHRC. Access to informal networks such as extended families or organizations such as CSOs including faith based organisations, tends to be a key factor in determining the coping capacity for rights holders. These include formal and non-formal rules that structure certain patterns of interaction. Many aspects of this capacity are captured in section 4.2.2 and section 4.2.4.

The State of Uganda at a national level has enough available food resources to feed all its citizens adequately in terms of quantitative and qualitative adequacy, safety and cultural food acceptance, including malnourished groups and individuals. As such, Uganda has an adequate and stable supply of food through a combination of domestic production and trade, and, however only to a small degree, storage. Nevertheless, access related food insecurity at regional, local and household levels is extensive, and hunger and malnutrition is periodically widespread in the country. As such, Uganda has an inadequate food distribution system in place to ensure the effective and efficient distribution of food to all parts of the population. Further, the State does not ensure adequate food storage as a backup for times of disasters. As such, the State has not fulfilled its obligation under the ICESCR nor under its Constitution. Findings indicate that national budget is allocated towards infrastructure, such as the building and maintenance of roads, which is key as regards increasing food accessibility at regional and local levels. *“There is the new priority at local Government levels of infrastructure such as roads. Vulnerable children are prioritized in some districts, however it varies”* [MGLSD Senior Official 1].

The State has to a great extent prioritized budget allocations towards national security and military, while relatively small allocations go towards national programs for food and nutrition security and vulnerable groups such as OVC. There is no nutrition budget, and public spending on agriculture and health is low. The MGLSD, the MAAIF and the MOH remain amongst the poorest funded line ministries, and as such, the State has not fulfilled its obligation under the AU Maputo Declaration on Agriculture and Food Security in Africa. At the national level, the State has not committed adequate budget allocations towards the implementation of policies, plans and regulations relevant for the realization of good nutritional health and wellbeing of OVC living in children’s homes throughout Uganda. There are no current indications of changes in these inadequate budget allocations. One reason

advanced to explain the low level of prioritization of budget allocation towards OVC is the general image portrayed of the MGLSD, including ineffective leadership, organization and management for OVC programming as well as its amorphous nature (DRT, 2007). Further, resources that enables food security, such as land and other natural resources, are under threat due to acquisition by multinational companies and lack of protection by the State.

Uganda has great amount of debt to international lending agencies, and the present research do not provide for a comprehensive budget analysis. Therefore, this study does not evaluate the extent to which the State provide compliance with its obligation under the ICESCR Article 2.1 and the ICRC Article 4 to provide the maximum of its available resources towards realizing the human rights of the child to adequate food, nutritional health and wellbeing. It is however clear that the State does not comply with its minimum core obligation under the ICESCR to ensure all children freedom from hunger. This is even though the State does receive international donor support towards realizing ESCR and local authorities are encouraged to allocate resources in their respective budgets for policy implementation.

As elaborated by Engh (2008), national food production and food import provide a certain indication of the States access to and control of food. When there is enough food available at the national level, it is less reasonable for the State to refer to lack of resources as an explanation for food insecurity and poor realization of the human right to adequate food. However, as regards vulnerable children, in the 2005 concluding observations for Uganda, the CRC noted the relatively high rate of economic growth and that considerable debt relieve has been provided. The CRC was concerned that resources allocated for children are very limited and insufficient to respond to national and local priorities for the protection and promotion of children's rights. In light of the ICRC Article 4, the CRC urged Uganda to prioritize and increase the budgetary allocations for children at both national and local levels, and in particular vulnerable children and to prevent and reduce the number of street children. In addition, the latest ACRWC concluding observations also recommended Uganda to grant a sufficient budget to the different programs and sectors related to the implementation of the rights and welfare of the child (ROUNCC, 2012). According to the ROUNCC (2012), the prioritization of ESCR of children in budget allocations is not likely to change soon, as the Government has taken a deliberate decision to prioritize physical infrastructure sectors such as energy, transport, trade, tourism, and technology for economic growth, employment and prosperity.

There are financial, human and organizational resource constraints in all institutions involved in the present study. Duty bearers in all clusters report of being dependent on external donor funding as central State funding is inadequate for State agencies and absent for CSOs. However, financial resources are not sufficient for the implementation of their obligations and duties. For the NCC and the UHRC, donor support may be a potential threat to their independence, however this is not recognized by duty bearers. All respondents report financial resource mobilization as a time consuming activity. Lack of availability and management of economic resources at the State level is by relevant duty bearers perceived as an obstacle to conduct proper training of staff, implement relevant advocacy and awareness raising strategies, and for relevant regular investigation, monitoring and reporting. As such, State funding, and other funding alternatives, for increased control of children's homes is deemed inadequate. Most children's home cluster respondents perceive that there are financial

resource constraints in their respective home, which may compromise the OVCs right to food and nutritional health and wellbeing, including inadequate number of staff. Corruption and lack of accountability and transparency is extensive in Uganda, resulting in lack of adequate management of the available economic resources accessed at both central and local levels of Government, as well as in all other segments of society. As such, there is a lack of responsibility of leaders, respect for the rule of law, as well as sustainability.

Most duty bearer institutions lack access to the necessary human resources that are required to be able to meet their obligations and duties. Human resources are applied in the daily work with the OVC, to mobilize resources, in communication strategies such as advocacy, awareness rising, empowerment, and lobbying, as well as in coordination and monitoring.

All duty bearers in the selected children's homes claim the OVC have access to available mechanisms to provide feedback and exercising influence on decision making. However, in several of the homes these mechanisms are deemed inadequate. As regards awareness of accountability mechanisms, these are not well developed by all the selected children's homes. However, all respondents in all clusters seem to have some awareness of someone to contact if grave violations of the rights of the child do occur. The UHRC and the NCC, as institutions for the promotion and enforcement of ESCR, are only mentioned by one respondent. As the UHRC has only received one complaint on the violation of access to the human right to food for OVC in children's homes the last nine years, the UHRC is not deemed an effective enforcement institution for Ugandan children when it comes to applying and ensuring the respect for the human right to adequate food for Ugandan children. Respondents consider the strengths of the UHRC to be its education and sensitization work, and its annual human rights reports, while its weaknesses are its inadequate human and financial resources. Respondents consider the strengths of the NCC to be its advocacy and lobbying capacity, and its partnerships, while its weaknesses are its coordination and sensitization efforts. Respondents consider the strengths of the MGLSD to be its legal, policy and institutional framework, its human resources, its capacity to mobilize attention and funding, its advocacy and sensitization work, and its cooperation with CSO partners. The weaknesses of the MGLSD are considered to be its significant mandate, inadequate funding and numbers of staff, corruption, and lack of implementation and of capacity building.

5.2.4 Capacity IV: resources and capabilities for effective communication

Research question four considers duty bearers communication capacity to promote and realize the human right to adequate food to obtain good nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda. In order to explore this question, I have examined duty bearers' resources and capabilities to communicate effectively with the potential to influence the practices concerning the implementation of these human rights of OVC. I assume that effective communication within and between relevant responsible institutions can contribute to promote the realization of these issues.

Having the capability to communicate includes the ability to access information and communication systems, as well as the ability to participate in communication and to achieve

a common understanding and influence decision making and empower people to claim their rights. The capability to communicate is a vital part of capacity development for human rights realization.

The use of resources depends on the way a problem is understood, as well as on the perception and priorities of those who control the resources (Jonsson, 1995). Education plays a particularly important role in determining how resources are utilized to secure food, health and care. Historical processes in society define the availability and control of resources at different levels of society. These processes can be seen as the basic causes of malnutrition (Engh, 2008). Information, education and communication strategies help to promote recognition and understanding of a problem, providing a sense of responsibility, and consequently acceptance and motivation. As such, access to a pluralistic free media and a vibrant civil society are key.

Further, the communication capacity is crucial in connecting key actors to functional networks. It enables people to pull resources together to address problems, and it provides feedback that permits learning, experience sharing, and construction of best practices that inform new actions. The communication capacity is crucial in duty bearers' effort to meet their duties. Due to the high level of illiteracy and lack of awareness among Ugandans, the national advocacy and awareness raising strategy is key in the sensitization and education work of the Government and the civil society. Thus, it has been relevant to explore the level of awareness and adherence to the national legislation relevant for the Alternative Care Framework as well as the human rights of the child to food, health, care and protection.

Findings indicate that the communication capacity is applied in the daily work with the OVC, to mobilize resources, in communication strategies such as advocacy, awareness rising, empowerment, and lobbying, as well as in coordination and monitoring activities. The State has rather good coordination mechanisms between different levels of Governments, and it does awareness rising and education activities indicating willingness to increase the awareness of the population. Findings further indicate that the legislation, policies, regulations and other relevant information agreeing with the Alternative Care Framework and the human right to adequate food and related rights of the OVC including in children's homes, are not routinely and well enough disseminated nor have been adequately sensitized towards duty bearers, the public, and relevant stakeholders. As such, quality information is available, both from the side of the Government including the UHRC as well as the civil society. Even though the MGLSD in cooperation with civil society partners does advocacy and awareness rising work, and has developed a National Advocacy and Communication Strategy for OVC (ROUMGLSD, 2011b), and a national child participation guideline (ROUMGLSD, 2008a), it is the accessibility, namely the sharing and dissemination of this information, that is insufficient. As such, mechanisms for adequate communication coordination and transparency, as well as resources and capabilities for communication within and between relevant Government institutions, CSOs, children's homes, the public and stakeholders, are deemed inadequate including child participation and the NCC. It is also evident that the advocacy efforts of raising the prestige of OVC and the MGLSD have not gained adequate results as evident in the continued insufficiency of Government budget allocations.

Evidence based quality information on OVC, the human rights of the child, and nutrition is apparently not easily available in relevant languages for duty bearers and the public at all times. This includes media coverage. It is recognized that it should be a priority to advocate for raising the profile of OVC issues and the MGLSD to present a more visible and positive image. A MGLSD study concludes that the higher profile accorded to other ministries is mainly due to the frequent reminders in official and non-official circles including the media about education and health being among the most important interrupters of poverty as well as directly related to these sectors positioning in the national priority planning areas (DRT, 2007). As all respondents in the present study recognize the MGLSD as responsible for OVC, it is evident that popularization of this issue has raised the conscience of the public. The MGLSD has developed several tools and training manuals for caregivers, caretakers and service providers of OVC (ROUMGLSD, 2005; 2006a; 2015c), and it has developed staff induction guides and performance appraisals (ROUMGLSD, 2008b; ROUMOPS, 2007).

It is important to notice that while most of the relevant Government institutions and CSOs are rather good at sharing information through their internet pages, most Ugandans do not have access to this information nor have the literacy skills to process such information. Popularizing through media coverage including rural radio, and oral distribution of information, is accordingly the way to sensitize this group of individuals. This way forward of capability development is resource intensive, requiring both financial, human and organizational capacities as well as good communication and intercultural capabilities. However, a broad strategy of sharing for information and for capacity development of duty bearers at all levels of proximity to the child, is highly necessary to decrease the tendency of dependency on children`s homes and other CSOs, and to shift the focus over to generating livelihoods and on family and community empowerment. At the State level, capacities lacking to fulfill the obligation to develop communication capacity is in general financial and human resources. As regards the right to adequate food and nutrition, there is also a lack of legislation. As such, both elements of lack of financial and human resources deem to involve lack of political will. The MGLSD study concludes that a broad-based dissemination and implementation of the NOP/NSPPI has been limited due to the absence of coordinated communication and advocacy effort by the MGLSD with a consequent lack of awareness of their rationale among the public and relevant stakeholders.

5.2.5 Capacity V: capabilities for informed and rational decision making and learning from experience

Research question five considers duty bearers decision making capacity to promote and realize the human right to adequate food to obtain good nutritional health and wellbeing of OVC receiving alternative care in children`s homes in Uganda. In order to explore this question, I have examined how the duty bearers` are engaged in processes of learning and competence building, including monitoring and evaluation that may enhance the capability to promote and implement these human rights of OVC. I assume that capabilities for rational decision making can contribute to promote the realization of these issues. I further assume that such decisions would rely on the collection and use of reliable and adequate relevant information and data.

Having capabilities for informed rational decision making and learning from experience through monitoring and evaluation, which requires evidence based and logical analysis for capacity gaps to inform improved effective sustainable action, is key for duty bearers in the process of meeting and fulfilling their duties. It also implies adjusting to new challenges and changing environments. Dialogue, participation and understanding are key in decision making, as awareness, commitment and perceptions are dependent on information available as well as the ability to understand it and acting upon it. Human rights monitoring is about defining, building and assessing accountability (Engh, 2008).

Findings indicate that the concept of the HRBA for good governance is not well understood among Ugandans, and that the State of Uganda has adverse governance issues such as lack of accountability and transparency, and corruption. The State of Uganda is a signatory to the UN 2003 Convention against Corruption and the AU 2003 Convention on Preventing and Combating Corruption. The State of Uganda has a Directorate for Ethics and Integrity under the OOP and has developed the 2003 National Strategy for Mainstreaming Ethics and Integrity in all Sectors and all Institutions in Local Governance and the revised 2008 National Strategy to Fight Corruption and Rebuild Ethics and Integrity. This is a five year planning framework designed to improve accountability and reduce the levels of corruption, focusing on building a culture where integrity is valued. The Strategy addresses aspects of society that enable corruption, including public beliefs and attitudes, such as admiration and support of those who accumulate wealth through corruption without questioning the loss of public services, and that corrupt people are intelligent or that corruption is an entitlement of political or tribal support. The Strategy further address ineffective accountability systems including lack of willingness to hold those responsible for loss of public funds fully accountable as well as corrupt practices that adjust to and manipulate new accountability systems as they arise. The Strategy also addresses lack of political leadership and accountability, moral decay in public service, limited capacity of anti-corruption agencies and the judicial system, and delays in the legislative framework. The Strategy comprehends a wide monitoring and evaluation framework of accountability conduct obligations (ROUOOP, 2008). These are findings which supports results in the present study. Monitoring and evaluation efforts of OVC, poverty, malnutrition and food insecurity at State level is carried out periodically by the UBOS, while the MGLSD with partners, the UHRC and the NCC also carries out smaller surveys in relation to OVC and children's homes. The MGLSD has developed a national monitoring and evaluation framework, and has an internet information system database where one can access relevant statistic. As such, all actors have access to information that makes it able to assess the problem, analyze its causes and consequences and act accordingly.

The MGLSD has developed several capacity assessment tools for quality OVC responses of CSOs (ROUMGLSD, 2008c), and has performed several capacity assessments at both central and district Government and CSOs levels (DRT, 2007; ROUMGLSD, 2006a; b). The MGLSD and the local Governments are supposed to monitor the implementation of NOP/NSPPI as well as all the country's children's homes. However, this process is currently inadequate due to lack of human and economic resources. Assessments, monitoring and evaluation results are reflecting the reality of the situation in Uganda today, and should lead to

revision of action plans for improvement or maintenance based on identified gaps. Due to the lack of coherence between guidelines and actual practice, most children's homes have a non-approved status by the MGLSD.

Terminology differences between different organizations create unclear statistics, such as on the over-estimation in the UNICEF and UBOS orphan statistic. This lack of clear information is a major obstacle as regards decision making of CSOs opening children's homes and in allocation of appropriate resources and the determination of appropriate responses. CSOs claim to monitor and evaluate State performance and provide reports to relevant international treaty bodies as well as the Government. HRB monitoring requires an institutional framework that specifies responsibilities. Within the children's home cluster there is very limited awareness of the existence of such framework and as such may be on the understanding of how information produced in such undertakings may be utilized in decision making processes, action and conduct. It may also indicate that such monitoring processes may not be rights compliant by way of being transparent, participatory, and empowering and/or that there is a lack of awareness or acceptance of monitoring outcomes such as human rights standards and relevant minimum thresholds or benchmarks.

All cluster respondents consider child empowerment, participation and freedom of expression, and opportunities for exercising influence in decision making as positive. While decision making is claimed to be transparent, child participatory and inclusive, some respondents claim that OVC merely are consulted and do not have a significant influence on the process of setting priorities for policy and public expenditure allocation. According to the ROUNCC (2012), meaningful child participation is not well understood nor are their views respected. Accordingly, there are needs for budgeting geared towards changing the cultural norms and attitudes of the society as well as awareness rising of the society on meaningful child participation.

5.3. Final discussion

5.3.1 Respect for children

"There can be no keener revelation of a society's soul than the way in which it treats its children", Nelson Mandela (Crwys-Williams, 2010). Study findings reaffirm the widespread lack of respect for children and their human rights in the Ugandan society, including their right to adequate food, nutritional health, and wellbeing, as well as to protection, to family care, to non-discrimination, to participation, and to be heard. As elaborated in section 2.1.1, human dignity indicates worth that demands respect. As every human being is entitled to human rights simply by being human, every child is entitled to human dignity and as such to respect. Donnelly (2009) explicitly mentions social respect manifested as possessions, services, opportunities and protection as minimum preconditions for a life of dignity, as well as a set of social practices aiming to realize certain dimensions connected with the values of human dignity, solidarity and social justice. Human rights and respect, as respect is a fundamental dimension in realizing these values of children, is consequently fundamental in

the protection of children's human dignity and identity. *"To deny any person their human rights is to challenge their very humanity"*, Nelson Mandela (Crwys-Williams, 2010).

Study findings further reaffirm the widespread lack of belief in the concept of human rights in the Ugandan society. As elaborated by Eide (2007), the concept of human rights was initiated as a *project* of the UN, with freedom from want at the core of its Charter and the UDHR. The rights stipulated in the Universal Declaration of Human Rights were however not universally recognized. Therefore, the UDHR was proclaimed as a common standard of achievement, with its list of rights representing a *future-oriented project*. To make human rights universal was intended to be a *forward-looking process*. This required efforts to expand the moral and social commitments towards these rights, to set legally binding standards, to promote their acceptance, develop institutions of supervision and monitoring, and to form alliances to pressure and encourage governments to live up to their commitments. Some argue that human rights are Western principles being imposed on other cultures. Uganda has independently decided to become a State Party without reservations to all international and regional human rights instruments relevant to this study, and has as such legally binding obligations to implement the human rights contained therein in their national legal, administrative and economic order.

In relation to becoming a State Party to the ICRC in 1990 and the development of the 1995 Constitution and the 1996 Children Act, with support of the international community Uganda embarked on a domestication process and human rights awareness rising intervention on human rights in general and the rights of the child in particular towards its population to develop a human rights culture. However its effectiveness is questioned by respondents to the present study. Today, awareness rising of the human rights of children is the responsibility of the UHRC, the NCC, and the MGLSD DYCA, amongst others, while the Equal Opportunity Commission and the Directorate for Ethics and Integrity has the responsibility to work to empower the society to uphold moral values and principles. The effectiveness of these is however also questioned by respondents to the present study. The Uganda Vision 2040 affirms the need to establish a national ideology and value system including ethics, integrity and positive cultural practices, while most development policies and recommendations uphold the need to develop a culture of respect for the human rights of the child. According to Hammarberg (2001), values such as tolerance, mutual respect, and a spirit of solidarity can be seen as resources for the ability of a society to tackle its problems.

While the State of Uganda in its policy documents has endorsed a human rights culture, the implementation is poor. Human rights are not universally recognized, accepted and respected in Uganda. Particularly the rights and the best interest of the child, as outlined in the Children Act, are alien and not well understood in communities, in particular participation rights [Naguru Police Senior Official]. The State cannot implement its responsibility unless generally supported in its national society (Eide, 2010). According to Kanya (2011), the Uganda police have difficulties in implementing most of the provisions in the Children Act due to the fact that people violate its provisions with impunity as they are not viewed as applicable and practicable and as incompatible with Ugandan values on child upbringing. Further, the Uganda Law Reform Commission classified the law as un-implementable, and

has thus embarked on a second revision. The revised version is per May 2016 awaiting Cabinet approval. As such, human rights are still a common standard of achievement, namely a *future-oriented project and process*. Efforts to expand the moral and social commitments towards these rights are needed to promote their acceptance in Uganda. This may be achieved through broad based awareness rising interventions towards all levels of the society. With the enactment of the revised Children Act there is a golden opportunity for such an endeavour. However, this require political will and commitment.

Respondents from both the NCC and the MGLSD DYCA, together with the civil society, claim their institutions to be willing to embark on wider public education campaigns and awareness rising activities of the human rights of the child if they were granted available resources. Further, the MGLSD has developed a National Advocacy and Communication Strategy for OVC (ROUMGLSD, 2011b) to facilitate such endeavors. The UNCRC (1997; 2005), in its concluding observations, acknowledge that efforts has been made to disseminate and promote awareness and understanding of the principles and provisions of the ICRC through the development and distribution of child rights advocacy materials as well as through media and school and village campaigns. However, there remain concerns that insufficient steps have been taken. Thus, the CRC has the following recommendations; greater efforts to be made to ensure that the provisions of the ICRC are widely known and understood by adults and children, in particular in rural communities. The reinforcement of adequate and systematic training of all professional groups working for and with children such as social workers, officials of central and local administrations, and personnel of CCIs, and that human rights education should be included in the official curriculum at all levels of education. The ICRC in its entirety to be translated into local languages. Information and education campaigns through local Governments to prevent and combat the use of physical, sexual and mental violence against children, as well as other negative cultural practices. To carry out preventive public education campaigns about the negative consequences of the ill treatment of children. The strengthening of efforts to ensure that children's views are given due consideration. The conduction of awareness raising campaigns to ensure that alternative forms of discipline are used, in a manner consistent with the child's human dignity. The promotion of family type forms of alternative care for children deprived of parental care, in order to reduce the resort to residential care.

The unpublished Uganda Status Report on the Implementation of the UNICRC and the Optional Protocols (ROUMGLSD, 2012c) states many advocacy, awareness rising and educational measures that has been taken by the MGLSD together with partners in this regard, while however stating that much more is needed while lack of financial resources is a limitation in this work.

5.3.2 The best interest of the child

The UNCRC (2008), in its concluding observations, notes the rising number of applications for legal guardianship of children in Uganda and the reduced number of applications for adoption. The CRC is concerned that this may be aimed at circumventing the regulations which apply to adoption and result in practices contrary to the Optional Protocol. The CRC

recommends to stringently scrutinize applications for legal guardianship in order to avoid practices contrary to the Optional Protocol. Further, it recommends Uganda to ratify the 1993 Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption. The unpublished Uganda Status Report on the Implementation of the UNICRC and the Optional Protocols (ROUMGLSD, 2012c) states that Uganda is not currently a signatory to the Hague Convention, and that the Children Act is being reviewed amongst other in order to close the above mentioned loophole in the Act. Many respondents to the present study have mentioned how Uganda becoming a State Party to the Hague Convention as well as the enactment of the Children Act Amendment Bill will prevent the inadequately regulated process of IA of children from Uganda to other countries. There exists strong lobbies of both promoters and opponents of IA as well as towards the institutionalization of children. One such opponent of IA¹¹⁹ (Post, 2008) considers IA as legalized child trafficking, and describes Article 40 and 41 of the 1994 Explanatory Report on the Hague Convention written by G. Parra-Aranguren, namely how there is an important difference in approach between the Hague Convention and the ICRC Article 21b. The ICRC indicates that IA should not be an average child protection measure, and may only be an option of last resort if there is no suitable care available in the country itself such as foster care, national adoption or residential care in CCIs. The Preamble to the Hague Convention however makes IA subsidiary to national adoption, and hereby excluding or limiting foster and residential care in time. As such, under the Hague Convention, foster and residential care is not considered as suitable care. If parents cannot take back the child within a certain legally defined timeframe, adoption will follow and most often result in IA. Thus, it transforms IA into a regular form of child protection and hence dismisses the countries of their commitments taken under the ICRC, to ensure children temporarily or permanently deprived of parental care the right to alternative care in-country.

The Hague Convention, which was established to prevent irregularities in IA, fails to do this as it is mainly based on the trust between central authorities from both sending and receiving countries. Relying on this trust is not justifiable, as it is almost impossible for receiving countries to judge how and why children end up in residential care, because the formal adoption process masks the underlying child trafficking. This means that also stolen children or children with a falsified identity can be legally adopted under the Hague Convention. According to Post, it comes down to whose best interest this is really about, the best interest of the child or the interest of the receiving countries adoption agencies and adoptive parents. The not yet enacted Uganda Children Act Amendment Bill is proclaimed to be closing the loopholes in the 1996 Children Act as regards legal guardianship, excluding IA, and to only legalize national adoption.

The Ugandan Alternative Care Framework is in violation of Ugandan statutory laws (Alternative Care Consultant, written communication of 11 January 2014), as this is the “business model” of the Hague Convention which is not compliant with the ICRC (Roelie Post, written communication of 11 January 2014). The alternative framework however shows that the process is inclusive of many options; The important thing is to consider the options in

¹¹⁹ Roelie Post is employed by the European Commission in Brussels since 1983 and was involved in the reform of Romanian child protection from 1993-2005. She also founded the CSO Against Child Trafficking (ACT).

the right order, with priority always on the best interest of the child (Alternative Care Consultant, written communication of 11 January 2014).

Good intentions are not enough for aid to be successful or even acceptable.

The human right to food is primarily the right to be able to feed oneself in dignity, and therefore first requires that governments create an enabling environment to ensure that everyone can have an adequate livelihood. However, as a last resort, the right to food does suggest that there must be some obligation of governments to prevent starvation that does not rely merely on charity (Way, 2005). A HRBA to food security emphasizes the satisfaction of people's basic needs as a matter of rights, rather than of benevolence (UNFAO, 2004).

In Uganda there has emerged a culture of dependency, a “dependency syndrome”, an attitude by both duty bearers at all levels and rights holders that the right to food contains food aid and means the right to be fed, and this being the responsibility of CSOs. In Uganda, there is a flourishing number of CSOs working “in the best interest of children”, which are not adequately monitored by the Government. As such, these CSOs are in a position where they may work in isolation without any interference. Study findings reveal how many national and international religious and non-religious founders and donors of children's homes in Uganda seem to be following their own agendas, being it intentionally or unintentionally, instead of following the national framework which calls for de-institutionalization and family reunification in accordance with international human rights law, recommendations for child protection, as well as the principle of the best interest of the child. While some may be unaware of national requirements, others are being exploitative of the children in different ways.

James 1:27¹²⁰ is a Bible verse found in the New Testament in the Book of James. This is a verse commonly used by Pentecostal Christians to justify voluntourism¹²¹, the creation of children's homes in, as well as IA from undeveloped countries. The verse has numerous translations, ranging from the duty to visit, the duty to help and the duty to care for and look after orphans and widows. Numerous books are written based on this script, emphasizing the duty to help children from undeveloped countries in various ways, including through IA as well as supporting or opening children's homes, and how these personal acts contribute to “keeping oneself unspotted and uncontaminated from the world”. Critics to the aid industry consider the many Western NGOs in developing countries as a form of NGO colonialism,

¹²⁰ English Standard Version: “Religion that is pure and undefiled before God, the Father, is this: **to visit** orphans and widows in their affliction, and to keep oneself unstained from the world”.

International Standard Version: “A religion that is pure and stainless according to God the Father is this: **to take care of** orphans and widows who are suffering, and to keep oneself unstained by the world”.

New International Version: “Religion that God our Father accepts as pure and faultless is this: **to look after** orphans and widows in their distress and to keep oneself from being polluted by the world”.

New Life Version: “Religion that is pure and good before God the Father is **to help** children who have no parents and to care for women whose husbands have died who have troubles. Pure religion is also to keep yourself clean from the sinful things of the world”.

Amplified Bible, Classic Edition: “External religious worship [religion as it is expressed in outward acts] that is pure and unblemished in the sight of God the Father is this: **to visit and help and care** for the orphans and widows in their affliction and need, and to keep oneself unspotted and uncontaminated from the world”.

¹²¹ Orphanage “tourism”, often disguised in the form of short-term Church mission trips.

forwarding the white superior complex as they often hire international white people to solve local problems. This is problematic due to lack of local knowledge, expertise, as well as expats requiring 90 per cent increased salaries as compared with local staff with the same level of education. Further, the aid industry is for many very profitable and is a way of generating jobs. Due to these facts, linked with the widespread lack of monitoring, some critics have however dubbed NGOs “Nothing Going On”.

While many may have good intentions, the way CSOs are contributing to destabilize the traditional extended family and social protection networks for children in Uganda, are causing the children harm. Within the field of aid, the concept of “*do no harm*” should be fundamental, and as such professional expertise as well as good knowledge of local legal and policy framework is essential. The 1989 Non-Governmental Organizations Registration Act has been replaced by the 2016 Non-Governmental Organisations Act (ROU, 2016). The purpose is to provide for an enabling environment for the NGO sector and strengthen the capacity of the NGO Bureau, to register, regulate, coordinate and monitor and NGO activities, including revoking the permits and dissolving NGOs. The 2009 Non-Governmental Organisations Registration Regulations (ROU, 2009), which introduced more restrictive rules than those provided for in the 1989 Act, will remain in force until the issuance of new regulations (Goitom, 2016, March 17). The Act proposes establishment of regional NGO Bureau offices, from the district to the sub-county levels. Article 44(f) states that NGOs “*shall not engage in any act, which is prejudicial to the interests of Uganda and the dignity of the people of Uganda*” (ROU, 2016). The 2016 Act however has received heavy criticism from civil society, claiming that it contains unconstitutional provisions violating the right to freedom of association and expression as well as provisions that may be applied to stop NGOs from doing legitimate, legal and essential work (Jjuuko, 2016, February 26). There is however several civil society initiatives. CSOs in Uganda have developed the Uganda National NGO Forum providing a sharing and reflection platform for NGOs, which has developed policies and procedures for accountability, formal registration, a code of conduct, advocacy and capacity building, and a national NGO database (UNNGOF, 2016). The NGO Quality Assurance Certification Mechanism (QuAM, 2016) promotes adherence by CSO to ethical operational norms and responsible practice, to protect the credibility and integrity of certified NGOs and their networks. Further, the Tumaini (hope) Awards Initiative honors individuals, CSOs, companies, and members of the media who have made significant contributions and efforts to improve the lives of children in Uganda.

While study findings revealed that the provision of basic needs is widely acknowledged as important by respondents, it is not recognized as a human right and the charity approach is emphasized. This may be due to the widespread application of the charity approach by the civil society. In the Ugandan culture, Christianity has a strong hold among the vast majority of the population. As such, education about human rights through the shared interest in addressing the integrity, worth, and dignity of human beings, especially towards religious leaders, CSOs, and state authorities who themselves are cultural bearers, could contribute to a change in attitude in the general population of Uganda, changing people’s attitudes towards the awareness and importance of human rights and children’s rights, as well as the shift from

a culture of dependency, i.e. a charity and needs based approach, towards the HRBA. The success of the adaptation of ESCR depends on the evolution of a human rights culture where individuals accept both their own rights and their duties to the community which make the enjoyment of rights possible (Eide, 2001).

5.3.3 The human right of the child to adequate food, nutritional health and wellbeing

Ugandan OVC are victims of structural or indirect economic, political, and cultural violence, defined as harm imposed by some people on others through the social system as they pursue their own preferences. Its effects are most clearly observable at the societal level as systematic shortfalls in the quality of life of certain groups of people. Most victims of homelessness or chronic malnutrition are victims of structural violence (Kent, 2006). In its GC13 on the right of the child to freedom from all forms of violence, the UNCRC (2011) emphasizes the provision of assistance to the family by adopting measures that promote family unity and ensure for children to fully exercise and enjoy their rights in private settings (Section 47(c)(vi)). Such preventative protective measures include inter alia social protection and security measures and the facilitation of income generating activities towards the family of the child at the risk of entering an institutional setting. Such preventative protective measures will contribute to increase the child's access to food at the household level. According to Scheinin (2001), the need for social security legislation can be argued on the basis of social justice, social equality, and in terms of securing social and political stability. The ICESCR Article 11.1 on the right to an adequate standard of living, relates to social assistance and other need-based forms of social benefits in cash or in kind to anyone without adequate resources. The ICRC Article 27, while the responsibility for the material wellbeing of the child rests primarily with its parents, State Parties are under an obligation to provide material assistance and support for the realization of such responsibilities.

Focusing on the children and their families alone is however not enough, as their conditions are reflected in government policies and actions of the society. While the human right to adequate food is not enshrined in the Constitutions Bill of Rights, and the Food and Nutrition Bill and Strategy is not enacted, it is however enshrined in the 1996 Children Act. Further, it is protected in the Food and Nutrition Policy and the UNAP, as well as a component in the NOP and the NSPPI-2, and in the Children (Approved Home) Regulations Assessment Toolkit.

While the Alternative Care Framework does not contain any information as regards food, the revised 2013 Approved Home Regulations does not contain any updated provision as regards food. As established in the 1991 and the revised 2013 version, *“an approved home shall display an annual menu card and budget, and it shall also provide an appropriate diet to all children on life long medication such as those on HIV and AIDS treatment”* (Article 12.6). The UN Guidelines for the Alternative Care of Children, which is based on the ICRC, and of which the Children Act is based on, establishes that States should establish appropriate care standards. Applicable for children in CCIs, Article 82 states that *“carers should ensure that children receive adequate amounts of wholesome and nutritious food in accordance with*

local dietary habits and relevant dietary standards, as well as with the child's religious beliefs. Appropriate nutritional supplementation should also be provided when necessary". As such, the revised 2013 Approved Home Regulations is deemed inadequate. *"The right to adequate food in institutions is not a key issue as the OVC should not be there in the first place. What is important is the deinstitutionalization and family reunification"* (Alternative Care Consultant, personal communication 8 October 2013).

5.3.4 Women and gender roles

Nyerere (2009), in *Women's Freedom*, claims that women are eagles, not chickens. As such women are not weak, and deserve freedom and justice. In Uganda, the parallel with chicken is representative as the unequal access to food by way of food taboos for women and the girl child by most study respondents is described by not being allowed to eat chicken as a way of controlling women in the patriarchal social system based on male privilege and power. For women to choose for themselves what nutritious foods to eat, may be a first step to liberate themselves from male the subordination, submissiveness and oppression of the inferiority syndrome, and as such claim their freedom including their human right to adequate food, nutritious health and wellbeing.

According to Tuyizere (2007), structural gender based violence and violent men are often the byproducts of a patriarchal society, and many women are victims of discrimination, domination, oppression, exploitation and abuse because culture and religion demand their submissiveness and encourage naivety, so that they are unable to think on their own and make responsible decisions. As such, women remain dependent on those who control their access to food. Gender systems reflect an asymmetrical cultural valuation of human beings, in which the ranking of traits and activities associated with men are normally given higher value than those associated with women.

Gender myths are religious, socially and culturally constructed beliefs, which explain the origin, personalities and mental capabilities of men and women, and which control sexuality, access to food, roles and responsibilities. Such gender myths and cultural dictates continue to undermine women's liberation and equality in Uganda. The goal of gender as a practice is the collective sensitization, empowerment and mobilization of women to challenge their subordination by men, and to gain gender equality by way of equal access to enjoyment of opportunities, socially valued goods, resources and human rights.

6. Conclusion

6.1. Recommendations

6.1.1 International level

To ensure acceptance at national levels, there is a need to further develop and promote acceptance for a human rights framework for the work of private NSA at the international level to ensure due diligence and the best interest of the child as regards the work to enhance the lives of vulnerable children, including those receiving alternative care in children's homes throughout the developing world. I envision this framework for the human rights obligations of NSA to build on the three pillars of protect, respect and remedy of the volunteer UN Ruggie Principles (UN OHCHR, 2011) as developed and endorsed for private businesses and entities. While these principles per se may be claimed to include NSAs and CSOs such as children's homes, the conceptualization of this in international human rights law is weak. There exist no enforcement mechanisms except the use of shaming and blaming, and there is a huge lack of awareness and knowledge about human rights among most civil society entities. As such, internationally led human rights awareness rising is needed to promote respect for the human rights and the best interest of the child.

As regards the human right of the child to family care, an important first time event is arranged October 3-5, 2016 namely the International Alternative Care Conference in Geneva¹²². The focus is explicitly on implementing the Alternative Care Guidelines, hosted by the International Institute for the Rights of the Child and the Centre for Children's Rights Studies at the University of Geneva. There has also been developed a 2012 implementation handbook (Cantwell, *et al.*, 2012), and a monitoring tool is being rolled out, designed to help determine the extent to which necessary alternative care reforms grounded in the Guidelines are being set in place in each country. There will later be regional and national Alternative Care Conferences. International and national religious and non-religious CSOs should be encouraged to attend these conferences.

Different CSOs have developed checklists for evaluating orphanages for individuals and organizations which consider to support orphanages (Uniting for Children, 2016), and the UNFPA (2009) has developed guidelines for engaging faith based organization. These guidelines are taking into account the 2008 Istanbul Consensus Principles of a Global Interfaith Network for Population and Development, committing to amongst others "the principle that faiths share the same aims to safeguard the dignity and human rights of all" and shall "work together to advance human wellbeing and realize the rights of all individuals with attention to women and young people". Further, there exists several guides to sensitize the evangelical Christian adoption and orphan care movement on orphan care with basis in the Bible, one example being *Orphan Calling: A Biblical and Comprehensive Guide to Orphan Care in Sub-Saharan Africa* (Johnson, 2015).

¹²² See <http://www.alternativecaregeneva2016.com>.

6.1.2 National level

At the national level in Uganda, there is a need to approve legislation and regulations to ensure an improvement in national monitoring and enforcement efforts towards CCIs. Uganda should develop an Alternative Care Policy, in addition to an update of the revised 2013 Approved Home Regulations in accordance with the UN Guidelines for the Alternative Care of Children Article 82. Both the revised Children Act as well as the MGLSD developed Approved Home Regulations and Alternative Care Framework are needed to be approved by Cabinet in order to ensure effective enforcement of the rights of the child and to help promote better attentiveness by CSOs.

A constitutional review is recommended to enshrine the human right to adequate food in the Bill of Rights section, as well as the enactment of the Food and Nutrition Bill and Strategy to ensure that Uganda meets its international and national obligations to guarantee food and nutrition security for all. An adequate budget for food and nutrition need to be ensured both by way of Government and partner allocations. As recommended in ROUNCC (2012), the Government should make explicit their intention to promote the rights of the child as a key objective when developing budgets, and prioritize fair and equitable allocation of domestic resources to these areas.

At the national level there are needs for better monitoring and oversight with private, international, national, religious and non-religious CSOs, and to ensure awareness raising of the human rights and the best interest of the child in accordance with international and national human rights law. Further it is important to raise awareness of parents and communities of the human rights and the best interest of the child, as well as to ensure first line child protection for OVC and their families while they are stilling living within their households, including livelihood support and skills building for parents and youths and education and basic care support for OVC.

Wider public education campaigns and awareness rising activities is thus needed towards CSOs and the public as regards legal requirements, the HRBA, human rights in general and of the child in particular. In this regard, amongst many tools, the UNFAO (2005) right to food Voluntary Guideline number 11 on education and awareness raising may prove an efficient tool, as well as the UNFAO (2006) the Right to Food: A Window on the World – Illustrated by Young People for Young People.

As such, my recommendation for further investigation is the development and provision of awareness rising tools as regards the best interest and the human rights of the child towards all levels of the society including parents. And field testing of a capacity development intervention towards duty bearers responsible for children living in children's homes in Uganda.

6.2. State obligations of respect, protect, and fulfill

The overall study aim is to explore the performance of the State of Uganda in meeting its obligations to respect, protect and fulfil the human rights relevant to obtain good nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda.

Respect

The State of Uganda is meeting its obligation to respect human rights relevant to obtain good nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda through not encourage duty bearers to exercise anything but optimal food practices and through the encouragement of deinstitutionalization and family based care. The content of State sponsored information, education and communication messages is technically sound, based on international and national guidelines. The State are supportive to the implementation, monitoring and evaluation, and enforcement of legislation and strategy recommendations, and do not hinder local independent initiatives and activity in this regard. State actors listens to and respects the views and opinions of OVC receiving alternative care in children's homes, relevant stakeholders and the media, and encourage participation in transparent decision making processes.

Protect

The State of Uganda is meeting its obligation to protect human rights relevant to obtain good nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda through ratification of all relevant human rights instruments. However, this obligation to protect the right to food of OVC is violated as relevant provisions is not incorporated into relevant national legislation.

While relevant legislation, strategies and regulations are HRB and based on results from situation assessments, many lack the inclusion of goals and benchmarks, while most lack the allocation of adequate resources and are thus not being effectively implemented, monitored and evaluated, and enforced. This is clear violations of the obligation to protect the right to food of OVC.

Fulfill (facilitate, provide, promote)

Fulfill (facilitate): the State of Uganda is meeting its obligation to facilitate human rights relevant to obtain good nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda through having created institutions at different levels of Government responsible for supervision of relevant issues. This includes having developed an institutional framework for multilevel, intersectoral and multidisciplinary communication, cooperation and coordination, and a national monitoring and evaluation and feedback mechanisms. Reporting and follow up on international monitoring and evaluation mechanisms is however varied. The State of Uganda is not meeting its facilitation obligation of ensuring adequate deinstitutionalization and family based care, amongst others through the strengthening of the extended family social protection mechanism, facilitation of parental job

creations or other income or food generating activities, and the retention of children in school. Further, the State is not meeting its facilitation obligation of ensuring accountable and empowered duty bearers at all levels of the society, respecting human rights, the rule of law, and the human dignity of children.

Fulfill (provide): the State of Uganda is not meeting its obligation to provide especially needy OVC vulnerable to malnutrition receiving alternative care in children's homes, nor in family homes, with an opportunity to receive adequate food through food assistance by the State.

Fulfill (promote): the State of Uganda is not meeting its obligation to human rights relevant to obtain good nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda through national food and nutrition initiatives promoting optimal food practices. The State of Uganda is however meeting its promotion obligation through the employment of consultants, technical and program staff encouraging deinstitutionalization and family based care for OVC.

6.3. The five elements of capacity and their corresponding research questions

6.3.1 Capacity I: authority to make decisions and to take action

“To what extent are legal, administrative, social and cultural factors in the relevant responsible institutions, constraining relevant duty bearers to perform their duties to realize the human right to adequate food to obtain good nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda”?

Duty bearers' capacities to fulfil their duties:

- Legal and/or moral authority and legitimacy to act.
- Awareness of the mandate and authority of the MGLSD.
- Adequate mandate and administrative and financial authority of local Governments.

Capacity gaps hindering duty bearers to fulfil their duties:

- Social, legal-administrative, and cultural barriers to act.
- Lack of awareness of the mandate and authority of the MAAIF and the MOH, as the line ministries responsible for ensuring the right to food and food security policy.
- Lack of legal authority and mandate, or the inconsistency of following the Government strategies, is not considered a constraint to act.
- Charity approach towards caring for OVC.
- Excessive bureaucracy and corruption. Misuse of authority. Inadequate structures of accountability.
- Hierarchy resulting in limitations in exercising influence on decision making.
- Lack of human and financial resources.

6.3.2 Capacity II: duty bearers' motivation, commitment and acceptance of duty

“To what extent do relevant duty bearers recognize their roles and capacities as relevant for their performance in terms of meeting their duties to (progressively) realize the human rights to adequate food, nutritional health and wellbeing of OVC receiving alternative care in children's homes in Uganda”?

Duty bearers' capacities to fulfil their duties:

- Uganda recognizes and acknowledges that it should act through being a State Party to relevant international and African human rights instrument.
- MGLSDs development of relevant HRB legislation, policies, programs, plans, strategies and regulations, its on-time submission of initial and periodic reports to the UNCRRC, and its oversight role.
- Awareness of the adverse health effects of an inadequate food intake for children.

Capacity gaps hindering duty bearers to fulfil their duties:

- Lack of State acceptance, internalization, motivation and commitment, indicated by:
 - o Lack of legislating (Constitutional, the Food and Nutrition Bill and Strategy) the ratified human rights instruments, lack of instituting the Uganda Food and Nutrition Council, and lack of provision of adequate funds and other resources.
 - o The prolonged time of the enactment of the Children Act, the Alternative Care Framework and the Approved Home Regulations.
 - o The prolonged time for the State submission of initial and periodic reports according to schedule to the respective UN treaty monitoring agencies.
 - o The State being involved in land grabbing.
 - o The public social expenditure being smaller than funds allocated to military expenditure and incursions.
 - o Not having a social assistant grant scheme for poor and vulnerable children.
- Lack of capacities, such as resources and awareness, limits the acceptance, internalization and realization of human rights.
- Lack of available resources is considered a valid reason for the lack of available food and thus lack of food provision, and in particular lack of provision of nutritious adequate food.
- Charity approach towards caring for OVC.
- Human rights seen as an income generating activity.
- Low awareness, internalization and acceptance of human rights and the rights of the child in the society.
- Misuse of authority.

6.3.3 Capacity III: availability, access and control (management) over relevant economic, human and organizational resources to enable decision making and action

“To what extent do relevant duty bearers have the capacity in terms of proper management of economic, human, and organizational resources relevant for meeting their duties to promote, support and/or implement the human right to adequate food to obtain good nutritional health and wellbeing of OVC receiving alternative care in children’s homes in Uganda”?

Duty bearers’ capacities to fulfil their duties:

- Uganda, at a national level, has enough available food resources to feed all its citizens.
- National budget is allocated towards infrastructure, such as the building and maintenance of roads, which is key as regards increasing food accessibility at regional and local levels.
- Strengths of the UHRC is its education and sensitization work, and its annual human rights reports. Strengths of the NCC is its advocacy and lobbying capacity, and its partnerships. Strengths of the MGLSD is its legal, policy and institutional framework, its human resources, its capacity to mobilize attention and funding, its advocacy and sensitization work, and its cooperation with CSO partners.

Capacity gaps hindering duty bearers to fulfil their duties:

- Uganda has an inadequate food distribution system, leading to access related food insecurity at regional, local and household levels. Hunger and malnutrition is periodically widespread.
- The State prioritize budget allocations towards national security and military, while relatively small allocations go towards national programs for food and nutrition security and vulnerable groups. There is no nutrition budget, and public spending on agriculture and health is low.
- Resources enabling food security, such as land and other natural resources, are under threat due to acquisition by multinational companies and lack of State protection.
- The State does not comply with its minimum core obligation under the ICESCR to ensure all children freedom from hunger.
- Financial, human and organizational resource constraints.
- Dependency on external donor funding as central State funding is inadequate for State agencies and absent for CSOs. For the NCC and the UHRC, donor support may be a potential threat to their independence. Financial resource mobilization as a time consuming activity.
- Corruption and lack of accountability and transparency. Lack of responsibility of leaders, respect for the rule of law, and sustainability.
- Lack of awareness of the UHRC and the NCC.
- The weaknesses of the MGLSD is its significant mandate, inadequate funding and numbers of staff, corruption, and lack of implementation and of capacity building.

6.3.4 Capacity IV: resources and capabilities for effective communication

“To what extent do relevant duty bearers have the capacity in terms of resources and capabilities to communicate effectively for meeting their duties to promote, support and/or implement the right to adequate food to obtain good nutritional health and wellbeing of OVC receiving alternative care in children’s homes in Uganda”?

Duty bearers’ capacities to fulfil their duties:

- Good coordination mechanisms exists between different levels of Governments.
- Quality information is available.
- The State do awareness rising and education activities indicating willingness to increase the awareness of the population.
- National Advocacy and Communication Strategy for OVC.
- National Child Participation Guideline.
- Information sharing through the internet.

Capacity gaps hindering duty bearers to fulfil their duties:

- Lack of routinely and well enough dissemination and sensitization of relevant legislation, policies, regulations and other available quality information.
- Inadequate mechanisms for adequate communication coordination and transparency, and resources and capabilities for communication within and between relevant institutions and stakeholders.
- Inadequate advocacy efforts of raising the prestige of OVC and the MGLSD.
- Evidence based quality information not easily available in relevant languages.
- Lack of positive media coverage.
- Lack of literacy skills and lack of access to the internet in the society.
- Lack of financial and human resources.
- Lack of legislation.

6.3.5 Capacity V: capabilities for informed and rational decision making and learning from experience

“To what extent do relevant duty bearers have the capacity in terms of capabilities for making decisions that may help implement the right to adequate food and nutritious health”?

Duty bearers’ capacities to fulfil their duties:

- Uganda is a signatory to the UN 2003 Convention against Corruption and the AU 2003 Convention on Preventing and Combating Corruption.
- Uganda has a Directorate for Ethics and Integrity, and has developed the 2003 National Strategy for Mainstreaming Ethics and Integrity in all Sectors and all Institutions in Local Governance and the revised 2008 National Strategy to Fight Corruption and Rebuild Ethics and Integrity.
- Monitoring and evaluation efforts by UBOS.

- MGLSD national monitoring and evaluation framework.
- MGLSD internet information system database.
- MGLSD capacity assessment tools for quality OVC responses of CSOs.
- MGLSD capacity assessments at central and district Government and CSO levels.

Capacity gaps hindering duty bearers to fulfil their duties:

- Lack of awareness of the concept of the HRBA for good governance.
- State of Uganda has adverse governance issues such as lack of accountability and transparency, and corruption.
- Lack of human and economic resources, affecting the MGLSD and the local Governments monitoring efforts.
- Terminology differences between different organizations creating unclear statistics and affecting decision making and resource allocations.
- Lack of understanding of meaningful child participation.

6.4. Concluding remarks

Study findings indicate that children's homes affect the best interest of Ugandan children and their freedom from hunger and malnutrition, and thus their human dignity.

Under the ICRC, the State of Uganda has the obligation to render appropriate assistance to parents and legal guardians in the performance of their child rearing responsibilities (ICRC Article 18.2), when these are living in poverty and are not having the means to support their child (GC13 paragraph 20) (UNCRC, 2011).

Under the ICESCR, non-violation of the right to food constitute that the State of Uganda at the very minimum ensures freedom from hunger and ends actions which destroy peoples existing access to adequate food or which discriminate against certain groups (GC12 paragraph 17). While Uganda has developed many laws, policies and strategies relevant for the best interest of the child and their right to adequate food, implementation is however inadequate due to amongst others lack of provision of economic and human resources, corruption, and ineffective and costly procedures.

In light of ICRC article 4, the CRC urges the State of Uganda to prioritize and increase budgetary allocations for children at both national and local levels. This is to ensure at all levels the implementation of the rights of the child, and in particular to pay attention to the protection of the rights of children belonging to vulnerable groups (UNCRC, 2005).

Available human, organizational, and financial resources, channeled towards the support of children within the context of their family homes, has great potential to reduce child vulnerability through the securing of Ugandan children's rights to adequate food, nutritional health, wellbeing and protection, within the context of the best interest of the child. This work is initiated by the MGLSD DYCA with support from the civil society.

The present study has reaffirmed the need for capacity development at all levels of the Ugandan and the international society to delimit capacity gaps as regards the lack of

awareness of the human rights of the child in Uganda. Advocacy and social mobilization, as well as awareness rising, training, and education within the fields of human rights in general and the right to food and the best interest of the child in particular, is needed to enhance the sense of responsibility of duty bearers and develop a national human rights culture beneficial to children through addressing social norms and cultural value systems. Such a research project to increase awareness on the rights of the child to adequate food, nutritional health and wellbeing could be an interesting next step to develop the capacity of a broadened spectrum of duty bearers, including parliamentarians and other relevant Government officials. Okille (2005) provides one example of assessing the impact of HRB training in Uganda.

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Annexes

- Annex 1: Research team.
- Annex 2: Traditional food, snacks and beverages commonly grown, produced and consumed in Uganda.
- Annex 3: List containing provisions in relevant international and African human rights instruments and Ugandan legislation, underlining the traditional importance of the family, the extended family and the society in the African culture and context.
- Annex 4: Research indicators organized in accordance with the overall human rights framework (*respect, protect, fulfil*) as reflected in the corresponding research questions, norms and the overall study aim.
- Annex 5: List of duties of moral duty bearers mentioned in relevant international and African human rights law and Ugandan legislation, of relevance for orphans and other vulnerable children receiving alternative care in children's homes.
- Annex 6: List of relevant African human rights law and their foundation in, and adherence to, international human rights law.
- Annex 7: List of relevant African human rights instruments and Ugandan legislation, and their emphasis on the preservation of cultural traditions and traditional moral, ethics and values.
- Annex 8: Confidentiality.
- Annex 9: List of all eligible duty bearers and key informants identified by the researcher as relevant for investigation.
- Annex 10: Interview guide.
- Annex 11: Structured questionnaire.
- Annex 12: Equity gap study guide.
- Annex 13: Alternative Care Consultant: example of interview guide.
- Annex 14: Research on the right to adequate food.
- Annex 15: Introduction from Office of the President.
- Annex 16: Introduction from UNICEF.
- Annex 17: Research approval – Uganda National Council for Science and Technology.

- Annex 18: Letter of introduction.
- Annex 19: Letter of introduction from Makerere University.
- Annex 20: REK.
- Annex 21: Introduction to the study.
- Annex 22: Declaration of informed consent.

Annex 1.

Research team

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Annex 2.

The following are a short compilation of traditional food, snacks and beverages commonly grown, produced and consumed in Uganda (Gonahasa, 2002; WTG, 2015; Afghani, 2013; UBOS, 2014a; USCIA, 2015a).

Traditional foods and snacks:

Staples:

Food groups	Examples	Local products
Cereals	Maize, millet, sorghum, rice, wheat	Posho, atap or akaro, chapati, mugai (bread), pombe, obushera, waragi
Root crops	Cassava, Irish potato, sweet potato	
Oil crops	Groundnuts, sesame seeds	Groundnut paste/sauce, peanut butter, simsim paste, simsim candy
Plantains	Green cooking bananas; Matoke and Gonja	Tonto

Cassava (white) is a starchy root tuber, commonly boiled and served with a sauce or as a snack served with groundnut or simsim paste or honey; fried and served as crispy chips; mashed and served with sauce; fried cassava balls rolled in onion, breadcrumbs and eggs; or milled into flour for the baking of bread. Cassava flour may be mixed with sorghum or millet flour to improve palatability and reduce costs.

Chapati is an Indian style fried flat bread made out of wheat.

Groundnuts or peanuts are a vital staple, commonly roasted and eaten as snacks served in a spill of paper, or eaten as groundnut sauce or peanut butter.

Maize, almost ripe cobs may be cooked and eaten as a vegetable, while mature and dry grains may be eaten raw or milled to flour which are served as a maize porridge called posho.

Matoke is a plantain or green banana used for cooking, commonly steamed in its own leaves for better taste, or boiled when limited time or when banana leaves are few or unavailable, and then mashed. It is a popular starchy staple, usually used in a main course, as one would use mashed potatoes, and served accompanied with a sauce. Matoke may also be roasted and served with meat or chicken; cooked with vegetables, beans, peas, groundnuts or a variety of meat or other leftover sauce and thus called Katogo; and for a softer blend one may steam ripe matoke. Other types of banana used for cooking include steamed, roasted or deep fried ripe gonja, which is usually served as a snack or side dish.

Millet is a popular staple, eaten after being milled into flour for the baking of bread or making of stiff millet porridge, a delicacy also called atap or akaro. Millet flour is normally mixed with cassava flour, and may be flavored with orange or lemon leaves. The bread is commonly eaten with a groundnut or meat sauce. Other products are millet beer called pombe and a nonalcoholic malted and fermented drink called obushera.

Posho is porridge made out of white maize flower or other starchy staples. For breakfast, it is served as a thin liquid porridge for drinking, while for main meals, the consistency is firm and

it is served with a stew of groundnuts, beans, chicken or meat. Regional names include **ugali and kwon**.

Potatoes include African sweet potato or yams, and white or Irish potato.

Rice.

Sorghum flour to bake bread or to make porridge. Sorghum beer.

Simsim or sesame seeds are roasted and made into sesame paste, and mixed into a stew of beans or greens or served as a condiment to add flavor to the food served. Additionally a candy is made from roasted sesame seeds with sugar or honey.

Other ingredients in sauces and stews:

Food groups	Examples	Local products
Pulses	Beans, soybeans, peas, lentils	Hummus, bean or pea paste/sauce
Vegetables	Pumpkin, carrot, squash, red/green pepper, dark green leaves, cassava leaves, garlic, spinach, tomato, onion, eggplant, bamboo shoots, etc.	
Livestock products	Beef, meat, dairy, eggs, poultry, cattle, pigs, sheep, goats, rabbit, game, grasshoppers, white ants	Organ/flesh meat, snacks
Fish/seafood	Fish/shellfish, tiger fish, tilapia	Fresh/dried

Ghee, is butter originating from India and commonly used in Asian cuisines and sauces.

Condiments, soy sauce, hot sauce.

Curry.

Katogo is a common dish prepared by mixing a staple food with vegetables, beans, peas, groundnuts or a variety of meat or other leftover sauce, adding salt. It is served with the cooking water acting as sauce.

Luwombo is a stew made from meat, vegetables or fish steamed in banana leaves.

Spices, black pepper, salt.

Snacks:

Mkate na mayai or bread and eggs are originally an Arab dish. A thin wheat pancake, filled with minced meat and raw egg, folded into a neat parcel and fried on a hotplate.

Nsenene or grasshoppers are deep fried or roasted and crunchy popular street snack. They are a seasonal delicacy, and should be eaten fresh.

Nswaa or white ants are a popular fried snack.

Pancakes, made from cassava or maize flower, or bananas.

Samosa is deep fried savoury pastries filled with vegetables and sometimes meat.

Traditional desserts:

Bananas in different varieties, most often the smaller size, are served as a snack or dessert or banana pancakes, or fermented into banana beer.

Cakes.

Fruits such as apple, apricot, banana, cantaloupe, jackfruit, mango, orange, papaya, passion fruit, peach, pineapple, plums, and watermelon are plentiful and regularly eaten as snacks or dessert.

Mandazi or doughnut often containing cinnamon or sugar.

Simsim candy is made from roasted sesame seeds with sugar or honey.

Traditional beverages:

Beer, local brands include Nile Special, Bell, and Moonberg.

Fruit juices.

Kawa or coffee.

Obushera, a nonalcoholic malted and fermented drink made from millet.

Pombe is a locally made fermented beer, usually from banana, millet or sorghum.

Tea, served English style or spiced chai masala style, are especially good in rural areas near the tea plantations.

Tonto is a traditional fermented drink made from bananas.

Waragi is a strong local clear or yellow gin (distilled spirits) made from millet.

Annex 3.

List containing provisions in relevant international and African human rights instruments and Ugandan legislation, underlining the traditional importance of the family, the extended family and the society in the African culture and context

- A) *UDHR Article 16.3; The family is the natural and fundamental group unit of society and is entitled to protection by [the individual], the society and the State*
- B) *UDHR Article 29.1; Everyone has duties to the community in which alone the free and full development of his personality is possible*

<i>Human Rights Instruments (HRI);</i>	<i>A)</i>	<i>B)</i>	<i>Year ratified by Uganda</i>
<i>International Bill of Rights;</i>			
1948 Universal Declaration on Human Rights (UDHR) (UN, 1948)	Preamble, Section 8 Article 12 Article 16.3	Preamble, Section 8 Article 1 Article 29.1	-
1966/76 International Covenant on Economic, Social and Cultural Rights (ICESCR) (UN, 1966a)	Article 10.1	Preamble, Section 5	1987 (UN, 2013a)
1966/76 International Covenant on Civil and Political Rights (ICCPR) (UN, 1966b)	Article 23.1	Preamble	1995 (UN, 2013b)
<i>Conventions for the protection of vulnerable groups;</i>			
1979/81 International Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (UN, 1979)	Preamble, Section 13	Preamble, Section 13	1985 (UN, 2013c)
1989/90 International Convention on the Rights of the Child (ICRC) (UN, 1989)	Preamble, Section 5 Article 5 Article 8.1 Article 9.1 Article 16.1 Article 16.2 Article 18.1	Preamble, Section 5	1990 (UN, 2013d)
<i>Regional African HRI;</i>			
1981/86 African Charter on Human and Peoples Rights (HPR) (Banjul Charter) (OAU, 1981)	Article 18.1 Article 18.2 Article 19.1 Article 29.1	Preamble, Section 6	1986 (ACHPR, 2010a)
1990/99 African Charter on the Rights and Welfare of the Child (ACRWC) (OAU, 1990)	Preamble, Section 4 Article 10 Article 18.1 Article 31(a)	Article 31(a)	1994 (ACHPR, 2010b)
2003/05 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (AU, 2003b)	Article 6		2010 (AU, 2010a)
2006/09 African Youth Charter (AYC) (AU, 2006)	Article 8.1 Article 26(b)	Article 31(a)	2008 (AU, 2010b)
<i>Ugandan legislation;</i>			
1995 Constitution of the ROU (ROU, 1995)	Obj. XIX Obj. XXIX(b) Obj. XXIX(d)	Obj. XXIX(c)	1995

Annex 4.

Table 1: Research indicators organized in accordance with the overall human rights framework (*respect, protect, fulfil*) as reflected in the corresponding research questions, norms and the overall study aim

Research questions	Norms	Research indicators
Overall study aim: to assess the performance of the SOU in meeting its obligations to <i>respect, protect & fulfil (facilitate, provide, promote)</i> the HR relevant to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda		
How is the capacity & performance of the SOU in meeting its obligations to <i>respect</i> HR relevant to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?	State actors do not encourage duty bearers to exercise anything but optimal food practices towards OVC receiving alternative care in CH	- Content of SOU sponsored information, education & communication messages is technically sound, based on international & national guidelines - SOU are supportive to the implementation, M&E & enforcement of legislation & strategy recommendations, & do not hinder local independent initiatives & activity
	State actors <i>respects</i> the views & opinions of OVC receiving alternative care in CH, & relevant stakeholders	- State actors listens to OVC receiving alternative care in CH, relevant stakeholders & the media, & encourage participation in transparent decision making processes, & inclusion in relations significant to their HR
How is the capacity & performance of the SOU in meeting its obligations to <i>protect</i> HR relevant to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?	Relevant national legislation, policies, strategies & regulations are <i>protecting, promoting & supporting</i> optimal food practices towards OVC receiving alternative care in CH	- Ratification & incorporation of all relevant HRI into all relevant national legislation - All relevant legislation, strategies & regulations are HRB; grounded in fundamental HR principles & provisions; based on results from situation assessments; including goals, benchmarks & adequate resource allocations; & are effectively implemented, M&E & enforced
How is the capacity & performance of the SOU in meeting its obligations to <i>fulfil (facilitate)</i> HR relevant to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?	There are institutions that oversee issues relevant for OVC receiving alternative care in CH	- Relevant SOU ministries & departments at central & local levels - Ombudsmen, UHRC, NCC - Officially appointed national OVC coordinator & committee with a clear mandate & adequate time & resources, actively providing evidence based guidance - Institutional framework for multilevel, intersectoral & multidisciplinary communication, cooperation & coordination - Sustainability, transparency, accountability - National M&E & feedback mechanisms - Reporting & follow up on international M&E mechanisms - Experienced, devoted, accountable & empowered State actors, respecting HR, the rule of law, & the human dignity of children
How is the capacity & performance of the SOU in meeting its obligations to <i>fulfil (provide)</i> HR relevant to obtain good nutritional health and wellbeing of OVC receiving alternative care in CH in Uganda?	SOU <i>provides</i> (especially needy) OVC receiving alternative care in CH with an opportunity to receive adequate food	- SOU encourages (non-State actors) & initiates food assistance
	OVC receiving alternative care in CH are ensured good nutrition	- OVC vulnerable to malnutrition receive food assistance by the SOU

How is the capacity & performance of the SOU in meeting its obligations to <i>fulfil (promote)</i> HR relevant to obtain good nutritional health and wellbeing of OVC receiving alternative care in CH in Uganda?	National OVC & F&N initiatives <i>promote</i> optimal food practices towards OVC receiving alternative care in CH	<ul style="list-style-type: none"> - Routinely distribution of SOU sponsored adequate information, literature education, training & communication messages, campaigns & strategies - SOU employed consultants, technical & program staff - Provide attitudes, knowledge & skills necessary to <i>protect, promote and support</i> adequate F&N for OVC - Child empowerment
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Table 2: Overview of specific objectives, research questions, indicators, and methods of data collection seen in relation to the general objective and the hypotheses under study aim number one

Specific objectives	Research questions	Research indicators	Data collection methods
Overall study aim: to assess the performance of the SOU in meeting its obligations to respect, protect & fulfil (facilitate, provide, promote) the HR relevant to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda			
Aim 1: to examine the existing institutional structures & legal, policy & program framework supporting the HR to adequate food, nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda, & the consequent duties of duty bearers			
General objective 1.1: to examine existing institutional structures & legal, policy & program framework, incl. the recognition of the HR of OVC receiving alternative care in CH and the consequent duties of duty bearers			
Statement (a): recognition of the roles and capacities of responsible duty bearers can contribute to the understanding & meeting of the obligation to progressively realization of the HR to good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda			
Statement (b): political (stability & governance: budgets, corruption, capacity), economic (macro & micro economic policies: budgets, corruption), & ideological (culture, customs, traditions, religion: corruption) structures impact (positively & adversely) the progressive realization of the HR to adequate food, nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda			
To identify the responses & mechanisms, incl. institutional structures, legal framework & benchmarks, the SOU has taken in implementing: - 1995 Constitution Article 34 on the RoC, incl. provision of special protection to OVC in the BoR Section Ch.4, this in relation to Obj. XIV & XXII on the HR to adequate food, nutritional health & wellbeing - 1996 Children Act Article 5 on the duty to maintain a child & the RoC, this in relation to Section VIII on Approved Homes &	How is the performance of the SOU in meeting its obligations to <i>respect, protect & promote</i> HR, as outlined in relevant national legislation, relevant to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?	<ul style="list-style-type: none"> - Ratification of relevant HRI - Incorporation of relevant HRI into national legislation - Specific comprehensive policies, strategies, action plans, programs, projects & work plans for the implementation of measures for the realization of relevant HR - Comprehensive policies covers all issues relevant for OVC outlined in ICRC, ACRWC, Constitution, Children’s Act, Approved Homes Regulations, UNAP, & other relevant international or national norms, standards, policies, etc. - Recognition of relevant HR in legislation & institutional frameworks - Relevant legislation, institutional framework & agendas are HRB, have the fundamental HR principles embedded, & are rooted in relevant HRI & guidelines - Legislation & institutional framework promoting optimal food practices is consistent with international guidelines 	<ul style="list-style-type: none"> - Document analysis of policy & legal framework, & of institutional structures, functions & records

Section III on Support for Children by Local Authorities		<ul style="list-style-type: none"> - Relevant policies & strategies includes elements of commitment; specific goals & benchmarks; resource allocations; M&E - <i>NOP/NSPPI-2</i>: effective policy, legal & institutional mechanisms are in place at national & sub-national levels, enabling the delivery of a coordinated OVC response, i.e. deliver, coordinate & M&E provision of quality services/programs - A national OVC coordinator & committee/commission is appointed, with multisectoral, multilevel & multidisciplinary involvement 	
	How is the capacity of relevant State actors to analyze & assess the food & nutrition security (F&NS) situation for OVC receiving alternative care in CH in Uganda?	<ul style="list-style-type: none"> - National data on child malnutrition among OVC; OVC living in CH - National data on food access & nutrition status of OVC; OVC living in CH - Involvement of national institutions with relevant mandates in F&NS in the F&NS situation assessment of OVC receiving alternative care in CH - Use of results from F&NS situation assessment of OVC in policy & program reforms 	<ul style="list-style-type: none"> - Document analysis of policy & legal framework, & of institutional structures, functions & records - Review of relevant reports & literature
To identify to what extent legal, policy and program framework, institutional structures & financial capabilities is supporting the HR to adequate food, nutritional health & wellbeing for OVC receiving alternative care in CH in Uganda	What resource commitments has the SOU put in place to meet its obligations on the HR to adequate food, nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?	<ul style="list-style-type: none"> - Budgetary allocation to responsible ministries - Human & organizational resources involved in implementation - OVC, HR & nutrition is promoted by all relevant ministries & institutions working with social-, children's- & women's affairs, & public health - Priorities of the SOU in sectoral allocation of financial, human & institutional resources available for implementation - Extent of transparency in the use of relevant public resources 	<ul style="list-style-type: none"> - National budget data & records
	What is the institutional framework for implementing the SOU obligations on the HR to adequate food, nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?	<ul style="list-style-type: none"> - Ministries & institutions with relevant mandates - Mandates of relevant ministries & institutions - Institutional framework for multilevel, intersectoral & multidisciplinary cooperation & coordination 	<ul style="list-style-type: none"> - Document analysis of policy & legal framework, & of institutional structures, functions & records
	What legal framework; specific commitments, goals & benchmarks; & resource allocations have been put in place for planning; implementation/ operationalization; and	<ul style="list-style-type: none"> - Ombudsmen, UHRC, NCC - Accountability mechanisms in place - Commitments, goals & benchmarks - Adequate resources (economic, human, organizational) are allocated - National M&E components in place - International M&E to relevant treaty bodies are delivered on time, & 	<ul style="list-style-type: none"> - Document analysis of policy & legal framework, & of institutional structures, functions & records

	M&E of policies & programs aimed at achieving the HR to adequate food, nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?	recommendations are nationally followed-up - All CH in Uganda have been assessed & consequently Approved or closed, by the MGLSD Dep. for Children's Affairs	
	What gaps & weaknesses exist in legislation, policies & regulations relevant for realizing the HR to adequate food, nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?	- Existents of relevant HR provisions - Provisions for resource allocations for adequate implementation, & recourse & remedy mechanisms in cases of violations	
	- What is the capacity of legislation & institutions to offer remedy & recourse in case of negligence of duty & abuse of the HR to adequate food, nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?	- Judicial & legislative provisions for indivisibility in relation to recourse mechanisms - Provisions for adequate resource allocations for recourse & remedy mechanisms in cases of violations - Adequacy of institutional mechanisms & resource allocations for recourse & remedy mechanisms in cases of violations	

Table 3: Overview of specific objectives, research questions, indicators, and methods of data collection seen in relation to the general objectives and the hypotheses under study aim number two

Specific objectives	Research questions	Research indicators	Data collection methods
<p>Overall study aim: to assess the performance of the SOU in meeting its obligations to respect, protect & fulfil (facilitate, provide, promote) the HR relevant to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda</p>			
<p>Aim 2: to perform a qualitative role & capacity analysis of duty bearers with duties towards OVC receiving alternative care in CH in Uganda. The purpose is to get an insight into duty bearers’ tasks, commitment, responsiveness, performances, knowledge, perceptions, & constraints with regard to the protection of OVCs HR to adequate food, nutritional health & wellbeing. Further, to explore the capacities necessary to enable duty bearers to progressively fulfilling their duties of realizing the rights of these children, & to identify gaps in performance</p>			
<p>General objective 2.1(i): to assess the performance & capacities of relevant duty bearers in meeting (respect, protect, fulfil) their duties to realize the HR to adequate food, nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda, in accordance with the human rights principles <i>PANTHER Statement (a)</i>: recognition of the roles & capacities of responsible duty bearers can contribute to meeting their duties to (progressively) realize the HR to good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda</p>			
<p>General objective 2.1(ii): to assess how social, cultural & religious aspects of the traditional & contemporary Ugandan society influences the realization of duty bearers moral & legal duties towards OVC receiving alternative care in CH in Uganda, including their HR to adequate food for good nutritional health & wellbeing Statement (a): social, cultural & religious aspects of the traditional & contemporary Ugandan society affects the HR to adequate food for good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda</p>			
<p>To assess the performance & capacities of relevant duty bearers in meeting their duties, i.e. in terms of their motivation & commitment to advocate for & implement the HR adequate food to obtain good nutritional health & wellbeing of OVC receiving alternative care in (the specific) CH in Uganda, and their acceptance of it as their duty</p>	<p>To what extent are relevant duty bearers recognizing their own roles & capacities as relevant for meeting their duties on the HR to adequate food, nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?</p>	<ul style="list-style-type: none"> - Roles are clearly mandated - Recognition of institutional legal mandate & duties - Recognition of own occupational legal mandate & duties - HR awareness - Perceptions on OVC RtAF in line with relevant HRI - Recognition of relevant HRI & guidelines, incl. provisions (ICRC, ACRWC, GC12, UN Guidelines for the Alternative Care Of Children) - Recognition of relevant national legislation, policies, regulations & strategies, incl. provisions (Constitution, PEAP, Adoption of Children Rules, Children Act, NOP, Approved Home Regulations, UNDP, UNAP, NSPPI-2, UFPN/NFNS) - Recognition of the 5 elements of capacity - Recognition of the importance of increasing capacities of duty bearers & rights holders - Perceptions of own moral occupational &/or individual private roles & duties of OVC RtAF in line with HRI & national framework - Knowledge & perceptions of healthy foods for OVC in line with Ugandan standards 	<ul style="list-style-type: none"> - Document analysis of legal framework, & of institutional structures, functions & records - Structured qualitative in-debt interviews with duty bearers

		<ul style="list-style-type: none"> - Accurate knowledge & perceptions on health effects of (in)adequate food intake - Awareness of the important benefits & recommendations for adequate food, nutritional health & care, & acknowledge their special role in providing these services - Awareness of the difference between scientific evidence based & traditional knowledge & perceptions on health effects of (in)adequate food intake - Awareness & perceptions are realistic & communication honest regarding the food, health & care provided 	
	<p>How is the performance of the specific CH in meeting their duties to implement the HR to obtain good nutritional health & wellbeing of the OVC living there?</p>	<ul style="list-style-type: none"> - Duty bearers are encouraged & supported in practicing optimal food, health & care provision - Adequate food is provided daily - Adequate food is available unrestricted - Duty bearers are responsive to the OVC & their needs - Duty bearers ask for help if needed 	- Equity gap study
General knowledge & awareness of HR & personal duties (“rule of law”)			
<p>1. What are HR? 1a. What do you consider that it involves to support and respect children’s RtAF? 1b. What do you consider that it involves to support and respect children’s HR to nutritional health and wellbeing? <i>Probe:</i> What legal and moral responsibilities does this impose on you towards the children living in CH?</p> <p>2. Can you mention any international or regional HRI relevant for children and their RtF? <i>Probe:</i> ICESCR and its GC12; ICEDAW; ICRC; ACRWC; Protocol to the African Charter on HPR on the RoW in Africa</p> <p>3. Can you mention any national legislation or strategies relevant for OVC living in CH, and their RtF? <i>Probe:</i> Constitution; Children Act; Approved Home Regulations; UNAP; Alternative Care Framework; NSPPI-2; UFNP/draft UFNS. Can you describe any relevant provisions?</p> <p>4. Can you mention which Ministry is responsible for OVC incl. children in CCI?</p> <p>5. In this project, capacity entails motivation, authority, resources (economic, human, and organizational), communication, and decision making. How can you use these capacities in meeting your duties of realizing the RtF of the children living in CH?</p> <p>6. What type of food do you consider as good for children’s health and wellbeing? <i>Probe:</i> Why? How will adequate food affect children? How will inadequate food affect children? Traditionally, how was this perceived in your own community? Do you think this has changed?</p> <p>7. Do you consider the food, health and care provision in the Uganda CH as adequate? <i>Probe:</i> In which areas could it be improved?</p>			
	<p>To what extent are relevant duty bearers recognizing their own perceptions on the fundamental HR principles & standards in the context of the RoC, as relevant for meeting their duties on</p>	<ul style="list-style-type: none"> - Updated insight regarding child vulnerability (CV) in Uganda - Updated insight regarding the recommended approach to tackle poverty, vulnerability & their effects on children’s nutritional health - Recognition & perceptions of HR principles in the context of the RoC 	- Structured qualitative in-debt interviews with duty bearers

	<p>the HR to adequate food, nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?</p>		
<p>Internalization of basic HR standards, values & principles, & acceptance of personal duties (“accountability, respect for the HR & the rule of law, dignity”).</p>			
<p>8. What do children need from their caretakers? <i>Probe:</i> Food, health, care, protection, respect, support, love 9a. What does child vulnerability entails? <i>Probe:</i> Which children in Uganda are vulnerable? 9b. What does orphanhood entails? <i>Probe:</i> Can children with one or two living parent be orphans? 10. Is the Ugandan girl child more vulnerable than the boy child? 11. Have you heard about the “window of opportunity” and the “life course approach” in relation to eradication of hunger and child malnutrition? 12. Does the organization have a distinctive focus on promoting the special nutritional, health and care needs of adolescent girls? <i>Probe:</i> Why do you consider the food provided to adolescent girls is particularly important? Is the food provided to adolescent girls adequate to support growth, development and future childbearing? 13. What is your impression of what the food and the mealtimes mean for children? <i>Probe:</i> What contributes to a positive experience for children during mealtimes? Could anything be different in the organization of the meals and mealtimes? 14. What do you do if you discover that a child is malnourished or are not eating or drinking enough? <i>Probe:</i> What could be different in the routines for identification of child malnutrition? What could be different in the organization of the health and care services provided to the children? 15. Non-discrimination, access to information, participation, accountability, and sustainability are fundamental HR principles. Can you mention how you use these principles in your work to realize the RoC living in (the) CH? - <i>For GoU/CSO:</i> How do you work to improve the conditions of OVC living in CH, and to realize their RtAF? - <i>For GoU/CSO:</i> How do you monitor the realization of the RtAF for OVC living in CH? - <i>For GoU/CSO:</i> What do you consider as the strengths of the MGLSD? <i>Probe:</i> What does it do well? - <i>For GoU/CSO:</i> What do you consider as the weaknesses of the MGLSD? <i>Probe:</i> What could it do better? What can be done to overcome these weaknesses? - <i>For NCC/UHRC:</i> How is the NCC/UHRCs independence, integrity and credibility promoted and ensured? <i>Probe:</i> How is the NCC/UHRC credibility viewed among the public?</p>			
<p>Non-discrimination, equity, equality & human dignity.</p>			
<p>16. How can discrimination affect the access to food, water, and healthcare of OVC living in (this) CH? <i>Probe:</i> The girl child 17. Have you heard about affirmative action or positive discrimination in order to address existing discrimination? <i>Probe:</i> How can affirmative action be actively used in your work, in order to address existing discrimination in relation to the RtAF? Youngest children, Adolescent girls. - <i>For GoU/CSO:</i> Are you aware of any consistency of discrimination against OVC within the country’s CH? - <i>For GoU/CSO:</i> How do you work to eliminate discrimination against OVC?</p>			
<p>- Traditionally, how were children valued & viewed in Uganda? - How are traditional & contemporary factors influencing the status of Ugandan children’s realization</p>	<p>- Traditional economic, social, cultural & religious moral & legal roles & duties of duty bearers towards OVC - Perceptions of (in)tolerable behavior towards OVC</p>	<p>- Structured qualitative in-debt interviews with duty bearers</p>	

	<p>of the HR to adequate food for good nutritional health?</p> <p>- How is the society constructed to protect all children, with special emphasis on OVC?</p>	<ul style="list-style-type: none"> - Sociocultural tradition, acceptance & expectations of duty bearers to provide food towards OVC - Perceptions of HR applicability in the Ugandan context - Perceptions of HR applicability for OVC receiving alternative care in CH - Individual/institutional relations to traditional social, cultural & religious customs - Informal hierarchies, norms, codes & rituals affecting the relevant RoC, with emphasis on the girl child - Perception of cultural & religious institutions wishing to contribute in the upbringing of OVC living in CH - Perceptions of food taboos, especially in relation to adolescent girls 	
<p><i>RoC; society’s internalization of basic HR standards, values, principles & duties (“accountability, responsibility of leaders & individuals, respect for HR & the rule of law, dignity, sustainability”)</i></p>			
<p>We are now interested to know your perceptions regarding the role of the child within the family:</p> <p>18a. Can you describe the society’s attitudes regarding intolerable behavior towards punishing children as a part of child raising? <i>Probe:</i> What is intolerable and tolerable behavior? Is it accepted in the society to deny a child access to food for a short period if the child has been naughty?</p> <p>18b. According to the society: what is the role of the child within the household (HH) today? <i>Probe:</i> What is the child’s role within the HH? What expectations lie on the child? Is the child normally given special priority of food provision within the HH? Who get served first? <i>Probe:</i> What does HH food and nutrition security (F&NS) for children entails? How may the society’s attitudes affect children’s level of HH F&NS? Is there any attitudes towards children within the society that may affect their level of F&NS?</p> <p>19. Traditionally, one may say that the EF were used as a social security mechanism, and were responsible for safeguarding children’s F&NS. Compared with the level of F&NS for children under this system, how does the society consider the level of F&NS for the children living in CH? <i>Probe:</i> Do the society consider the children living in CH as more or less F&NS than other OVC? Is there any practices you consider may affect the wellbeing of children living in CH?</p> <p>We are now interested to know your perceptions regarding HR in the Ugandan context:</p> <p>20a. Do you think HR are applicable in the Ugandan context? Is the society ready for HR?</p> <p>20b. Do you think RtAF of OVC living in CH are applicable in the Ugandan context?</p> <p>20c. How do you consider the applicability of the international (UN) compared with the African regional (AU) HRI in the Ugandan context? With emphasis on the RtAF of children living in CH?</p> <p>21. Are there any traditional beliefs, customs, norms, rituals, or hierarchies in the society, which may interfere with optimal food practices? <i>Probe:</i> How could these potentially affect children living in CH? How could these potentially affect the girl child?</p> <p>We are now interested to know your perceptions regarding food taboos:</p> <p>22a. Do you think food taboos are still existing and affecting some adolescent girls in the country today? <i>Probe:</i> What is your perception of food taboos in relation to the nutritional health of adolescent girls? How may food taboos affect their nutritional health?</p>			

	<p>22b. Do you think food taboos today may be a potential limiting factor for the nutritional health of adolescent girl’s living in CH throughout the country? 22c. What do you think of cultural and/or religious institutions in the community wishing to contribute in the upbringing of children living in CH? <i>Probe:</i> Do you think cultural, traditional and religious norms and values affecting the nutritional health of children may be used to serve ulterior motives by CSO?</p>		
	<ul style="list-style-type: none"> - How significant is the Ugandan traditional social, cultural & religious context in the recognition & enforcement of national legal framework relevant for ensuring the HR to adequate food to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda? - How is the changing way of life affecting the roles of children within the extended families (EF) & the wider society, & thus becoming a push factor resulting in OVC having to receive alternative care in CH in Uganda? - How do duty bearers adjust traditional social, cultural & religious values to rhyme with legal duties towards OVC receiving alternative care in CH in Uganda? 	<ul style="list-style-type: none"> - Statistics of CH - Existing cultural clashes - Society’s influence on duty bearers perceptions & performance in meeting its relevant duties - Urbanization, globalization, liberalization, individualism, disintegration of traditional social security nets - Perceptions of orphanhood & CV - Perceptions of CH, & the need for these institutions - Perceptions of CH as institutions generating socially constructed orphanhood & CV 	<ul style="list-style-type: none"> - Structured qualitative in-debt interviews with duty bearers
<p><i>RoC; society’s internalization of basic HR standards, values, principles & duties (“accountability, responsibility of leaders & individuals, respect for HR & the rule of law, dignity, sustainability”)</i></p>			
	<p>We are now interested to know your perceptions regarding the extended family: 23a. Can you mention what practices that already exist in the society to protect, care, and support OVC? 23b. How are the traditional roles of the EF changing? 23c. What expectations still lie on the EF? 23d. What can be done to support the EF in its traditional roles towards protecting and care for OVC? 23e. How do you think the society feel about OVC? Positive and negative feelings. We are now interested to know your perceptions regarding children’s homes: 24a. What do you consider as the benefits to the society of all the CH in Uganda? 24b. What do you consider as the problems to the society of all the CH in Uganda? 24c. How do you think the society feel about CH, and the need for these CCI? <i>Probe:</i> Positive and negative feelings. 24d. How would you explain the attitudes of parents and EF contributing to the practice of sending both orphaned and non-orphaned children to live in CH?</p>		

	<p>24e. Do you think child vulnerability and orphanhood is being socially constructed through the creation of CH?</p> <p>- For GoU/CSO: How would you explain the attitudes of the international society contributing to the practice of supporting children in CH, compared with supporting them while living with their families in local communities?</p>
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Table 4:

Specific objectives	Research questions	Research indicators	Data collection methods
<p>Overall study aim: to assess the performance of the SOU in meeting its obligations to respect, protect & fulfil (facilitate, provide, promote) the HR relevant to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda</p>			
<p>Aim 2: to perform a qualitative role & capacity analysis of duty bearers with duties towards OVC receiving alternative care in CH in Uganda. The purpose is to get an insight into duty bearers' tasks, commitment, responsiveness, performances, knowledge, perceptions, & constraints with regard to the protection of OVCs HR to adequate food, nutritional health & wellbeing. Further, to explore the capacities necessary to enable duty bearers to progressively fulfilling their duties of realizing the rights of these children, & to identify gaps in performance</p>			
<p>General objective 2.1(a): to assess the performance & capacities of relevant duty bearers in meeting their duties to realize the HR to adequate food, nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda</p> <p>Statement (b): organized power & authority within responsible institutions can contribute to safeguarding & implementation of legislation aiming at realizing the HR to adequate food, good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda</p>			
<p>To assess the performance & capacities of relevant duty bearers in meeting their duties i.e. in terms of their legal, political, social & cultural authority to make decisions & to take action regarding the implementation of legislation, policy recommendations & guidelines, & HR norms aiming to realize the HR to adequate food to obtain good nutritional health & wellbeing of OVC receiving alternative care in (the specific) CH in Uganda</p>	<p>How is power- & authority structures organized within relevant responsible institutions?</p> <p>- Are there any restrictions on the relevant responsible institutions, or any limitations in authority of relevant duty bearers, to perform its duties to realize the HR to adequate food to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?</p>	<ul style="list-style-type: none"> - Authority & duties are given to relevant duty bearers through institutional mandates, as described in relevant legislation, policies & regulations - Relevant duty bearers are given legal authority to delegate responsibility to relevant actors at different levels, as described in relevant legislation, policies & regulations - No restrictions or limitations of relevant duty bearers, regarding realizing the RoC - HRI are ratified without reservations relevant to the RoC - No donor/other conditionality's with a potential to influence the realization of the RoC and optimal food, health and care practices for good nutrition - No legal, political, regulatory &/or traditional, cultural, social &/or religious restrictions affecting the realization of the RoC - Central GoU administration does not hinder independent initiative & activity at local levels - Authorities at all levels are supportive to the implementation & enforcement of policy recommendations & programs aiming to realize the RoC - Decentralization of power 	<ul style="list-style-type: none"> - Document analysis of legal framework, & of institutional structures, functions & records - Review of relevant reports & literature - Structured qualitative in-depth interviews with duty bearers

		- Duty bearers trained in OVC management & support have the power to advice & are not overruled by duty bearers without training of higher authority	
	<p><i>The opportunities, restrictions &/or limitations for self-assertion (exercising influence) (“accountability, responsibility of leaders & individuals, respect for the rule of law”)</i></p> <p>- For GoU/CSO: Who do you consider are responsible for OVC, incl. children living in CH? <i>Probe:</i> Legally/morally. GoU level, civil society level, CH level, EF/parental level.</p> <p>25. Who do you consider are responsible for safeguarding the RtAF of the children living here? <i>Probe:</i> Legally/morally. GoU level, civil society level, CH level, EF/parental level.</p> <p>- For GoU/CSO: What are the obligations at central and local Gou level (towards children living in CH)? What are the obligations of NCC/UHRC, towards children living in CH?</p> <p>- For GoU/CSO: Do you consider that local GoU have been given adequate authority to implement and enforce relevant strategies towards the HR to adequate food and nutritional health of children living in CH?</p> <p>26. Can you describe your areas of authority and responsibilities in the CH? <i>Probe:</i> Are you given adequate authority to implement and enforce relevant strategies? What constrains do you meet in fulfilling your duties towards the children’s HR to food and nutritional health? How can structures of authority hierarchy compromise (or benefit) the RoC to adequate food and nutritional health? <i>For GoU/CSO:</i> How can structures of authority hierarchy compromise (or benefit) your work? How do you work with these challenges?</p> <p>27. How do you go about it if you wish to change routines or procedures? <i>Probe:</i> What challenges can you meet?</p> <p>28. How are your supervisors encouraging you to participate more effectively to harness your potential and to fulfill your duties towards OVC, including those living in children’s homes?</p> <p>- <i>QUESTIONAIRRE for CSO/LG:</i> Do you agree with the following statements: a) National policy climate enables the GoU to fulfill its mandates b) National laws enable the GoU to fulfill its mandates c) National HR laws and policies enable the GoU to fulfill its mandates d) Society’s attitudes and behaviors towards HR enables the GoU to fulfill its mandates</p> <p>- <i>QUESTIONAIRRE for UHRC:</i> Do you agree with the following statements: a) National policy climate enables the UHRC to fulfill its mandates b) National laws enables the UHRC to fulfill its mandates c) National HR laws and policies enable the UHRC to fulfill its mandates d) UHRC has the capacity to exercise its independence under the legal framework e) Society’s attitudes and behaviors towards HR enables the UHRC to fulfill its mandates</p>		

Table 5:

Specific objectives	Research questions	Research indicators	Data collection methods
<p>Overall study aim: to assess the performance of the SOU in meeting its obligations to respect, protect & fulfil (facilitate, provide, promote) the HR relevant to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda</p>			
<p>Aim 2: to perform a qualitative role & capacity analysis of duty bearers with duties towards OVC receiving alternative care in CH in Uganda. The purpose is to get an insight into duty bearers’ tasks, commitment, responsiveness, performances, knowledge, perceptions, & constraints with regard to the protection of OVCs HR to adequate food, nutritional health & wellbeing. Further, to explore the capacities necessary to enable duty bearers to progressively fulfilling their duties of realizing the rights of these children, & to identify gaps in performance</p>			

<p>General objective 2.1(a): to assess the performance & capacities of relevant duty bearers in meeting their duties to realize the HR to adequate food, nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda</p> <p>Statement (c): proper management of resources within responsible institutions can contribute to promote the realization of the HR to adequate food, good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda</p>			
<p>To assess the performance & capacities of relevant duty bearers in meeting their duties, i.e. in terms of their (availability, access to & control over) resources to make decisions & to take action which concern the implementation of the HR to adequate food to obtain good nutritional health & wellbeing of OVC receiving alternative care in (the specific) CH in Uganda.</p>	<p>How is the capacity of relevant duty bearers in terms of proper management of economic resources relevant for meeting their duties to promote, support &/or implement the HR to adequate food to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?</p>	<ul style="list-style-type: none"> - Budget for implementing the RoC is perceived as sufficient by relevant duty bearers; budget has ear-marked food, health & care for good nutrition of OVC, which is a key prioritization - Lack of economic resources is by relevant duty bearers not perceived as an obstacle to promote, support &/or implement the RoC to food, health and care; to ensure adequate employment & training in HR & OVC management; conduct campaigns promoting the RoC - In case of lack of economic resources, the institution can apply to central or external agencies for assistance - Transparency, accountability, sustainability - RoC is prioritized & is a high priority area for funding in the SOU budgets, & the relative share of funds allocated is reasonable - Perceptions on SOU funding for increased control of existing CH - Perceptions on SOU provision of food to malnourished OVC in CH - Perceptions on non-State actors provision of food to malnourished OVC in CH - SOU/CH commitment, accountability, sustainability 	<ul style="list-style-type: none"> - Document analysis of legal framework, & of institutional structures, functions & records - Review of relevant reports & literature - Structured qualitative in-debt interviews with duty bearers
<p>Economic resources (available & accessible to, & control by, relevant duty bearers) (“transparency, accountability, responsibility of leaders & individuals, respect for the rule of law, sustainability”)</p>			
<p>- QUESTIONNAIRE:</p> <p>a) In your view, is it desirable that the SOU builds and operates CH?</p> <p>b) In your view, is it desirable that the SOU increases the control of CH, and limit their operation? In your view, is it desirable that the SOU allocate budget to increase the control of CH, and limit their operation?</p> <p>29. Does the SOU have obligations to realize the RtAF for children living in CH? <i>Probe:</i> How should the SOU exercise these obligations?</p> <p>30. Does the SOU have legal obligations to provide food and supplementation for malnourished children living in CH? <i>Probe:</i> How should the SOU implement these obligations?</p> <p>- QUESTIONNAIRE for CH: a) Does the State have moral obligations to provide food and supplementation for malnourished children living in children’s homes?</p> <p>31. Does NSA, such as charity organizations and staff working in CH, have duties to provide food for children living in CH? Does non-State actors, such as children’s homes and civil society organizations, have duties to provide food for OVC, including those living in children’s homes? <i>Probe:</i> How should these actors exercise their duties? How should the SOU enforce these actors’ duties?</p>			

32. Are there any financial resource constraints, which may compromise the children's HR to food and nutritional health? *Probe:* How is basic need provisions prioritized? How are the needs of the most vulnerable children safeguarded? *For CSO:* Are there any financial resource constraints, which may compromise your work towards the promotion of the rights of OVC, including those living in CH? *Probe:* In case of lack of economic resources, how will the CH/CSO go about it to generate more funding?

- *For NCC/UHRC:* What is the NCC/UHRC's sources for financial resources?
- *For GoU:* Are there any financial resource constraints, which may compromise your work towards the realization of the RoC living in CH? In case of lack of economic resources, how will you go about it to generate more funding?
- *QUESTIONAIRRE:* Are you satisfied with the sufficiency of financial resources regarding the following in the CH/CSO/SOU/UHRC:
 - a) The budget available for realizing the HR to adequate food and nutritional health and wellbeing of the children?
 - b) The economic resources available to ensure adequate employment of relevant staff?
 - c) The economic resources available to ensure proper training of all staff in HR, nutrition, health and care, and management of the OVC?
- *QUESTIONAIRRE:* Are you satisfied with the prioritizing of financial resources regarding the following in the CH:
 - a) The provision of food, health and care for good nutrition to the children?
 - b) Do you consider the relative share of funds allocated to this area as reasonable?
- *QUESTIONAIRRE:* Are you satisfied with the adequacy of the following in the CH:
 - a) The extent of transparency in the use of resources?
 - b) The extent of accountability in the use of resources?
- *QUESTIONAIRRE:* In the past 4 weeks, did it happen that the children in the CH:
 - a) Were not able to eat the kinds of food you would have preferred for them to eat, because of lack of resources?
 - b) Had to eat a limited variety of foods because of lack of resources?
 - c) Had to eat a smaller meal than they needed because there was not enough food?
 - d) Had to eat fewer meals in a day because there was not enough food?
 - e) Went to sleep at night hungry because there was not enough food?
 - f) Went a whole day and night without eating anything at all because there was not enough food?
 - f) In the past 4 weeks, did it happen that there was no food to eat of any kind in the CH, because of lack of resources?
 - g) Do you consider the last 4 weeks as representative for the previous 12 months of availability of nutritious foods, for the children living in the CH?
- *QUESTIONAIRRE:* Are you satisfied with the sufficiency of financial resources available for the following in the CSO/SOU/UHRC:
 - a) For ensuring proper training of all staff in HR, RoC, HR to adequate food and nutritional health, the needs of OVC, and CH?
 - b) For implementing relevant advocacy and awareness raising strategies:
 - i. To develop advocacy materials on HR and disseminate them effectively?
 - ii. To effectively engage with the public, stakeholders at the local level, incl. CSO?
 - iii. To effectively carry out sustainable HR training programs?
 - iv. To provide advocacy and awareness raising activities at the local levels?
 - v. To provide HR advocacy and awareness raising activities to children living in CH? *To UHRC:* To promote the OVC living in CH awareness of their HR, and to empower them to claim their HR, and to access redress if their HR are violated?
 - vi. For conducting relevant campaigns?
 - c) For regular investigation, monitoring and reporting on the situation of the HR to adequate food and nutritional health of OVC, incl. those living in CH?
 - d) For regular M&E of the impact of its work throughout the country? *For UHRC:* For regular M&E of the impact of the work of the UHRC throughout the country?
 - e) For actively participate with international and regional HR mechanisms?
- *QUESTIONAIRRE for CSO:* Are you satisfied with the sufficiency of financial resources regarding the following in the organization:

	<p>a) Of promoting the HR of OVC, incl. those living in CH, as reflected in the budget?</p> <p>b) Do you consider the relative share of funds allocated to this area as reasonable? - <i>QUESTIONNAIRE for UHRC</i>: Are you satisfied with the prioritizing of financial resources towards the following in the UHRC:</p> <p>a) Regular investigation, monitoring and reporting on the situation of OVC, incl. those living in CH?</p> <p>b) Do you consider the relative share of funds allocated to this area as reasonable? - <i>QUESTIONNAIRE for UHRC</i>: Are you satisfied with the adequacy of the following in the UHRC:</p> <p>a) The extent of transparency in the use of resources? b) The extent of accountability in the use of resources? - <i>QUESTIONNAIRE for LG/UHRC</i>: Are you satisfied with the sufficiency of financial resources regarding the following in the SOU:</p> <p>a) Of realizing the HR of OVC living in CH, as reflected in the budget of the SOU? b) The budget available for the Alternative Care Task Force and their Children’s Homes Inspection Team for their work to assess the living conditions for OVC living in CH?</p> <p>c) Do you consider the relative share of funds allocated to this area as reasonable? <i>For UHRC</i>: Do you consider the budget available for respecting, protecting and fulfilling the HR to adequate food and nutritional health of OVC living in CH as reasonable? - <i>QUESTIONNAIRE for LG/UHRC/CSO</i>: Are you satisfied with the adequacy of the following in the SOU:</p> <p>a) The extent of transparency in the use of public resources? b) The extent of accountability in the use of public resources? - <i>QUESTIONNAIRE for LG/UHRC/CSO</i>: Are you satisfied with the adequacy of financial resource allocation for the SOU regarding the following:</p> <p>a) To realize the MGLSD NSPPI-2 (2011-16)?</p> <p>i. Do you consider the advocacy efforts undertaken by the MGLSD for ensuring wide political commitment and resource allocations as adequate? ii. Do you consider it as high probability that the MGLSD will manage to secure increased funding in conditional grants from the SOU in time to realize the policy? iii. Do you consider it as high probability that the MGLSD will manage to secure increased funding through contribution from local GoU locally generated revenue in time to realize the policy? - <i>QUESTIONNAIRE for LG</i>: As an individual, have you received adequate training in financial resource mobilization? - <i>QUESTIONNAIRE for LG/UHRC/CSO</i>: To what extent do you consider the alleged reports of SOU corruption have affected the RtF of OVC:</p> <p>a) Living in CH (non-State owned)? b) Living in remand homes (State owned)? c) Living with parents, EF, or other legal guardians? d) Living on the street?</p>		
	<p>How is the capacity of relevant duty bearers in terms of proper management of human resources relevant for meeting their duties to promote, support &/or implement the HR to adequate food to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?</p>	<ul style="list-style-type: none"> - Duty bearers have a clear mandate, are skilled, experienced, devoted & have adequate time to oversee their assigned tasks - Duty bearers are regularly trained in the skills necessary to implement policies, regulations & mandates, & have access to peer support - Duty bearers are accountable, empowered, respecting HR, the rule of law & human dignity of OVC - No human resource constraints is affecting the RoC - Duty bearers cooperates with stakeholders, experts & trainers on 	<ul style="list-style-type: none"> - Document analysis of legal framework, & of institutional structures, functions & records - Review of relevant reports & literature - Structured qualitative in-debt interviews with duty bearers

		<p>OVC, HR, & nutrition, & relevant policy makers</p> <ul style="list-style-type: none"> - Each specific CH has employed policy responsible duty bearers - Duty bearers have the knowledge, skills & confidence to provide optimal food, health & care practices towards OVC - Other relevant international & national governmental organizations (GO) & NGO assist the SOU/CH to promote the HR of OVC living in CH & enable optimal food practices for good nutrition - National OVC coordinator & multisectoral/disciplinary committee with a clear mandate & adequate time & resources 	
<p><i>Human resources (available & accessible to, & control by, relevant duty bearers) (“transparency, accountability, responsibility of leaders & individuals, respect for the rule of law, sustainability”)</i></p>			
<p>33. How are you working to oversee the implementation and monitoring of strategies for realizing the RoC to adequate food and nutritional health? <i>For CSO/GoU</i>: How are you working to oversee the implementation and monitoring of the GoU strategies towards OVC, incl. those living in CH? <i>For UHRC/NCC</i>: How are you working to oversee the implementation and monitoring of the NCC and UHRC’s strategies towards OVC living in CH?</p> <p>34. Where have you learned what you know about HR and children’s need special for food, health care and protection? <i>Probe</i>: How has the CH or the SOU contributed to increase your capacity, performance and interest in the field of HR and children’s HR to adequate food and nutritional health?</p> <p>- <i>QUESTIONAIRRE</i>: Are you satisfied with the adequacy of the following:</p> <p>a) The skills, experience, devotion, and available time of relevant staff? <i>For UHRC/LG/CSO</i>: The facilitation of capacity development to improve the skills of actors to better carry out their mandate towards OVC, incl. those living in CH?</p> <p>b) The CH to facilitate an enabling environment, with satisfactory numbers of accountable and empowered staff respecting the HR, the rule of law, and the human dignity of children? <i>For UHRC/LG</i>: The facilitation of an enabling environment, with satisfactory numbers of accountable and empowered staff/State actors respecting and advocating for the HR, rule of law, and the human dignity of children?</p> <p>c) Relevant staffs’ awareness of their own HR, i.e. as rights holders and citizens, and as employees?</p> <p>d) The level of knowledge and adherence to the Alternative Care Framework, the Approved Home Regulations, the NSPPI-2 and the UNAP among staff? - <i>QUESTIONAIRRE</i>: Are there any form of human resource constraints, which may compromise the RoC to food and nutritional health? - <i>QUESTIONAIRRE for CSO</i>: Are you satisfied with the adequacy of the following in the SOU:</p> <p>a) The skills, experience, devotion, and available time of relevant State actors? b) <i>For CSO/LG/UHRC</i>: State actors capacity to address and respond to HR violations in relation to: i. OVC in parental care? ii. OVC living in CH? iii. OVC living on the street? iv. Gender, with emphasis on the girl child? v. Adoption trafficking? c) <i>For CSO/LG/UHRC</i>: State actors capacity to: i. Conduct research and HR analysis, and prepare reports on the HR situation in the country? ii. Implementing strategic plans? iii. Monitoring the implementation of strategic plans? d) <i>For UHRC</i>: i. Prepare reports for international and regional HR mechanisms? ii. Promote implementation of recommendations? iii. Monitor implementation of recommendations?</p>			

	<p>e) For LG/UHRC: Are there any form of human resource constraints or other barriers, which may compromise the investigation of the situation of OVC living in CH throughout the country?</p>	
	<p>How is the capacity of relevant duty bearers in terms of proper management of organizational resources relevant for meeting their duties to promote, support &/or implement the HR to adequate food to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?</p>	<ul style="list-style-type: none"> - Institutional mandate, incl. specific HRB commitment, goals, benchmarks - Institutional structural framework for implementing, & routines for M&E, of relevant legislation, policies & strategies - Promotion of family reunification & national Adoption, prior to IA - Existence of F&N program - Perceptions on implementation - All CH in Uganda have been Approved by the GoU - Mechanisms for enforcement of relevant legislation & strategies - Mechanisms are established for duty bearers/OVC/stakeholders to provide feedback to the institution - The institution provides consultants, literature & regular training programs to assist duty bearers to make improvements to fully implement their duties - Strong coordination & cooperation between SOU Central & local levels; CH management & the coordinators at LG levels; SCO & other relevant national & international institutions at local and central levels incl. SOU; SCO & CH - Sustainable routines & practices are developed to ensure realization of RoC - Relevant international & national GO or NGO assist the CH to implement the RoC & enable optimal food practices - Adequate M&E efforts undertaken by the UHRC & NCC - SCO M&E SOU performance, & provide M&E reports to relevant international treaty bodies & national Ombudsman etc. <p>Organizational resources (available & accessible to, & control by, relevant duty bearers) (“transparency, accountability, responsibility of leaders & individuals, respect for the rule of law, sustainability”)</p>
	<p>35. Does the organization regularly M&E its own performance in accordance with national policy criteria? For GoU: Does the local Government regularly monitor and evaluating its own performance in accordance with national policy criteria? Probe: If yes: Who is responsible? How often/when was the last time? Which gaps were identified? What actions have been undertaken to improve performance?</p> <p>36. Are you aware of any mechanisms that effectively can hold duty bearers accountable for inadequate or non-delivery of services towards children?</p> <p>37. Has the CH established mechanisms for the children to provide feedback and exercising influence on decision making? Probe: What are the number and sort of feedback received? Has any of the feedback involved lack of adequate provision of food, health, care and protection? For CSO/GoU: What mechanisms can</p>	

	<p>effectively hold duty bearers accountable for unfulfillment of HR and inadequate or non-delivery of services towards OVC, incl. those living in CH? <i>Probe:</i> Are these mechanisms being actively used by the organization? What is your perception regarding the challenges in enforcement?</p> <p>- <i>QUESTIONNAIRRE:</i> How often are capacity building activities undertaken in the institution (monthly/quarterly/biannually/annually/never)?</p> <p>- <i>QUESTIONNAIRRE:</i> Have the following issues been on the agenda, and been adequately covered: RoC; HR standards and principles; RoC to adequate food, health and care; F&NS; nutrition and child malnutrition; the girl child and the “window of opportunity”; child vulnerability; child protection; non-discrimination; NSPPI-2, Alternative Care Framework, Approved Home Regulations; institutional care and the effect on the child; family reunification, foster care, national and international adoption; adoption trafficking; democratic governance and corruption.</p> <p>- <i>QUESTIONNAIRRE for CH:</i> Do you think the SOU is adequately monitoring the efforts of the country’s CH in meeting its duties towards the children living there?</p> <p><i>For UHRC/LG:</i> Are you satisfied with the adequacy of the following:</p> <p>a) Of those efforts undertaken by the SOU, regarding monitoring of the CH performance in meeting its duties towards the OVC living there?</p> <p>b) Of those efforts undertaken by the NCC, regarding monitoring of the CH performance in meeting its duties towards the OVC living there?</p> <p>c) Of those efforts undertaken by the UHRC, regarding monitoring the CH performance in meeting its duties towards the OVC living there?</p> <p><i>For UHRC/LG/CSO:</i> Are you satisfied with the adequacy of the following:</p> <p>d) Of those efforts undertaken by the UHRC, regarding monitoring the efforts undertaken by the SOU in meeting its obligations towards OVC living in CH?</p> <p>e) Of those efforts undertaken by the NCC, regarding monitoring the efforts undertaken by the SOU in meeting its obligations towards OVC living in CH?</p> <p>- <i>QUESTIONNAIRRE for UHRC/LG/CSO:</i> Are you satisfied with the adequacy of the following:</p> <p>a) Of those efforts undertaken by the SOU, regarding reporting to international treaty bodies on the conditions for OVC, incl. those living in CH?</p> <p>b) Of those efforts undertaken by the SOU, regarding the implementation of concluding recommendations by international and regional treaty bodies on the conditions for OVC, incl. those living in CH?</p> <p>- <i>QUESTIONNAIRRE for CSO:</i> Are you satisfied with the adequacy of the following:</p> <p>a) Of those efforts undertaken by the SOU, regarding monitoring of the CSO performance in meeting its duties towards OVC, incl. those living in CH?</p> <p>b) Of those efforts undertaken by the NCC, regarding monitoring of the CSO performance in meeting its duties towards OVC, incl. those living in CH?</p> <p>c) Of those efforts undertaken by the UHRC, regarding monitoring of the CSO performance in meeting its duties towards OVC, incl. those living in CH?</p>
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Table 6:

Specific objectives	Research questions	Research indicators	Data collection methods
<p>Overall study aim: to assess the performance of the SOU in meeting its obligations to respect, protect & fulfil (facilitate, provide, promote) the HR relevant to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda</p>			
<p>Aim 2: to perform a qualitative role & capacity analysis of duty bearers with duties towards OVC receiving alternative care in CH in Uganda. The purpose is to get an insight into duty bearers’ tasks, commitment, responsiveness, performances, knowledge, perceptions, & constraints with regard to the protection of OVCs HR to adequate food, nutritional health & wellbeing. Further, to explore the capacities necessary to enable duty bearers to progressively fulfilling their duties of realizing the rights of these children, & to identify gaps in performance</p>			
<p>General objective 2.1(a): to assess the performance & capacities of relevant duty bearers in meeting their duties to realize the HR to adequate food, nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda</p>			

Statement (d): effective communication within relevant responsible institutions can contribute to promote the realization of the HR to adequate food, good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda

<p>To assess the performance & capacities of relevant duty bearers in meeting their duties, i.e. in terms of their resources & capabilities to communicate effectively, within the structures of the specific institution, with the public, the GoU, & other relevant (inter)national institutions with the potential to influence the practices concerning the implementation of the HR to adequate food to obtain good nutritional health & wellbeing of OVC receiving alternative care in (the specific) CH in Uganda</p>	<p>How is the capacity of duty bearers in terms of resources & capabilities to communicate effectively, incl. communication channels, between & within the structures of the CH, with the public, the GoU, & other relevant (inter)national institutions relevant for meeting their duties to promote, support &/or implement the HR to adequate food to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda</p>	<ul style="list-style-type: none"> - Mechanism is in place for feedback - Mechanisms for adequate communication within & between CH, relevant GoU institutions, & (inter)national IGO, GO & NGO - Mechanisms for multidisciplinary/-sectoral & interregional communication, coordination & transparency between the CH, & relevant (inter)national State- & non-State actors & sectors - Transparency in decision making - National OVC policy, regulations & other relevant adequate information is routinely distributed/communicated within & between levels in the SOU, CH, SCO, the public & stakeholders - Evidence-based quality information on OVC, HR & nutrition is easily available for duty bearers & the public at all times, in relevant languages - Perception of reasons for non-compliance with relevant national legislation, of SCO & of SOU - Perceptions of SOU implementation of the national advocacy & awareness raising strategy - Relevant policies & regulations, & benefits of adequate food, health & care practices for optimal nutritional health, are communicated with all CH OVC by staff and through information material displayed in languages that they understand - CH has contact with the community regarding OVC, incl. regarding preventable measures - OVC M&E results distributed to key decision makers at all levels, & used to improve RoC practices 	<ul style="list-style-type: none"> - Document analysis of legal framework, & of institutional structures, functions & records - Review of relevant reports & literature - Structured qualitative in-debt interviews with duty bearers
<p>Capabilities to communicate effectively (“participation, involvement”)</p>			
<p>38a. Why do you think there exists so many CH in Uganda?</p>			
<p>38b. Why do you think so many CH are not ensuring compliance with national legislation?</p>			
<p>38c. Why do you think there is engagement limitations between CH and the local GoU?</p>			
<p>39. What do you think about family and EF reunification of OVC, incl. those living in CH? <i>Probe:</i> Ask for both positive and negative perceptions. How can the CH work to increase the practice? What should be done to increase the practice?</p>			
<p>40. What do you think about national adoption of OVC, incl. those living in CH? <i>Probe:</i> Ask for both positive and negative perceptions. How can the CH work to increase the practice? What should be done to increase the practice?</p>			

41. What do you think about IA of OVC, incl. those living in CH? *Probe:* Ask for both positive and negative perceptions. How can the CH work to decrease the practice? What should be done to decrease the practice?

- *For GoU/CSO:*

- What is being done regarding stopping licensing of new CH and stopping IA, until laws can be properly enforced in Uganda?
- Have you heard about the concept of adoption trafficking? *Probe:* What is your perception about the extent of the problem? What is your perception regarding the adequacy of the preventative measures taken?
- What is your view about the HR advocacy and awareness raising activities undertaken in Uganda, towards improving the conditions for OVC, incl. those living in CH?
- *QUESTIONNAIRE:* Do you think CH are sustainable and effectual ways of raising OVC, and ensuring their HR to food and nutritional health?
- *QUESTIONNAIRE for CH:* Are you aware that the SOU considers:
 - a) CH as unsustainable and ineffectual, and are working to limit their operation?
 - b) International donor funding of CH as contrary to national legislation, and as undermining national development efforts?
 - c) Institutionalization of children to increase destitution of families, affecting OVC and their HR?
 - d) Institutionalization as not in the best interests of the child, as it is damaging to their social and mental development, is undermining the RoC to be cared for by their families, and is creating child vulnerability?
 - e) Do you think the SOU is correct in these issues?
- *QUESTIONNAIRE for CH:* This CH is Approved by the Government. Are you aware of this CH response towards the GoU appeal to join and align with the Alternative Care Framework in a national coordinated response to reunite all children with their families? *For UHRC/LG/CSO:* Do you agree with the following statements:
 - a) CH as unsustainable and ineffectual, and the SOU should work to limit their operation?
 - b) International donor funding of CH is contrary to national legislation, and as undermining national development efforts?
 - c) Institutionalization of children increases destitution of families, affecting OVC and their HR adversely?
 - d) Institutionalization is not in the best interests of the child, as it is damaging to their social and mental development, is undermining the RoC to be cared for by their families, and is creating child vulnerability?
 - e) Are you satisfied with the adequacy of the SOU implementation of its advocacy and awareness raising strategy towards these issues?
- *QUESTIONNAIRE for CSO/UHRC/LG:* Are you satisfied with the adequacy of the following:
 - a) The cooperation between the UHRC and the SOU?
 - i. The UHRC's work towards influencing the SOU regarding their fulfillment of their obligations towards the HR to adequate food, nutritional health, care and protection of OVC while living in CH?
 - b) The cooperation between the central and the local levels of GoU?
 - c) The communication between the UHRC and the public and other stakeholders?
 - d) The communication between the SOU and the public and other stakeholders?
- For CSO:*
 - e) The communication between the organization and the GoU?
 - f) The communication between the organization and other stakeholders?
 - g) The communication between the organization and the public?
- *QUESTIONNAIRE for UHRC:* Are you satisfied with the adequacy of the following in the UHRC:
 - a) The communications strategy to inform the public and other stakeholders of the UHRC's functions, of HR, and of the obligations of duty bearers?
 - b) The sustainable HR advocacy and awareness raising activities towards improving the conditions for OVC living in CH?

	<p>c) The direct advocating towards leaders of CH to provide adequate food and basic services, and to implement the HR standards in their daily work? d) The promotion of OVC living in CH awareness of their HR, and to empower them to claim their HR, and to access redress if their HR are violated? e) The engagement with and empowering of the MGLSDs Department of Children’s Affairs in their work with OVC living in CH? f) The engagement with other stakeholders and key allies to support the UHRC’s work, recommendations, and programs for promoting and protecting the HR of OVC living in CH? g) The HR training and advocacy and awareness raising programs for relevant stakeholders, incl.: i. Central Government officials. ii. Local Government officials. iii. Judiciaries, parliamentarians, police officers, military officers. iv. Journalists. v. Civil society actors. vi. CH staff. vii. General public. viii. Children. ix. OVC. x. OVC living in CH. h) The production and dissemination of public HR information and advocacy materials? i) The work with the media in disseminating HR information? j) The engagement with international and regional HR mechanisms? k) The advocacy for national implementation of international HR obligations, and the recommendations of the international and regional HR mechanisms? - <i>QUESTIONNAIRRE for CSO/LG</i>: Are you satisfied with the adequacy of the following in the UHRC: a) The HR training and advocacy and awareness raising programs for relevant stakeholders, b) The production and dissemination of public HR information and advocacy materials? c) The work with the media in disseminating HR information? d) The engagement with international and regional HR mechanisms? e) The advocacy for national implementation of international HR obligations, and the recommendations of the international and regional HR mechanisms? - <i>QUESTIONNAIRRE for LG</i>: How is the civil society’s general response towards the appeal to join and align with the Alternative Care Framework in a national coordinated response? <i>For CSO</i>: What is your view on the civil society’s general response towards the appeal to join and align with the Alternative Care Framework in a national coordinated response?</p>			
	<table border="1"> <tr> <td data-bbox="475 1256 756 1509"> What perception do duty bearers have regarding child empowerment & freedom of expression regarding their HR to obtain good nutritional health & wellbeing? </td> <td data-bbox="756 1256 1187 1509"> - Positive views on child empowerment - Duty bearers commitment towards HR of OVC - Child participation - Communication on OVC, HR & nutrition in media; freedom of expression, free press </td> <td data-bbox="1187 1256 1404 1509"> - Structured qualitative in-debt interviews with duty bearers </td> </tr> </table>	What perception do duty bearers have regarding child empowerment & freedom of expression regarding their HR to obtain good nutritional health & wellbeing?	- Positive views on child empowerment - Duty bearers commitment towards HR of OVC - Child participation - Communication on OVC, HR & nutrition in media; freedom of expression, free press	- Structured qualitative in-debt interviews with duty bearers
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	<p><i>Access to information (seek, receive & impart) concerning the HRoC (“child empowerment”)</i></p> <p>42. Is it desirable to promote children’s awareness of their HR to adequate food and related HR, so they hence can access redress if their HR are violated? <i>Probe</i>: If yes: How are you working to increase the children’s awareness of their HR? What mechanisms does this CH have in place for the children to be able to claim their HR? <i>For CSO</i>: What mechanisms exist in Uganda for the children to be able to claim their HR and to access redress if their HR are violated? <i>For GoU (NCC/UHRC)</i>: What mechanisms does the SOU have in place for the children to be able to claim their HR and to access redress if their HR are violated? - <i>For UHRC</i>: Have UHRC received any complaints of violations regarding the standards and services provided to children living in CH? <i>Probe</i>: If yes: What are the number and sort of complaints received? Has any of the complaints involved lack of adequate provision of food, health, care and protection in CH? What was the outcome of the investigations? - <i>QUESTIONNAIRRE for CH</i>: a) Do State actors regularly interact with the OVC living in the CH?</p>			

	<p>b) Do all staff working in the CH regularly interact with the OVC living there?</p> <p>c) Have State actors explored if the OVC living in the CH are aware of their RtAF to obtain good nutritional health and wellbeing? <i>For UHRC</i>: Has the UHRC explored if the OVC living in CH are aware of their RtAF to obtain good nutritional health and wellbeing?</p> <p>- <i>QUESTIONNAIRE</i>: Do you perceive the following as positive for children:</p> <p>a) Child empowerment?</p> <p>b) Child empowerment, through access to information relevant for their HR to obtain good nutritional health and wellbeing?</p> <p>c) Child empowerment, through capacity and awareness raising in areas relevant for their HR to obtain good nutritional health and wellbeing?</p> <p>d) Child empowerment, through the relevant channels to access redress if their HR are abused?</p> <p>e) Child empowerment, through the encouragement of participation, freedom of expression, and opportunities for exercising influence on decision making?</p> <p>- <i>QUESTIONNAIRE</i>: Do you consider the media coverage and communication in matters regarding CH and OVC, in relation to their HR to adequate food and nutritional health and wellbeing as: a) Adequate? b) Truthful?</p> <p>- <i>QUESTIONNAIRE for UHRC</i>: Do you consider the media coverage and communication in matters regarding UHRC performance of promoting the HR to adequate food and nutritional health and wellbeing of OVC and CH as: a) Adequate? b) Truthful? <i>For LG/CSO</i>: Do you consider the media coverage and communication in matters regarding SOU performance of realizing the HR to adequate food and nutritional health and wellbeing of OVC and CH as: a) Adequate? b) Truthful?</p>
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Table 7:

Specific objectives	Research questions	Research indicators	Data collection methods
Overall study aim: to assess the performance of the SOU in meeting its obligations to respect, protect & fulfil (facilitate, provide, promote) the HR relevant to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda			
Aim 2: to perform a qualitative role & capacity analysis of duty bearers with duties towards OVC receiving alternative care in CH in Uganda. The purpose is to get an insight into duty bearers' tasks, commitment, responsiveness, performances, knowledge, perceptions, & constraints with regard to the protection of OVCs HR to adequate food, nutritional health & wellbeing. Further, to explore the capacities necessary to enable duty bearers to progressively fulfilling their duties of realizing the rights of these children, & to identify gaps in performance			
General objective 2.1(a): to assess the performance & capacities of relevant duty bearers in meeting their duties to realize the HR to adequate food, nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda			
Statement (e): capabilities for rational decision making can contribute to promote the realization of the HR to adequate food, good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda			
To assess the performance & capacities of relevant duty bearers in meeting their duties, i.e. in terms of their capabilities for rational decision making & leaning to promote, support &/or implement the HR to adequate food to obtain good nutritional health & wellbeing of OVC receiving alternative	How is the capacity of duty bearers in terms of capabilities for rational decision making, incl. the collection & use of reliable data, relevant for meeting their duties to implement the HR to adequate food to obtain good nutritional health & wellbeing of OVC receiving alternative care in CH in Uganda?	<ul style="list-style-type: none"> - The institution is regularly/routinely carrying out studies, situation assessment/analysis, & M&E of RoC trends, based on HR norm/principles, frameworks & targets - SOU is regularly & routinely carrying out M&E of CH - Active use of international M&E, such as HR reporting & Committee concluding observations - Perception on HRBA for good governance - M&E results are reflecting reality 	<ul style="list-style-type: none"> - Document analysis of legal framework, & of institutional structures, functions & records - Review of relevant reports & literature - Structured qualitative in-debt interviews with duty bearers

<p>care in (the specific) CH in Uganda</p>		<ul style="list-style-type: none"> - M&E lead to revision of action plans for improvement or maintenance, based on identified gaps - Decisions on optimal food, health & care practices are based on full/correct knowledge of recommendations, benefits & management - Duty bearers are aware of relevant HRI, national legislation/strategies, & the specific CH policies/regulations - Duty bearers are confident that they can provide optimal food, health & care practices towards OVC 	
		<p>Capabilities for informed & rational decision making & learning from experience (“accountability, responsibility of leaders & individuals, sustainability”)</p> <p>43. Is the CH following the HRBA to good governance to obtain good nutritional health and wellbeing of the children living here? <i>For CSO:</i> Is the organization following the HRBA to good governance to promote good nutritional health and wellbeing of OVC, incl. those living in CH? <i>Probe:</i> What is your perception of the GoU performance according to the HRBA to good governance? <i>For GoU:</i> Is the GoU following the HRBA to good governance to realize good nutritional health and wellbeing of the children living in CH? <i>Probe:</i> What is your perception of the GoU performance according to the HRBA to good governance?</p>	
	<p>What perceptions do duty bearers have regarding child empowerment on their HR to obtain good nutritional health & wellbeing?</p>	<ul style="list-style-type: none"> - Positive views on child empowerment - Decision making is transparent, participatory & inclusive - Recognition of OVC & stakeholders HR to participation in decision making, & inclusion in relations significant to their HR 	<ul style="list-style-type: none"> - Structured qualitative in-debt interviews with duty bearers
	<p>Child freedom of expression & opportunities for exercising influence, through inclusion, involvement & participation in decision making processes concerning the RoC (“child empowerment”)</p> <p>44. What mechanisms are in place for including the children, incl. those living in CH, and the concerned stakeholders in decision making relevant for their lives? <i>Probe:</i> Are these mechanisms adequate?</p> <p>Finishing questions:</p> <p>45. What do you consider as positive and functional about Uganda’s system of safeguarding children and their HR to good nutritional health?</p> <p>46. Is there anything you would like to add that we have not discussed, and that you consider could be valuable for this study?</p> <p>47. Do you have any suggestions regarding how this institution/GoU could change procedures to better comply with the principle of the best interest of the child and their HR to adequate food and nutritional health?</p> <p>Thank you very much for the interview!</p>		

Annex 5.

List of duties of moral duty bearers mentioned in relevant international and African human rights law and Ugandan legislation, of relevance for OVC receiving alternative care in children's homes

<i>1948 UN UDHR;</i>	
Art.1	- All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood
Art.16.3	- The family is the natural and fundamental group unit of society and is entitled to protection by society and the State
Art.29.1	- Everyone has duties to the community in which alone the free and full development of his personality is possible
Art.29.2	- In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society (All have a duty not to interfere with the enjoyment of others HR)
<i>1966/76 UN ICESCR;</i>	
Preamble	- Realizing that the individual, having duties to other individuals and to the community to which he belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the present Covenant
<i>1966/76 UN ICCPR;</i>	
Preamble	- Realizing that the individual, having duties to other individuals and to the community to which he belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the present Covenant
Art.23.1	- The family is the natural and fundamental group unit of society and is entitled to protection by the family, society and the State
Art.24.1	- Such measures of protection as are required by his status as a minor, on the part of his family, society and the State
<i>1979/81 UN ICEDAW;</i>	
Preamble	- Aware that the upbringing of children requires a sharing of responsibility between men and women and society as a whole
<i>1989/90 UN ICRC;</i>	
Preamble	- Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community - Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding
	State Parties shall:
Art.3.2	- Ensure the child such protection and care as is necessary for its well-being, taking into account the rights and duties of its parents, legal guardians, or other individuals legally responsible, and, to this end, shall take all appropriate legislative and administrative measures
Art.3.3	- Ensure that institutions, services and facilities responsible for the care or protection of children conform with the standards established by competent authorities, particularly in the areas of safety, health, number and suitability of staff, and competent supervision
Art.5	- Respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized
Art.14.2	- Respect the rights and duties of the parents and, when applicable, legal guardians, to provide direction to the child in the exercise of his right in a manner consistent with the evolving capacities of the child
Art.18.1	- Use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern
Art.18.2	- For the purpose of guaranteeing and promoting the rights set forth in the present Convention,

Art.27.2	States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and ensure the development of institutions, facilities and services for the care of children
Art.27.3	- The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development
Art.27.4	- ...take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing - Take all appropriate measures to secure the recovery of maintenance for the child from the parents or other persons having financial responsibility for the child, both within the State and from abroad
<i>1981/86 OAU African Charter on Humans and Peoples Rights (HPR);</i>	
Preamble	- Considering that the enjoyment of rights and freedoms also implies the performance of duties on the part of everyone
Section 7	
Art.27.1	- Every individual shall have duties towards...society, State and other legally recognized communities and the international community
Art.27.2	- The rights and freedoms of each individual shall be exercised with due regard to the rights of others, collective security, morality and common interest
Art.28	- Every individual shall have the duty to respect and consider his fellow beings without discrimination, and to maintain relations aimed at promoting, safeguarding and reinforcing mutual respect and tolerance
Art.29.3; 29.6	- The individual shall also have the duty to preserve and strengthen social and national solidarity; [and] positive African cultural values in his relations with other members of the society, in the spirit of tolerance, dialogue and consultation and, in general to contribute to the promotion of the moral well-being of society
<i>1990/99 OAU African Charter on the Rights and Welfare of the Child (ACRWC);</i>	
Preamble	- Considering that the promotion and protection of the RWC also implies the performance of duties on the part of everyone
Section 7	
Art.20; 20.1 (a;b;c)	- ...persons responsible for the child shall have the primary responsibility of the upbringing and development the child, and shall have the duty to ensure that the best interests of the child are their basic concern at all times; secure, within their abilities and financial capacities, conditions of living necessary to the child's development; ensure that domestic discipline is administered with humanity and in a manner consistent with the inherent dignity of the child
Art.31 (c;d)	- Every child shall have responsibilities towards...society, State and other legally recognized communities and the international community. The child, subject to his age and ability, and such limitations as may be contained in the present Charter, shall have the duty to preserve and strengthen social and national solidarity; Preserve and strengthen African cultural values in its relations with other members of the society, in the spirit of tolerance, dialogue and consultation and to contribute to the moral well-being of society
<i>2003/05 AU Protocol to the African Charter on HPR on RoW;</i>	
Art.6	- States Parties shall enact appropriate national legislative measures to guarantee that a woman and a man shall jointly contribute to safeguarding the interests of the family, protecting and educating their children
Art.13(l)	- States Parties shall adopt and enforce legislative and other measures to guarantee women equal opportunities in work and career advancement and other economic opportunities. In this respect, they shall recognise that both parents bear the primary responsibility for the upbringing and development of children and that this is a social function for which the State and the private sector have secondary responsibility
<i>2006/09 AU AYC;</i>	
Preamble	- Considering that the promotion and protection of the rights of youth also implies the performance of duties by youth as by all other actors in society
Art.26 (a;e;h;i;j;k ;m)	- Every young person shall have responsibilities towards...society, State, and the international community. Youth shall have the duty to become the custodians of their own development; engage in peer-to-peer education to promote youth development; work towards a society free from substance abuse, violence, coercion, crime, degradation, exploitation and intimidation; promote tolerance, understanding, dialogue, consultation and respect for others; defend democracy, the rule of law and all HR and fundamental freedoms; encourage a culture of voluntarism and HR protection, as well as participation in civil society activities; promote, preserve and respect African traditions and cultural heritage and pass on this legacy to future generations
<i>Ugandan legislation;</i>	
<i>1995 Constitution of the ROU;</i>	

Ch.3

Art.17.1 It is the duty of every citizen of Uganda to:

(b) - Respect the rights and freedoms of others

(c) - Protect children and vulnerable persons against any form of abuse, harassment or ill-treatment

(i) - Combat corruption and misuse or wastage of public property

(k) - Perform such other national duties and obligations as Parliament may by law prescribe

Ch.4

Art.31.4 - It is the right and duty of parents to care for and bring up their children

Annex 6.

List of relevant African human rights law and their foundation in, and adherence to, international human rights law

<i>1963 OAU Charter;</i>	
Preamble	- Reaffirming adherence to the Principles of the UN Charter and the UDHR
<i>1981/86 OAU African Charter on HPR;</i>	
Preamble	- Reaffirming adherence to the principles of the UN Charter, UDHR, and OAU Charter Article 2 - Reaffirming adherence to the Principles of HPR and freedoms contained in the declarations, conventions and other instrument adopted by the OAU, Non-Aligned Movement and UN
Art.60	- African Committee of the HPR shall draw inspiration from international law on HPR, particularly from the various African HRI on HPR, the UN Charter, OAU Charter, UDHR, other instruments adopted by the UN and by African countries in the field of HRP, and various instruments adopted within the UN Specialized Agencies of which the Parties to the present Charter are members
Art.61	- African Committee of the HPR shall take into consideration, as subsidiary measures to determine the principles of law, other international conventions laying down rules expressly recognized by member states of the OAU, African practices consistent with international norms on HPR, customs generally accepted as law, general principles of law recognized by African States and legal precedents and doctrine
<i>1990/99 OAU ACRWC;</i>	
Preamble	- Considering that the OAU Charter recognizes the importance of HR, and that the African Charter on HPR recognizes that its rights and freedoms is entitled to everyone - Reaffirming adherence to the principles of the RWC contained in the declaration, conventions and other instruments of the OAU and the UN, and in particular the ICRC and the Declaration on the Rights and Welfare of the African Child
Art.11.2 (b)	- Education of the child shall be directed to fostering respect for HR and fundamental freedoms with particular reference to those set out in the various African HRI on HPR and international HR declarations and conventions
Art.46	- African Committee of Experts on RWC shall draw inspiration from international HR law, particularly the African Charter on HPR, OAU Charter, UDHR, ICRC, and other HRI adopted by the UN and by African countries, and from African values and traditions
<i>2003/05 AU Protocol to the African Charter on HPR on RoW;</i>	
Preamble	- Considering that the African Charter on HPR Article 2 enshrines the principle of non-discrimination; Article 18 calls on all States Parties to eliminate every discrimination against women and to ensure the protection of the RoW as stipulated in international declarations and conventions; Articles 60 and 61 recognise regional and international HRI and African practices consistent with international norms on HPR as being important reference points for the application and interpretation of the African Charter - Recalling that women's rights have been recognised and guaranteed in all international HRI, notably the UDHR, ICCPR, ICESCR, ICEDAW and its Optional Protocol, the ACRWC, and all other international and regional conventions and covenants relating to the RoW as being inalienable, interdependent and indivisible HR - Noting that the UN Plans of Action reaffirms women's rights and women's essential role in development; UN Security Councils 2000 Resolution1325 on the role of women in promoting peace and security - Reaffirming the principle of promoting gender equality as enshrined in the AU Constitutive Act, as well as the New Partnership for Africa's Development, relevant declarations, resolutions and decisions underlining the commitment of the African States to ensure full participation of African women as equal partners in Africa's development - Noting that the African Platform for Action, the 1994 Dakar Declaration and the 1995 Beijing Platform for Action call on all UN Member States to take concrete steps to give greater attention to women's HR in order to eliminate all forms of discrimination and gender-based violence - Bearing in mind related resolutions, declarations, recommendations, decisions, conventions and other regional and sub-regional instruments aimed at eliminating all forms of discrimination and at promoting equality between women and men
Art.12.1 (b)	- Integrate gender sensitization and HRE at all levels of education curricula, including teacher training
<i>2006/09 AU AYC;</i>	

Preamble	<ul style="list-style-type: none"> - Guided by the AU Constitutive Act, the UDHR, ICCPR and ICESCR, as articulated in the African Charter on HPR - Bearing in mind the ICEDAW and the 2003 Protocol to the African Charter on HPR on RoW - Reaffirming adherence to the ICRC, the ACRWC, and the UN MDG - Recalling the UN World Programme of Action for Youth to the Year 2000 and beyond and the 10 priority areas identified, and the 5 additional areas adopted in 2005 - Guided by the 2004 New Partnership for Africa's Development Strategic Framework for Youth Programme
Art.13.3 (b)	- Education of young people shall be directed to fostering respect for HR and fundamental freedoms as set out in the various African HPR and international HR declarations and conventions

Annex 7.

List of relevant African HRI and Ugandan legislation, and their emphasis on the preservation of cultural traditions and traditional moral, ethics and values

<i>1981/86 OAU African Charter on HPR;</i>	
Preamble	- Taking into consideration the virtues of their historical tradition and the values of African civilization which should inspire and characterize their reflection on the concept of HPR - Firmly convinced of their duty to promote and protect HPR and freedoms taking into account the importance traditionally attached to these rights and freedoms in Africa
Art.17.3	- Promotion and protection of morals and traditional values recognized by the community shall be the duty of the State
Art.18.1	- Family...shall be protected by the State which shall take care of its...moral
Art.18.2	- ...family...is the custodian of morals and traditional values recognized by the community
Art.27.2	- Rights and freedoms of each individual shall be exercised with due regard to the rights of others, collective security, morality and common interest
Art.29.1; 29.6	- The individual shall have the duty to preserve the harmonious development of the family and to work for the cohesion and respect of the family; to respect its parents at all times, to maintain them in case of need; preserve and strengthen positive African cultural values in its relations with other members of the society, in the spirit of tolerance, dialogue and consultation and, in general, to contribute to the promotion of the moral well-being of society
Art.61	- African Committee of the HPR shall take into consideration...African practices consistent with international HPR norms, customs generally accepted as law
<i>1990/99 OAU ACRWC;</i>	
Preamble	- Taking into consideration the virtues of the cultural heritage, historical background and the values of the African civilization which should inspire and characterize the reflection on the concept of the RWC
Art.1.3	- Any custom, tradition, cultural or religious practice that is inconsistent with the rights, duties and obligations contained in this Charter shall to the extent of such inconsistency be discouraged
Art.11.2 (c)	- Preservation and strengthening of positive African morals, traditional values and cultures
Art.31(a); d)	- ...child...duty to work for the cohesion of the family, to respect its parents, superiors and elders at all times and to assist them in case of need;...African cultural values in its relations with other members of the society, in the spirit of tolerance, dialogue and consultation and to contribute to the moral well-being of society
Art.46	- The Committee shall draw inspiration from...African values and traditions
<i>2003/05 AU Protocol to the African Charter on HPR on RoW;</i>	
Preamble	- Recognizing the crucial role of women in the preservation of African values based on the principles of equality, peace, freedom, dignity, justice, solidarity and democracy
Art.2.2	- States Parties shall commit themselves to modify the social and cultural patterns of conduct of women and men...elimination of harmful cultural, traditional practices and all other practices...
Art.4.2(d)	- States Parties shall...eradicate elements in traditional and cultural beliefs, practices and stereotypes which legitimize and exacerbate persistence and tolerance of violence against women
Art.5	- States Parties shall prohibit and condemn all forms of harmful practices which negatively affect the HR of women and which are contrary to recognised international standards
<i>2006/09 AU AYC;</i>	
Preamble	- Fully attached to the virtues and values of African historical tradition and civilization which form the foundation for our concept of people's rights
Art.13.3 (d)	- Education of young people shall be directed to the preservation and strengthening of positive African morals, traditional values and cultures and the development of national and African identity and pride
Art.13.4 (m)	- ...participation of all youth in cultural activities as part of holistic development
Art.20.1(a); b; c; d; e; f)	- States Parties shall take the following steps to promote and protect the morals and traditional values recognised by the community: eliminate all traditional practices that undermine the physical integrity and dignity of women; recognise and value beliefs and traditional practices that contribute to development; establish institutions and programmes for the development, documentation, preservation and dissemination of culture;...raise awareness of, teach and inform youth about African culture, values and indigenous knowledge; harness the creativity of youth to promote local cultural values and traditions by representing them in a format acceptable to youth and in a

<p>Art.20.2 (c; d)</p> <p>Art.25 (a; b)</p> <p>Art.26(c; m; n)</p>	<p>language and forms to which youth relate; introduce and intensify teaching in African languages in all forms of education as a means to accelerate economic, social, political and cultural development</p> <p>- States Parties...shall engage youth/organisations to understand the nexus between contemporary youth culture and traditional African culture, and enable them to express this fusion through cultural/artistic forms [and]...promote new cultural forms that link the past to the future</p> <p>- State Parties shall take all appropriate steps to eliminate harmful social and cultural practices that affect the welfare and dignity of youth, in particular customs and practices that harm the health, life or dignity;...or are discriminatory to youth</p> <p>- Every youth shall have responsibilities towards its family and society, the State, and the international community. Youth shall have the duty to have full respect for parents and elders and assist them anytime in cases of need in the context of positive African values; promote, preserve and respect African traditions and cultural heritage and pass on this legacy to future generations; become the vanguard of re-presenting cultural heritage in languages and forms youth relates to</p>
<p><i>Ugandan legislation;</i></p>	
<p><i>1995 Constitution of the ROU;</i></p>	
<p>Obj. XXIV</p> <p>(a)</p>	<p>- Cultural and customary values which are consistent with fundamental rights and freedoms, human dignity, democracy and with the Constitution may be developed and incorporated in aspects of Ugandan life. The State shall:</p> <p>Promote and preserve those cultural values and practices which enhance the dignity and well-being of Ugandans</p>

Annex 8.

Monica Olafsen,
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Agreement on Duty of Confidentiality and the Division of Work between the research assistants and the lead researcher Monica Olafsen

Duty of Confidentiality

I am aware that I as a research assistant in this study have a duty of confidentiality regarding information I get knowledge about, in the same way as the lead researcher. I will not have access to data after the interviews are over, nor to keep notes of the interviews.

Division of Work during Field Visits, Interviews, and other Appointments

I am aware that I as a research assistant in this study am selected for the reason of my local knowledge of the Ugandan society, for the formal training and experience I have within the field of study, and for my computer skills.

I am aware that I, together with my two colleagues (the second research assistant and the lead researcher), am responsible for facilitating the practical arrangements before and under the field visits and interviews. Before the interviews this includes to facilitate appointments making with relevant study participants. Under the field visits and interviews this includes to facilitate the organization of interviews and to lead the interviews in collaboration with the co-research assistant. One research assistant will lead the interview in accordance with the interview guide, while the other research assistant will take comprehensive notes. This arrangement will be organized between the two research assistants. The lead researcher will observe and take field notes. The lead interviewer is responsible for all communication, time management, and for making sure that all questions in the interview guide are answered.

I am aware that I together with my two colleagues immediately, or as soon as possible, after the interview shall go through the interview session and to summarize it both orally and written. I am aware that I together with my co-research assistant as soon as possible after the interview, and no later than the day after the interview, am responsible for typing the results from the interview sessions into a pre-set document. One computer will be made available by the lead researcher.

I am aware that I am expected to show respect for study respondents at all times. I am aware that I am expected to and responsible for meeting well in advance of the scheduled time for interviews with study respondents. I am aware that there is no accepted excuse for failing to appear or to meet late for these appointments.

I am aware that I am expected to and responsible for meeting on time for appointed meetings with my two colleagues, the second research assistant and the lead researcher. I am aware that there is no accepted excuse for failing to inform the lead researcher beforehand if I am failing to appear or if I am failing to meet on time for these appointments.

I am aware that I will only receive the agreed salary of 40.000 UGX per work day if I am fulfilling these requirements.

Signed at (place) _____ *on (date)* _____

I agree on the above mentioned terms (Signature)

Signed at (place) _____ *on (date)* _____

I agree on the above mentioned terms (Signature)

Annex 9.

List of all eligible duty bearers and key informants identified by the researcher as relevant for investigation

Eligible study participants		
Institutions	Roles	Names
Primary level of proximity to the child: <i>primary moral duty bearers under international HR law. NSA with non-State-delegated primary or secondary legal responsibility under national law.</i>		
Households	Parents or Extended Family Members	
<i>Local Private Service Providers;</i>		
Children's Homes	Caretaker	
	Nurse	
	Social Worker	
	Cook	
	Volunteer	
Secondary level of proximity to the child: <i>primary moral duty bearers under international HR law. State agents with State-delegated primary legal obligations under national law: duty bearers at primary (public local service providers), secondary (leaders of public local service providers), or tertiary (national public institutions) levels of government and public institutions.</i>		
<i>Central Government Administration;</i>		
<i>Ministry of Gender, Labour & Social Development (MGLSD) Department of Youth & Children Affairs (DYCA);</i>		
MGLSD	Cabinet Minister State Minister Commissioner Assistant Commissioner Hon. Minister of State for Youth & Children Affairs (YCA) Permanent Secretary Director of Department of Social Protection	Ronald Kibuule
DYCA	Director of Department of YCA	
	Commissioner for YCA	Fred Onduri
	Assistant Commissioner for Youth Affairs	Kyateha Francis Mondo
	Assistant Commissioner for Children Affairs/OVC Program Director	James Kaboggoza-Ssembatya
	Principle Probation & Welfare Officer (PWO)	Frank Masiko
	Senior PWO: CH Inspection Team	Kato Arthur Freeman
	Principle PWO: reports from LG. Probation & Social Welfare Officer (PSWO)	Jane Stella Ogwang
	PWO	Angella Rubarema
	OVC Technical Advisor	Agnes Alobo Joel Muhairwe
	M&E OVC Program Officer	
OVC National Implementation Unit	Head/Coordinator	John Okiror
	Deputy Head/Coordinator	Moritz Magall
Working Group on Nutrition & Health	Chairperson/OVC-Focal Person	Esiru Godfrey
Child Protection Working Group		Agnes Wasike
National OVC Steering Committee & Secretariat		
Quality Standards Task Force & Working Group		
Alternative Care Campaign	Alternative Care Consultant	Mark Riley
	International Child Campaign	Alan Kiff

	UNICEF Uganda	
Alternative Care Panel Kampala / Adoption and Foster Panel		Caroline Bankusha
Alternative Care Task Force; CH Inspection Team	Principle PWO PWO Senior PWO	Frank Masiko Angella Rubarema Kato Freeman
<i>Other Central Government Agencies;</i>		
Ministry of Agriculture, Animal Industry & Fisheries (MOAAIF)		
Ministry of East African Affairs (MOEAA), Children's Desk	(Responsibility; child trafficking)	
Ministry of Finance, Planning & Economic Development (MFPED), Children's Desk		
Ministry of Health (MOH)	Minister for MoH. Chairperson/OVC-Focal Person for MGLSD DYCA Thematic Working Group on Nutrition and Health	Esiru Godfrey
Ministry of Internal Affairs (MOIA)	(Responsibility; central police & approve NGO licenses)	
Ministry of Justice & Constitutional Affairs (MOJCA), Children's Desk		
Ministry of Local Government (MOLG), Kampala City Council Authority (KCCA) & District Local Governments		
Ministry of Public Service (MOPS)		
National Planning Authority		
Uganda Parliamentary Forum for Children (UPFC)	Parliamentarian	Remie Wamala
Parliament OVC Standing Committee	Parliamentarian	
<i>Local Government (LG) Administration; Kampala City Council Authority (KCCA) governs Kampala City. Kampala Municipality governs other areas of Kampala (extra region) than Kampala City.</i>		
KCCA Local Council (LC) 1, 2, 3 (Village, Parish, Subcounty Level)	Chairperson	
	Secretary to Children's Affairs	
	OVC Coordination Committee	
	Family & Children Committee Court	
Kampala Municipality: District LGs		
LC 5 (KCCA/City & Municipality/District Level)	City Mayor/Political Head	
	City Chairperson	
	Secretary to Children's Affairs	
	PSWO	
	Community Development Officers	
	OVC Coordination Committee	
	Child Protection Committee	
	Family & Children Committee Court	
	OVC Supervisor	Zaina Nakubulwa
Probation Officer (PO)	Kassagga Hangington	
High Court, Family Division	PO	Michael Komacheki
	Legal & Child Protection Lawyer	Moses Nabende
	Deputy Registrar	N.D.A Batema
<i>National Semi-Autonomous Government Institutions;</i>		
<i>Uganda Human Rights Commission (UHRC);</i>		
UHRC	Chairperson	S.K. Kaggwa
	Commissioners	Violet Akurut Adome
		Mariam Wangadya
		Katebalirwe Amooti Wa Irumba
		Col. Stephen Basaliza

Directorate of Complaints, Investigations & Legal Services; Tribunal Registrar's Unit and HR Defenders Desk		
Public Affairs Unit	Manager/Head	Florence M. Munyirwa
Library/Documentation Center	Head/Senior HR Officer	Margaret Rubaire
Vulnerable Person Unit	Head/Senior HR Officer (M&E) HR Officer (M&E)	Priscilla Nyarugoye Frieda.
Kampala Central Regional Office	Regional HR Officer	Wilfred Asiimwe Muganga
<i>Uganda National Council for Children (NCC);</i>		
NCC	Secretary General	Martin Kiiza
	Deputy Secretary General	
	Chairperson	Loice Biira Bwambale
	Public Relation Officer	
Inter-Ministerial Council, OVC desk		
<i>Local public service providers;</i>		
Schools	Teachers & Principals	
Health Clinics	Health Personnel & Administration	
Police Station Child/Family Protection Unit & Community Based Services Section	Police Officers & Administration	
	Head of Child and Family Protection Unit / Assistant Commissioner of Police	Christine Alaro
<i>National Research Institutions;</i>		
Makerere University Kampala, Institute of Social Research, Dep. of Social Work & Administration	Head/Lead Consultant	Asingwire Narathius
	Team Members/Lecturers	
Secondary level of proximity to the child: <i>primary moral duty bearers under international HR law. NSA with non-State-delegated secondary legal responsibility under national law: other moral duty bearers at primary (private local service providers), secondary (leaders of private local service providers), or tertiary (national private institutions) levels of private institutions.</i>		
<i>National Cultural and Traditional Institutions;</i>		
<i>Buganda Kingdom;</i>		
Office of the Nabagereka	Queen of Buganda	
Prime Minister's Office: OVC Desk	Prime Minister	
Ministry of Education and Sports, Department for Children's Affairs: OVC Desk	Minister for Children's Affairs	
Ministry of Language, Culture & Norms		
<i>Cultural and Traditional Institutions and Organizations;</i>		
Cultural Institutions, Ndere Troup	Cultural Leader/Director	
Traditional Institutions	Traditional Leaders	
Cross Cultural Foundation of Uganda		
<i>National Religious Institutions;</i>		
African Traditional Religions, Department of Children's Affairs	Traditional Religious Leader/Chairperson	Mrs. Mamafina
Uganda Joint Christian Council	Religious Leader/Chairperson	
Kampala Diocese	Archbishop	Kizito Lwanga
Churches Child Protection Advisory Service		
Uganda Muslim Supreme Council	Religious Leader/Chairperson	
Uganda Pentecostal Churches Association	Religious Leader/Chairperson	
Watoto Church	Religious Leader/Chairperson	
Faith Based Care for Orphans (NGO)		
<i>Local Private Service Providers;</i>		
Health/care service deliverers to CH	Officers and Managers	
Children's Homes	Manager	

Children's Homes Management Committee	Manager LC3 Member District PWO	
<i>National and Local Private Child and HR Focused Organizations;</i>		
Abide Family Center		
Alternative Care Initiatives	Consultants	Mark Riley
		Caroline Bankusha
		Richard Ekodeu
		Alan Kiff
Child Restoration Outreach	(A Day of the African Child Award)	
Child's i Foundation, International Child Campaign, Ugandansadopt Campaign		Alan Kiff
Civil Society Fund, Bantwana Initiative		
Forum on Sustainable Child Empowerment		
HR Centre Uganda (HRCUG)		Margaret Sekaggya
Replace Campaign		
Retrak		
Reunite		Keren Riley
SUNRISE	OVC Senior Manager Chief	Richard Ekodeu Grace Mayanja
Uganda Citizens Initiative for the Right to Adequate Food (UCIRTF)	Co-Director	Peace Nakitto
Uganda Child Rights NGO Network (UCRNN)	Child Protection Program Manager	
Uganda HR Association		
Uganda Women's Efforts to Save Orphans (UWESO)	First Lady of Uganda	Janet Museveni
NGO Board of Uganda	(Registers NGOs: NGO Registration Statute 1989)	
Uganda National NGO Forum (UNNGOF)	(Uganda National NGO Directory/ Database)	
National QuAM Council	(NGO Quality Assurance Mechanism (QuAM))	
<i>National private entities;</i>		
Adoption Agency		
Attorney Agency	Adoption Attorney	Daniel Angualia
<i>National private institutions;</i>		
Media, print	Journalist (Tumaini Awards; efforts to improve the lives of children)	Shifa Mwesigye
Media, WBS TV (Wavah Broadcasting Services) Station	Journalist (documentary on OVC negligence)	Drake Sekeba
Media		Frank Gashumba
New Vision	(Government-owned newspaper)	Editor John Eremu
Daily Monitor	(Privately-owned newspaper)	Managing director Dr. Gatahi Githinji
Tertiary level of proximity to the child: State of Uganda is the principal legal duty bearer		
Quaternary level of proximity to the child: external moral and/or legal duty bearers under international HR law. State agents or NSA under national law.		
<i>Intergovernmental Organizations;</i>		
Office of the High Commissioner for HR (OHCHR) Uganda	Country Representative	Birgit Gerstenberg
UNICEF Uganda Child Protection Unit	Head	Simon Postie
	Child Protection Consultant HIV/AIDS & OVC Specialist	Wilbroad Ngambi
	Child Protection Officer	Carolyn Aloyo
	Child Protection Specialist	Harriet Akullu

UNWHO Uganda		
<i>International Child and HR Focused Organizations;</i>		
African Network for the Prevention & Protection against Child Abuse & Neglect (ANPPCAN) Uganda Chapter	Legal & Child Protection Program Manager	
ChildSafe Network Uganda		
Childs Rights Information Network (CRIN) Uganda		
Girl Child Network (GCN) Uganda		
HR Network (HURINET) Uganda		
Save the Children Uganda		
World Alliance for Nutrition & HR		
<i>International Private Entities;</i>		
Adoption Agency		
<i>Norwegian Experts on Uganda;</i>		
Norwegian Embassy in Uganda		
FAFO Institute for Applied International Studies	Uganda Expert & Research Director	Morten Bøås
Norwegian Institute of International Affairs (NUPI)	Researcher	Jon Harald Sande Lie
Other individuals;		
	Student HR Activist	Vincent Nuwagaba
	RoC Activists	
	Former Government Advisors	
	Local Women Leaders	

Annex 10.

PROTECTION OF CHILDREN'S RIGHT TO ADEQUATE FOOD, NUTRITIONAL HEALTH AND WELLBEING: A CASE STUDY OF ALTERNATIVE CARE IN SELECTED APPROVED HOMES IN KAMPALA EXTRA REGION, UGANDA

Interview guide: staff working in children's homes

Name of interviewer: _____ Name of writer: _____
Name of institution: _____
Place of interview: _____
Day: _____ Date: _____ Time: _____

Personal characteristics

Respondent name: _____ Respondent ID:
Gender: Female: Male:
Position held by respondent: _____
Highest level of completed education: Primary: Secondary: Tertiary:
Education relevant for your current position: _____
Earlier relevant positions: _____
How long have you had your current position: years

Interview guide: role and capacity analysis

Capacity: motivation, commitment and acceptance of duty

Human rights principle: general knowledge and awareness of human rights and personal duties ("rule of law")

1.
 - a. What do you consider that it involves to *support and respect* children's human right to adequate food?

 - b. What do you consider that it involves to *support and respect* children's human right to nutritional health and wellbeing?

Probe: What *legal* responsibilities does this impose on you towards the children living here?
What *moral* responsibilities does this impose on you towards the children living here?

-
2. Can you mention any *international or regional* human rights instruments relevant for children and their right to food?

Yes No Elaborate:

Probe: International Covenant on Economic, Social and Cultural Rights (ICESCR) and its GC12
International Convention on the Elimination of all forms of Discrimination Against Women (ICEDAW)
International Convention on the Rights of the Child (ICRC)
African Charter on the Rights and Welfare of the Child

Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa

3. Can you mention any *national* legislation or strategies relevant for orphans and other vulnerable children living in children's homes, and their right to food?

Yes No Elaborate:

Probe: 1995 Constitution of the Republic of Uganda

Uganda Children's Act

Approved Home Regulations

Uganda Nutrition Action Plan (UNAP), regarding children and adolescent girls

Alternative Care Framework

National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children (NSPPI-2)

Draft Uganda Food and Nutrition Policy and Strategy (UFNP/UFNS)

If yes: Can you describe any relevant provisions?

-
4. Can you mention which *Ministry* is responsible for vulnerable children, including children in institutional care?

Yes No

-
5. In this project, capacity entails motivation, authority, resources (economic, human, and organizational), communication, and decision making.

How can you use these capacities in meeting your duties of realizing the rights to food of the children living here?

-
6. What *type of food* do you consider as good for children's health and wellbeing?

Probe: Why?

How will *adequate* food affect children?

How will *inadequate* food affect children?

Traditionally, how was this perceived in your *own community*? Do you think this has *changed*?

-
7. Do you consider the *food, health and care provision* in the children's home as adequate?

Yes No Don't know Elaborate:

Probe: In which areas could it be *improved*?

Human rights principle: internalization of basic human rights standards, values and principles, and acceptance of personal obligations ("accountability, respect for the human rights and the rule of law, dignity")

-
8. What do children *need* from their caretakers?

Probe: Food, health, care, protection, respect, support, love

9.

- a. What does *child vulnerability* entails?

Probe: *Which* children in Uganda are vulnerable?

- b. What does *orphanhood* entails?

Probe: Can children with *one or two living parent* be orphans?

Yes No Don't know Why:

10. Is the Ugandan *girl child more vulnerable* than the boy child?

Yes No Don't know Why:

11. Have you heard about the "*window of opportunity*" and the "*life course approach*" in relation to eradication of hunger and child malnutrition?

Yes No Yes, but don't remember what it entails Elaborate:

12. Does the home have a *distinctive focus* on the special nutritional, health and care needs of adolescent girls?

Yes No Don't know Elaborate:

Probe: Is the *food provided* to adolescent girls adequate to support growth, development and future childbearing?

Yes No Don't know Elaborate:

13. What is your impression of what the food and the mealtimes *mean* for the children?

Probe: *What contributes* to a positive experience for the children during mealtimes?

Could anything be *different* in the organization of the meals and mealtimes?

14. *What do you do* if you discover that a child is malnourished or are not eating or drinking enough?

Probe: What could be *different in the routines* for identification of child malnutrition?

What could be *different in the organization* of the health and care services provided to the children?

15. Non-discrimination, access to information, participation, accountability, and sustainability are fundamental human rights principles.

Can you mention how you use these principles in your daily work with the children?

Human rights principle: non-discrimination, equity, equality and human dignity

16. Do you think discrimination may *affect the access* to food, water and healthcare of the children living here?

Yes No Don't know How:

Probe: The girl child

17. Have you heard about *affirmative action* or *positive discrimination* in order to address existing discrimination?

Yes No Yes, but don't remember what it entails

Probe: How can affirmative action be *actively used* in your work, in order to address existing discrimination in relation to the right to adequate food?

Youngest children

Adolescent girls

Human rights principle on children's rights; society's internalization of basic human rights standards, values, principles and duties ("accountability, responsibility of leaders and individuals, respect for the human rights and the rule of law, dignity, sustainability")

18. We are now interested to know your perceptions regarding the *role of the child within the family*:

- a. Can you describe the *society's attitudes* regarding intolerable behaviour towards punishing children as a part of child raising?

Probe: What is *intolerable* behaviour?

What is *tolerable* behaviour?

Is it accepted in the society to *deny a child access to food for a short period* if the child has been naughty?

Yes No Don't know Elaborate:

- b. How is the *society's attitudes* regarding the role of the child within the household today?

Probe: What is the *child's role* within the household?

What *expectations* lie on the child?

Is the child normally given *special priority* of food provision within the household?

Yes No Don't know Elaborate:

Probe: What does household *food and nutrition security* for children entails?

How may the society's attitudes affect children's level of household *food and nutrition security*?

19. Compared with the traditional social security mechanisms through the extended families, how is the *society's perceptions* regarding the *level of food and nutrition security* for the children living in children's homes, and regarding *practices* that may affect their wellbeing?

Probe: Do the society consider the children living in children's homes as *more or less* food and nutrition secure than other vulnerable children?

Is there any *practices* you consider may affect the wellbeing of children living in children's homes?

20. We are now interested to know your perceptions regarding *human rights in the Ugandan context*:

- a. Do you think human rights are *applicable* in the Ugandan context?

Yes No Don't know Why:

- b. Do you think human right to adequate food of orphans and other vulnerable children living in children's homes are *applicable* in the Ugandan context?

Yes No Don't know Why:

- c. How do you consider the *applicability* of the international compared with the African regional human rights instruments in the Ugandan context?

Probe: With emphasis on the right to adequate food of children living in children's homes?

21. Are there any traditional beliefs, customs, norms, rituals, or hierarchies in the society, which may *interfere* with optimal food practices?

Yes No Don't know Elaborate:

Probe: How could these potentially *affect children* living in children's homes?
How could these potentially *affect the girl child*?

22. We are now interested to know your perceptions regarding *food taboos*:

a. Do you think food taboos are still *existing* and *affecting* some adolescent girls in the country today?

Yes No Don't know Elaborate:

Probe: What is your *perception of food taboos* in relation to the nutritional health of adolescent girls?

b. Do you think food taboos today may be a potential *limiting factor* for the nutritional health of adolescent girl's living in children's homes throughout the country?

Yes No Don't know How:

c. What do you think of cultural and/or religious institutions in the community *wishing to contribute* in the upbringing of children living in children's homes?

Probe: Do you think cultural, traditional and religious norms and values affecting the nutritional health of children may be used to *serve ulterior motives* by civil society organizations?

Yes No Don't know How:

Human rights principle of children's rights; society's internalization of basic human rights standards, values, principles and duties ("accountability, responsibility of leaders and individuals, respect for the human rights and the rule of law, dignity, sustainability")

23. We are now interested to know your perceptions regarding the *extended family*:

a. Can you mention what practices that already exist in the society to protect, care, and support orphans and other vulnerable children?

b. How are the traditional roles of the extended family *changing*?

c. What expectations *still* lie on the extended family?

d. What can be done to *support the extended family* in its traditional roles towards protecting and care for orphans and other vulnerable children?

e. How do you think the *society feel* about orphaned and other vulnerable children?

Probe: Positive and negative feelings

24. We are now interested to know your perceptions regarding *children's homes*:

a. What do you consider as the *benefits* of children's homes?

b. What do you consider as the *problems* of children's homes?

- c. How do you think the *society feel* about children’s homes, and the *need* for these institutions?
 Probe: Positive and negative feelings
- d. How would you *explain the attitudes* of parents and extended families contributing to the practice of sending both *orphaned and non-orphaned* children to live in children’s homes?
- e. Do you think child vulnerability and orphanhood is being *socially constructed* through the creation of children’s homes?
 Yes No Don’t know How:

Capacity: legal, political, social and cultural authority to make decisions and to take action

Human rights principle: the opportunities, restrictions and/or limitations for self-assertion (exercising influence) (“accountability, responsibility of leaders and individuals, respect for the rule of law”)

25. Who do you consider are *responsible* for safeguarding the right to adequate food of the children living here?
 Probe: Legally: Government level
 Morally: Civil society level
 Children’s home level

26. Can you describe *your areas of authority and responsibilities* in the children’s home?
 Probe: Are you given *adequate authority* to implement and enforce relevant strategies?
 What *constrains* do you meet in fulfilling your duties towards the children’s right to food and nutritional health?
 How can structures of *authority hierarchy* compromise (or benefit) the children’s rights to adequate food and nutritional health?
How do you work with these challenges?

27. How do you go about it if you wish to change routines or procedures?
 Probe: What *challenges* can you meet?

28. How are your supervisors *encouraging* you to participate more effectively to harness your potential and to fulfill your duties towards the children?

Capacity: availability, access and control over relevant economic, human and organizational resources to enable decision making and action

Management of economic resources

Human rights principle: economic resources of the children’s home (available and accessible to, and control by, relevant staff) (“transparency, accountability, responsibility of leaders and individuals, respect for the rule of law, sustainability”)

29. Does the State have *obligations to realize* the right to adequate food for children living in children’s homes?
 Yes No Don’t know Why:
 Probe: If yes: *How* should the State exercise these obligations?

30. Does the State have *obligations to provide* food and supplementation for malnourished children living in children's homes?

Yes No Don't know Why:

Probe: If yes: How should the State implement these obligations?

31. Does non-State actors have *duties to provide* food for children living in children's homes?

Yes No Don't know Why:

Probe: If yes: How should non-State actors exercise these duties?

If yes: How should the State enforce these duties of the non-State actors?

32. Are there any *financial resource constraints*, which may compromise the children's right to food and nutritional health?

Yes No Don't know Elaborate:

Probe: If yes: How is basic need provisions *prioritized*?

If yes: How are the needs of the *most vulnerable* children safeguarded?

In case of lack of economic resources, how will the children's home go about it to *generate more funding*?

Management of human resources

Human rights principle: human resources of the children's home (available and accessible to, and control by, relevant staff) ("transparency, accountability, responsibility of leaders and individuals, respect for the rule of law, sustainability")

33. How are you working to *oversee* the implementation and monitoring of strategies for realizing the children's right to adequate food and nutritional health?

34. *Where* have you learned what you know about human rights and children's need for food, health and care?

Probe: How has the children's home or the State *contributed* to increase your capacity, performance and interest in the field of human rights and children's right to adequate food and nutritional health?

Management of organizational resources

Human rights principle: organizational resources of the children's home (available and accessible to, and control by, relevant staff) ("transparency, accountability, responsibility of leaders and individuals, respect for the rule of law, sustainability")

35. Does the children's home regularly monitor and evaluating its *own performance* in accordance with national policy criteria?

Yes No Don't know Elaborate:

Probe: If yes: Who is responsible?

How often/when was the last time?

Which gaps were identified?

What actions have been undertaken to improve performance?

36. Are you aware of any mechanisms that effectively can hold duty bearers *accountable* for inadequate or non-delivery of services towards children?

Yes No Elaborate:

37. Has the children's home established mechanisms for the *children to provide feedback* and exercising influence on decision making?

Yes No Don't know Elaborate:

Probe: If yes: What are the number and sort of feedback received?

If yes: Has any of the feedback involved lack of adequate provision of food, health, care and protection?

Capacity: resources and capabilities for effective communication

Human rights principle: capabilities of the children's home to communicate effectively ("participation, involvement")

38.

a. Why do you think there *exists* so many children's homes in Uganda?

b. Why do you think so many children's homes are *not ensuring compliance* with national legislation?

c. Why do you think there is *engagement limitations* between children's homes and the local Government?

39. What do you think about family and extended family reunification of orphans and other vulnerable children living in children's homes?

Probe: Positive/negative

How can the children's home work to increase the practice?

40. What do you think about national adoption of orphans and other vulnerable children living in children's homes?

Probe: Positive/negative

How can the children's home work to increase the practice?

41. What do you think about international adoption of orphans and other vulnerable children living in children's homes?

Probe: Positive/negative

How can the children's home work to decrease the practice?

Human rights principle: access to information (seek, receive and impart) concerning the human rights of the child ("child empowerment")

42. Is it desirable to *promote* children's awareness of their rights to adequate food and related rights, so they hence can access redress if their rights are violated?

Yes No Don't know Why:

Probe: If yes: How are *you* working to increase the children's awareness of their human rights?

What *mechanisms* does this children's home have in place for the children to be able to claim their rights?

Capacity: capabilities for rational decision making and leaning

Human rights principle: capabilities of children's homes for informed and rational decision making and learning from experience ("accountability, responsibility of leaders and individuals, sustainability")

43. Is the children's home following the *human rights approach to good governance* to obtain good nutritional health and wellbeing of the children living here?

Yes No Don't know How:

Human rights principle: child freedom of expression and opportunities for exercising influence, through inclusion, involvement and participation in decision making processes concerning the human rights of the child (“child empowerment”)

44. What mechanisms are in place for *including the children* and the concerned stakeholders in decision making relevant for their lives?

Probe: Are these mechanisms *adequate*?

Yes No Don't know Elaborate:

Finishing questions:

45. What do you consider as *positive and functional* about Uganda's system of safeguarding children and their right to good nutritional health?

46. Is there anything you would *like to add* that we have not discussed, and that you consider could be valuable for this study?

47. Do you have any *suggestions* regarding how this institution could *change procedures* to better comply with the principle of the best interest of the child and their right to adequate food and nutritional health?

Thank you very much for the interview!

Annex 11.

PROTECTION OF CHILDREN'S RIGHT TO ADEQUATE FOOD, NUTRITIONAL HEALTH AND WELLBEING: A CASE STUDY OF ALTERNATIVE CARE IN SELECTED APPROVED HOMES IN KAMPALA EXTRA REGION, UGANDA

Structured questionnaire: staff working in children's homes

Name of institution: _____

Day: _____ Date: _____ Time: _____

Personal characteristics

Respondent name: _____ Respondent ID:

Gender: Female: Male:

Position held by respondent: _____

Highest level of completed education: Primary: Secondary: Tertiary:

Education relevant for your current position: _____

Earlier relevant positions: _____

How long have you had your current position: years

Self-administrated structured questionnaire: role and capacity analysis

Capacity: motivation, commitment and acceptance of duty

Human rights principle: general knowledge and awareness of human rights and personal duties ("rule of law")

48. Are you satisfied with the following in the children's home:	Yes	No	Don't know
a. The adequacy of food provided to the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The adequacy of healthcare provided to the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The adequacy of care and protection provided to the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Human rights principle: internalization of basic human rights standards, values and principles, and acceptance of personal obligations ("accountability, respect for the human rights and the rule of law, dignity")

Human rights principle: non-discrimination, equity, equality and human dignity

49. Is there any difference between the following in the children's home:	Yes	No	Don't know
a. The access and availability of food for the girl and the boy child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The access to healthcare and nutritional healthcare for the girl and the boy child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The level/rate of malnutrition among the girl and the boy child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

50. Does the children's home have a distinctive focus on the special needs (nutritional, health, care) of the adolescent girls?	Yes	No	Don't know
a. Do the children receive any supplementation with micro- and/or macronutrients? <u>If yes:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is increased energy part of the supplementation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is increased vitamin A part of the supplementation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Is increased iron part of the supplementation?			
b.	Are the adolescent girls receiving routinely health checks?			
	With special focus on underweight?			
	With special focus on vitamin A deficiency?			
	With special focus on anemia?			
c.	Do you consider the adolescent girls to be adequately cared for?			

Human rights principle on children’s rights; society’s internalization of basic human rights standards, values, principles and duties (“accountability, responsibility of leaders and individuals, respect for the human rights and the rule of law, dignity, sustainability”)

Human rights principle of children’s rights; society’s internalization of basic human rights standards, values, principles and duties (“accountability, responsibility of leaders and individuals, respect for the human rights and the rule of law, dignity, sustainability”)

Capacity: legal, political, social and cultural authority to make decisions and to take action

Human rights principle: the opportunities, restrictions and/or limitations for self-assertion (exercising influence) (“accountability, responsibility of leaders and individuals, respect for the rule of law”)

Capacity: availability, access and control over relevant economic, human and organizational resources to enable decision making and action

Management of economic resources

Human rights principle: economic resources of the children’s home (available and accessible to, and control by, relevant staff) (“transparency, accountability, responsibility of leaders and individuals, respect for the rule of law, sustainability”)

51. Are you satisfied with the sufficiency of financial resources regarding the following in the children’s home: Yes No Don’t know

- The budget available for realizing the right to adequate food and nutritional health and wellbeing of the children?
- The economic resources available to ensure adequate employment of relevant staff?
- The economic resources available to ensure proper training of all staff in human rights, nutrition, health and care, and management of the orphans and other vulnerable children?

Comments:

52. Are you satisfied with the prioritizing of financial resources regarding the following in the children’s home: Yes No Don’t know

- a. The provision of food, health and care for good nutrition to the children?
- b. Do you consider the relative share of funds allocated to this area as reasonable?

Comments:

53. Are you satisfied with the adequacy of the following in the children’s home: Yes No Don’t know

- a. The extent of transparency in the use of resources?
- b. The extent of accountability in the use of resources?

Comments:

54. In the past 4 weeks, did it happen that the children in the children’s home: Yes No Don’t know

- a. Were not able to eat the kinds of food you would have preferred for them to eat, because of lack of resources?
- b. Had to eat a limited variety of foods because of lack of resources?
- c. Had to eat a smaller meal than they needed because there was not enough food?
- d. Had to eat fewer meals in a day because there was not enough food?
- e. Went to sleep at night hungry because there was not enough food?

- f. Went a whole day and night without eating anything at all because there was not enough food?
- g. In the past 4 weeks, did it happen that there was no food to eat of any kind in the children's home, because of lack of resources?
- h. Do you consider the last 4 weeks as representative for the previous 12 months of availability of nutritious foods, for the children living in the children's home?

Comments:

- 55.
- a. Is it desirable that the State builds and operates children's homes?
- b. Is it desirable that the State increase the control of children's homes, and limit their operation?
- c. Does the State have legal obligations to provide food and supplementation for malnourished children living in children's homes?
- d. Does the State have moral obligations to provide food and supplementation for malnourished children living in children's homes?
- e. Does non-State actors have duties to provide food for children living in children's homes?

	Yes	No	Don't know

Comments:

Management of human resources

Human rights principle: human resources of the children's home (available and accessible to, and control by, relevant staff) ("transparency, accountability, responsibility of leaders and individuals, respect for the rule of law, sustainability")

56. Are you satisfied with the adequacy of the following in the children's home:
- a. The skills, experience, devotion, and available time of relevant staff?
- b. The children's home to facilitate an enabling environment, with satisfactory numbers of accountable and empowered staff respecting the human rights and the rule of law and the human dignity of children?
- c. Relevant staffs' awareness of their own human rights, i.e. as rights holders and citizens, and as employees in the children's home?
- d. The level of knowledge and adherence to the Alternative Care Framework, the Approved Home Regulations, the National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children (NSPPI-2) and the Uganda Nutrition Action Plan (UNAP) among staff?

	Yes	No	Don't know

Comments:

57. Are there any form of human resource constraints, which may compromise the children's right to food and nutritional health?

	Yes	No	Don't know

Comments:

Management of organizational resources

Human rights principle: organizational resources of the children's home (available and accessible to, and control by, relevant staff) ("transparency, accountability, responsibility of leaders and individuals, respect for the rule of law, sustainability")

58. How often are capacity building activities undertaken in the children's home?
 Monthly: Quarterly: Biannual: Annual: Never: Don't know:

Comments:

59. Have the following issues been on the agenda, and been adequately covered:
- a. Human rights of children:

	Yes	No	Don't know

Human rights principle: access to information (seek, receive and impart) concerning the human rights of the child (“child empowerment”)

	Yes	No	Don't know
64. Do State actors regularly interact with the children living here?			
Does all staff regularly interact with the children living here?			
Have State actors explored if the children living here are aware of their right to adequate food to obtain good nutritional health and wellbeing?			
<u>Comments:</u>			

	Yes	No	Don't know
65. Do you perceive the following as positive for children:			
a. Child empowerment?			
b. Child empowerment, through access to information relevant for their rights to obtain good nutritional health and wellbeing?			
c. Child empowerment, through capacity and awareness-raising in areas relevant for their rights to obtain good nutritional health and wellbeing?			
d. Child empowerment, through the relevant channels to access redress if their rights are abused?			
e. Child empowerment, through the encouragement of participation, freedom of expression, and opportunities for exercising influence on decision making?			
<u>Comments:</u>			

	Yes	No	Don't know
66. Do you consider the media coverage and communication in matters regarding children's homes and orphans and other vulnerable children, in relation to their right to adequate food and nutritional health and wellbeing as:			
a. Adequate?			
b. Truthful?			
<u>Comments:</u>			

Capacity: capabilities for rational decision making and leaning

Human rights principle: capabilities of children's homes for informed and rational decision making and learning from experience (“accountability, responsibility of leaders and individuals, sustainability”)

Human rights principle: child freedom of expression and opportunities for exercising influence, through inclusion, involvement and participation in decision making processes concerning the human rights of the child (“child empowerment”)

Thank you very much!

Annex 12.

Guide: Equity gap study in children's homes

Day and date: _____

Name of institution: _____

Location: _____

Baseline data – foundation/operation of the children's home: inquiries to the management

1. Foundation body: _____

Religious foundation:	
Non-religious foundation:	
2. Year of opening: _____
3. Legal status - date of registration of approval: _____
4. Institutional policy: *(ASK FOR COPY)* _____

Vision: _____

Mission: _____

Goals and objectives: _____
5. Associated institutions: *(ASK FOR FULL NAME, ADDRESS, PHONE, EMAIL)*

NGO/CSO/CBOs: _____

Health centers: _____

Schools: _____

Adoption agencies: _____

Churches: _____

Others: _____
6. Sources of funding: _____

Sources of donations: _____
7. Average number of children: _____

Age range: _____

Boy/girl ratio: _____
8. Directors: _____

Responsibilities: _____

How they work: _____

Management Committee: *(ASK FOR COPY OF POLICY DOCUMENTS AND PROFILES)*

Who are members: _____

Responsibilities: _____

How they work: _____
9. Managers: _____

Authority: _____

Responsibilities: _____

How they work: _____
10. Caretakers: _____

Authority: _____

Responsibilities: _____
 Total number employed: _____
 Number present every day: _____
 Males: _____
 Females: _____
 Number present every night: _____
 Males: _____
 Females: _____
 Caretaker/child-ratio: _____
 Number of volunteers: _____
 Number of educated/trained caretakers present every day: _____
 Qualifications required: *(SPECIFY)* _____
 Education: _____
 References: _____
 Previous experience: _____
 Specific skills: _____
 Others: _____
 Relevant training provided: *(SPECIFY)* _____

11. Child admission policy: *(ASK FOR COPY)*

Main reasons for child admission: _____

Description of the process/assessment of child admission, including the procedure of court orders and of health examination and vaccination: *(ASK TO SEE A SAMPLE)*

12. Services provided (meals, immunization, counseling, schooling, etc.) _____

Annual food menu card: <i>(ASK FOR COPY)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Annual food budget: <i>(ASK FOR COPY)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Records/documentation/file for each child: <i>(ASK TO SEE A SAMPLE)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

13. Aim for the children in care:

Family reunification programs (parents or extended family):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Support families in their homes:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Foster homes programs:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
National adoption programs:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
International adoption programs:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Others: <i>(SPECIFY)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

14. Follow-up routines when the child is leaving the home: *(DESCRIBE)* _____

15. Other relevant information: _____

Equity gap study of the realization of the five human rights criteria of just availability, accessibility, acceptability, affordability and quality of the children’s rights to adequate food, water, sanitation, health, care and protection in the children’s home (observations and inquiries to relevant staff)

Food and food sources (CHEF/CATERER)

Availability;

16. Does the children’s home have:	Yes No	Comments:
Secure food sources:	<input type="checkbox"/> <input type="checkbox"/>	_____
Steady food supply:	<input type="checkbox"/> <input type="checkbox"/>	
Sufficient quantity of food:	<input type="checkbox"/> <input type="checkbox"/>	
Sufficient quality of food:	<input type="checkbox"/> <input type="checkbox"/>	
17. Are there sometimes any disruption of:	Yes No	(DAYS/WEEKS)
Secure food sources:	<input type="checkbox"/> <input type="checkbox"/>	_____
Steady food supply:	<input type="checkbox"/> <input type="checkbox"/>	
Sufficient quantity of food:	<input type="checkbox"/> <input type="checkbox"/>	
Sufficient quality of food:	<input type="checkbox"/> <input type="checkbox"/>	
18. Who are financing or providing the food:	Yes No	(SPECIFY)
Ugandan Government:	<input type="checkbox"/> <input type="checkbox"/>	_____
Donations/aid:	<input type="checkbox"/> <input type="checkbox"/>	
NGOs:	<input type="checkbox"/> <input type="checkbox"/>	
Local markets:	<input type="checkbox"/> <input type="checkbox"/>	
The children’s home:	<input type="checkbox"/> <input type="checkbox"/>	
Others:	<input type="checkbox"/> <input type="checkbox"/>	

Accessibility;

19. Does the budget provide for sustainable economic access at all times to sufficient adequate food for all:	Yes No	Comments:
Without threatening or compromising the attainment of other basic needs:	<input type="checkbox"/> <input type="checkbox"/>	_____
Are there any special food programmes:	<input type="checkbox"/> <input type="checkbox"/>	
Are there any food gardens to supplement the food requirements? (IF YES: OBSERVATION)	<input type="checkbox"/> <input type="checkbox"/>	
20. Do all children have access at all times to sufficient quantity and quality of foods?	Yes No	Comments: (COPY OF MEAL SCHEDULES)
Are there regular meals throughout the day:	<input type="checkbox"/> <input type="checkbox"/>	_____
Can children choose from a variety of foods in accordance with their likes and dislikes:	<input type="checkbox"/> <input type="checkbox"/>	
Can children choose to eat outside of the regular meals:	<input type="checkbox"/> <input type="checkbox"/>	
Do children have access to food between meals and at night:	<input type="checkbox"/> <input type="checkbox"/>	
Is there possibility for several servings during one meal:	<input type="checkbox"/> <input type="checkbox"/>	
Are fruits and vegetables served every day:	<input type="checkbox"/> <input type="checkbox"/>	

21.	Are foods distributed equally between: Girls and boys: Different age groups:	Yes No	Comments:
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
22.	Are girls and young children given special attention and priority consideration in terms of diet: Are supplementation with micro- and/or macronutrients provided for: <u>If yes:</u> Are supplementation with micro- and/or macronutrients received: By all children: Only by malnourished children: Only by adolescent girls: Containing energy: Containing vitamin A: Containing iron: Containing vitamin B12:	Yes No	Comments:
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
23.	Are children involved in aspects of procurement, preparing and decision making regarding food planning and interval of mealtimes, etc.: Who prepare, cook and serve the food?	<input type="checkbox"/> <input type="checkbox"/>	Comments:
		<input type="checkbox"/> <input type="checkbox"/>	

Quality;

24.	Do the children's home have a problem of food related diseases (diarrhea, food poisoning):	Yes No	Comments:
		<input type="checkbox"/> <input type="checkbox"/>	
	What protective measures are taken to prevent contamination of food through bad environmental hygiene or inappropriate handling?		

What preservation and storage facilities do the children's home have? (*OBSERVATION*)

Acceptability;

25.	Do options exist for residents with different religious or cultural backgrounds who need customized food:	Yes No	Comments:
		<input type="checkbox"/> <input type="checkbox"/>	
26.	Are food and mealtimes organized in culturally appropriate ways:	<input type="checkbox"/> <input type="checkbox"/>	(<i>OBSERVATION</i>)
		<input type="checkbox"/> <input type="checkbox"/>	
27.	Are food and mealtimes age appropriate:	<input type="checkbox"/> <input type="checkbox"/>	(<i>OBSERVATION</i>)
		<input type="checkbox"/> <input type="checkbox"/>	
28.	Are the food provided culturally appropriate: Colour: Odour: Taste:	<input type="checkbox"/> <input type="checkbox"/>	(<i>OBSERVATION</i>)
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
29.	Appropriate physical designs of kitchen area: Appropriate hygiene conditions in the kitchen area: Appropriate physical designs of eating area: Appropriate hygiene conditions in the eating area:	<input type="checkbox"/> <input type="checkbox"/>	(<i>OBSERVATION</i>)
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	

30. How are mealtimes organized to contribute to a positive experience for the children?

Affordability;

31. What percentage of the total budget is reserved for food? _____

Conclusion;

32. The children's home has sufficient adequate food and food services: Yes No Comments:

--	--

Water and water sources (CHEF/CATERER)

Availability;

33. Does the children's home have: Yes No Comments: (OBSERVATION)

Secure water sources:		
Functional water sources:		
Steady water supply:		
Sufficient quantity of water:		
Sufficient quality of water:		

34. Approximately how many liters of water are available per child per day (personal/domestic use)? _____

35. Are there sometimes any disruption of: Yes No Comments: (HOURS/DAYS/WEEKS)

Secure water sources:		
Steady water supply:		
Sufficient quantity of water:		
Sufficient quality of water:		
Any alternative source of water:		

If yes: where/distance? _____

Accessibility;

36. Does the budget provide for sustainable economic access at all times to sufficient adequate water for all: Yes No Comments:

Without threatening or compromising the attainment of other basic needs:

37. Do all children have access at all times to sufficient quantity and quality of drinking water:

Do children have access to water between meals and at night:

38. Are water distributed equally between: Yes No

Girls and boys:

Different age groups:

39. Are children involved in procurement of water:

Water collection time don't exceed 30 minutes:

Distance between the children's home and the water sources is within 1.000 metres:

Physical security is not threatening access to the water sources:

Quality;

40. Do the children's home have problems of water related diseases (diarrhea): Yes No Comments:

--	--

41. Do the children's home take any protective measures to ensure the drinking water is clean and safe:

--	--

If yes: What protective measures are taken? _____

Acceptability;

42. Are the water provided culturally appropriate:

Yes	No
-----	----

 Comments: (*OBSERVATION*)
 Colour:

--	--

 Odour:

--	--

 Taste:

--	--

43. Water facilities accommodates common hygiene practices:

Yes	No
-----	----

 Water facilities has appropriate physical designs:

--	--

 Water facilities are properly maintained and serviced:

--	--

Affordability;

44. What percentage of the total budget is reserved for water? _____

Conclusion;

45. The children's home has sufficient adequate water services:

Yes	No
-----	----

 Comments: _____

Sanitation and hygiene (HEALTH PERSONNEL/CARETAKER)

Availability;

46. Does the children's home provide a:

Yes	No
-----	----

 Comments: (*OBSERVATION*)
 Hygienic/clean indoor environment:

--	--

 Safe/hygienic outdoor environment:

--	--

 Sufficient number of sanitation facilities (toilet/washroom area):

--	--

 What is the number of people using the sanitation facility (toilet and washroom area)? _____

Accessibility;

47. The children's home provide adequate sanitation facilities (toilet and washroom area) that are:

Yes	No
-----	----

 Comments: (*OBSERVATION*)
 Situated within a distance not exceeding 30 minutes of walking back and forth:

--	--

 Situated within a distance of 1.000 metres from the children's home:

--	--

 Sited in such a way as to minimize physical security threats to the users day and night:

--	--

 Safe to use for children:

--	--

 Child-sized holes available:

--	--

 Are small children accompanied to the toilet:

--	--

 Any alternative sanitation facilities available during maintenance periods:

--	--

If yes: where/distance? _____

Quality;

48. Toilet area is hygienically and technically safe to use, and effectively prevent human, animal and insect contact with human excreta:

Yes	No
-----	----

 Comments: (*OBSERVATION*)

Washroom area is hygienically/technically safe to use	<input type="checkbox"/>	<input type="checkbox"/>	
Toilets/washroom areas cleaned with soap/water:	<input type="checkbox"/>	<input type="checkbox"/>	
Clean water and hygiene articles (soap, washtub) are accessible for hand washing, bathing, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
49. General hygiene in the children's home:	Yes	No	Comments: (<i>OBSERVATION</i>)
Visible bugs/rodents:	<input type="checkbox"/>	<input type="checkbox"/>	
Visible trash:	<input type="checkbox"/>	<input type="checkbox"/>	
Visible animal feces:	<input type="checkbox"/>	<input type="checkbox"/>	
Floors swept and cleaned with soap and water:	<input type="checkbox"/>	<input type="checkbox"/>	
Dishes/utensils washed with soap and hot water:	<input type="checkbox"/>	<input type="checkbox"/>	
50. Do the children's home have problems of poor hygiene related diseases (diarrhea):	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	

Acceptability;

51. Sanitation facilities (toilet and washroom area):	Yes	No	Comments: (<i>OBSERVATION</i>)
Accommodates common hygiene practices:	<input type="checkbox"/>	<input type="checkbox"/>	
Culturally/socially acceptable physical design:	<input type="checkbox"/>	<input type="checkbox"/>	
Are properly maintained and serviced:	<input type="checkbox"/>	<input type="checkbox"/>	
52. Sanitation facilities (toilet and washroom area) are sensitive to gender/lifecycle/privacy requirements:	<input type="checkbox"/>	<input type="checkbox"/>	
Separate facilities for women/men, and girls/boys:	<input type="checkbox"/>	<input type="checkbox"/>	
Adolescent girls have private space in the toilet and washroom area:	<input type="checkbox"/>	<input type="checkbox"/>	
Allow for the disposal of menstrual hygiene materials:	<input type="checkbox"/>	<input type="checkbox"/>	
Are sanitation towels provided for?	<input type="checkbox"/>	<input type="checkbox"/>	
Are other menstrual hygiene materials provided for?	<input type="checkbox"/>	<input type="checkbox"/>	
<u>If yes:</u> Is there space and time that allows for convenient washing and drying of menstrual hygiene materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Do adolescent girls receive assistance and support in menstrual hygiene management?	<input type="checkbox"/>	<input type="checkbox"/>	

Affordability;

53. What percentage of the total budget is reserved for sanitation and hygiene?			
Does access to sanitation and hygiene services compromise the ability to pay other essential necessities such as food, housing and healthcare?	Yes	No	Comment:
	<input type="checkbox"/>	<input type="checkbox"/>	

Conclusion;

54. The children's home has sufficient adequate hygiene and sanitation services:	Yes	No	Comments:
	<input type="checkbox"/>	<input type="checkbox"/>	

Protection and care, including healthcare services (*HEALTH PERSONNEL/CARETAKER*)

Availability;

55. The children's home is protected from intrusion/vandalism (fences/guards):	Yes	No	Comments: (<i>OBSERVATION</i>)
	<input type="checkbox"/>	<input type="checkbox"/>	
56. Is the family encouraged to pay regular visits, and to take visits from the child?	<input type="checkbox"/>	<input type="checkbox"/>	

57. Does the children's home have employed full time **primary medical personnel**?

If no: How is primary healthcare provided?
 First aid kit and medications are available, and safely secured:
 Budget provides for sustainable economic operations and practice at all times of medical personnel, including necessary equipment:
 Without compromising the attainment of other basic needs:

Accessibility;

58. Caretakers interact with the children (smiling, touching, talk, listen, etc.):

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 Comments: (*OBSERVATION*)

59. What communication and information systems do you have, and who have access?

60. How often do the children get regular **medical check-ups and referrals**?
 Are routinely health checks received consistently by both girls and boys?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 Comments:

Quality;

61. The children's home provides for:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

 Comments: (*OBSERVATION*)

62. Do all the children receive education and/or vocational training: (*ASK FOR COPY OF EDUCATION CURRICULUM & DAILY SCHEDULES IN THE CHILDREN'S HOME*)

63. Are there regular interaction between the children and the community?

64. Does discrimination of certain groups occur within the children's home?

65. Is there special focus on **health and nutritional healthcare** for both the girl and the boy child?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

 Comments: (*OBSERVATION*)

Is there special focus on underweight among adolescent girls?
 Is there special focus on vitamin A deficiency among adolescent girls?
 Is there special focus on anemia among adolescent girls?

Are the level of malnutrition and disease among girls and boys similar?

--	--

Are procedures developed for the early identification of child malnutrition? (COPY)

--	--

Are all caretakers adequately trained in responses to the discovering of that a child is not eating or drinking enough?

--	--

Do both girls and boys receive information on sexuality and family planning?

--	--

Acceptability;

66. Does the children's home provide adequate indoor space to accommodate all children and caretakers:

Yes No

Comments: (OBSERVATION)

--	--

Separate bedrooms for boys and girls:

67. Has there been cases of physical, psychological and sexual harassment in the children's home:

--	--

How are adolescent girls and younger children protected?

Affordability;

68. What percentage of the total budget is reserved for healthcare, care and protection?

69. Does access to care and protection services compromise the ability to pay other essential necessities such as food, housing, etc.?

Yes No Comment:

--	--

Conclusion;

70. The children's home has sufficient adequate protection and care services, including healthcare services:

Yes No

Comments:

--	--

Annex 13.

Interview guide: Alternative Care Consultant

1. Introduction of the study: “Protection of children’s right to adequate food, nutritional health and wellbeing: a case study of alternative care in selected approved homes in Kampala, Uganda”, with the aim of undertaking a role and capacity analysis of relevant duty bearers with responsibilities towards these children.

2. Reason for requesting an interview with the key informant: the researcher wish to get better insight into how the key informant has been/is working towards influencing the political environment and development in Uganda today, with a focus on vulnerable groups such as poor families and children living in children’s homes.

3. Questions the researcher is hoping the key informant will be willing to comment upon:

What is the background to your work/cooperation with the Department for Children’s Affairs in the MGLSD?

How have you been involved in the process of developing the following? What is your perception of its effects?

- Children’s Act Amendments
- Approved Home Regulations
- Ratification of the Hague Convention on Adoption
- Alternative Care Framework
 - o Alternative Care Policy?
- Alternative Care Campaign
 - o Advertises in the media campaign
 - o Public advocacy and awareness education strategy
 - o How active is the media campaign today?
 - o How do children’s homes generally react to being persuaded to join the Campaign?
- Alternative Care Workshop
 - o How is the work towards inviting or attracting CSOs?
- Assessment Toolkit
 - o Functionality?

How are/have you been involved in the assessment of children’s homes?

What is your perception on the work of the following towards improving the rights of vulnerable children in Uganda?

- State of Uganda
- Department of Children’s Affairs in the MGLSD
 - o National OVC Implementation Unit
 - o National Child Protection Working Group
 - o Alternative Care Task Force Panel/District Alternative Care Panel
 - o OVC/Child Protection Committees at different levels
- Local Governments
- Uganda Human Rights Commission
- National Council for Children
- Uganda Parliamentary Forum for Children
- Civil Society, including the International Society
- Alternative Care Fund/Civil Society Fund (CSF)

What is your perception of the way forward regarding awareness raising and advocacy towards communities, the national civil society, and particularly the international society (donors) contributing to the practice of supporting and providing care for individual children in children’s homes, compared with supporting these children while living with their families in local communities?

What is your perception about the concept of adoption trafficking, the extent of the problem in Uganda, and the adequacy of the preventative measures taken?

4. Finalizing:

After this discussion, can you think of any information that you consider could interest the researcher's and add value to this study?

Access:

- Alternative care task force; Assessment Reports from the specific children's homes?
 - o Corrective actions given?
- List of the known children's homes in Uganda?
- Content of/tools used in the Alternative Care Workshop?
- Alternative Care Campaign:
 - o Adverts in the media
 - o Public awareness education strategy

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FAX: 041 256374
E-MAIL: ps@mgsd.go.ug
WEBSITE: <http://www.mgsd.go.ug>



THE REPUBLIC OF UGANDA

**Ministry of Gender, Labour
and Social Development
P.O. Box 7136
Kampala,
Uganda.**

In any correspondence on
This subject please quote No. **YCH/201/288/01**

23 January 2013

.....
.....
.....

RE: RESEARCH ON RIGHT TO ADEQUATE FOOD

I am glad to introduce to you the following students from Norway namely, Line Vogt, Monica Olafsen and Tone Berg, who are conducting a research on the right to adequate food in children's and babies homes. Their study in Uganda is part of the collaboration between the University of Oslo in Norway and Makerere University in Uganda aimed at strengthening universities in Africa. They are working under the supervision of Professor Kaaya and Professor Joyce Kikafunda of the Faculty of Agriculture, Makerere University.

Please note that this research is largely for academic purposes. The Ministry of Gender, Labour and Social Development and UNICEF are also interested in this study because it contributes to enhancing alternative care for children outside family care. Results from the research will therefore be used only for academic purposes and for improving planning for children in Uganda.


Please accord them the necessary assistance and allow them to conduct their study in your institution.

Yours Sincerely,


James Kaboggoza assebatya
FOR: PERMANENT SECRETARY


Annex 15.

Introduction from Office of the President


OFFICE OF THE PRESIDENT
SAMUEL MPIMBAZA HASHAKA
RESIDENT CITY COMMISSIONER KAMPALA CAPITAL CITY AUTHORITY

FLOT 34A, NAKASEBO RD.
HOUSING FINANCE BANK BUILDING
OPPOSITE NIGERIA HIGH COMMISSION

Tel: 0772-507 182 / 0701-807 182
0718-622 575 / 0751-507 182
Email: haahakasamuel@yahoo.com


THE REPUBLIC OF UGANDA

OFFICE OF THE PRESIDENT

PARLIAMENT BUILDING P.O. BOX 7119 KAMPALA. TELEPHONES 754851/8 347934 343926 343843 233717 344026 230048 FAX 235459/256143
Email: secretary@cc.gov.ug www.kcra.gov.ug www.officeofthepresident.go.ug

ADM 154/212/01

April 25, 2013


The Resident City Commissioner
Kampala District

This is to introduce to you **Monica Olafsen** a Researcher who will be carrying out a research entitled "**The nutrition situation of adolescent girls living in children's homes in Kampala District**" for a period of **01 (one) year** in your district.

She has undergone the necessary clearance to carry out the said project.

Please render her the necessary assistance.


By copy of this letter **Monica Olafsen** is requested to report to the Resident City Commissioner of the above district before proceeding with the Research.



Alenga Rose
FOR: SECRETARY, OFFICE OF THE PRESIDENT

Copy to: Monica Olafsen

MS. MONICA OLAFSEN is Permitted to do research in Kampala City on "The nutrition situation of adolescent girls living in children's homes in Kampala City!"


15 AUG 2013

SOCIAL POLICY AND EVALUATION

United Nations Children's Fund
Uganda Country Office
Plot 9 George Street
P. O. Box 7047
Kampala

Telephone +256 417 171 150
Facsimile +256 414 259 146
+256 414 235 600
www.unicef.org

26th September 2013


Re: UNICEF support to Ms. Monica Olafsen's Research on Children's Rights in Uganda

This refers to Ms. Monica Olafsen, a student of the University of Oslo in Norway who has been studying at Makerere University as part of the collaboration between the University of Oslo and Makerere University in Uganda aimed at strengthening universities in Africa. She has been under the supervision of Professor Kaaya and Professor Joyce Kikafunda of the Faculty of Agriculture, Makerere University. Ms. Monica Olafsen has been doing her research for her masters degree in the area of the right to adequate food in children's homes in Uganda.

This area of research being of interest to UNICEF in Uganda, UNICEF has been collaborating with Ms. Monica Olafsen to enable her complete this study. UNICEF is particularly interested in this study because it will contribute new knowledge to enable understanding of how realisation of children's rights in residential care facilities in Uganda could be improved. This is important at this time when there has been a proliferation of children's homes in the country. UNICEF support was limited to technical guidance to the student to understand the nature of residential care for children in Uganda and to identify available literature and potential respondents for her research.

UNICEF is fully aware that the Ministry of Gender, Labour and Social Development has endorsed this study and is interested in its outcome.

Yours Sincerely,



Wilbrod Ngambi
Social Policy Specialist

unite for
children

unicef 



Uganda National Council for Science and Technology

(Established by Act of Parliament of the Republic of Uganda)

Our Ref: SS 3072

17/04/2013

Dr. Christine Magala-Nyango (Supervisor)
College of Agricultural and Environmental Sciences
Department of Food Technology and Nutrition
Makerere University
Kampala

Vogt Line Erikstad, Monica Olafsen & Berg Tone (Master's Students)
College of Agricultural and Environmental Sciences
Department of Food Technology and Nutrition
Makerere University
Kampala

Re: Research Approval: The Nutrition situation for adolescent girls living in Children's Homes in Kampala District

I am pleased to inform you that on **06/03/2013**, the Uganda National Council for Science and Technology (UNCST) approved the above referenced research project. The Approval of the research project is for the period of **06/03/2013** to **06/03/2014**.

Your research registration number with the UNCST is **SS 3072**. Please, cite this number in all your future correspondences with UNCST in respect of the above research project.

As Principal Investigator of the research project, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and addenda to the research protocol or the consent form (where applicable) must be submitted to the designated local Institutional Review Committee (IRC) or Lead Agency for re-review and approval **prior** to the activation of the changes. The approved changes must be communicated to UNCST within five working days.
3. For clinical trials, all serious adverse events must be reported promptly to the designated local IRC for review with copies to the National Drug Authority.
4. Unanticipated problems involving risks to research subjects/participants or other must be reported promptly to the UNCST. New information that becomes available which could change the risk/benefit ratio must be submitted promptly for UNCST review.
5. Only approved study procedures are to be implemented. The UNCST may conduct imprompt audits of all study records.
6. A progress report must be submitted electronically to UNCST within four weeks after every 12 months. Failure to do so may result in termination of the research project.

Below is a list of documents approved with this application:

	Document Title	Language	Version	Version Date
1	Study Protocol	English	N/A	N/A

Yours sincerely,

Jane Nabbuto

for: Executive Secretary

UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY



UNIVERSITY OF OSLO
FACULTY OF MEDICINE

MEMO

To: Whom it may concern

Institute of Basic Medical Sciences
Department of Nutrition
P.O. Box 1046, Blindern

Telephone: +47-22851340
Telefax: +47-22851341

Date: 13.02.13

URL: www.med.uio.no/imb/english/

Letter of Introduction

We hereby have the pleasure to introduce the following persons Ms. Tone Berg, Ms. Monica Olafsen and Ms. Line Erikstad Vogt, who are all registered master students at the Department of Nutrition, Faculty of Medicine, University of Oslo, Norway.

They already spent 7 months in Uganda from June to December 2012 following a programme entitled "Nutrition, Human Rights and Governance", which is a collaborative venture between Makerere University and universities in South Africa and Norway under a larger programme (NOMA) financed by the Norwegian Government in support of strengthened capacity development in higher education in developing countries.

During this period they also planned their subsequent field work for their master theses under the collective working title "The Nutrition situation in Children's homes in Kampala -with a Special Emphasis on Adequate Food for Adolescent Girls". Permission to carry out such studies has been granted to them by the Ministry of Gender, Labour and Social Development (MGLSD), and UNICEF Uganda supports the studies.

The students are now back in Uganda to do data collection for their individual master theses under the collective title "The Nutrition situation in Children's homes in Kampala - With a Special Emphasis on Adequate Food for Adolescent Girls". They will be under continuing co-supervision from scholars at Makerere University.

We guarantee these students' full integrity and respect for their task and those they may collaborate or be in contact with, and kindly ask you to support them in their coming endeavors.

Yours sincerely,

Per Ole Iversen, Professor
Dep. of Nutrition, University of Oslo
NOMA Project Coordinator in the North

Wenche Barth Eide, Assoc. Professor
Dep. of Nutrition, University of Oslo
NOMA Academic Coordinator

MAKERERE

P.O. Box 7062,
Kampala-UGANDA

E-mail: foodtech@agric.mak.ac.ug



UNIVERSITY

Phone: 256-414-533865
Fax: 256-414-533676

**COLLEGE OF AGRICULTURAL AND ENVIRONMENTAL SCIENCES
SCHOOL FOOD TECHNOLOGY, NUTRITION & BIO-ENGINEERING
DEPARTMENT OF FOOD TECHNOLOGY AND NUTRITION**


August 7, 2013

TO WHOM IT MAY CONCERN

This is to introduce to you Ms. Monica Olafsen who is a Master of Science student in this Department. She is doing research on "Protection of the right of children to adequate food in the children's homes in Uganda". This research is generally very important in addressing the right to food and malnutrition among the children in Uganda. Monica is from Norway but co-supervised by Professor Byaruhanga Rukooko and Dr. Magala-Nyago from Makerere University.

Any assistance rendered to her will highly be appreciated.

Yours faithfully,


Prof. Archileo N. Kaaya
Head of Department





Region: REK sør-øst	Saksbehandler: Tor Even Svanes	Telefon: 22845521	Vår dato: 13.05.2013	Vår referanse: 2013/578/REK sør-øst C
			Deres dato: 19.03.2013	Deres referanse:

Vår referanse må oppgis ved alle henvendelser

Per Ole Iversen
Avd. for ernæringsforskning, Universitetet i Oslo

2013/578 Ernæringsstatus blant unge jenter i barnehjem i Kampala, Uganda

Forskningsansvarlig: Universitetet I Oslo
Prosjektleder: Per Ole Iversen

Vi viser til søknad om forhåndsgodkjenning av ovennevnte forskningsprosjekt. Søknaden ble behandlet av Regional komité for medisinsk og helsefaglig forskningsetikk (REK sør-øst) i møtet 18.04.2013. Vurderingen er gjort med hjemmel i helseforskningsloven (hfl.) § 10, jf. forskningsetikklovens § 4.

Prosjektomtale

Hensikten med studien er å undersøke ernæringsstatus blant tenåringsjenter som bor i barnehjem i Kampala, Ugandas hovedstad. Prosjektet er delt inn i tre deler; en kvantitativ del og to kvalitative deler. I den kvantitative delen vil foreldreløse jenter i alderen 11 til 17 år få undersøkt sin ernæringsstatus, matchet mot en kontrollgruppe bestående av jenter i same alder i kostskoler. I de kvalitative delene av studien vil både kunnskap, holdninger og praksis i barnehjemmene undersøkes, samtidig som man har fokus på hvordan menneskerettigheter og Ugandisk lovverk og rettigheter ivaretas. De kvalitative delene av prosjektet vil gjennomføres ved hjelp av fokusgruppeintervjuer, dokumentanalyser og strukturerte intervjuer. Studien er samtykkebasert, er godkjent av etisk komité i Uganda og vil utgjøre til sammen tre mastergrader ved Universitetet i Oslo.

Vurdering

Komiteen har ingen forskningsetiske innvendinger til prosjektet. Studien er godkjent av ugandiske myndigheter, og komiteen forutsetter at prosjektet følger nasjonale retningslinjer.

Det er mindreårige som skal intervjues/undersøkes, og komiteen forutsetter at innhenting av samtykke, eventuelt stedfortredende samtykke, gjøres i henhold til ugandisk regelverk. Etter komiteens oppfatning synes samtykkeskrivet for elleveåringer vanskelig tilgjengelig, og man anbefaler derfor at informasjonsskrivene generelt gjøres enklere.

Vedtak

Prosjektet godkjennes, jf helseforskningslovens §§ 9 og 33.

Tillatelsen er gitt under forutsetning av at prosjektet gjennomføres slik det er beskrevet i søknaden og protokollen, og de bestemmelser som følger av helseforskningsloven med forskrifter. Tillatelsen gjelder til 31.12.2013. Av dokumentasjons- og oppfølgingshensyn skal opplysningene likevel bevares inntil 31.12.2018. Opplysningene skal lagres aidentifisert, dvs. atskilt i en nøkkel- og en opplysningsfil. Opplysningene skal deretter slettes eller anonymiseres, senest innen et halvt år fra denne

Besøksadresse:
Gullhaugveien 1-3, 0484 Oslo

Telefon: 22845511
E-post: pos@helseforskning.etikkom.no
Web: <http://helseforskning.etikkom.no/>

All post og e-post som inngår i saksbehandlingen, bes adressert til REK sør-øst og ikke til enkelte personer

Kindly address all mail and e-mails to the Regional Ethics Committee, REK sør-øst, not to individual staff

dato.

Komiteens avgjørelse var enstemmig.

Sluttmelding og søknad om prosjektendring

Prosjektleder skal sende sluttmelding til REK sør-øst på eget skjema senest 30.06.2014, jf. hfl. § 12. Prosjektleder skal sende søknad om prosjektendring til REK sør-øst dersom det skal gjøres vesentlige endringer i forhold til de opplysninger som er gitt i søknaden, jf. hfl. § 11.

Klageadgang

Du kan klage på komiteens vedtak, jf. forvaltningslovens § 28 flg. Klagen sendes til REK sør-øst. Klagefristen er tre uker fra du mottar dette brevet. Dersom vedtaket opprettholdes av REK sør-øst, sendes klagen videre til Den nasjonale forskningsetiske komité for medisin og helsefag for endelig vurdering.

Vi ber om at alle henvendelser sendes inn via vår saksportal: <http://helseforskning.etikkom.no> eller på e-post til post@helseforskning.etikkom.no Vennligst oppgi vårt referansenummer i korrespondansen.

Med vennlig hilsen

Arvid Heiberg
prof. dr.med
leder REK sør-øst C

Tor Even Svanes
seniorrådgiver

Kopi til: j.g.bjaalie@medisin.uio.no

Universitetet i Oslo ved øverste administrative ledelse universitetsdirektor@uio.no

Annex 21.

Monica Olafsen,
Institute of Basic Medical Sciences,
Department of Nutrition,
University of Oslo, Norway
Mob (Norway): 0047 411 42 530
Mob (Uganda): 077 917 5000
Email: monicaolafsen@gmail.com

Study on the protection of children’s right to adequate food, nutritional health and wellbeing in children’s homes in Uganda

My name is Monica Olafsen. I am a master student in nutrition from the University of Oslo in Norway. I am specializing within the field of human rights, governance and nutrition, which in 2012 led me to Uganda and Makerere University’s Department of Food Technology and Nutrition as a Master of Science student on an intensive course entitled “Nutrition, Human Rights and Governance”. This course is a collaborative venture between Makerere University and universities in South Africa and Norway, under a larger program (NOMA) financed by the Norwegian Government in support of strengthened capacity development in higher education in developing countries.

Together with my two Norwegian colleagues, and after consultations with UNICEF Uganda and the Ministry of Gender, Labour and Social Development, I am conducting a study on the protection of the right to adequate food, nutritional health and wellbeing for children living in children’s homes in Uganda as a part of a collective study series. The collective study series has a special focus on adolescent girls. My focus is on duty bearers and their obligations and capacities. This project is serving as an independent study for the Child Protection Unit of UNICEF Uganda, as part of their broader study on children living in institutional care facilities in Uganda, conducted in cooperation with the Ministry of Gender, Labour and Social Development (MGLSD).

In accordance with existing legal requirements in Uganda and Norway, the study has sought and received ethical approval and research clearance from the Uganda National Council of Science and Technology (UNCST), the Office of the President (OOP) in Uganda, and the Regional Ethical Committee (REC) on Medical and Health Research in Norway.

My local supervisor in Uganda is Dr. A. Byaruhanga Rukooko, Associate Professor Philosophy/Dean at the Makerere University School of Liberal and Performing Arts.

Kind regards

Monica Olafsen.

Annex 22.

Monica Olafsen,
Institute of Basic Medical Sciences,
Department of Nutrition,
University of Oslo, Norway
Mob: 077 917 5000
Email: monicaolafsen@gmail.com

Dear Respondent,

Declaration of informed consent to participate in this study on the protection of children's right to adequate food, nutritional health and wellbeing in children's homes in Uganda

I am humbled to seek your consent to participate in this study.

The lead researcher, Ms. Monica Olafsen, is a Norwegian student at the Institute of Basic Medical Sciences, Department of Nutrition, at the University of Oslo, Norway, in affiliation with the Makerere University's School of Food Technology, Nutrition and Bio-Engineering's Department of Food Technology and Nutrition as a Master of Science student.

This project is part of a collective study series, serving as an independent study for the Child Protection Unit of UNICEF Uganda, as part of their broader study on children living in institutional care facilities in Uganda, conducted in cooperation with the Ministry of Gender, Labour and Social Development (MGLSD).

In accordance to existing legal requirements in Uganda and Norway, the study has sought and received ethical approval and research clearance from the Uganda National Council of Science and Technology (UNCST), the Office of the President (OOP) in Uganda, and the Regional Ethical Committee (REC) on Medical and Health Research in Norway.

Your participation will include a structured and/or unstructured interview on issues relevant for the human right to adequate food with the aim of undertaking a role and capacity analysis of caretakers and others responsible as duty bearers, and other key informants, for the protection of children's right to adequate food, nutritional health and wellbeing in children's homes in Uganda. The interview will be conducted by the researcher in collaboration with two research assistants. All details will be kept confidential and will only be used for purposes of this study. A master dissertation and hopefully academic articles will be published as an outcome of this study. If anonymity is preferred, your privacy will be ensured.

The study team will appreciate your participation.

You have the opportunity to withdraw from the study before the commencement of data analysis on 1st October 2013.

Further enquiries can be made through the above address to Monica Olafsen or the following study supervisors:

1. Dr. A. Byaruhanga Rukooko, Associate Professor Philosophy/Dean at the Makerere University School of Liberal and Performing Arts, Kampala, Uganda.
brukooko@arts.mak.ac.ug
2. Bård Anders Andreassen, Professor at the Norwegian Centre for Human Rights, Faculty of Law, University of Oslo, Oslo, Norway. b.a.andreassen@nchr.uio.no
3. Dr. Per Ole Iversen, Professor at the Institute of Basic Medical Sciences, Department of Nutrition, University of Oslo, Oslo, Norway. p.o.iversen@medisin.uio.no
4. Wenche Barth Eide, Associate Professor Emeritus at the Institute of Basic Medical Sciences, Department of Nutrition, University of Oslo, Oslo, Norway.
wbeide@gmail.com

Thank you very much for your cooperation.

Signed at (place) _____ *on (date)* _____

Yes No

I allow for my name to be used for the purposes of this study (Signature of participant)

Yes No

I wish to remain anonymous (Signature of participant)

Signed at (place) _____ *on (date)* _____

Yes No

The participant allows for his/her name to be used; the participant's name will only be used for the above mentioned purposes of this study (Signature of lead researcher)

Yes No

The participant wish to remain anonymous; the participant's anonymity will be ensured. The participant has been assigned an ID number (Signature of lead researcher)

Respondent ID: _____

