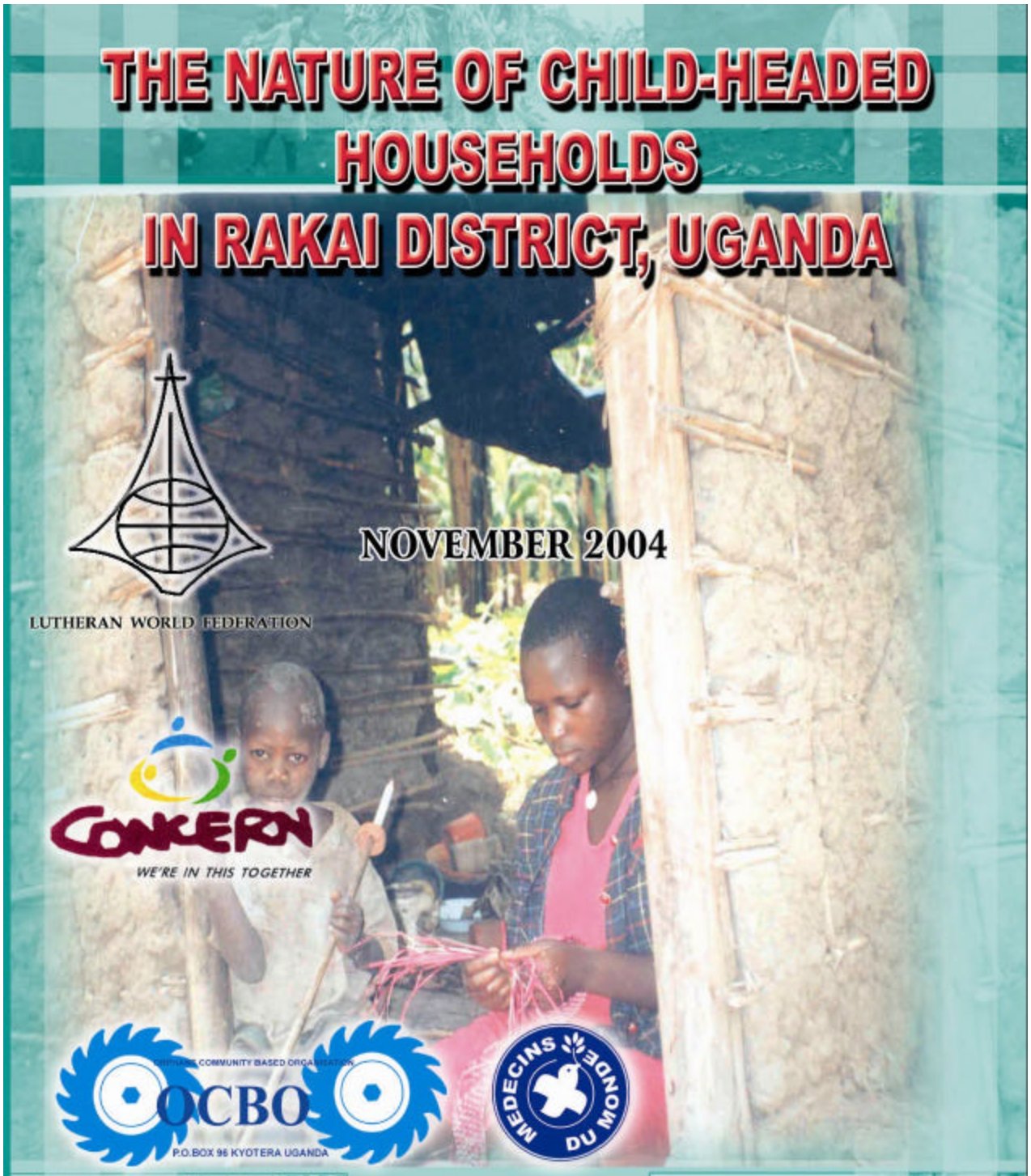
THE NATURE OF CHILD-HEADED HOUSEHOLDS IN RAKAI DISTRICT, UGANDA



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Produced by the Lutheran World Federation

Report written by Fredrick Luzze & David Ssedyabule

Foreword

I feel honored to have been offered this opportunity to write this foreword, introducing a piece of work thoroughly done by practitioners in the humanitarian field. This study on the nature of CHHs in Rakai District, Uganda, represents a fresh and comprehensive look at one of the consequences of HIV / AIDS pandemic. Apparently, children growing up alone is a new phenomenon, less discussed and investigated. Strange as it may seem, however, this is a problem, which has existed for the last twentyyears, and yet less attention is paid to it.

The publication of this study is a timely contribution to the deeper understanding of the dynamics of child headed households in Rakai District. The investigators penetratingly examined problems experienced by children growing up alone, identified community resources that can be utilized to support vulnerable children, analyzed the service accessibility factor, closely looked at the coping mechanisms of children living alone and made recommendations that might be considered in designing appropriate intervention strategies. It is therefore; the contention of the authors that the depth and scale of the problems faced by child headed households will require coordinated efforts by the government, local authorities, the international community and NGOs to improve.

In Rakai District, as well as in other districts in Uganda, childhood is a distant memory for many children forced to assume adult responsibilities after the death of parents. Many children drop out of school and end up on the streets, begging for food, exposing themselves to abuse, child labour and sexual exploitation, becoming vulnerable to the same virus, which might have killed the parents. Children in such situations suffer immense psychological trauma, with many having to cope with bereavement and the stress of looking after siblings and struggling to survive alone. Although extended family traditions have weighed in to care for those orphans, the magnitude of the problem, compounded by poverty in the District, is straining and weakening the social fabric and safety net.

The study on nature of CHHs in Rakai District singles out poverty as a major bottleneck in alleviating the plight of these children and challenges practitioners and policy makers to focus on children from a humanitarian dimension as those least able to look after themselves. Nurturing orphans in their early years is vital for attacking the worst effects of poverty and may be an effective way to break the relentless, vicious cycle of poverty that, too often, crosses generations. Orphans who live in poverty cannot go to school, do not learn to read or protect themselves, will have difficulty finding a job and will have little hope for their future. Poverty diminishes people's spiritual resources, peace of mind, dignity, and freedom to live happily. Poverty limits our appreciation and comprehension of the rights of the child! Helping children growing up alone, in a sustainable manner, demands a multi-sectoral and multidisciplinary approach which focuses on poverty alleviation and promotes observance of the rights of the child which include; survival, protection, development, provision, participation, entitlement and responsibility.

This study recognizes very strongly that the existence of CHHs is a reality. The study further shows that priority needs of these children include shelter, food, and reliable source of income, education and health. Existing support programmes do not have sufficient resources to meet CHHs needs adequately. It is therefore imperative that policy makers, leaders and programme implementers appreciate the magnitude of the problem of CHH and make timely advances to enhance capacity for the alleviation of children's plight. On the other hand, if you read the report 'listeningly', you will find the survival of children in CHH, under the harsh conditions is remarkable. Poor lonely children apply enormous creatively, strength and dynamism on a daily basis to solve problems that those in affluent societies can hardly understand. This however is done at a cost "childhood is sacrificed"!! Rakai case offer an opportunity to create a new synthesis which can build on the existing coping mechanisms of CHH to benefit children growing alone in many parts of the World where HIV/AIDS pandemic is prevalent.

I wish to congratulate all those who participated in this research for producing such a timely collection of authoritative information on children living in child headed households. It is my hope that the research report will be widely read, discussed and used by people world wide in their continuous struggle to promote the rights of the child as enshrined in the UN convention of 1991 and help to alleviate the plight of children growing up alone. It is also hoped that the needs of this category of children will be placed on the government agenda, not just as a priority but also as an absolute political commitment for the meaningful survival of vulnerable children especially children growing up alone.

James Kimera Ssekiwanuka,

Field Coordinator
Rakai Community Based AIDS Project - LWF

Acknowledgements

The information gathered here represents a variety of critical positions and constitutes interviews carried out by individuals from different Non-Government Organizations. We are grateful to World Vision (Rakai Kooki ADP), LWF, OCBO, MDM, and Concern Worldwide for providing the human resources and funding that enabled us to accomplish the research project. Special thanks go to the other research team members; Mr. Edward Gayi Kalungi (OCBO), Daudi Mwesigwa Ntulume (World Vision- Kyotera ADP), Obedy Niwagaba (Concern Worldwide) and Joseph Pinchwa (Rakai District Administration).

The Team also wishes to recognise the contribution of the Child Headed households, other respondents, local council officials and enumerators that tirelessly contributed to the success of the study.

Mention must also be made of the contribution of Dr. Juliet Kiguli and Ms Sarah Sonko in reviewing the first draft.

Dedication

This study is dedicated to the hundreds of child headed household heads who have exhibited enormous energies and resilience in providing care and protection for themselves and siblings.

"The children of the World are innocent, vulnerable and dependant. They are also curious, active and full of hope. Their time should be one of joy and peace, of playing, learning and growing. Their future should be shaped in harmony and cooperation. Their lives should mature as they broaden their perspectives and gain new experiences. But for many children, the reality of childhood is altogether different" (First call for Children-Unicef)

Acronyms / Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ADP	Area Development Programme
CABA	Children Affected by AIDS
UNICEF	United Nations Children's Fund
CHH	Child Headed Household
CBO	Community Based Organisation
CSO	Civil Society Organisation
NGO	Non Government Organisation
OCBO	Orphan Community Based Organisation
OVC	Orphans and Other Vulnerable Children
WVU	World Vision International- Uganda
LWF	Lutheran World Federation
COTO	Children Living on their Own
CHF	Child Headed Families
HIV	Human Immunne Virus
UN	United Nations
MDM	Medicins de Monde
UNGASS	United Nations General Assembly Special Session.
UPE	Universal Primary education
CLWIA	Children living with Invalid Adults
CWHE	Children who have eloped
MADDO	Masaka Diocese Development Organisation
TASO	The AIDS Support Organisation
UWESO	Uganda Women's Efforts to Save Orphans

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Executive Summary

This report is a result of a study on the situation in child headed households conducted by a team of development practitioners working for several NGOs involved with orphans and other vulnerable children in Rakai District. The rationale for this specific effort arose from the desire to get a better understanding of the magnitude of the Child headed household problem in Rakai District.

In the report, a situation analysis of children under the age of 18 who are heads of households is presented. A Child headed household is defined as that household primarily headed by a child (below the age of 18), but also recognized by the local community as being independent. In these households, the child takes full responsibility of all duties normally performed by an adult head in a conventional household. Apart from attempting to categorize the different types of Child headed households, the study goes further to understand coping potential and to investigate the accessibility of children living in child-headed households, to key basic social services from government and other service providers. Out of the data collected, a database on all child-headed households in Rakai district has been developed[1].

Rakai District, located in Southern Uganda was established as a district in 1974 and is comprised of 23 sub counties. The recent 2002 population and housing census recorded the district population at 471 806 persons (239, 544 female), an increase of 18.7% since the 1991 population and housing census. Ninety-four (94%) of the population is rural based. Poverty is endemic in the district with 70% of all households estimated to survive on less than Ugshs. 5,000 per week (US$ 3).

Many of the problems associated with poverty have been exacerbated by the HIV / AIDS epidemic. The first AIDS cases in Uganda were recorded in Rakai district in 1982 and today, the prevalence rate among adults aged 15-54 is estimated at 9.2% as compared to the national average of 6.3% despite strong efforts by government, mission groups and NGOs aimed at combating its spread. Although the available statistics reveal a continuous decline in HIV / AIDS prevalence in Rakai from 30% in 1992 to 9.2% in 2001, many challenging effects have been marked or identified such as orphans who have lost one or both parents. The study revealed that there are 975 CHH in the district many of which are headed by children below the age 18. CHH are categorised into those living alone (58%), children who have eloped to start families (11.6%), those living with invalid adults (23.8%) and CHH frequently visited by adult relatives. About seventy-six (76.6%) of the households are headed by males. Circumstances leading to the occurrence of CHH include among others, the loss of parents, abandonment, and juvenile delinquency and invalidity of surviving adults.

[1] Statistical Package For Social Scientists (SPSS)

Conclusions and Emerging Issues

Emerging Issues

? The needs of CHH are diverse, complex and multi-faceted and cannot therefore, be addressed by a single intervention and development agency. There is need for concerted efforts and co-ordination by all children -focused development practitioners in the district. Though the issue of CHH has been predominantly addressed by NGOs/CBOs, there is a need for the district to participate in initiatives targeted at addressing the CHH problem to promote synergy and avoid duplication of services. NGOs/CBOs interventions should therefore be integrated and reflected in both district and lower local councils' plans and budgets.

? It can also at this point be deduced that CHHs tend to emerge and survive more easily in a rural setting as compared to an urban setting. It is also possible that some of the would- be children in CHH in towns, easily become street children. This trend requires further research.

? In view of the fact that the majority of CHH heads are still young and vulnerable, NGOs/CBOs should aim at gradually orientating their interventions to those that have high chances of sustainability. This calls for more resources to areas of vocational training and income generating activities.

? The role of vice chairpersons of local councils as contact persons and advocates of children's rights should be emphasized. The district should conduct more sensitisation activities in this regard. Local councils should be provided with knowledge and skills to respect and promote the observance of children's rights more especially the right to inheritance of land and property.

? The study revealed significant number of cases of CHH with at least one living parent. This could be an indicator of child neglect and abandonment. The district through the relevant department should conduct more investigations on the above issue and take appropriate action.

? NGO/CBOs should strengthen the capacity of traditional institutions and community based informal groups to respond to the needs of CHH. These institutions should be involved in the planning and implementation of CHH interventions.

? Many CHH are small and can be avoided. The study revealed that many households had 3 or 2 members. With relevant support, such families can easily be integrated in the wider extended family system or a foster family could be identified and supported to take them up.

? The findings of the study should be integrated in the district database to create wide base of knowledge and data on CHH in the district to assist in planning.

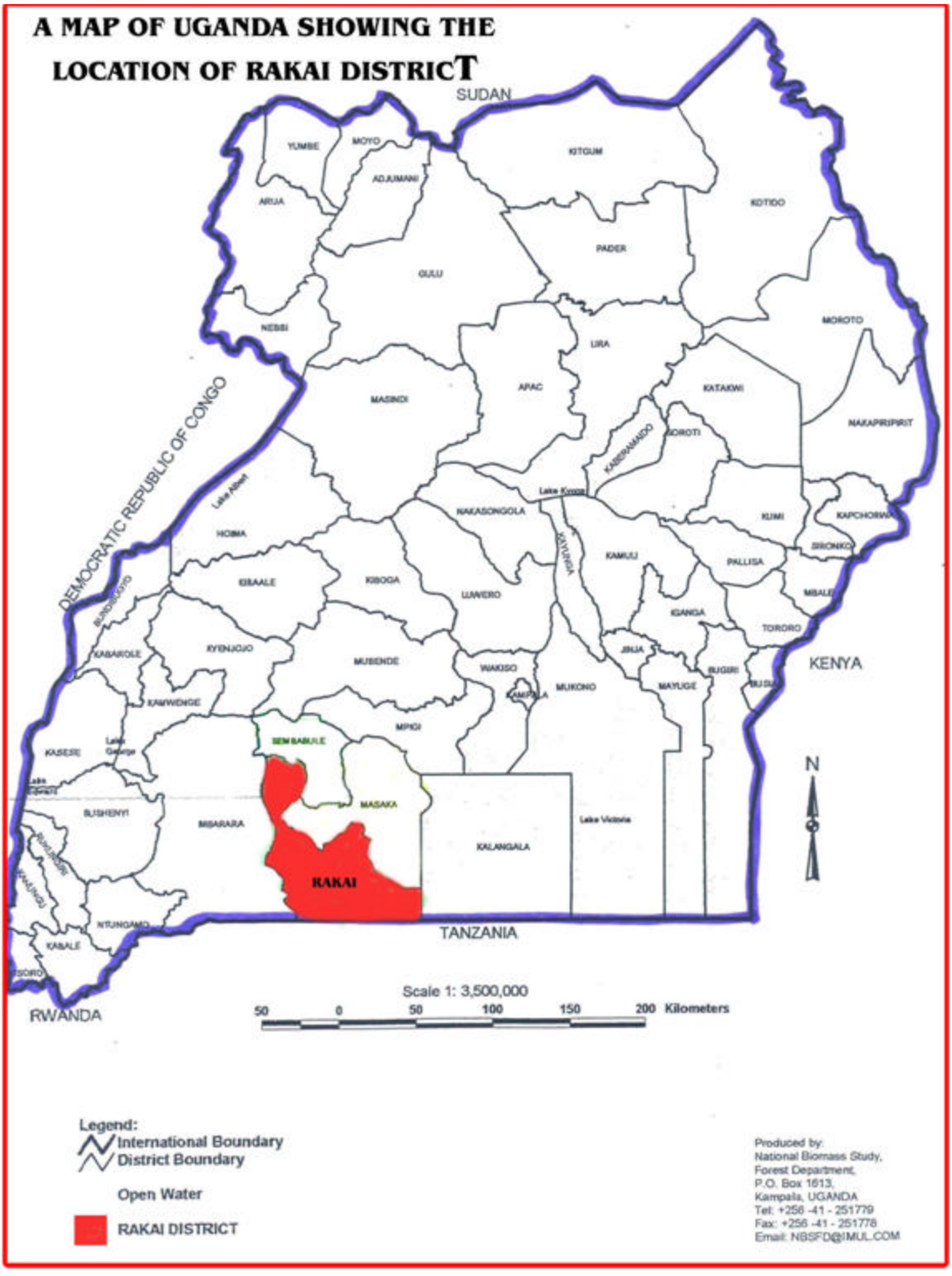
? Government should design a special education package, which ensures that the heads of CHH and other members of CHHs are enabled to attend school as well as to deal with their family obligations. Whereas the government has put in place universal free primary education, many children from CHH for a number of reasons mentioned in this report, do not access education as well as other services. It is therefore important that special support is accorded to this vulnerable group to enable them access key social services.

? Local governments should make byelaws of "bulungi bwa nsi" (voluntary community work) carried out at least once a month at the homes of CHH such as planting crops and repairing houses. Similarly, petty offenders who would be given suspended

sentences and ordered to do community work (in accordance with the new law) could be allocated to CHH homes.

Policy Implications

- Many CHHs have one or two orphans, should these CHHs exist? Can't Communities and relatives (foster parents) be supported to adopt these children?
- They're many cases of property grabbing among CHH. Are the current property law and enforcement procedures sensitive to this?
- Scaling up- responses to community care coalitions is a dire requirement. CBOs, churches and local players should take on a lead role while NGOs play a backbench supportive role.
- Special education for CHH heads that is convenient to nature of responsibilities, practical with life sustenance and marketable vocational skills should be emphasised. Those able to join the mainstream education system should be supported.
- Maintenance of district and localised data banks on Orphans Vulnerable Children. NGOs could help in situation analysis /capacity building.
- In the case of orphans, early marriage needs to be discouraged and communities must be sensitised about the dangers of the practice.
- There is a need by government (central and local) to constantly monitor and evaluate the welfare of the CHHs to ensure that CHH access the best possible support and services out of the available supporting agencies.


A MAP OF UGANDA SHOWING THE
LOCATION OF RAKAI DISTRICT
SUDAN
KENYA
TANZANIA
RWANDA
DEMOCRATIC REPUBLIC OF CONGO
YUMBE
MOYO
ADJUMANI
ARUA
KITGUM
KOTIDO
PADER
GULU
NEBBI
LIRA
MOROTO
MASINDI
APAC
KATAKWI
NAKAPIRIPIRIT
KABERAMAIDO
SOROTI
Lake Kyoga
NAKASONGOLA
KUMI
KAPCHORWA
SIRONKO
HOIMA
KAMULI
PALLISA
MBALE
KIBAALE
KIBOGA
LUWERO
KAYUNGA
IGANGA
TORORO
KABAROLE
KYENJOJO
MUBENDE
WAKISO
JINJA
BUGIRI
BUSIA
KAMWENGE
MUKONO
MAYUGE
KAMPALA
MPIGI
KASESE
SEMBABULE
MASAKA
BUSHENYI
MBARARA
KALANGALA
Lake Victoria
RAKAI
NTUNGAMO
KABALE
KISORO
N
Scale 1: 3,500,000
50 0 50 100 150 200 Kilometers
Legend:
International Boundary
District Boundary
Open Water
RAKAI DISTRICT
Produced by:
National Biomass Study,
Forest Department,
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Kampala, UGANDA
Tel: +256 -41 - 251779
Fax: +256 -41 - 251778
Email: NBSFD@IMUL.COM

Chapter one

1.0 INTRODUCTION

1.1 Background

One of the major devastating effects of the HIV/AIDS pandemic has been the depletion of the adult population and the subsequent precipitation of the orphan crisis. Globally, it is estimated that 34.7 million children from 34 most HIV/AIDS affected countries are orphans. Even with declining infection rates, the number of orphans in these countries will reach 44.2 million by 2010 and continue to climb until the year 2030 (Levine, 2002:ii). In Sub Saharan Africa alone, over the last decade, the AIDS pandemic has increased the number of orphans in Africa by 10 Million (30%) and by 2010, will be responsible for 20 million (50%) of Africa's orphan population (Kielland, 2003).

In Uganda, where at least 800,000 have died of AIDS and about 1.400,000 presently living with the disease (UAC, 2001), by the year 2000, it was estimated that 2.35 million children were orphans (Hunter & Williamson, 2002). This number is expected to rise to 3.5 million by the year 2030 (UNICEF). This unprecedented increase in the number of orphans at rates never witnessed before increases the vulnerability of children as the care and protection burden for households, the extended families and communities increase beyond their abilities to cope. This comparatively differs greatly from what the situation was before the emergency of AIDS, where only 2% of children in the developing world were orphans (UNAIDS, 2000).

To paint a better picture of the situation, Kielland (2003) rightly observes,

> "The growing number of orphans and the high number of adult death have caused a shock to traditional child protection mechanisms in many areas. Moreover, social capital is weakening as family and community systems disintegrate. Traditional absorption mechanisms for children have become strained (in some places completely exhausted) and this affects also non orphaned, critically vulnerable children". This, she further observes, leads to a situation where "child social inequalities exist within countries, within communities, even within households. As a result, it becomes harder to reach a larger number of critically vulnerable children with regular education, health and social protection programs".

The HIV/AIDS pandemic inappropriately affects children and several terms like Orphans and Other Vulnerable Children (OVC) or Children Affected by AIDS (CABA) have been coined to refer to a broader category of children affected by HIV/AIDS. In her presentation to the World Bank workshop on Orphans and Vulnerable children, Kielland (2003) defined OVC as " the children who, in a given local setting, are most likely to fall through the cracks of regular programs and therefore need to be given special attention when such programs are designed and implemented".

In Uganda, in line with achieving the United Nations General Assembly Special Session (UNGASS) goals, there has been an increased interest and commitment on the part of all stakeholders to scale up responses aimed at mitigating the impact of HIV/AIDS

on children. In 2001, a situation analysis of orphans in Uganda was conducted[2], and in the subsequent years the drafting of the national Orphans and Other Vulnerable Children (OVC) policy has been underway by the Ministry of Gender, Labour and Social Development (MOGLSD). This policy aims "to provide long-term guidance and a framework for the development and implementation of OVC interventions through an all inclusive, well coordinated, multi-sectoral approach that will improve the quality of life of OVC and consequently, all children in Uganda".

Perhaps one of the most vulnerable category of children emerging as a result of the HIV/AIDS pandemic is the increasing number of children living on their own in child headed households. The study on the situation in child-headed houses in Rakai District of Uganda thus, was conducted as way of contributing to this process. Though conscious of the need not to idolize orphans over other vulnerable children and adults in communities that have been affected by HIV/AIDS, this study chose to specifically focus on children living in Child- Headed Households (CHHs), which is a recent but growing phenomenon in Uganda. The emergence of child headed households perhaps is an appropriate example of symptoms that reflect the extent to which the extended family/ traditional safety network has been stretched.

Luzze (2002) observes that in order to escape the encumbrance of being adopted by relatives in households where resources are already over stretched, or being institutionalised; many orphans leave for urban centres either to become street children or to provide cheap labour. Others, especially girls are lured into early marriages, while some are exposed to sexual exploitation as child prostitutes. Increasingly, rather than choosing the above options, more orphans are choosing to stay behind in their communities to run their own households.

Wakhweya et al (2002) observe that the other reasons that force orphans to live on their own in CHHs include mistreatment from adult caretakers to breaking marriages of adopting households due to stigma and discrimination attached to children whose parents have died of AIDS. Though some studies have under toned the prevalence of CHHs in Uganda (Wakhweya et al, 2002), it is generally recognised that the situation varies from district to district. Natukunda (1993) observes that by early 1990s there were a few orphans living alone in CHHs, while LWF (2000) notes that the number of CHH has been growing over time. There is however, a general consensus among different researchers that where CHHs exist, children growing up alone are generally poorer and more vulnerable than any other orphans. Their plight is often characterised by lower school attendance, increased vulnerability to physical and mental problems, early entrance into the labour market, and vulnerability to social vices like drug abuse and criminal behaviour, risky sexual behaviour, poor access to social services among others.

Despite living under very pathetic and harsh conditions, children in CHHs have been known to develop unique resilience when their lives are challenged. They develop a continuum of coping strategies, which also include adopting 'de facto' adult roles. Hunter (2000: 208) observes that, "Children take on new roles, acting as household heads, making household decisions even when parents are still living, and supporting their young brothers and sisters, at times suffering loss and peril themselves. They often help other children who are vulnerable by providing them with food, shelter, counselling and friendship, and are active members of orphan committees in AIDS affected villages".

Luzze (2002) observes that owing to the overwhelming magnitude of the orphan problem in communities heavily affected by HIV/AIDS in the district of Rakai,

[2] The study was conducted by the Center for International Studies for International Health at Boston University School of Pubic Health and Makerere University.

supporting the survival of orphans on their own in CHHs is slowly being accepted as an alternative form of orphan care. CHHs are thus attracting support from communities, women Self-help groups; community based organisations (CBOs), civil society organisations (CSOs), the church, local governments and non-government organisations (NGOs). Unfortunately, the magnitude of the CHH problem in Rakai is still not known. This study thus, is primarily intended to establish the number of CHHs in Rakai District and their access to basic social services.

1.2 The Problem

Although several studies have been conducted in Rakai, especially on the living conditions, coping mechanisms and strategies in CHHs,[i] none of these studies has focused on helping establish the magnitude of the CHH problem in the District. These studies mainly conducted by NGOs working with OVCs and by postgraduate students, have also been limited in scope since their areas of coverage have been small.

The Orphan Community Based Organisation (OCBO) had over the years attempted to develop a database on CHHs and other vulnerable children in the district. Owing mainly to logistical factors, this process has not been brought to fruition. Along this effort, other NGOs notably World Vision (WV) and the Lutheran World Federation (LWF) had gone ahead to conduct CHH counts in their areas of operation. Unfortunately, such efforts have been covering only respective program areas, which represent only a small portion of the District.

It has also been very difficult to synchronize data from these efforts due to the absence of one common definition by the different players of what entails a CHH. Terminologies used by different NGOs to refer to CHHs have for example, tended to include terms like; Children living on their own (COTO), Child Headed Families (CHFs) or Children families. Different NGOs have also used different criteria to define what constitutes a CHH. For example, OCBO has been very emphatic on the age of the child head. In this case, once the child head grew beyond 18 years and is thus legally considered to be an adult, then his/her household ceased to be considered a CHH. WVU on the other hand is less emphatic on the age of CHH head, and was more concerned with the extent of vulnerability. LWF's definition is even broader stretching to include households that even have invalid adults (also referred to as 'candidate CHHs'). The absence of a universal operational/working definition of what constitutes a CHH, and the failure of the different players to integrate their individual efforts thus, remains the major bottleneck in the exercise that would help improve the understanding of the magnitude of CHH in Rakai District.

Lastly, while the research team is aware that the National Population Census 2002 will definitely provide important data on CHHs, the information to be generated from that source is unlikely to be sufficient for planning and design of programs specifically targeting this vulnerable group of children. It was therefore, found imperative to conduct this study.

1.3 Objectives

The major objective of this survey was to establish the magnitude of the CHH problem in Rakai district. Specific objectives include: -

1. To define, identify, and develop a database on all child-headed households in Rakai district.

2. To investigate the accessibility of children living in child-headed households to key basic social services from government and other services providers.

3. To understand coping potential by assessing and quantifying productive assets owned by child headed households.

1.4 Methodology

1.4.1 Study Design

This study was primarily descriptive and quantitative. The data collected will be useful in informing the planning and policy formulation process on CHHs in particular and on the OVC problem in general. This data will also form a good foundation for future hypothesis testing studies on orphans and other vulnerable children living in CHHs.

1.4.2 Data Collection and Analysis

Data was collected using a semi-structured questionnaire and observation methods by a team of 39 enumerators in all the 23 sub counties and 3 Town Councils. An enumeration of all child headed households was conducted and key stakeholders consulted. The study group also reviewed existing literature to enrich and compare study findings.

It was agreed by the research team that in the event where a CHH head was not found at home at the time of interview, an older child, invalid adult, close relative or close neighbour could respond to the questionnaire. Nevertheless, a bigger percentage of respondents were CHH heads themselves and where they were absent, persons well conversant with the CHHs were interviewed. Also, because the interviewers were conversant with the CHHs and locality, the research team is confident of a high degree of accuracy and reliability of data collected.

Data collected was entered and analysed using a software package Text (SPSS). It was coded and clustered along themes and sub themes for sub- sequent analysis. Analysis of data was based on both uni-variate and multivariate analysis.

The study applied the in-depth interview method to solicit stories and life histories of these CHHs. These were used to provide case studies to enrich the study.

1.4.3 Scope of Study

This study aimed at establishing the magnitude (in terms of numbers) of CHHs in Rakai District. For this to happen, it was found necessary to develop a universally acceptable working definition for a successful CHH enumeration to be undertaken. The research agreed to use the term child-headed household, because of its inclusiveness and technical soundness in preference to the other terms used by the various players.

A CHH was defined as a household primarily headed by a child (below the age of 18). The household also had to be recognised by the local community as being independent, and where the child head was seen to be: -

- Responsible for providing leadership and making major decisions in the running of the household.
- Responsible, along with other children for bread winning for the household.
- Caring for the younger siblings through adoption of de-facto adult/parental roles.

Four categories of CHHs were also developed to include the following classes:

1. Orphans living purely on their own (Pure CHH).
2. Children who have eloped to start their own households.
3. Children staying with an invalid adult (Candidate CHH).
4. Children staying on their own but periodically visited by an adult or close relative who temporarily stays with the family for some considerable time.

The study covered the entire district, which was made possible through a collaborative arrangement involving five NGOs working with CHHs in Rakai District, who volunteered their grass root staff and community volunteers to reach the CHHs. The operational areas of the five NGOs literary cover the whole district. This made it easy for the research team to cover the whole district in 14 days at a minimal cost. The District was divided up as summarised in Table 1.

A total of 39 enumerators were recruited and trained in a two-day workshop. The bulk of the enumerators were staff employed by the participating NGOs and had experience in the area of deployment. The enumerators also made use of other existing NGO staff, project committee structures and Local councils to identify CHHs for enumeration.

Table 1: Study Areas in Rakai District

No	NGO	SUB- COUNTY	PARISHES
1	World Vision Rakai-Kooki ADP	Lwanda Byakabanda Kibanda Rakai T.C	5 3 5 2
	World Vision Rakai-Kyotera ADP	Kyotera T.C Kabira Kasaali	2 5 5
	World Vision Rakai-Kakuuto ADP	Kyebe Kakuuto Kasasa Kifamba	6 6 5 4
2	Lutheran World Federation	Kasagama Kinuka Mpumudde Kaliro Lyantonde SC Lyantonde TC	3 3 5 5 5 2
3	Medicine Du Monde	Kyalulangira Kachera	6 6
4	Concern Worldwide	Lwamagwa Nabigasa Kirumba	6 5 6
5	Orphan Community Based Organisation	Ddwaniro Kagamba Lwankoni Kalisizo	5 5 5 7

1.4.4 Study Limitations

While it is probable that CHHs gave information according to their basic needs, sometimes suspicion arose due to expectations for provision of services since researchers came from NGOs operating in those parts of Rakai.

This study was conducted for a pragmatic cause to provide badly needed insights into the problem of CHHs. All members on the research team could only spare limited time on top of their normal responsibilities to conduct the study. This coupled with the limited resources available (USD 5000) implied that the research design, and methodology had to be low cost. The study therefore avoided in-depth analyses of some of the most critical issues that affect Children living in CHHs.

Chapter Two

2.0 GEOGRAPHICAL AND SOCIO-ECONOMIC PROFILE OF RAKAI DISTRICT

2.1 Geographical Location

Rakai District is located in Southern Uganda bordering lake Victoria to the east, Tanzania to the south, Mbarara and Masaka districts to the west and north respectively. With 4,973 square kilometres, it is one of the smallest of Uganda's 56 districts.

2.2 Population

The recently concluded 2002 census measured its population at 471,806, 96% of which was rural based and dependent on agriculture, livestock and fishing. Females were 239,544 and males 232,262.

2.3 District profile

The district was established in 1974, and is today composed of 4 counties, 4 town councils, 23 sub-counties, 115 parishes and over 780 villages. Local administration and revenue collection is the responsibility of Rakai district administration, which was decentralized in 1992. The local council system is responsible for law and order and community political mobilization.

Historically, Rakai has been a neglected district. It is only in the last few years that communication network, district infrastructure and basic services such as health, water, and education have began to improve.

The district is linked by a tarmac road from Kampala to Rakai district headquarters, whilst the main trunk road from Kampala to south western Uganda cuts through Lyantonde in the northwest of the district. Although a number of roads have been upgraded, intra-district communication is still relatively poor. Nevertheless, the district was recently connected to the mobile telephone network. However, many sub-counties do not have access to this service due to financial constraints. It is estimated that less than 5% of the population have access to electricity.

Rakai is predominantly a mixture of sedentary Baganda agriculturalists and pastoral Banyankore; the latter being concentrated in the northern part of the district in Kabula and Kooki counties. The 1991 population census recorded over 38,000 people of Rwandan or Burundian origin in the district, but many of these have since returned to Rwanda. Ninety (90%) of Rakai District's population is Christian.

2.4 Resource Base and Economic Activity

The vegetation in the district varies from forests in the south near Lake Victoria, through swamps, to savannahs in the north. Only 180kms of 4973sq.kms are still forested. Rainfall patterns vary considerably in the district. Adequate rainfall coupled with moderate temperatures during the rainy season ensures a favourable agricultural environment in the lake zone, whilst the northwest with its predominant savannah grasslands, is most suitable for livestock production. There are two rainfall peaks, March-May and October-November. Soil fertility is low in many areas and hillside erosion is an increasing problem particularly in Kooki County.

The local economy is primarily agricultural. Subsistence cultivation of bananas, sweet potatoes, cassava, maize and beans is the principal means of livelihood for 70% of

Rakai District's population, though a proportion of these crops are marketed within and outside the district. Coffee is Rakai District's chief cash crop. Agricultural techniques and technology are essentially basic and the main source of agricultural labour is the family. Wealthier farmers employ casual or contract labour from within the district or as migrants. In most years, food insecurity poses a serious threat; for example in 1992 and 1998, drought resulted into serious food shortages throughout the district.

Livestock and fishing are also important economic activities. Livestock production, stronger in Kabula, Kooki and Kakuuto counties is also primarily organized within family units, although there is some ranching in Kabula. Tilapia and Nile perch are fished on the three lakes of Victoria, Kijjanebalola and Kacheera. Fish processing is carried out using traditional methods of preservation. Sale of fish to traders in Kampala is reportedly on the increase due to good access roads.

Trade is the third largest activity in Rakai. The most lucrative type of trade noticed and accounting for over 70% of the district trade volume is retail trade in manufactured goods for domestic use. Trade in agricultural products is also significant especially cross-border trade with Tanzania. Rakai has very few industries and the small scale ones are mainly concentrated in urban centres. Majority of these are engaged in coffee and maize processing. Some small-scale artisan workshops, also located in urban centres are involved in metal fabrications, woodwork, brick making, pottery and other crafts. Poverty is endemic in the district; over 70% of the households are estimated to survive below Uganda's subsistence level of U.shs.5000 (USD 3.00, Human development report 2003) per week. Many of the problems associated with poverty have been exacerbated by the HIV/AIDS epidemic.

2.5 HIV/AIDS Social Economic trends

The first AIDS cases in Uganda were recorded in Rakai district in 1982. Within very few years, cases were recorded along main trade routes in the district, and the relentless growth of the problem was revealed in the 1993 research conducted by the Rakai Project (Colombia University - USA). The research showed that Rakai District was one of the areas of the World most severely affected by the HIV/AIDS pandemic. It was further found that there were higher infection rates in trading centres than in the rural areas. Females in the 13-19 age group had alarmingly higher infection rates than males in the same age group in trading centres. Lesser gender differences in infection rates were observed among the 20-29 age group and above. However, in the rural areas higher infection rates were reported among the 30-39 age group.

With many people in the productive age group being infected, the labour force has been weakened. Prolonged sickness and gradual failing health due to the disease has meant "on and off" absenteeism and high labour turn over as PWAs fail to cope with regular work. This has negatively affected labour productivity in agriculture, industry, service and informal sectors with severe implications to family revenue and food security at household level.

Households, the traditional extended families (where close relatives take care of the orphans), and local communities, especially community based groups and self-help groups bear much of the increased social burden (taking care of the sick, orphans etc.) of AIDS. The principal manifestation is the growing number of orphans in the district. The reported number of orphans in the district was over 40,000 in 2002, up from 36,661 in September 1995. The traditional extended family system has been weakened due to death of parents and relatives from AIDS. This has given rise to the increasing number of child headed households. An earlier study by LWF (2000) identified over 310 child-headed households and 9,846 orphans in Kabula and Kooki

counties. Many guardians are themselves vulnerable/handicapped, as they cannot maintain fully their own households due to barriers of poverty, illness and difficult village circumstances. For many people, therefore, the stress of meeting the basic needs such as food, shelter, scholastic materials, clothing etc of sometimes-large numbers of orphans is overwhelming. The magnitude of the orphan population is an important indicator of the demands on the local population. (LWF, 2000)

The effects of HIV/AIDS are worsened by poor access to health care. About 40% of the population does not have access to health facilities. Rakai district's rates of infant mortality (119 per 1,000 live births) and maternal mortality (600 per 100,000 live births) are quite high. The number of patients seeking services amidst poor facilitation of the health sector overwhelms the health personnel. The stigma attached to HIV/AIDS worsens the situation and results in neglect of cases that present themselves with clinical signs of AIDS. In addition, the cost of treating one HIV/AIDS patient is currently ranging between USD 214 to 740 (Ug shs. 370,000 to 1,280,000) per month. Such high costs cannot be afforded by the majority of patients who are already trapped in a vicious cycle of poverty.

Today, the prevalence rate among adults aged 15 – 54 is estimated at 9.2% as compared to the national average of 5.2% despite strong efforts by government, mission groups and NGOs aimed at combating its spread.

Table 2 Statistical summary

Area coverage	4989sqkm
Distance from National Capital	190km
Number of Counties	4
Number of Sub-counties	23
Parishes	120
Villages	850
Population	464,600 (2000)
Population density	102-141 people per sq km
Annual growth rates	3.04%
Urban population	3.8%
Rural population/subsistence farmers	77.4%
Female Headed households	31.7%
Orphans who have lost one parent	17.9%
Estimated number of orphans	65,000
Estimated number of CHHs	300-600
Children under 5	20%
Children between 12-19	17.3%
Male to female ratio	49%:51%
Infant mortality rates	119/1000(1991)
Under five mortality rate	137/1000
Maternal Mortality	600/100,000
Total fertility rate per woman	7.7%
Illiteracy rates	57.9% (female 30.2%/male29.7%
Doctor to population level	1:31958
Population living under the National Subsistence line (5$ per week)	70%
Safe water coverage	33% (1994)
Safe Latrine coverage	68%
Life expectancy	Females 50/Males 45.3 years
Crude death rates	18/1000(1991)
Couples using family planning	15%
HIV/AIDS prevalence	9% (1998)
Pupil enrolment	138,744
No. of teachers	2,458
Pupil/teacher ratio	56

Chapter Three

3.0 NATURE AND CHARACTERISTICS OF CHH

3.1 Introduction

For policy makers and other support agencies, it is important to understand the nature of Child Headed Households in order to come up with appropriate interventions that address the problems of this borderline group of vulnerable children. This chapter gives information generated by the study on the magnitude and inherent characteristics of Child Headed Households in Rakai district.

3.2 The Characteristics of Respondents

A total of 975 respondents were interviewed. The majority of respondents were either CHH heads or children living in CHH. Seventy three percent (73%) of the respondents were children and only twenty six percent (26%) were either 19 or above. These constituted CHH heads above the age of 18 years, invalid adults living with the CHH or people living within the neighborhood of the CHH who at the time of research were able to respond to the questions from the researchers on behalf of absent CHH heads.

Table 3: Distribution of Respondents by Sex and Age

Age group	Sex		Total	%Distribution (Total)
	Male	Female		
0-9	4	4	8	0.8
10-19	522	175	697	73.14
20-29	92	47	139	14.58
30-39	19	17	36	3.78
40-49	15	16	31	3.25
50-59	2	12	14	1.47
70-79	6	11	17	1.78
80-89	1	10	11	1.15
Total	**661**	**292**	**953**[3]	**100**

Other than being a limitation to the study, this in itself enriched the study from the perspective of including views of adults and the community at large, on the general condition of life in the CHHs. About one third (31.7%) of the respondents were female. This enhanced the capturing of some aspects unique to females in a predominantly paternalistic society.

[3] Out of 975 respondents, only 953 clearly indicated sex

3.3 Nature of Child Headed Households

3.3.1 Distribution of CHH by Sub County

A total of 975 CHHs were counted in the whole of Rakai District, however only 969 CHHs could be distributed by sub-county. The study revealed that (see Table 4 below), Kirumba (8.2%), Lyantonde rural (5.5%) Byakabanda (7.7%) and Nabigasa (6.6%) sub-counties had the largest number of CHHs. On the contrary, urban centres where the HIV /AIDS prevalence is believed to be relatively higher in the district, registered the smallest number of CHHs. Both Kyotera TC and Lyantonde TC had 0.2%, while Rakai TC registered a higher percentage of 1.7%.[4] The higher percentage of CHHs in Rakai T.C could perhaps be attributed to the large rural parishes that partly constitute the Town council. The number of CHHs per sub-county ranged from 2 to 80, while the average number of CHHs per Sub County is 37. It can also at this point be deduced that CHHs tend to emerge and survive more easily in a rural setting as compared to an urban setting. It is also plausible that some of the would-be children in CHH in towns, easily become street children.

Table 4: CHHs By Sub-County

No	County	Sub-county	Frequency	Percentage
1	Kabula	Kaliiro	42	4.3
		Kasagama	39	4.0
		Kinuuka	22	2.3
		Lyantonde TC	2	0.2
		Lyantonde Rural	53	5.5
		Mpumudde	24	2.5
		County Total	**182**	**18.8**
2	Kakuuto	Kakuuto	46	4.7
		Kasasa	29	3.0
		Kibanda	26	2.7
		Kifamba	19	2.0
		Kyebe	25	2.6
		County Total	**145**	**15**
3	Kooki	Byakabanda	75	7.7
		Ddwaniro	44	4.5
		Kacheera	48	5.0
		Kagamba	22	2.3
		Kyalulangira	28	2.9
		Lwamagwa	45	4.6
		Lwanda	52	5.4
		Rakai TC	16	1.7
		County Total	**330**	**34.1**
4	Kyotera	Kabira	53	5.5
		Kalisizo	43	4.4
		Kasaali	28	2.9
		Kirumba	80	8.2
		Kyotera TC	2.0	0.2
		Lwankoni	42	4.3
		Nabigasa	64	6.6
County Total			**312**	**32.1**
District Total			**969**	**100**

[4] According to Rakai Project " HIV prevalence in Rakai varies from 25-35% in the main road trading centers on the trans-African highways to 12-25% in secondary road trading villages, to <10% in off-road agrarian villages (Rakai project profile 2002)

Kooki County had the largest number of CHHs (330) representing 34.1%, while Kakuuto had the least with only 145 (15%). Kabula and Kyotera registered 182 (18.8%) and 312 (32.1%) CHHs respectively. In the absence of earlier reliable baseline data, it is difficult to deduce as to whether the number of CHHs in Kakuuto County, where the HIV/AIDS pandemic first surfaced, had reached a peak and was now decreasing in prevalence.

3.3.2 Distribution of CHHs by Category

969 CHHs were satisfactorily categorised by the interviewers, it was observed as is illustrated in Table 5 that 562 (58%) of the households were "Children Living on their own (COTO)", 231(23.8 %) were children living with invalid adults including PLWHAs and the elderly (CLWIA), while 112 (11.6%) were considered to belong to the category of children who had eloped to start their own households (CWHE). The last category belongs to the CHH frequently visited by adult well-wishers and relatives who stay temporarily, accounting for 64 households (6.6%).

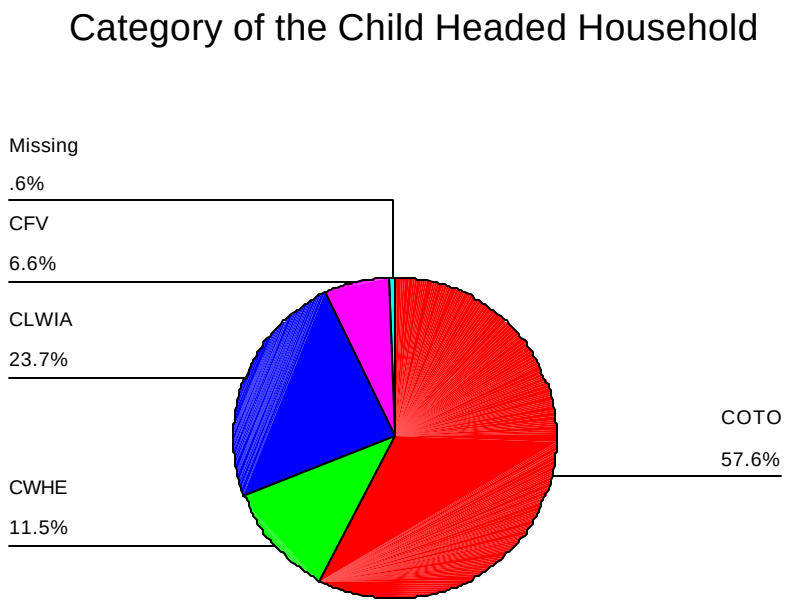
Table 5: Categories of CHHs

Category Of CHH	Frequency	Percent	Cumulative Percent
Children living on their own (COTO)	562	58.0	58.0
Children who have eloped to start their own households (CWHE)	112	11.6	69.6
Children living with an invalid adult (CLWIA)	231	23.8	93.4
CHH frequently visited by adult relatives who stay temporarily (CFV)	64	6.6	100.0
Total	**969**	**100.0**	

Prior to this study, not much attention had been given to the later category of children who have eloped to start their own households, as this group is perceived to be less vulnerable. This is so since most of the children in this category are not orphans and can still draw support from their parents. This situation however, raises questions as to why child marriages remain prevalent to that rate (11.6%). For the children in the CWHE category (who are not orphans), elopement may be one of the strategies to cope with extremely difficult circumstances. In a study conducted by LWF (2000: 12), it is observed that some orphans especially girls are lured into early marriage especially to older men for survival.

The high percentage of Children living on their own (58.2%) in communities where previously it was abnormal to leave orphans to care for themselves clearly indicates the extent in the breakdown of the traditional social support system. The study also shows that a significant number of children in CHH (23.8%), live with invalid adults; implying that children under this category face the dual burden of fending for themselves and also for invalid adults.

Chart: 1



According to a study by LWF (2000), several factors are responsible for children living on their own; orphans may decide to stay alone because they have no other alternative other than living alone as a result of losing both parents and failure to trace immediate relatives especially those from migrant communities.

Other reasons included the desire by orphans to stay together as a family other than being divided up among relatives, while others prefer "to stay together to safeguard their property." The study further reveals that some orphans choose to stay alone because their surviving relatives have other responsibilities and limited resources to take them on. Wakhweya et al (2002) observe that the other reasons that force orphans to live on their own in CHHs include mistreatment from adult caretakers to breaking marriages of adopting households due to stigma and discrimination attached to children whose parents have died of AIDS. The need to protect their inheritance especially family land and property from unscrupulous relatives and neighbours, is one other reason cited by 29% of orphans for choosing to stay alone in a CHH (Luzze 2002).

Box 1: A Case study of a COTO head threatened with defilement.

Namagembe Sophia (not real name) is a 17-year-old girl living in Kamukalo village in Byakabanda Sub County. Her parents died in 1998 and immediately became head of the family and tries against all odds to fend for the survival of her young brother Joseph Kasanya who is 12 years old.

Sophie is a secondary school student at Kibaale Community Secondary School, but tries to do everything possible to cater for her brother. Sophia laments, "Joseph is still young; he needs food, and medical care among other needs. Joseph sometimes misses school when he is sick. After the death of my parents, we had no immediate relatives so I had to do everything possible for our survival. When some people learnt we were living alone, they began threatening us; sometimes men also try to seduce me.

One night around mid night, someone came and knocked, and demanded that we open. We refused and he then claimed that he was a sympathiser who had brought us food. I suspected danger because it was too late. I advised him to come the next day but he insisted and demanded an immediate response or we risked death. No sooner had he said this than he kicked the door open and entered. He entered my bedroom and defiled me. I tried to raise an alarm but no body came to my rescue. I did not report the case because I did not know the identity of the person. This still haunts me and when friends look at me, they feel sorry. Some even mock me." She adds,

"If my parents had been alive, may be this would not have happened. I'm even scared and feel insecure as more people may take advantage of my vulnerability. I rarely concentrate in class as I keep on reminiscing what happened to my past life. Life continued to be a thorny path to us. To whom should we turn?" laments Sophia.

3.3.3 Category Of CHHs Per Sub-county

Table 6: Category of CHHs per Sub- County

Sub County	Category of CHH				Total		Sub County	Category of CHH				Total
	COTO	CWHE	CLWIA	CFV				COTO	CWHE	CLWIA	CFV	
Byakabanda	21	31	21	2	75		Kirumba	54	5	17	4	80
	28.0%	41.3%	28.0%	2.7%	100%			67.5%	6.3%	21.3%	5.0%	100 %
Ddwaniro	31	6	7	0	44		Kyalulan-gira	15	2	9	2	28
	70.5%	13.6%	15.9%	0	100%			53.6%	7.1%	32.1%	7.1%	100 %
Kabira	42	4	6	1	53		Kyebe	20	2	1	2	25
	79.2%	7.5%	11.3%	1.9%	100%			80.0%	8.0%	4.0%	8.0%	100 %
Kacheera	20	4	20	4	48		Kyotera T/C	2				2
	41.7%	8.3%	41.7%	8.3%	100%			100.0 %				100 %
Kagamba	18	0	3	1	22		Lwamaggwa	23	1	16	5	45
	81.8%	0	13.6%	4.5%	100%			51.1%	2.2%	35.6%	11.1%	100 %
Kakuuto	41	2	1	2	46		Lwanda	31	3	9	9	52
	89.1%	4.3%	2.2%	4.3%	100%			59.6%	5.8%	17.3%	17.3%	100 %
Kaliiro	27	9	3	3	42		Lwankoni	16	2	22	2	42

	64.3%	21.4%	7.1%	7.1%	100%		38.1%	4.8%	52.4%	4.8%	100 %
Kalisizo	21	5	13	4	43	Lyantonde Rural	36	5	9	3	53
	48.8%	11.6%	30.2%	9.3%	100%		67.9%	9.4%	17.0%	5.7%	100 %
Kasaali	24	1	1	2	28	Lyantonde TC	2				2
	85.7%	3.6%	3.6%	7.1%	100%		100.0 %				100 %
Kasagama	6	22	8	3	39	Mpumudde	12	2	5	5	24
	15.4%	56.4%	20.5%	7.7%	100%		50.0%	8.3%	20.8%	20.8%	100 %
Kasasa	22	0	4	3	29	Nabigasa	32	1	29	2	64
	75.9%	0	13.8%	10.3%	100%		50.0%	1.6%	45.3%	3.1%	100 %
Kibanda	19	2	5	0	26	Rakai TC	5	0	9	2	16
	73.1%	7.7%	19.2%		100%		31.3%	0	56.3%	12.5%	100 %
Kifamba	12	1	5	1	19	Total	562	112	231	64	969
	63.2%	5.3%	26.3%	5.3%	100%		58.0%	11.6%	23.8%	6.6%	100 %
Kinuuka	10	2	8	2	22						
	45.5%	9.1%	36.4%	9.1%	100%						

Although Byakabanda S.C had a relatively higher number of CHHs, it is important to note that 31(41.3%) of these CHHs belonged to the category of children that had eloped to start their own households. Byakabanda S.C (31) and Kasagama S.C (22) had relatively more of CHHs in this category compared with other Sub Counties. Kasagama had almost four times as many CHHs in this category as compared to COTOs or 'pure CHHs'. Kirumba S.C had the highest number of COTOs (54) followed by Kabira S.C (42) and Kakuuto S.C (41). The number of COTOs per Sub County ranged from 2 to 54, with an average 21. In all cases with the exception of Kasagama S.C, Lwankoni S.C and Rakai T.C, there were more cases of COTOs than any other category of CHHs. Nabigasa Sub County had the biggest number of CHH with invalid adults, followed by Lwankoni (22), Byakabanda (21), while Kyotera T.C and Lyantonde T.C had none. The average number of CHH with invalid adults per Sub-County was 8.

3.3.4 Details Concerning Invalid Adults Living in CHHs

The term 'invalid adults' in this study was used to refer to persons who were weak and sickly, chronically ill or disabled; making them economically unproductive and largely dependent on child household members for survival. Whereas children who live with invalid adults enjoy some sort of guidance from an adult, which a COTO may lack, they nevertheless suffer psychologically as they witness their ailing parents or adult relatives succumb to sickness, and also bear an added burden of caring for them.

Chart 2: Group age of Invalid Adults.

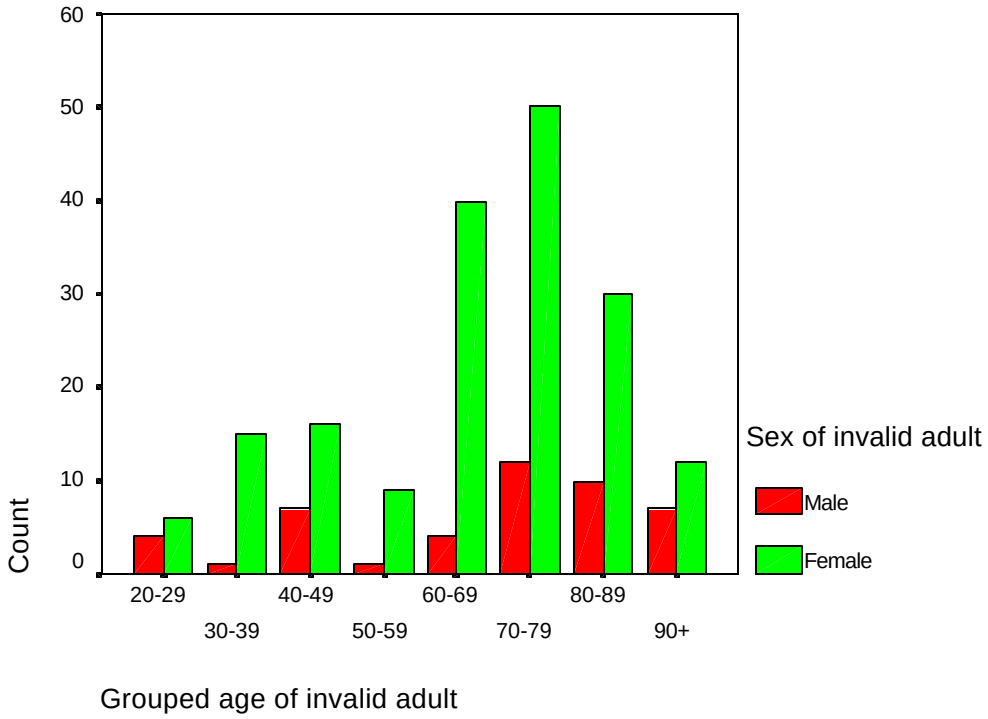


Table 7: Sex /Age of Invalid Adult

Age	Sex of invalid adult						Total	
	Male			Female			Invalid Adults	%
	No. of Males	% Male Sex	% Share in total	No of Females	% Female Sex	% Share in Total		
20-29	4	8.7%	1.8%	6	3.4%	2.7%	10	4.5%
30-39	1	2.2%	0.4%	15	8.4%	6.7%	16	7.1%
40-49	7	15.2%	3.1%	16	9.0%	7.1%	23	10.3%
50-59	1	2.2%	0.4%	9	5.1%	4.0%	10	4.5%
60-69	4	8.7%	1.8%	40	22.5%	17.8%	44	19.6%
70-79	12	26.1%	5.3%	50	28.1%	22.3%	62	27.7%
80-89	10	21.7%	4.5%	30	16.8%	13.4%	40	17.8%
90+	7	15.2%	3.1%	12	6.7%	5.3%	19	8.5%
Total	**46**	**100.0%**	**20.4%**	**178**	**100.0%**	**79.5%**	**224[4]**	**100.0%**

[4] Only 224 responses out of the 231 CHHs grouped under this category gave satisfactory responses, which were used for analysis.

Out of the 224 invalid adults staying with CHHs, 178(79.5%) were female, while 46(20.5%) were male. In all age groups, the number of female invalid adults by far out numbered that of their male counter parts. It is however, important to note that, as part of the traditional culture, childcare is mainly a responsibility of women. Men normally shy away from such responsibility, which probably explains why there were more female invalids living with CHH than males. Secondly, because of the lack of property rights, women are perceived as a lesser threat to household property / wealth. It is thus, more acceptable to have a female relative attached to children who have lost both parents. Age of invalid adults ranged from 21 to 102 years, while the mode was 70 and the mean age was 66 years. Over 75% of invalid adults were above the age of 60 years. The table below shows the nature of invalidity as cross-tabulated with age.

Table 8 : Age of invalid Adults Against Nature of Invalidity

Age of Invalid Adult	Nature of invalidity							Total
	Unspecified	Blind	Deaf	Physically Disabled	Elderly	Chronically ill	Mentally Ill	
20-29		1	2	3		3	1	10
30-39				1		14	1	16
40-49	1			5		13	5	23
50-59		2		1	2	4		10
60-69	1	3		5	14	19	2	44
70-79	1	2		3	35	21		62
80-89	1	4		1	23	11		40
90+	1			2	15	1		19
Total	5	12	2	21	89	86	9	224

Out of 224 invalid adults living in CHHs, the majority (89) representing 40% were invalidated by old age and 86 representing 35%, by chronic illness. Between the age of 20 and 49 there were more persons invalidated by chronic illnesses probably arising from HIV/AIDS. It is also important to note that disability (including the physically disabled, the blind, deaf and mentally ill) was responsible for invalidity among 44 (20%) adults. Because most of the invalid adults were weak due to chronic illness and advanced age, it is likely that most CHHs in this category would in the near future be relegated to the COTO category.

Table 9: Age of Invalid Adult against Relationship to CHH Head

Age of Invalid Adult	Relation of invalid adult to CHH head											Total
	Un-specified	Aunt	Father	Grand-Pa	Grand Ma	Mother	Sibling	In-law	Step Parent	Sympathiser	Uncle	
20-29	1	2	1			1	5					10
30-39	2	1	1			11					1	16
40-49		2	3			12	1	1	1	1	2	23
50-59			1		4	5						10
60-69	2	3	1	3	26	6		1	1		1	44
70-79	1	3	3	8	43	1			1	1	1	62
80-89	2	1	1	10	26							40
90+			2	5	12							19
TOTAL	**8**	**12**	**13**	**26**	**111**	**36**	**6**	**2**	**3**	**2**	**5**	**224**
%Total	**3.5%**	**5.3%**	**6%**	**12%**	**50%**	**16%**	**2.7%**	**0.9%**	**0.9%**	**0.9%**	**2.2**	**100%**

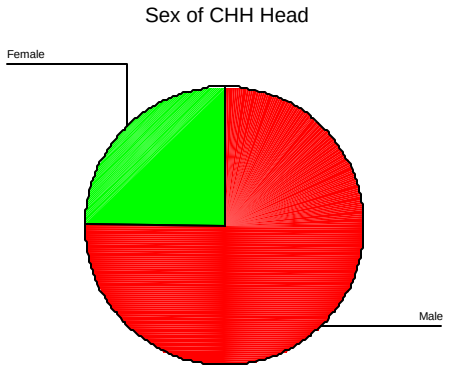
The study then attempted to establish the relationship between the invalid adults living in CHHs. From the table above it can be observed that majority of invalid adults 111 (50%) were grandmothers. Only 26 (12%) were grandfathers. Interestingly, 36 CHHs (16%) had their own mothers as invalid adults and 13 (6%) had their own fathers as invalid adults. It can also be seen from table 9 that only 2 invalids were not close next of kin ("blood relatives") of children in CHHs.

3.4 Characteristics of CHH Heads

3.4.1 Sex and Age of CHH Head

Concerning the sex of CHH heads, Chart 3, below shows that out of 969 CHHs, boys headed 728 (76.6%) households while girls headed 241 (23.4%) households.

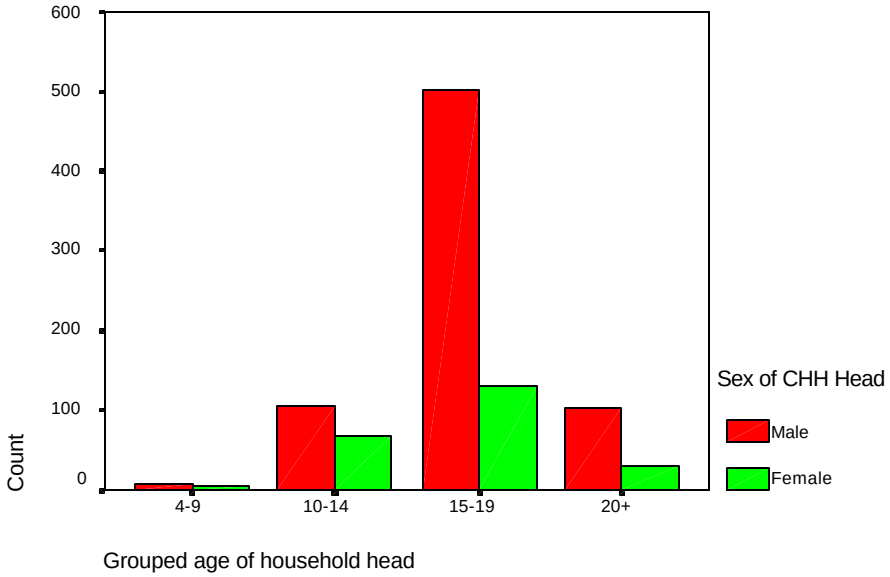
Chart 3 Sex of CHH Heads



Apart from the age category of 49 (see Chart 4) where there is an insignificant number of CHHs, in all the other age categories, the ratio of male heads to female heads remained, approximated at 2:1and above. The indication that there are more male-headed CHHs is consistent with results from all earlier studies (see LWF 2000 and Luzze 2002). Paradoxically however, in Rwanda where there are far more CHHs, the reverse is almost true with two thirds of CHH families headed by females.

Possibly, there could be a relationship between factors causing the emergence of CHHs and the dominant sex of CHH heads. While in Uganda CHHs have gradually emerged largely as a result of the devastating impact of the HIV/AIDS scourge, in Rwanda CHHs emerged as a result of the genocide which resulted into the death of close to 1 million people. There are over 300,000 orphans living in CHHsin Rwanda.

Chart 4: Sex of CHH head by Age



The majority of CHH heads lay between the 15-19 year category and again, it is in this category that male CHH heads far out number female CHH heads by a ratio of almost 5:1. The deduction we can draw from this finding is that there is greater propensity of male-headed CHHs to emerge at all ages, a trend that can be attributed to cultural set up.

Culturally, a possible explanation to the existence of more male household heads as compared to female could be attributed to the fact that many vulnerable girls are taken on as domestic servants, while a few are married off at an early age. It is also worthy of note to observe that girls draw more sympathy and are likely to be fostered by relatives and sympathisers leaving behind the boys. Male children also have greater rights to household property, and therefore feel the obligation to stay behind to protect their inheritances.

It was observed that the majority of CHH heads were between the ages of 15-19. Out of 945 households, only 12 households (1.3%) were headed by a child below the age of 9. (As we shall observe in the next section it is important to note that 10 out of the 12 houses headed by children below the age of 9, mainly belonged to the category of children living with invalid adults signifying dependence on adults.). In the chart above, an attempt was made to cross-tabulate sex by age to deduce if there was any relationship between the two variables. While for the category of 10 –14 years the number of females was over one third, we see a drastic change in the ratio of males to females heading CHHs in the categories that follow. This could be indicative that female house hold heads do not stay for long with the CHHs. Girls are easily lured into early marriage separating them from their siblings since it is not culturally acceptable for them to bring their spouses into paternal homes. Culturally, because girls have limited inheritance rights, in situations where conflicts arise among the orphans, it is usually the girls that will be forced out of the home. This in its self makes the female orphans prone to exploitation. On the other hand, many female orphans and vulnerable children easily find their way to urban centres to work as domestic helpers.

Table 10: Distribution of CHH Heads by Sex and Sub County

Sub County	Sex of CHH Head		Total		Sub County	Sex of CHH Head		Total
	Male	Female				Male	Female	
Byakabanda	64	13	77		Kirumba	64	17	81
	83.1%	16.9%	100.0%			79.0%	21.0%	100.0%
Ddwaniro	39	5	44		Kyalulangira	26	3	29
	88.6%	11.4%	100.0%			89.7%	10.3%	100.0%
Kabira	38	15	53		Kyebe	16	9	25
	71.7%	28.3%	100.0%			64.0%	36.0%	100.0%
Kacheera	32	16	48		Kyotera T/C	1	1	2
	66.7%	33.3%	100.0%			50.0%	50.0%	100.0%
Kagamba	17	6	23		Lwamaggwa	32	13	45
	73.9%	26.1%	100.0%			71.1%	28.9%	100.0%
Kakuuto	36	11	47		Lwanda	44	8	52
	76.6%	23.4%	100.0%			84.6%	15.4%	100.0%
Kaliiro	34	8	42		Lwankoni	26	16	42
	81.0%	19.0%	100.0%			61.9%	38.1%	100.0%
Kalisizo	32	11	43		Lyantonde Rural	39	14	53
	74.4%	25.6%	100.0%			73.6%	26.4%	100.0%
Kasaali	23	5	28		Lyantonde TC	2		2
	82.1%	17.9%	100.0%			100.0%		100.0%
Kasagama	31	8	39		Mpumudde	14	10	24
	79.5%	20.5%	100.0%			58.3%	41.7%	100.0%
Kasasa	20	9	29		Nabigasa	44	20	64
	69.0%	31.0%	100.0%			68.8%	31.3%	100.0%
Kibanda	22	4	26		Rakai TC	7	9	16
	84.6%	15.4%	100.0%			43.8%	56.3%	100.0%
Kifamba	16	3	19		Total	734	241	975
	84.2%	15.8%	100.0%			75.3%	24.7%	100.0%
Kinuuka	15	7	22					
	68.2%	31.8%	100.0%					

Table 10 shows the distribution of CHHs by sex and Sub County. With the exception of Kyotera Town Council where the sexes of the two CHHs were equally distributed and in Rakai Township where we had more CHHs headed by females; in almost all sub counties, male headed CHH far out number those headed by females.

3.4.2 Sex of CHH Head compared with CHH Category

The study went further to establish the relationship between the age of CHH Heads and the category of CHH.

Table 11 Category of CHH against age of CHH head

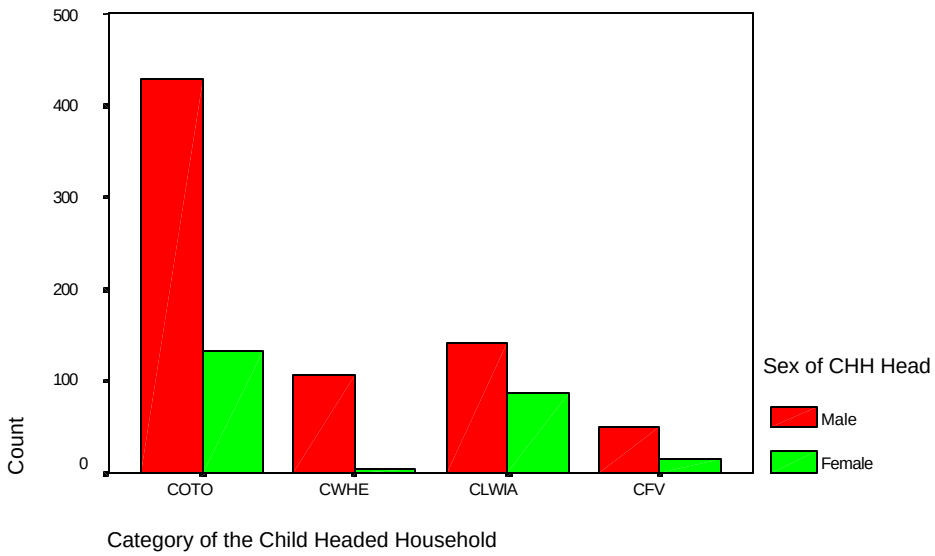
Category of the Child Headed Household	Grouped age of household head				Total
	4-9	10-14	15-19	20	
Orphans living on their own	1 0.2%	58 10.6%	401 73.4%	86 15.8%	546 100.0%
Children who have eloped to start their own living	0	3 2.7%	78 70.3%	30 27.0%	111 100.0%
Children living with an invalid adult	10 4.4%	88 39.1%	115 51.1%	12 5.3%	225 100.0%
CHH frequently having adult relatives temporarily	1 1.6%	23 36.5%	36 57.1%	3 4.8%	63 100.0%
Total	**12 1.3%**	**172 18.2%**	**630 66.7%**	**131 13.9%**	**945 100.0%**

The majority of CHH heads in all categories were aged between 15 –19 years. The category of orphans living with an invalid adult or frequently visited by an adult relative had a relatively bigger representation of CHH heads below the age of 15 years. This probably is due to the fact that they can draw support from adults. The deduction that can be drawn from the above table is that the presence of an adult despite being invalid makes it possible for a younger CHH head to exist. The older the Child head was, on the other hand made it easier for a CHH to belong either in the COTO or CWHE categories of CHHs which required limited support from adults.

3.4.3 Sex by CHH Category

The relationship between the sex of the CHH head against the type of CHH was also tested by the study. From the Chart below, it is noted that in all CHH categories, there were again far more male heads than female. Being in the context of a paternalistic society, it is understandable that in the category of children who had eloped to start their own homes, male heads almost all households were headed by male children.

Chart 5: Showing Sex By CHH category



The ratio of male-headed to female headed households in the COTO category as compared to that in the CLWIA category suggests that the presence of invalid adults tended to make it easier for females to head CHHs. The proportion of female-headed households is proportionately higher in this category of CLWIA than that of COTO.

3.4.4 Circumstances That Lead To CHHs

Table 12: Showing CHH category and Cause

Category of CHH	Circumstances that led to family as CHH					Total
	Death of both Parents	One parent dead but abandoned by a living Parent	Abandoned by both parents	Juvenile Delinquency	Others	
Children living on their own	503 89.7%	53 9.4%	2 0.4%	2 0.4%	1 0.2%	561 100.0%
Children who have eloped to start their own living	20 18.2%	5 4.5%	1 0.9%	83 75.5%	1 0.9%	110 100.0%
Children living with an invalid adult	142 71.7%	27 13.6%	6 3.0%	1 0.5%	22 11.1%	198 100.0%
CHH frequently having adult relatives temporarily	39 60.9%	19 29.7%	6 9.4%			64 100.0%
TOTAL	**704 75.5%**	**104 11.1%**	**15 1.6%**	**86 9.2%**	**24 2.6%**	**933 100.0%**

This study also investigated circumstances that led to the creation of CHHs. As observed in the Table 12 above, in all categories except the category of children that eloped and started their own families, the majority of children in CHHs had lost both parents.

Among the COTO, 89.7% (503) had lost both parents. In the category of children living with invalid adults, 71.7% (142) had lost both parents, while 39(60.9%) in the category of CHH frequently visited by relatives had also lost both parents. On average, 75.5 % (704) had lost both parents. This situation could be attributed to HIV/AIDS scourge, which in most cases kills both parents, and often in a relatively short span between the deaths. It is nevertheless interesting to note that 12.7% (119) still had a living parent.

It was also noted that only 18.2% (20) of CHHs in the category of children that had eloped to start their own families reported that they had lost both parents, and only 4.5% had lost one parent. It is thus clear that the bulk of CHH heads in this category still had their parents living. 29% (19) of the CHHs in the fourth category (CFV) also still had a living parent. It is again this category of CHHs that had the biggest percentage (9.4%) of families abandoned by both parents (virtual or social orphans). Perhaps some parents were part of the frequent visitors, though this could not be established from the available data. Whereas it would be presumptuous to conclude that child abandonment by parents was on the increase, the existence of such households is clearly indicative of a diminishing capacity of many households and existing social support structure to care for these vulnerable children.

3.4.5 Period lived by the CHH

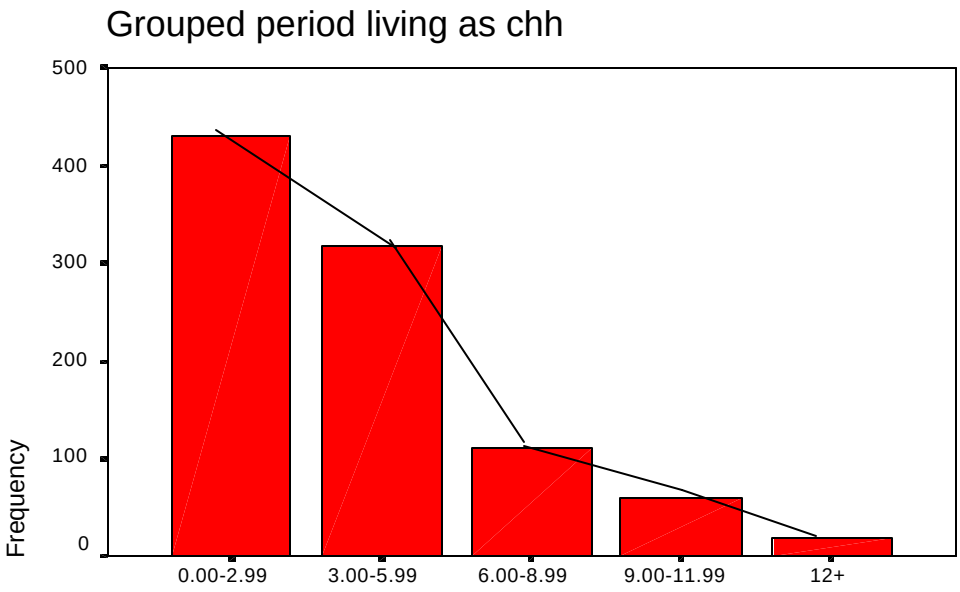
Table 13: Period Of Existence As A CHH

Period Lived	Frequency	Percent	Cumulative Percent
2000-2002	431	45.8	45.8
1996-1999	318	33.8	79.6
1993-1995	112	11.9	91.5
1990-1992	60	6.4	97.9
1989or before	20	2.1	100.0
Total	**941**	**100.0**	

On investigating the period that CHHs had been in existence, it was observed as shown in Table 13, that 45% (431) of the CHHs had existed for less than three years, while 33.8%(318) had been in existence for more than 3 years but less than 6 years. 11.9%(112) had existed between 6 and 8 years, 6.4%(60) for over 9 years but less than 12 years, while only 2.1%(20) had existed for over a dozen years. Deducing from the inversely proportionate relationship between the length of existence and the number of CHHs, the study observes a trend that points to an increase in the number of CHHs in Rakai District over the years. Grammatically however, as is shown by Chart 6, the rate of this increase seems to be reducing.[5]

[5] The other assumption however, could be that with time passing by, many CHH heads just outgrow childhood and their households may cease to be perceived as CHHs by their communities overtime.

Chart 6.



3.4.6 Period Lived By Sex of CHH Head

In attempting to establish whether there was any relationship between the length of existence of CHHs and the sex of CHH head, it was observed that although male CHH heads dominated all period brackets, the percentage of female-headed CHHs increased as the period of existence grew. The reverse was also true for the male-headed CHHs. This could be due to the fact that many male heads are attracted to towns and other areas in search of jobs when they become of age while others get married and start their own houses.

On the other hand, there is a high tendency for female heads to conceive and bear children at home. Other females usually return to their homes after failed early marriages. This could probably explain why more female heads stayed longer in CHH as compared to male heads.

3.4.7 Period Lived As CHH by A ge Of CHH head

Chart 7: Period Lived As CHH By Age Of Household Head

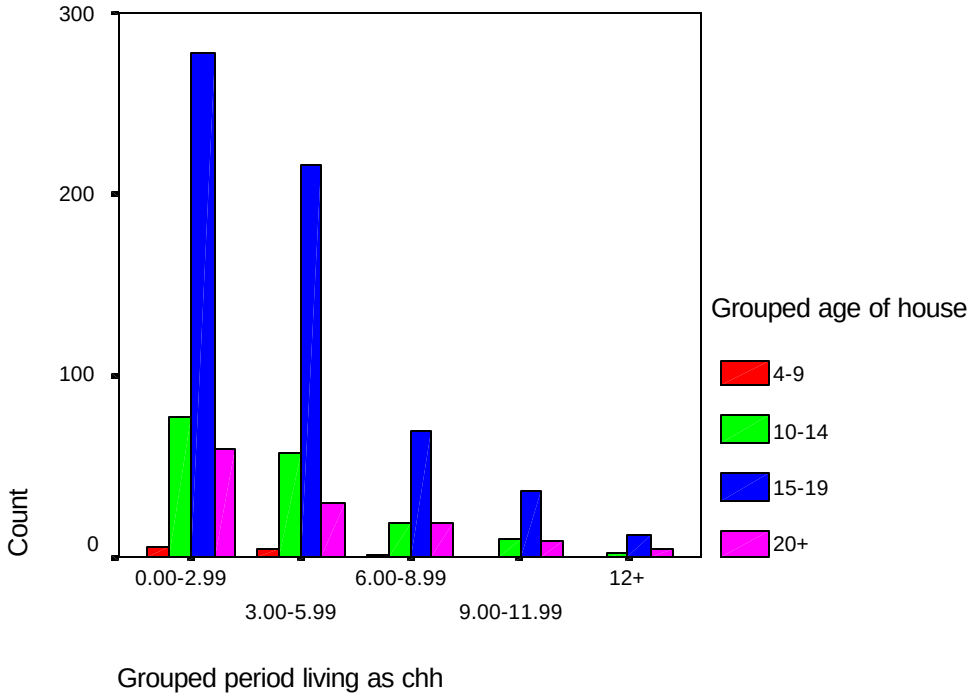


Table 14: Period Lived As CHH By Age Of Household Head

Period lived	Grouped age of household head				Total
	4-9	10-14	15-19	20+	
0.00-2.99	6 1.4%	77 18.3%	278 66.0%	60 14.3%	421 100.0%
3.00-5.99	5 1.6%	58 18.6%	217 69.8%	31 10.0%	311 100.0%
6.00-8.99	1 .9%	19 17.4%	70 64.2%	19 17.4%	109 100.0%
9.00-11.99		11 19.3%	37 64.9%	9 15.8%	57 100.0%
12+		2 10.0%	13 65.0%	5 25.0%	20 100.0%
Total	**12 1.3%**	**167 18.2%**	**615 67.0%**	**124 13.5%**	**918 100.0%**

In all cases (see chart 7 and Table 14) the category of CHH heads between the ages of 15-19 was greater than that of other age categories. Plausibly, at a young age, many would- be CHH heads are taken on by relatives and sympathisers while between the age brackets 15-19, many heads prefer to remain homes.

3.4.8 Ethnicity of CHH Head

Table 15 Ethnicity of CHH Head

Ethnicity	Frequency	Percent	Cumulative Percent
Muganda	658	67.8	67.8
Munyankole	161	16.6	84.3
Mukiga	37	3.8	88.2
Munyarwanda	67	6.9	95.1
Muziba	14	1.4	96.5
Murundi	34	3.5	100.0
Total	971	100.0	

In table 15, in an earlier study (Luzze; 2002), following consultation with key informants and through focus group discussions, it was hypothesized that migrant communities had a higher propensity to produce CHHs due to a limited extended family structure. When compared with district demographic data, the proportion of CHHs per ethnicity seems to disqualify this hypothesis. To explain the difference between qualitative and quantitative findings Luzze (2002) argues that because of assimilation, defining the Baganda ethnic group often seems to be elusive. The broader extended families or sub- clans of such households therefore, tend to be superficial.

3.4.9 Religion of CHH head

Table 16: Religion of the CHH Head

Religion	Frequency	Percent	Cumulative Percent
Roman Catholic	599	61.9	61.9
Orthodox	45	4.7	66.6
Anglican	229	23.7	90.3
Evangelical/Born again	26	2.7	93.0
Seventh Day Adventist	4	0.4	93.4
Moslem	64	6.6	100.0
TOTAL	**967**	**100.0**	

The above table indicates that the bulk of the CHH heads (61.9%) are Roman Catholic. This is consistent with the rest of the population in Rakai district. Ninety-two (92.2%) of the CHHS belong to the three major faith groups in Uganda; (most people in households belong to one faith group). If outreach support was channelled through faith-based agencies, they could probably reach out to the bulk of the CHHs.

3. 5 Other Children living in CHHs

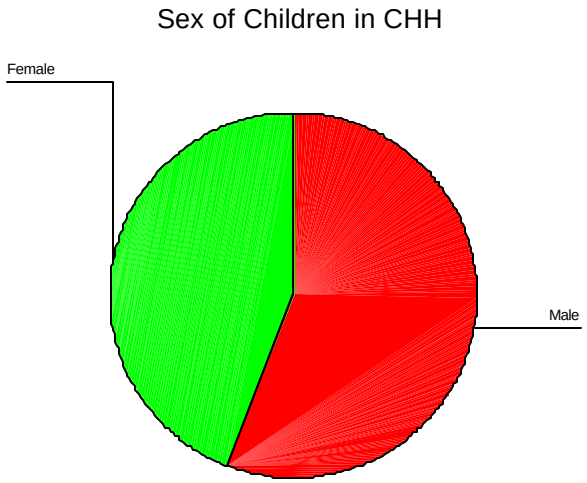
This section gives information on the rest of the children in the CHH. It gives particulars on sex, number, age and relationship to CHH head.

3.5.1 Sex Of Children In CHHs

There were a total of 2248 children in the 975 CHHs enumerated (see table 17 below). Of these 1225 (52.2%) were male while 891 (41%) were female. Male children are

culturally perceived as being more resilient and thus have a higher propensity to being left to fend for themselves. The number of girls in CHHs is nevertheless substantial and renders it important to review gender relations at this level.

Chart 8: Sex of Children in CHH

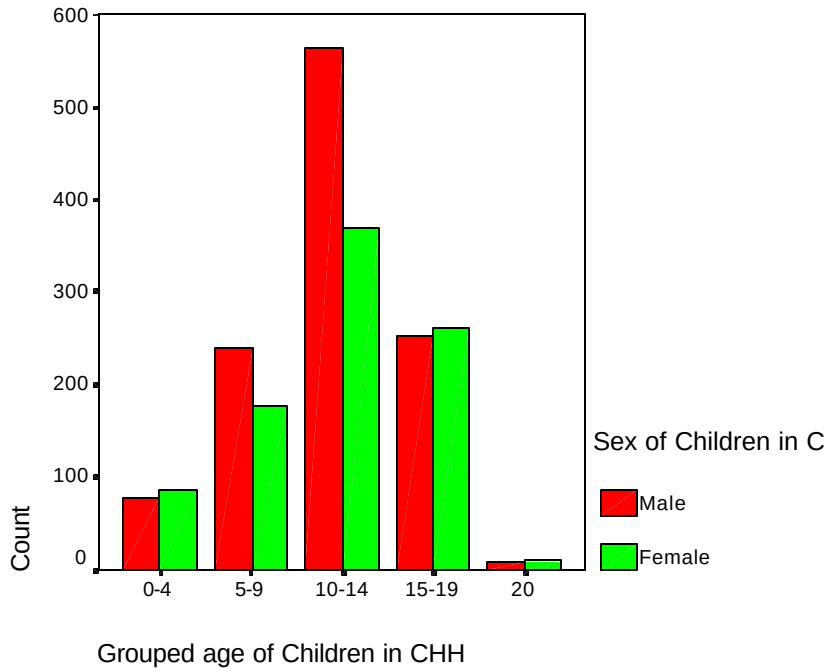


When the age of children in CHHs was cross-tabulated with Sex, an interesting trend was observed. Although male children form the majority of children living in CHHs, it can be observed from the table and chart below that female children formed the majority both in the youngest age group and also in the two top-most age groups. Though the difference is not all that significant, government and agencies dealing with orphans and vulnerable children need to be aware of this trend. The results in this section when compared to results in section 3.4.1 tend to suggest that although older girls tended to exist in many CHH, leadership seems to be taken on by their younger male siblings.

Table 17: Grouped age and Sex of Children in CHH

Grouped age	Sex of Children in CHH		Total
	Male	Female	
0-4	77	87	164
5-9	241	176	417
10-14	565	370	935
15-19	252	262	514
20	8	10	18
Total	1143	905	2048

Chart 9: Grouped age and sex of children in CHH

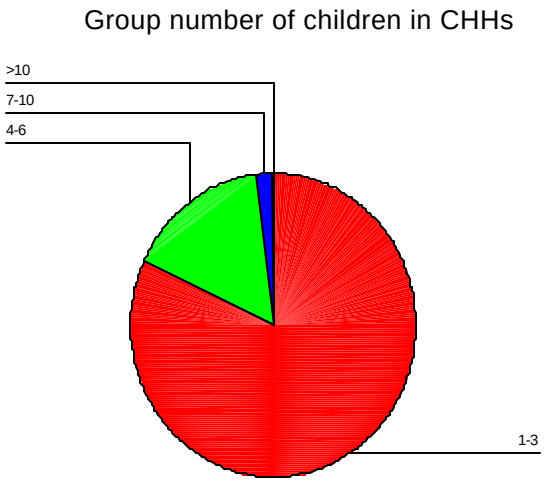


3.5.2 The Size Of The Child Headed Households

Table: 18 CHH Family Size

Family Size	Frequency	Percent	Cumulati ve Percent
1-3	798	81.8	81.8
4-6	157	16.1	97.9
7-9	18	1.8	99.8
>10	2	.2	100.0
Total	975	100.0	

Chart 10 : Number of Children in CHHs.



It was found essential by the study to establish the size of CHHs. As is indicated in the table and charts above, it was observed that the majority of CHH (81.8%) comprised of not more than 3 members. 16.1% had between 4-6 members while only 1.8% had over 7 members. Most revealing was the fact that the average family size was only 2.2. It is important to note that only CHH members living with the family at the time of the survey were counted. It is common for other children in CHHs to be either adopted elsewhere, married off or to desert their homes. One interpretation of this finding is that the extended family is so stretched to the point that it is difficult to take on an extra mouth or two. It is important for agencies supporting CHHs to be mindful of the fact that there could be other alternatives like supporting relatives and neighbours to take on some of the smaller CHHs where one or two children are living on their own.

3.5.3 Relationship of the Child to CHH Head

In order to establish composition of children living in CHHs, the study went further to establish the relationship between other children/persons living in CHHs. The study reveals that most CHH members were siblings of the head. Interestingly however, 5.2% were wives while none was registered as a husband to the head. This is in line with common practise in a culturally paternalistic society.

Table19: Relationship of the Child to CHH Head

Relationship to CHH head	Frequency	Valid Percent
Sibling	1719	83.9
Daughter	43	2.1
Son	47	2.3
Cousin	65	3.2
Niece	4	.2
Nephew	9	.4
Wife	106	5.2
Aunt	26	1.3
Uncle	25	1.2
Mother	1	.0
Guardian	3	.1
Total	**2048**	**100.0**
	2206	

Box 2: Emerging Issues

? Many CHHs are made up of less than 3 children, many by just one child. Neighbuors, relatives and communities need to be supported to take on children from small CHHs. Its important for agencies supporting CHHs to be mindful of the fact that there could be other alternatives like supporting relatives and neighbours to take on some of the smaller CHHs where one or two children are living on their own.

? Communities should be supported to develop protective mechanisms. Children must never be left to stay alone just to keep watch over their inheritance.

? The study revealed that CHH tend to emerge and survive more easily in rural setting as compared to urban setting. Underlying factors to this trend should be examined and interventions structured around them.

? An earlier study by LWF concurs with this study that young girls are lured into early marriage especially to older men not by choice but as a means of survival. This is certainly abuse that should be addressed.

? The study established that in families where there was an invalid adult or that were frequently visited by an adult, there were more children below the age of 15, which means that the presence of an adult provides support to CHH families headed by young children. Encouraging adults to stay with CHH even temporarily allows them to cope.

? Though the number of CHH seems to be growing, there are indications that this growth is at a decreasing rate.

? Though some of the CHH living with invalid adults were found to be less vulnerable compared to those living on their own, in years to come, many of these adults are not expected to live due to old age and chronic illnesses. This therefore implies that many of such children will be relegated to the COTO category.

? For female CHH heads, the likelihood to stay with their siblings as they (female heads) grow older is much lower. The study observed that girls are lured into early marriage separating them from their siblings since it is not culturally acceptable for them to bring their spouses into paternal homes. Agencies should take note of this trend.

Many children living with invalid adults lack proper care and protection. A family living with a sick mother Kabula County. Below a young girl takes care of the family. Many young girls without support live alone in weak structures and are at risk of sexual assault

A family with an adult invalidated by age in Kooki. Below a young boy takes care of his siblings.

Chapter Four

4.0 Child Headed Households' Access To Basic Social Services

4.1 Distance from nearest social service

The government in the Poverty Eradication Action Plan (2001- 2003) indicates that basic social services are actions, which directly improve the quality of lives of the poor. These include primary education, water and sanitation, and what is referred to as the minimum health package; which includes vaccination, nutrition improvement, and environmental sanitation among others. This Chapter looks at the CHHs access to basic social services like education, environmental health, and security among others. The study established proximity to such services as an indicator of access although it is important to note that there are other factors that affect access other than distance.

Table 20: Distance From Nearest Basic Social Services

	Distance From Basic Social Services (KMs)	0.00 -4.99	5.00 -9.99	10.00-14.99	>15	TOTAL
1	UPE School	561 58.4%	323 33.6%	64 6.7%	13 .3%	961 100%
2	Health unit	726 74.5%	210 21.5%	25 2.6%	6 1.4%	968 100%
3	Safe water source	924 96.1%	27 2.8%	10 1.1%		961 100%
4	Police Station	616 63.7%	267 27.6%	44 4.6%	40 4.1%	967 100%
5	Secondary School	608 63.1%	286 30.7%	43 4.5%	16 1.7%	963 100%
6	Nearest Place of Worship	906 95.1%	44 4.6%	3 .3%		953 100%
7	Vocational School	328 39.9%	274 33.3%	99 12%	122 14.8%	823 100%

From the table above, we observe that the most accessible services were to a safe water source and to a place of worship. In both cases, over 95% of the children lived within a distance of 5 kilometres. The important lesson that can be learnt from this finding is the potential that Faith Based Organisations (FBOs) have in regard to caring for and protecting orphans and other vulnerable children. The niche of many Churches/mosques is that they have structures and personnel that reach down even to the most remote and inaccessible rural communities. Government and agencies working with OVCs could do well to exploit this advantage by working through partnerships with FBOs.

Its is however disturbing to note that only 58.4% of the CHHs have access to UPE schools in a distance of less than 5 kilometres. Although a sizable number live within less than 10 kilometres from the nearest Police Station, special attention must be given for the protection of orphans and vulnerable children who live in the periphery since they are likely to be more vulnerable.

4.1.1 CHH Access to Education

The government in its development framework; Poverty Eradication Action Plan (2001- 2003) vol.1 states that primary education directly provides benefits to the poor, while secondary education benefits to the poor are deemed less direct. The benefits listed include increased incomes, better health outcomes and empowerment, especially for the girls.

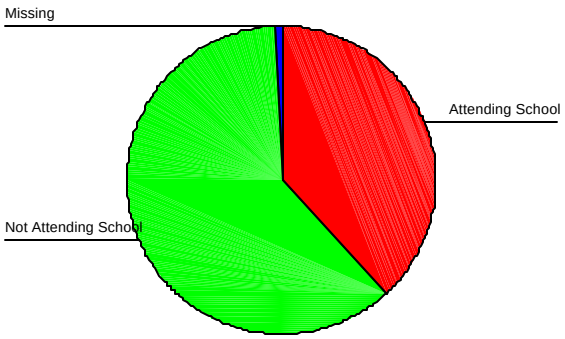
Universal Primary education (UPE) aims not only at enabling children to attain literacy (to read and write) but also to access basic knowledge needed in their day-to-day lives and their health, leading to a quality population (PEAP, 2001).
The government also believes that the universalisation of primary education would lead to the eventual alleviation of poverty, disease, disharmony, degradation and ignorance (Education Policy Review Commission Report, 1992). The above objective will be achieved through attainment of functional literacy and providing opportunities (access) for all the people. (Ibid: 1992).

However, it is important to note that in spite of government's investment in Universal Primary Education (UPE), the study reveals that only about 58% of CHH are within a distance of less than 5Kms. For children in CHHs and considering the bulk of responsibility they shoulder regarding self-sustenance, the long distances to schools can be a big deterrent to attending school. Additionally, the study further suggests as will be seen in the next section, that where as there is free primary education; many household heads are not attending school, while only 53% have completed primary education. It could therefore, be deduced that where as there is free education, there are circumstances within the CHH family environment that inhibit many children in CHH families from accessing education. Vocational schools were the least accessible basic service being located over 15 kilometres from the location of 14.8% of the households, Over 10 kilometres from 12% of the CHHs and over 5 kilometres from 33.3% of the CHHs being on. This is worrying, since bearing in mind that many orphans in CHHs, cannot attend formal primary and secondary education because of reasons already cited above, vocational and life skills training tailored to suit their convenience would be the best alternative form of education.

4.1.2 Education Of CHH Heads

4.1.2.1 In And Out of School CHH Heads

Chart 11: Educational Status of CHH heads



In the chart above, a further scrutiny of the education among children in CHH reveals that almost twice as many CHH heads are out of school compared to those attending school. 598 (61.7%) CHH heads were not attending school as compared to 371(38.3%) attending school. As already discussed above, many CHH heads, because of de-facto adult responsibility, find it difficult to attend school.

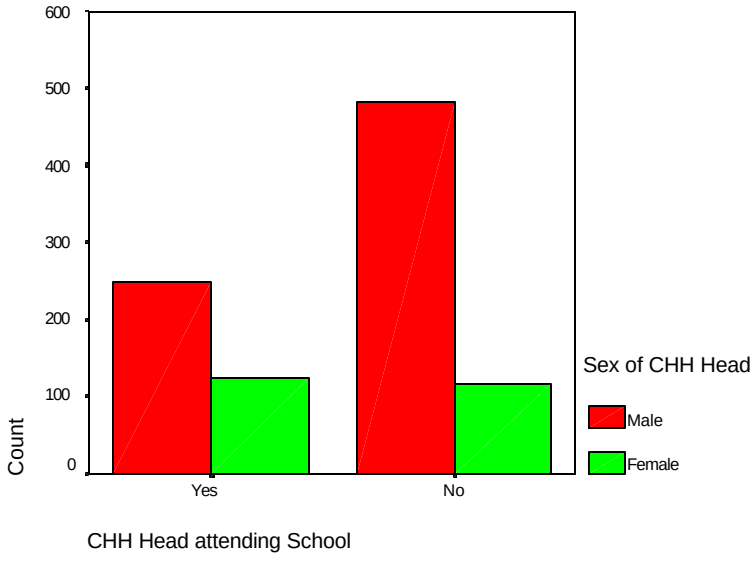
TABLE 21: Education Level Attained for CHHs at School

Education Level	Frequency	Percent	Cumulative Percent
Lower Primary P1-P4	100	28.0	28.0
Upper Primary P5-P7	151	42.3	70.3
O-Level	77	21.6	91.9
A-Level	3	.8	92.7
Vocational School	18	5.0	97.8
Post Primary Institutions	8	2.2	100.0
Total	**357**	**100.0**	

For those in school as shown in the Table 21 above, 100 (28%) were attending lower primary, while 159 (42.3) were attending upper primary. Seventy-seven (21.6%) were attending O level and only 3(0.8%) were attending A-level education. 18(5%) and 8 (2.2%) were attending vocational and post primary institutions respectively. Most CHH heads were found to be in primary and few beyond primary. It should however, be noted that even with free primary education, we observe that 598 heads (61.7 %) most of whom were of the school going age were not attending school. A number of reasons including failure to obtain school requirements other than just tuition fees and too much responsibility at home were responsible for this. This is important because if a CHH head attends school, it is more likely that the siblings will also attend, while the reverse is also true.

4.1.2.2 School Attendance by Sex and Age of CHH Head

Chart 12: School Attendance by Sex of CHH Head



In the above figure, the number of boys both in school and out of school far outnumbered that of girls. It should however, be noted that, circumstances leading to

failure for CHH heads to access education or drop out of school affect girls more than boys. Whereas most boys drop out due to failure to meet school dues, too much responsibility at home or due to temptations to engage in petty trade, for girls in addition to the above factors, many are married off at a young age, taken as domestic servants while others become pregnant and are there fore, unable to continue with school.

Table: 22 CHH Heads Attending School by Sex and Age

Sex of CHH Head	School Attendance	Grouped age of household head				Total
		4-9	10-14	15-19	20	
Male	CHH Heads attending School	4 1.6%	84 34.4%	141 57.8%	15 6.1%	244 100.0%
	CHH Heads not attending School	3 .6%	21 4.5%	357 76.1%	88 18.8%	469 100.0%
Female	CHH Heads attending School	4 3.3%	60 50.0%	52 43.3%	4 3.3%	120 100.0%
	CCH Heads not attending School	1 .9%	7 6.3%	78 69.6%	26 23.2%	112 100.0%

In Table 22 above, comparing age to school attendance, we observe that children in both the categories of 4-9 and 10-14 years are those eligible to benefit from the UPE program. Perhaps this explains why for both boys and girls, those attending are more than those out of school. The reverse is however, also true for the age groups 15-19 and 20 and above, where again for both girls and boys; children out of school outnumber those in school. The interesting trend to take note of here is that while more than half the number of male children are out of school, there are more female CHH heads in school than out of school. It is also important to note that the bulk of CHH heads in the category of (15-19) of both girls and boys are not attending school; apart from other factors already mentioned, this could also be due to the lack of free or universal education at secondary school level.

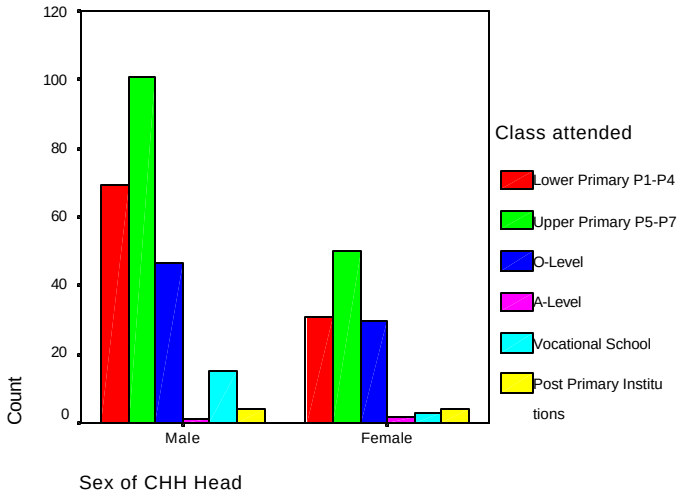
4.1.2.3 CHH Head Highest Education Attainment Level

The study went further to establish the level of education attained for CHH heads attending school. It was noted that the bulk of the children were in primary school. The number then almost reduces by a half for these attending secondary education. Very few CHH heads attend school beyond O-Level. It is interesting to note that more children mainly male, choose to attend vocational education rather than continue with advanced secondary education. On the contrary, looking at the chart, there are proportionally more girls attending higher secondary education and post primary institutions than male children.

Table 23: Educational Level of CHH attending School by Sex Of CHH Head

Education Level	Sex of CHH Head		Total
	Male	Female	
Lower Primary P1-P4	69 69.0%	31 31.0%	100 100.0%
Upper Primary P5-P7	101 66.9%	50 33.1%	151 100.0%
O-Level	47 61.0%	30 39.0%	77 100.0%
A-Level	1 33.3%	2 66.7%	3 100.0%
Vocational School	15 83.3%	3 16.7%	18 100.0%
Post Primary Institutions	4 50.0%	4 50.0%	8 100.0%
Total	**237 66.4%**	**120 33.6%**	**357 100.0%**

Chart 13: Showing educational level by sex of CHH head

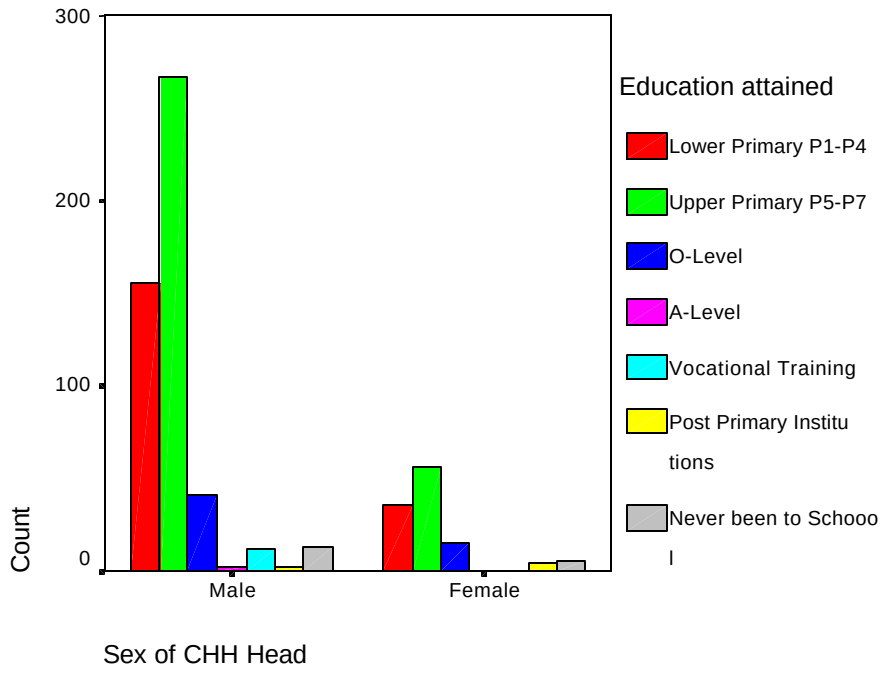


For CHH heads not in school, the study attempted to establish their level of education. This information was deemed necessary especially for agencies providing remedial education to OVCs. It was observed that 192 (34.4%) of the CHH heads not attending school had attained lower primary education, while 324 (53%) had at least attained upper primary education. Only 56 (9.2%) had attained O-level education, while only 2 (0.3%) had reached A-level and 12 (2%) Only 6(1%) had attended vocational and post primary institutions respectively. 19 (3.1%) had never been to school.

Table 24. Education attained by CHH Heads not at School by Sex

Level of Education	Sex of CHH Head		Total
	Male	Female	
Lower Primary P1-P4	156 81.3%	36 18.8%	192 100.0%
Upper Primary P5-P7	267 82.4%	57 17.6%	324 100.0%
O-Level	41 73.2%	15 26.8%	56 100.0%
A-Level	2 100.0%		2 100.0%
Vocational Training	12 100.0%		12 100.0%
Post Primary Institutions	2 33.3%	4 66.7%	6 100.0%
Never been to School	13 68.4%	6 31.6%	19 100.0%
Total	493 80.7%	118 19.3%	611 100.0%

Chart 14: Education attained by CHH Heads not at School by Sex



From the Table and Chart above, we can state that as the age of CHH heads increases, more and more of them tend to drop out of school. For example 66% and 83% of CHH heads in the first and second age groups, the reverse is true for the third and fourth age categories with only 30.7% and 14.3% respectively. In an earlier study (Luzze, 2002:37), the major reasons for CHH heads to drop out of school included the need to support themselves, their siblings or simply being over age. Uganda's formal educational system is basically age-based, once left out for a few years; it practically

becomes difficult for children to rejoin formal school[6]. The system also gives no concessions for children who have unique needs like those who have to care for themselves and their siblings. Without alternative opportunities to access education, it becomes very difficult for these children to access education.

In the table below, CHH heads in school and those not in schools were distributed by Sub County. In every sub -county except for Kifamba, Lwankoni, Kyalulangira, Kyotera and Kinuuka, the number of CHH heads out of school far out number those in school. Kirumba Sub-county had the biggest number of children out of school (59), followed by Byakabanda (45) and Lwanda (40).

4.1.2.4 CHH Geographical Distribution of School Attendance

Table 25: CHH Head Attending / Not Attending School by Sub-County

No	Sub-County	CHH Head attending School		Total		No.	Sub county	CHH Head attending School		Total
		In School	Not in Sch.					In School	Not in Sch.	
1	Byakabanda	32 41.6%	45 58.4%	77 100.0%		15	Kirumba	22 27.2%	59 72.8%	81 100.0%
2	Ddwaniro	12 27.3%	32 72.7%	44 100.0%		16	Kyalulangira	12 41.4%	17 58.6%	29 100.0%
3	Kabira	34 65.4%	18 34.6%	52 100.0%		17	Kyebe	9 36.0%	16 64.0%	25 100.0%
4	Kacheera	25 53.2%	22 46.8%	47 100.0%		18	Kyotera T/C	1 50.0%	1 50.0%	2 100.0%
5	Kagamba	5 21.7%	18 78.3%	23 100.0%		19	Lwamaggwa	16 35.6%	29 64.4%	45 100.0%
6	Kakuuto	16 34.0%	31 66.0%	47 100.0%		20	Lwanda	12 23.1%	40 76.9%	52 100.0%
7	Kaliiro	6 14.3%	36 85.7%	42 100.0%		21	Lwankoni	21 51.2%	20 48.8%	41 100.0%
8	Kalisizo	9 21.4%	33 78.6%	42 100.0%		22	Lyantonde Rural	20 37.7%	33 62.3%	53 100.0%
9	Kasaali	8 28.6%	20 71.4%	28 100.0%		23	Lyantonde TC		2 100.0%	2 100.0%
10	Kasagama	8 21.1%	30 78.9%	38 100.0%		24	Mpumudde	11 45.8%	13 54.2%	24 100.0%
11	Kasasa	18 62.1%	11 37.9%	29 100.0%		25	Nabigasa	36 57.1%	27 42.9%	63 100.0%
12	Kibanda	9 34.6%	17 65.4%	26 100.0%		26	Rakai TC	10 62.5%	6 37.5%	16 100.0%
13	Kifamba	10 52.6%	9 47.4%	19 100.0%						
14	Kinuuka	9 40.9%	13 59.1%	22 100.0%		**Total**		**371 38.3%**	**598 61.7%**	**969 100.0%**

4.1.3 Education of children in CHH

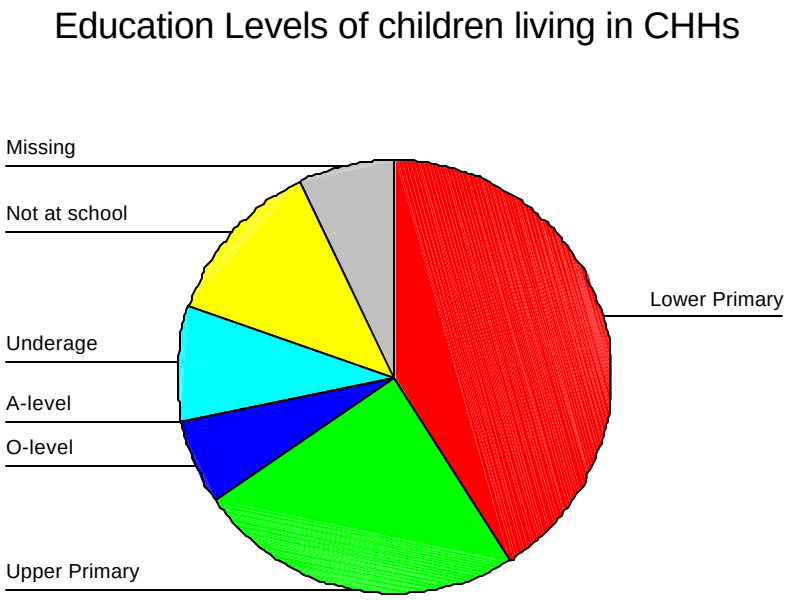
In this section, the study established the education status of the other children living in CHHs. Satisfactory responses were obtained for 2048 children living in CHHs. Of these, 275 (12.5%) were not in schools despite being of school -going age, 189(8.6%) were under age while 905(41.1%) were in lower primary and 533(24.2%) where in upper primary respectively.

[6] Older children in class are always ostracized for being over age.

Table : 26 Education Level For Children in CHH

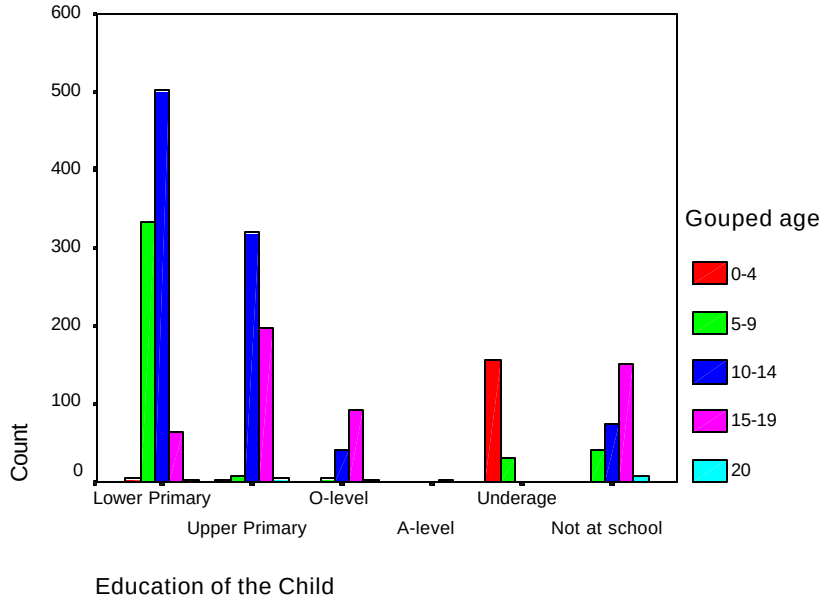
Level of Education	Frequency	Percent	Valid Percent
Lower Primary	906	41.1	44.2
Upper Primary	533	24.2	26.0
O-level	141	6.4	6.9
A-level	4	.2	.2
Underage	189	8.6	9.2
Not at school	275	12.5	13.4
Total	2048	92.8	100.0
Missing details	158	7.2	
Total	**2206**	**100.0**	

Chart: 15 Educational levels of Children in CHHs



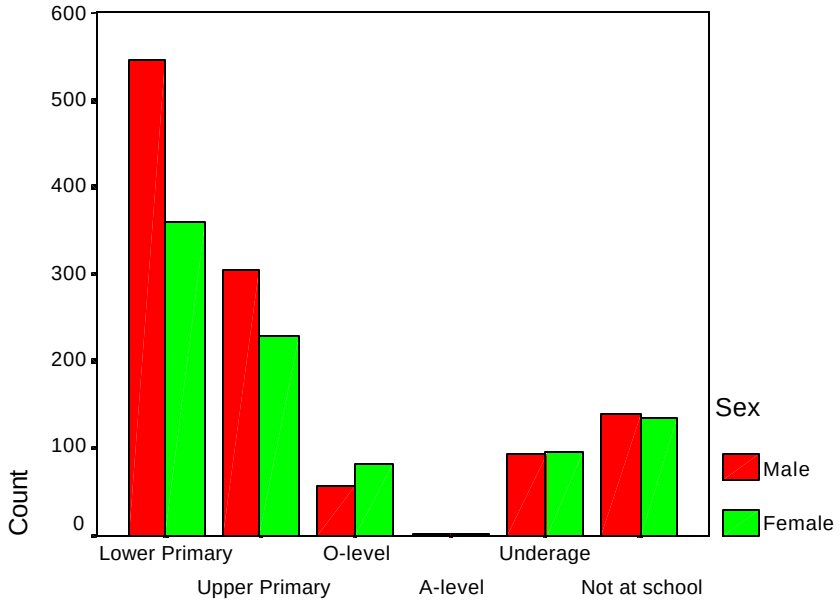
A considerably small number were attending secondary education. This information shows a very big contrast in regard to school attendance for other children living in CHHs when compared with that of CHH heads. Only 12.5% of other children living in CHHs are not going to school, as compared to 61.7% of CHH heads not in school.

Chart: 16 Education Of Children In CHH By Age



In the chart above, the age of children in CHHs was cross-tabulated to get a deeper understanding of the relationship between age and school attendance. The chart indicated that although the bulk of the children were attending lower primary, many of the children were over-age. Apparently following the introduction of UPE, many orphans and vulnerable children who had missed out on education were encouraged to rejoin school. However, being over -age for many children especially girls, makes it difficult for them to concentrate on academic demands, as they grow into adolescents while still at a very low level of the academic ladder. Alternative forms of basic education will need to be sought if such children are to be sustainably kept at school. Looking at the children not attending school, since all the children in this category are of school- going age, efforts must be put in place to ensure that disadvantaged children are supported to benefit from programs like the UPE. It is thus important for more investigation to be conducted, to understand factors that hinder vulnerable children to benefit from UPE. In any case, it may be important to tailor programs targeting OVCs to help disadvantaged children overcome access barriers. Efforts must also be focused on reducing drop out rates as seems to be indicated by the trend shown in the chart. The study shows that CHH have more children accessing primary education as compared to Secondary education. Because of the absence of free universal secondary education, when many children complete primary seven, they drop out of school. This probably explains why the number of children in school drastically falls after the age of 14 onwards.

Chart: 17 Education Of The Children In CHHs By Sex



When school attendance is cross-tabulated with sex, again interesting deductions can be derived from the above chart. For both lower and upper primary level, boys by far out number girls. Apart from the UPE program being responsible for a high enrolment at primary level, the drop depicted in the chart may be indicative of a trend that there are more dropouts as the education level raises. The drop- out rate especially for boys is quite drastic. There are more girls at secondary level; this finding is consistent with that of female CHH heads. However, it is important to note that there are proportionately more girls in the category of children out of school than those in school.

4.1.4 CHH access to Basic Health Facilities and Services (Living Conditions)

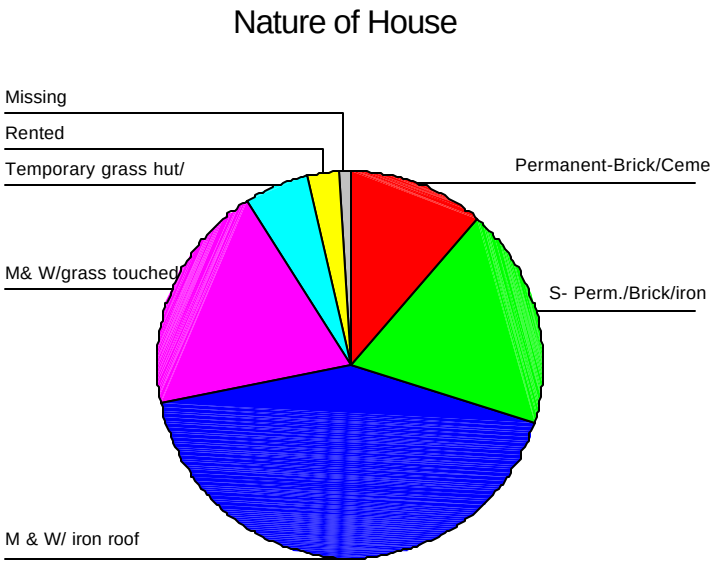
Environmental Sanitation if observed contributes tremendously to reduction of preventable diseases. According to the Uganda Health Strategic Plan, 75% of the disease burden of Ugandans is preventable. Without proper parental care, most of the children live under poor conditions in houses left behind by parents and other relatives. In this section, the study looks at selected living conditions among the CHHs in Rakai District.

4.1.4.1 Type of the House

Table 27: Type of the House

Nature of House	Frequency	Percent
Permanent-Brick/Cement/Iron-Sheets	110	11.4
Semi-permanent-Brick/Mud mortal/iron-sheets	183	18.9
Mud & Wattle but iron-sheets	407	42.1
Mud & Wattle/grass thatched	187	19.4
Temporary grass hut/shack	54	5.6
Others	25	2.6
Total	966	100.0

Chart 18: Nature of House of CHH



Establishing the type and condition of the house served multiple purposes. Apart from providing a protective and a healthy environment, the existence of real estate property often becomes one of the important factors in determining whether bereaved children choose to stay as a CHH or not. It has also been a common practice for many adult parents infected by HIV/AIDS to construct houses for their families as they prepare for death. On the other hand however, in the absence of protective and active local councils, the existence of such property tended to attract unscrupulous relatives. Propertied households are therefore, at times more vulnerable to wealth grabbing by relatives, and it is rarely in the interests of such relatives to leave the family, intact since dividing or separating the children serves well to their ulterior motives.

The study observed that only 11.4 % of all CHHs lived in permanent brick/cement structures roofed with iron sheets. A higher percentage (18.9%) of the CHHs lived in semi-permanent structures roofed with iron sheets. Out of 966 households, the highest number (407), 42.1% of CHHs lived in temporary mud and wattle structures roofed with iron sheets. The percentage of CHHs that lived in mud and wattle structures with grass-thatched roofs (19.4%) was almost the same as that living in semi-permanent

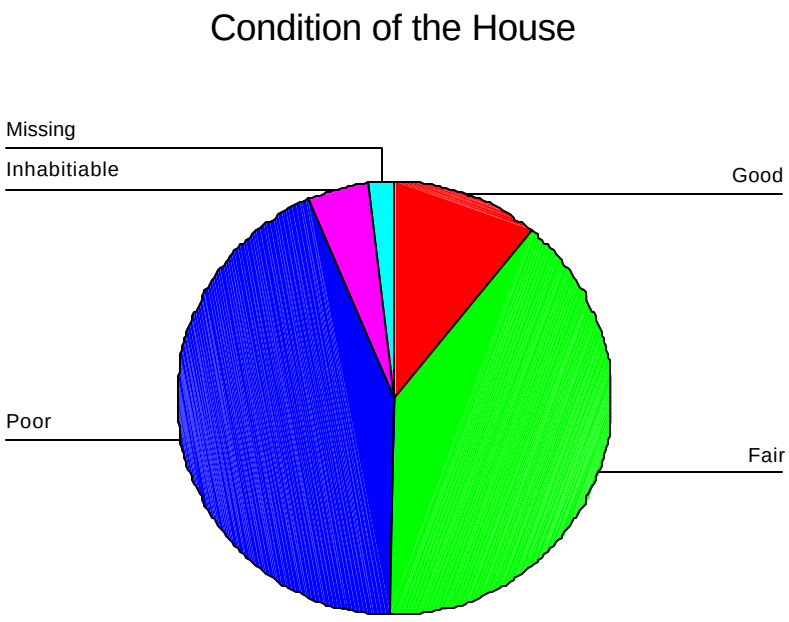
structures roofed with iron sheets. 72% of the CHHs lived in structures roofed with iron sheets.

Table 28: Condition of the House

Condition of the House	Frequency	Percent
Good	105	11.0
Fair	385	40.2
Poor	423	44.2
Inhabitable	44	4.6
Total	957	100.0

Before the commencement of data collection, the research team determined criteria on which the interviewers would base when categorising the condition of the dwellings of CHHs. However, because interviewers used were persons conversant with local conditions, discretion was given to them to categorise dwelling relative to local conditions. The study thus, observed that 44.2% of the CHHs lived in poor condition houses. A slightly less percentage of 40.2% lived in fair condition houses. Only 11% of the CHHs lived in good condition houses and while 4.6% lived in dwelling that could be described as inhabitable.

Chart 19: Condition of House of CHH



Attempts were made to establish whether there was a relationship between the condition of dwelling and the period lived by the CHH, however no significant trend was observed. Data and information on the nature and condition of the houses will inform efforts by different NGOs which have been involved in the building of houses for CHHs. The choice of the type and quality of houses for example, as has been pointed out by earlier research, may have a negative impact on community involvement in responding to the poor living conditions of CHHs in their communities especially, if materials used are both expensive and not locally available. The quality of houses in some communities has also been known to make benefiting CHHs

appear relatively affluent, fuelling jealousy and deterring helpful neighbours and relatives from continuing to support vulnerable households (Luzze, 2002).

NB. Appendix I and II distribute types and conditions of houses by Sub County.

4.1.5 Access to Pit Latrine

Table 29 : Presence of Pit Latrine

Presence of Pit Latrine	Frequency	Percent	Cumulative Percent
Have Pit Latrine	616	64.1	64.1
Have No Pit Latrine	345	35.9	100.0
Total	**961**	**100.0**	

Table 30: Nature Of Pit Latrine

Nature of pit latrine	Frequency	Percent	Cumulative Percent
V.I.P	9	1.5	1.5
Improved traditional pit latrine (has san-plat/slab)	38	6.2	7.6
Traditional pit latrine but good/covered	142	23.1	30.7
Traditional /poor	427	69.3	100.0
Total	**616**	**100.0**	

Table 29 shows that 64.1% of the CHHs had pit latrines and 35.9% lacked pit latrines. The highest percentage (69.3%, as shown in Table 30) had traditional and poor pit latrines followed by 23.1% who had traditional but good and covered pit latrines. A far less percentage of CHHs (6.2%) had improved traditional pit latrines and only 1.5% had V.I.P. pit latrines. There is a need to further improve the sanitary conditions of children living in CHHs by helping CHH to improve their pit latrines.

Box 3: **Summary of CHH access to Social Services**

- Sixty-one (61.7%) of all CHH are not attending school while 70% of those in school are in primary level.
- Seventy four (74.5%) have a health unit with in 5 Km
- Fifty eight (58%) are within 4 km of a UPE school
- Sixty three (63.7%) are with in 5km of a police station
- Ninety six (96.1%) are within 4km of a safe water source
- Thirty (30.7%) have good/ well covered pit latrine

Note: Though fifty-five (55%) of all CHH are within 0-5km of key social services like UPE School, health unit, safe water source or police stations., many of the CHH are not able to access these services due to failure to meet related costs and lack of adequate knowledge on the availability and necessity for the service.

Box 4: Emerging issues

- 61.7% of all CHH heads are not attending school despite the fact that 58 % were with in 5km of a UPE school and many were of school going age. Whereas there is free education, there are circumstances with in the CHH family environment that inhibit many children from CHH families to access education. Such factors need to be investigated to make education accessible to this group. The education system should give concessions for children who have such unique needs like those who have to care for themselves and siblings.
- Agencies like World vision and LWF are involved in house construction as one of the responses. This and earlier studies point out that the choice of the type and quality of house constructed for the CHH could have a negative impact on community involvement in responding to the poor living conditions of CHH in their communities. If materials used are both expensive and there fore make the benefiting family appear more affluent than other community members, this may fuel jealousy and deter helpful neighbours and relatives from continuing to support vulnerable households.

- More children mainly male choose to attend vocational education rather than continue with advanced secondary education though more girls opt for attending higher secondary education and post primary institutions. Vocational training courses being shorter and closer to job creation are preferred by many CHH heads. NGOs and government therefore, should focus their attention in enabling more children attain vocational skills.

- The study observed that apart from providing a protective and healthy environment, the existence of real estate property or big tracts of land was a factor in determining whether the bereaved family stays as a CHH. It was also observed that there was a tendency for such properties to attract unscrupulous relatives. Families with such assets need more protection from the local authorities.

Children lack shelter and improvise with makeshift structures. A young child cleans around their house. Below children try to rectify their roof.

In some situations houses built with relatively expensive materials attract envy and lead to isolation of CHH. Below is a house being constructed by an NGO with the local community using locally obtained materials.

Chapter Five

5.0 Survival In Child Headed Households

Despite living under very pathetic and difficult conditions, studies on survival and coping mechanisms in CHHs conducted prior to this study indicate that children in CHHs develop unique resilience when their lives are changed radically, including the adoption of 'de facto' adult roles. The study avoids duplicating what other studies have accomplished by documenting survival and coping mechanisms among CHHs, but will expand its scope by looking at the productive assets available to these children, their skills base and access to land and external support available to CHHs.

5.1 Productive assets and survival means in CHHs

Household assets provide a backdrop to which children in CHHs can fall back for their survival. The study thus, found it useful to take stock especially of productive assets and disposable assets that can be sold in case the household is faced with a crisis.

5.1.1 Access to Land

In a country where over 85% of the population lives in rural areas and with 80% employed in the agricultural sector, access to land becomes the most critical factor not only for the survival of the household but also becomes the most feasible avenue for poverty reduction. In Rakai District, a recent study revealed that 98.6 percent and 98.1 percent of the men and women respectively are engaged in farming activities on smallholdings (H.A.S.P, 2000: 8). The Plan for Modernization of Agriculture (PMA)-2000, which forms the thrust of Government's strategy for eradicating poverty in Uganda, recognizes that "agriculture presents a great opportunity for poverty eradication because it employs over 80% of the rural population and because agricultural growth can be accelerated substantially by the uptake of modern farming practices"

Table 31: Types of Land Tenure

No	Type of Land Tenure	No of Households	Minimum acreage	Maximum (acreage)	Average land size (acreage)
1	Kibanja size	868	0.13	20	1.6
2	Mailo/freehold	23	0.25	45	6.3
3	Land lease	4	0.5	50	4
4	Borrowed land	40	0.25	2	0.6

Out of the 975 CHHs involved in the study, almost all 96% (935) had access to land for farming. 868(89%) CHHs had a kibanja or bonafide tenancy hold to land, while only 23(0.02%) CHHs had a freehold claim to the land the occupied. 44(4%) either occupied leased or borrowed land. The average acreage of land for CHHs owning freehold land was much bigger than that of other forms of land ownership. On the whole, the average acreage of land owned by CHHs (except those with freehold) was much smaller that both the central region and national averages which stand ant 4.7 acres and 4.3 acres per household (Uganda Poverty Status report-2000).

Luzze (2002), observes that one most unique feature of land tenure systems in Uganda is that to a large extent, the poor (CHHs inclusive) can still access land for subsistence

farming. This is true even for Rakai District found in the Buganda region where land tenure systems are not communal. Though most households are Bibanja owners (tenants), they have rights, which allow them to make permanent developments on the land and to dispose of such developments. They can also sell their tenancy rights and are entitled to compensation in case the landlord wants to use or sell the land.

Table 32: Land Utilization.

No	Type of Land Tenure	No of Households	Average land size (acreage)
1	Kibanja size	845	1
2	Mailo/freehold	17	5.2
3	Land lease	2	1
4	Borrowed land	39	0.5

Most children, as is indicated, did utilize their land for agricultural production. However, in all cases, the CHHs used less land for cultivation than they owned. Again apart from the CHHs that had freehold claim to the land on which they lived, most CHHs utilized, on average, about one acre of land. This is about half that of the central region (2.5 acres) and the national (2.5acres) of the average total land under cultivation.

Table 33: Plantations

Type of Crop	No. of trees/acreage	Mean
No of Coffee trees owned by CHH	447	52
No of Eucalyptus trees owned by CHH	29	131
Size of Banana garden (acreage)	784	1

In Central Uganda, bananas (matoke) are the main staple food crop, while coffee has traditionally been the main cash crop. 447 (46%) CHH grew or had coffee gardens, while 784(98%) of CHH grew bananas, both on fairly a small scale. Both crops are usually intercropped with annual crops and cereals. It is important to note that the cultivation of both coffee and banana, which formed the back bone of the region's rural economy have been destroyed by the coffee wilt and banana weevil respectively. This has greatly compromised the survival capacity of many poor rural households.

The ability of mere children to grow food, it was observed, is enhanced basically by two other factors. Barnett et al (1990) hypothesized that "under circumstances of exceptional demographic change, certain farming systems might suffer sharp losses of productive and managerial resources, and that food shortages might ensue as a result". This is true for CHHs, although the situation can be altered in the long run. Barnett et al (1990) nevertheless observe that Rakai District is part of the banana/coffee-two season annual crop farming system of the Lake Victoria foreshore. This farming system is characterized by a low seasonal variation in demand for Labor, for perennial tree crops are virtually constant through out the year. Annual crops have two labor peak demands and there is a high degree of choice of crop, allowing for a possible retreat to less labor-intensive crops incrementally. Because of these reasons, Barnett et al therefore argue that even in CHHs, "it is possible to grow enough to survive, although the range and nutritional value of crops may be reduced".

The bulk of CHHs can be categorized as subsistence farmers who predominantly produce for household consumption using rudimentary farm tools and poor farming practices. According to the Plan for Modernization of Agriculture, government expenditure will target this group of farmers in order to transform the agricultural sector. Hopefully, the benefits of this program will be able to trickle down to the most vulnerable of households including CHHs. Secondly, as the demand for land especially from semi - commercial and more affluent communities increases, government and agencies working with CHHs and other vulnerable households must advocate and set up mechanisms to protect vulnerable households from losing their land. According to the Uganda Poverty Status Report-2000, the proportion of communities with agricultural land for sale rose from 36% to 53% in 2000. However, what the report does not say is that most of these sales are taking place in the Buganda region where Rakai District falls, and that it is the most vulnerable indigenous persons that are being tempted to sell off their land. As a result, many of Uganda's most vulnerable persons including those in CHHs will in the long run be landless.

Table 34: Domestic Animals

Types of Animals	No of CHHs	Min	Max	Total No. of animals Owned	Mean
Cattle owned by CHH	60	1	10	182	3.03
Sheep owned by CHH	16	1	5	29	1.81
Pigs owned by CHH	218	1	5	305	1.40
Chicken owned by CHH	426	1	20	1737	4.08
Goats owned by CHH	204	1	10	473	2.32

Rearing domestic animals provides both income and animal proteins for poor rural households. In an informal non-cash rural economy, animals in a household also serve as a buffer against eventualities, since they can easily be sold or exchanged for badly needed services like medical care or purchase of food during times of drought.

The study established that most CHHs did rear at least one type of animal. The most commonly reared animal was the chicken, with over 50% of CHHs having at least one bird. Chicken reared per household ranged from 1 to 20, with an average of 4 birds per family. Pigs and goats then followed ranging from 1 to 5 and 1 to 10 respectively. Only 60(6%) CHHs owned cattle, with the average number of cattle per household being 3.

5.1.3 Other Assets

Table 35: Other Productive Assets

Other Assets	No	Range	Minimum	Maximum	Sum	Mean
No of bicycle owned by CHH	253	1	1	2	263	1.04
No of sewing machines owned by CHH	11	0	1	1	11	1.00
No of Boda-boda motorcycles Owned by CHH	2	0	1	1	2	1.00
No of Spray pump owned by CHH	13	0	1	1	13	1.00

The study, concludes this section by looking at other productive assets in CHHs. Bicycles were the most common form of movable asset with 253 CHHs owning at least one bicycle. 11 CHHs had sewing machines, while 13 CHHs had agro-spay pumps. Interesting, 2 CHHs had boda-boda motorcycles, which to a large extent by rural standards, are indicators of affluence. The existence of very few agro spray

pumps on the other hand, may be indicative of the little use of modern farming practices.

5.2 The Major means of earnings for the CHHs

It was observed that farming (63.4%) was the most used means for survival in CHHs (see table 36). This was followed by hiring out of labour (24%), other major means of earning include involvement in petty trade (7%) and fishing (3.1%). It will be important for agencies to understand the core survival activities that CHHs involve themselves in. Helping CHHs improve on their productivity and acreage through the use of labour saving techniques, high yield seeds and high breed animals, modern farming practices and other farm inputs, becomes crucial in supporting survival in CHHs. An increase in productivity and subsequently in household incomes will help avoid children living in CHHs from hiring out labour for cash and food, which makes them vulnerable to economic exploitation. Secondly, support to CHHs must also consider providing market information and support to help CHHs make informed business and investment decisions, and to avoid exploitation from unscrupulous middlemen. Lastly, as the study clearly shows, all major means of earning a living in CHHs are both labour intensive and time consuming. Provision of education and vocational services to CHHs must be sensitive to this. As already recommended, such interventions must be tailored in such a way as not to compromise their means of survival. Providing skills in small-scale crop and animal husbandry to CHHs must also be given due consideration.

Table36: The Major means of Earning for the CHHs

Means of Earning	Frequency	Valid Percent	Cumulative Percent
Farming	564	63.4	63.4
Hiring Labour	214	24.0	87.4
Petty business	62	7.0	94.4
Fishing	28	3.1	97.5
Others	22	2.5	100.0
Total	**90**	**100.0**	

5.2.1 Household's Major Means Of Earnings By Sex Of CHH Head

In the table 37, the study went further to investigate the relationship between the major means of earning and the sex of CHH head. The results clearly indicate that male-headed CHHs by far dominated, for all means of earning.

Table37: Household's major means of earning by sex of CHH head

Means Of Earning	Sex of CHH Head		Total
	Male	Female	
Farming	396 70.2%	168 29.8%	564 100.0%
Hiring Labour	190 88.8%	24 11.2%	214 100.0%
Petty business	46 74.2%	16 25.8%	62 100.0%
Fishing	27 96.4%	1 3.6%	28 100.0%
Others	16 72.7%	6 27.3%	22 100.0%
Total	**675** **75.8%**	**215** **24.2%**	**890** **100.0%**

Amongst the male-headed CHHs, farming had the highest number of heads (396) while for the female-headed CHHs; farming had the highest percentage (29.8%). For the other means of earning like hiring out labour and fishing, we had very few females. These figures indicate gender segregation and the sexual division of labour at the household level whereby traditionally, girls are taught farming as a role depicting the feminine identity and boys are enrolled into fishing to emphasise the masculine identity. In all categories (means of earning) male-headed CHHs far out-numbered the female-headed CHHs. Interestingly, slightly higher percentages (25.8%) were in petty trade among the female-headed CHHs.

5.3 CHH Skills Base

The study revealed that apart from farming, which was practiced by over 60% of the CHHs, other potential areas existed which if supported could contribute towards improvement of the CHH livelihoods. The top five skills practiced by most CHHs were crafts (31.9%), carpentry (12.5%), bicycle repair (8.6%), brick making (22.2%) and building (12.2%) (See table 38 below). Vocational skills acquisition is a robust area for boosting the CHHs earning ability.

Table38: Survival / Vocational Skills of CHH Head.

Vocational/ Survival Skills	Frequency	Percent	Cumulative Percent
Carpentry	35	12.5	12.5
Tailoring	13	4.7	17.2
Crafts	89	31.9	49.1
Boda boda	9	3.2	52.3
Bicycle repair	24	8.6	60.9
Brick making	62	22.2	83.2
Building	34	12.2	95.3
Welding	1	.4	95.7
Brewing beer	2	.7	96.4
Teaching	1	.4	96.8
Selling food	2	.7	97.5
Motorcycle repair	3	1.1	98.6
Making back cloth	1	.4	98.9
Making ropes	2	.7	99.6
Radio repair	1	.4	100.0
Total	**279**	**100.0**	

Vocational skills could be started on average as early as 10 years. The most popular area for the 10 –14 age group is crafts. It was found that there was one CHH head between the 4-9 years age group involved in crafts. That means that crafts is an area of easily home-acquired skills or market is considered available and the input resources are easily attainable, such that the younger CHHs could be encouraged to concentrate there. Carpentry was mainly done by older CHH heads. Tailoring was mainly done by the 15-19 years age group. All age groups except that of 10-14 years carried out bicycle repair.

5.3.1 Other Vocational Skills of CHH Head by Sex of CHH Head

In the table below, again an attempt is made to establish the relationship between other survival/vocational skills and sex.

Table39: Vocational Skills Of CHH Head By Sex Of CHH Head.

Survival/ Vocational Skill	Sex of CHH Head		Total
	Male	Female	
Carpentry	35		35
	100.0%		100.0%
Tailoring	11	2	13
	84.6%	15.4%	100.0%
Crafts	27	62	89
	30.3%	69.7%	100.0%
Boda-boda [7]	9		9
	100.0%		100.0%
Bicycle repair	130	3	133
	97.7%	2.3%	100.0%
Total	**212**	**67**	**279**
	76.0%	**24.0%**	**100.0%**

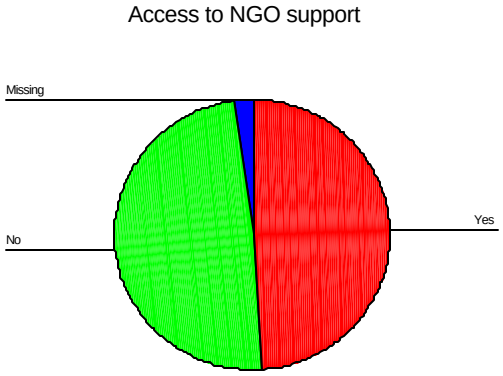
Only male heads of CHHs were involved in carpentry and boda-boda business. However, in tailoring the higher percentage (84.6%) was done by the females. The female heads were most involved in making crafts (69.7%). The biggest percentage of bicycle repair (97.7%) was carried out by males. It is interesting that very few girls are involved in tailoring- a traditionally female trade and even more interesting that you can find some few girls in bicycle repair-a traditionally male trade. This shows the transgression of gender due to the changing roles and behaviours as related to work and developments in the economy. The few women in tailoring may be influenced by the traditional problem of lack of easy access to resources by women.

5.4 CHH access to external support

The study concludes by exploring external support available to CHHs especially from NGOs. It was found that out of the 953 CHHs, 476 CHHs (48.8%) reported receiving some kind of support from at least one NGO. 477 (48.9%) had not received support from NGOs. This means that there are as many CHHs receiving NGO support as those not receiving any form of support.

5.4.1 CHH access to NGO Support

Chart 20: CHH access to NGO support



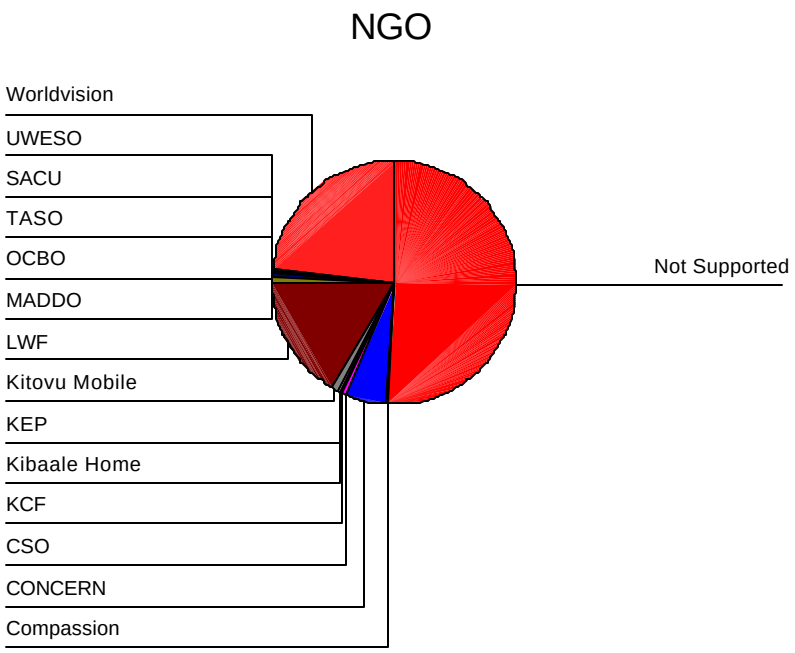
[7] Motor cycle taxis

Table 40: Access to NGO support

NGO Support	No. of CHHs	Percent
Yes	476	48.8
No	477	48.9
Missing	22	2.3
Total	**975**	**100.0**

When CHH heads were then asked to mention the most supportive NGO, figure 21 and table 41 below show the names of supportive NGOs and the number of CHHs supported by each NGO in the different sub counties. Table 45 also shows the number of non-supported CHHs by Sub County. World Vision through its four supported projects in Rakai District[8] topped the list with 227 CHHs (47.4%).

Chart 21 NGOs supporting CHH



LWF followed with 160 CHHs (33.4%), while Concern Worldwide supported 54 CHHs (11%). It is important to mention that the table below does not reflect the total number of CHHs supported by a particular NGO. This data was generated from each CHH head as they rated the most supportive NGO to their individual household. It is common for one CHH to receive support from more than one NGO. So if the NGO's support to a particular household was not rated as most supportive, then it was reflected in this respect.

5.4.2 NGO Support to CHHby Sub County

The table below shows the distribution of NGO support to CHHs in Rakai by Sub County.

[8] Rakai Kyotera ADP, Rakai Kakuuto ADP, Rakai-Kooki ADP and Rakai NECD Project

Table 41: NGO Support to CHH Heads In The Various Sub Counties In Rakai

NAME OF NGO	SUB COUNTIES																										TOTAL
	BYAKABANDA	DWANIRO	KABIRA	KACHEERA	KAGAMBA	KAKUUTO	KALIRO	KALISIZO	KASAALI	KASAGAMA	KASASA	KIBANDA	KIFAMBA	KINUUKA	KIRUMBA	KYALULANGIRA	KYEBE	KYOTERA T/C	LWAMAGGWA	LWANDA	LWANKONI	LYANTRURAL	LYANT/C	MPUDE	NABIGASA	RAKAIT/C	
Not Assisted	**38**	**30**	**23**	**30**	**6**	**13**	**27**	**30**	**7**	**16**	**6**	**6**	**3**	**10**	**77**	**16**	**3**		**20**	**24**	**30**	**26**	**1**	**3**	**40**	**10**	**495**
CONCERN		1						9							1				13		8		1		21		54
CSO								1																	1		2
Compassion						1					2																3
KCF																3											3
KEP																				1							1
Kibaale Home	1																					1					2
Kitovu Mobile	3		2		1			1							1						1				1		10
LWF	1	13		17	15		15			21				10		9			12	2		26		19			160
MADDO					1																				1		2
OCBO				1				2		2											3						8
SACU									2																		2
TASO			1												1												2
UWESO														2									2				4
World Vision	34		27			33			19		21	20	16		1	1	22	2		25						6	227
Total	**77**	**44**	**53**	**48**	**23**	**47**	**42**	**43**	**28**	**39**	**29**	**26**	**19**	**22**	**81**	**29**	**25**	**2**	**45**	**52**	**42**	**53**	**2**	**24**	**64**	**16**	**975**

The biggest number of CHHs that were not assisted by NGOs was found in Kirumba sub county (77), followed by Nabigasa Sub County (40). Sub counties while the most supported CHHs were Byakabanda (39) and Kakuuto (34) where World Vision operates. Despite having the most World Vision-supported CHHs, Byakabanda still had a big number of unsupported CHHs.

One of the coping mechanisms of the CHHs is external support. This comes in various forms including food, access to basic social services, productive assets, among others. The sources are as varied as the items themselves, but notable among these are NGOs. The most prominent in Rakai are World Vision, CONCERN, and LWF. This type of assistance is received by 50% of the CHHs and goes a long way to improve the lives of the CHHs. The table 42 below shows the type of assistance received by CHHs and the respective number that receives it. Below is a table that shows the types and nature of support received from NGOs.

5.4.3 Nature of Support Received by CHH

Table 42: Type of Assistance Received by the CHHs and Respective Number of Recipients

No	Most common Types of assistance from NGO	Number of CHH receiving.	Percentage of CHH receiving
1	Food stuff	106	8.3
2	School fees	89	7.0
3	Scholastic materials	186	14.6
4	Beddings	236	18.5
5	Bicycle	20	1.6
6	Water tank	1	.1
7	Household utensils	124	9.7
8	Counseling services	22	1.7
9	Improved animal breeds	89	7.0
10	Farming tools	91	7.1
11	Latrine	16	1.3
12	Medical support	8	.6
13	Shelter	104	8.2
14	Improved farming seeds	63	4.9
15	Soap	21	1.6
16	Seedlings/plantlets	31	2.4
17	Clothing	59	4.6
18	Beehives	7	.5
Total Responses		**1273**	**100.0**

Box 5: Emerging Issues

- Almost all 96% (935) had access to land for farming. This is their most important survival resource especially if they can be supported to achieve household food security. At a time when demand for land is at its highest especially in the Central region, agencies working with CHHs and other vulnerable households must advocate and set up mechanisms to protect vulnerable households from losing their land.

- Since almost all CHHs are involved in farming as a way of survival, helping CHHs improve on their productivity and acreage through the use of labour saving techniques, high yield seeds and high breed animals, modern farming practices and other farm inputs, becomes crucial in supporting survival in CHHs. An increase in productivity and subsequently, in household incomes, will help avoid children living in CHHs from hiring out labour for cash and food, which makes them vulnerable to economic exploitation.

- Support to CHHs must also consider providing market information and support to help CHHs make informed business and investment decisions and avoid exploitation from unscrupulous middlemen. As the study clearly shows, all major means of earning a living in CHHs are both labour intensive and time consuming. Provision of education and vocational services to CHHs must be sensitive to this. As already recommended, such interventions must be tailored in such a way as not to compromise their means of survival. Providing skills in small-scale crop and animal husbandry to CHHs must be given due consideration.

- A substantial number 477 (48.9%) of CHHs are still not reached by NGO support. The living conditions of many CHHs are quite poor. Only 11.4% of all CHH have permanent houses while 35.9% do not have pit latrines. NGO support to CHHs should be coordinated to avoid duplication of services so as to release resources to reach out to the underserved CHHs.

Box: 6 Key Lessons learnt and areas for further Research

- HIV/AIDs is an important variable in influencing the onset of CHHs
- Rural and Urban poverty are factors that enhance the gravity of CHHs
- There is a gender dimension in the findings of the study
- CHHs are likely to survive better in rural areas than in urban centers
- The coping mechanism of CHH is enhanced by the existence of an adult whether invalid or not
- Many orphans from CHHs are not accessing education even with UPE
- There is an indication that the number of CHH is still growing

Suggested areas of further research

- Psychological impact of AIDS on the Orphaned children
- OVCs and accessibility to key social services like U.P.E

Conclusion

The emergence of CHHs in Rakai has largely been a result of the impact of HIV/AIDs on the hitherto well-established community support systems comprising of the extended family, community groups and other traditional institutions. The study established that they are over 900 households headed by children in Rakai district, 76.6% being male headed. The study grouped CHHs in the following categories; Children living on their own, those living with invalid adults, the temporarily visited and others who are eloping with fellow children. More than 50% of all CHH were living on their own followed by those living with invalid relatives while the category of those frequently visited had the least number.

Circumstances leading to the emergency of CHHs are varied. Many emerged after losing one or both parents and abandonment especially by a surviving parent or relative. It is important to note that cases of juvenile delinquency exist and in some circumstances are responsible for the emergence of CHH especially those that are eloping. Most households have existed for less than 3 years and a few for over 8 years. This finding points to an increasing trend in the emergence of Child headed households in the district.

In attempting to establish the magnitude of the problem of CHHs in the district, the study revealed that the number of CHHs in the district has been increasing over time. In the absence of well-documented earlier studies, the team was unable to establish whether this trend had reached the peak. The study does also not provide a detailed analysis of the rate at which CHHs were emerging. CHHs were fairly distributed through out the district though Kooki and Kyotera counties had almost double the number of CHHs compared to the other counties.

In all the households covered, there were 2206 children (52.2% male). The number of girls in CHHs is substantial and significant in a gender perspective. The study revealed that although male children form the majority of children living in CHHs, in the youngest and top age brackets there were more girls than boys. More than two thirds of households have three or less members (on average 2.2). From this finding, it is important for agencies supporting CHHs to be mindful of the fact that there could be other alternatives like supporting relatives and neighbours to take on some of the smaller CHHs where one or two children are living on their own.

Whereas over 50% of all CHH were with in 5km of key social services like schools, safe water source, health unit or place of worship, there are numerous limitations to access. It's surprising to note that though 58.4 % are within 5km of a UPE school, 61% of all CHHs heads are not in school. Seventy (70.3%) of all those in school are attending primary education and only 3% are attending post secondary education. The study also reveals that only 30.7% have a good/well covered pit latrine, 11.4% have a permanent house, 63.4% depend on substance farming while only 48.8% have access to NGO support.

The study recommends among others, that the needs of CHHs are quite diverse, multi-faceted and require efforts of all stakeholders, that traditional support systems be strengthened and educational concessions be made available to all children in CHHs. The study also recommends that the findings of this study be integrated in the district database while further studies on the psychological impact of AIDS on the orphaned children and OVC accessibility to key social services like U.P.E., be undertaken.

APPENDICES

Appendix 1

Table showing the nature of House by Sub-County

No	Sub-County	Nature of House						Total
		Permanent Brick/ Cement/ Iron-sheets	Semi permanent Brick/Mud mortal/ Iron-sheets	Mud & Wattle but iron-sheets	Mud & Wattle /grass thatched	Temporary grass hut/shack	Others	
1	Byakabanda	6 7.8%	13 16.9%	24 31.2%	30 39.0%	4 5.2%		77 100.0%
2	Ddwaniro	1 2.3%	4 9.3%	23 53.5%	6 14.0%	4 9.3%	5 11.6%	43 100.0%
3	Kabira	11 20.8%	8 15.1%	20 37.7%	14 26.4%			53 100.0%
4	Kacheera	2 4.3%	7 15.2%	27 58.7%	5 10.9%	5 10.9%		46 100.0%
5	Kagamba	1 4.3%	5 21.7%	13 56.5%	4 17.4%			23 100.0%
6	Kakuuto	8 17.4%	8 17.4%	19 41.3%	8 17.4%	3 6.5%		46 100.0%
7	Kaliiro	7 16.7%	2 4.8%	19 45.2%	14 33.3%			42 100.0%
8	Kalisizo	12 27.9%	17 39.5%	9 20.9%	4 9.3%	1 2.3%		43 100.0%
9	Kasaali	8 28.6%	7 25.0%	12 42.9%	1 3.6%			28 100.0%
10	Kasagama		1 2.6%	2 5.3%	12 31.6%	18 47.4%	5 13.2%	38 100.0%
11	Kasasa	8 27.6%	4 13.8%	10 34.5%	5 17.2%		2 6.9%	29 100.0%
12	Kibanda	5 19.2%	5 19.2%	6 23.1%	9 34.6%	1 3.8%		26 100.0%
13	Kifamba	2 11.1%	5 27.8%	6 33.3%	5 27.8%			18 100.0%
14	Kinuuka	1 4.5%	4 18.2%	6 27.3%	11 50.0%			22 100.0%
15	Kirumba	6 7.6%	31 39.2%	32 40.5%	3 3.8%	1 1.3%	6 7.6%	79 100.0%
16	Kyalulangira	1 3.4%	4 13.8%	16 55.2%	7 24.1%		1 3.4%	29 100.0%
17	Kyebe	3 12.0%	2 8.0%	12 48.0%	4 16.0%		4 16.0%	25 100.0%
18	Kyotera T/C	2 100.0%						2 100.0%
19	Lwamaggwa	1 2.2%	6 13.3%	24 53.3%	13 28.9%	1 2.2%		45 100.0%
20	Lwanda	8 15.4%	15 28.8%	20 38.5%	7 13.5%	2 3.8%		52 100.0%

21	Lwankoni	10 24.4%	7 17.1%	18 43.9%	3 7.3%	2 4.9%	1 2.4%	41 100.0%
22	Lyantonde Rural	1 1.9%	10 18.9%	34 64.2%	6 11.3%	2 3.8%		53 100.0%
23	Lyantonde TC	2 100.0%						2 100.0%
24	Mpumudde	1 4.2%	2 8.3%	7 29.2%	5 20.8%	9 37.5%		24 100.0%
25	Nabigasa		15 23.4%	42 65.6%	5 7.8%	1 1.6%	1 1.6%	64 100.0%
26	Rakai TC	3 18.8%	1 6.3%	6 37.5%	6 37.5%			16 100.0%
Total		110 11.4%	183 18.9%	407 42.1%	187 19.4%	54 5.6%	25 2.6%	966 100.0%

Appendix II

Table showing Sub county and the condition of the House

No.	Sub - county	Condition of the House				Total
		Good	Fair	Poor	Inhabitable	
1	Byakabanda	10	35	26	5	76
2	Ddwaniro	1	13	21	6	41
3	Kabira	10	14	27	2	53
4	Kacheera	2	24	17	3	46
5	Kagamba	2	8	10	3	23
6	Kakuuto	8	20	15	3	46
7	Kaliiro	5	16	21		42
8	Kalisizo	9	20	14		43
9	Kasaali	5	9	14		28
10	Kasagama	1	10	27		38
11	Kasasa	7	8	14		29
12	Kibanda	5	12	9		26
13	Kifamba	1	5	9	3	18
14	Kinuuka	1	9	12		22
15	Kirumba	6	43	26	2	77
16	Kyalulangira		15	12	2	29
17	Kyebe	3	11	9	1	24
18	Kyotera T/C		2			2
19	Lwamaggwa	1	17	24	3	45
20	Lwanda	8	23	21		52
21	Lwankoni	6	12	21		39
22	Lyantonde Rural	3	25	25		53
23	Lyantonde TC	2				2
24	Mpumudde	2	11	10	1	24
25	Nabigasa	1	21	35	7	64
26	Rakai TC	6	2	4	3	15
	Total	**105**	**385**	**423**	**44**	**957**

Appendix III

Rakai District Participatory Child-headed Household Survey Questionnaire

INSTRUCTIONS

i) Please use the questionnaire to interview the child-headed household head, or in his or her absence interview any other older child in the household found at home, or any responsible person from the neighbourhood who is well conversant with the family.
ii) Please introduce yourself to the respondent and give a brief background about the study/survey. Also assure the respondent that all responses will be treated with utmost confidentiality.
iii) Append your signature at the end of the questionnaire after you are satisfied that the questionnaire has been completed and edited.

Location

i) Village/LC 1……

ii) Parish……

iii) Sub –County……

Details Of Respondent

i) Names……
ii) Sex Male=1 or Female=2
iii) Age……

Details Of Interviewer

i) Names……Date of interview……

ii) NGO…… Time in……

Time out……

Section A

Category and History of CHH

1. What is the category of the CHH?
   Orphans living on their own (1)
   Children who have eloped to start their own home (2)
   Candidate CHHs- i.e. children living with an invalid adult (3)
   CHHs frequently having adult relatives temporarily staying with them (4)

2. How long has the household been living as a CHH?
(Years)

3. What are the circumstances that led to the family becoming a CHHs?
   Death of both parents (1)
   Abandonment by a living parent (2)
   Both parents alive but abandoned by both parents (3)
   Children eloped to start their own home (4)
   Others –specify…… (5)

Section B

Bio-Data On CHH Head

1. What is the name of the CHH head?

2. SEX Male (1) or Female (2)

3. What is the age of the CHH head (State in complete years)?

4. What is the ethnicity of CHH head?

Muganda	(1)
Munyankole	(2)
Mukiga	(3)
Munyarwanda	(4)
Muziba	(5)
Murundi	(6)
Others (specify) ……	(7)

5. What is the religion of the CHH head?

Roman Catholic	(1)	Seventh Day Adventist	(5)
Orthodox Catholics	(2)	Moslem	(6)
Anglican	(3)	Others (specify)……	(7)
Evangelical/Born again	(4)	Non……	(8)

6. Is the CHH head attending school YES (1) or NO (2)

7. If yes, what class is he/she attending?

Lower primary P1-P4	(1)	A-level	(4)
Upper primary P5-P7	(2)	Vocational school	(5)
O-level	(3)	Post Primary institutions	(6)

8. If No what is the class of education attained?

Lower primary P1-P4	(1)	A-level	(4)
Upper primary P5-P7	(2)	Vocational training	(5)
O-level	(3)	Post Primary institutions	(6)
		Never been to school	(7)

9. What are household's major means of earning a living?

Farming	(1)	Hiring of labour	(2)
Petty business	(3)	others (specify……	(5)
Fishing	(4)		

10. What other survival/vocational skills does the CHH head have?

Carpentry	(1)	Tailoring	(2)
Crafts	(3)	Boda-boda	(4)
Bicycle repair	(5)	Brick making	(6)
Building	(7)	others (specify)……	

Section C

Data on Children in CHH

No.	Name	Sex M=1 F =2	AGE	Class[9]	Relationship to head
1					
2					
3					
4					
5					
6					
7					
8 9					
10					
11					

Section D

Data on Invalid Adults

No	Name	SEX M=1 F =2	AGE	Class Attained	Relationship to the head	Nature of invalidity
1						
2						
3 4						

Section E

Household Productive Assets / Land

No.	Type of productive asset	Number
1.	Bicycle	
2.	Sewing machine	
3.	Boda-boda	
4.	Spray pump	
5.	Coffee garden (number of trees)	
6.	Banana (acreage)	
7.	Eucalyptus forest	
8.	House for rent	
9. 10.		

Animals

No.	Type of Animals	Number
1.	Cows	
2.	Goats	
3.	Sheep	
4.	Pigs	
5.	Chicken/birds	
6.		
7.		
8.		

[9] Class attending if in school or attained if not in school

Land Tenure

No.	Nature of land tenure/ Ownership	Total size (Acreage)	Land under use in acreage
1	Kabana		
2	Mailo/freehold		
3	Lease		
4	Borrowed		
	Total		

Section F

Nature of Shelter

1. What is the nature of house where the children live?
   - Permanent- brick/cement/iron sheets (1)
   - Semi permanent - brick/mud mortal/iron-sheets (2)
   - Mud and wattle but iron-sheets (3)
   - Mud and wattle/grass thatched (4)
   - Temporary grass hut/shack (5)
   - Other (specify)…… (6)

2. What is the condition of the house?
   - Good (1)
   - Fair (2)
   - Poor (3)
   - Inhabitable (4)

2. Does the household have a pit latrine? YES (1) or NO (2)

3. If YES, what is the nature of pit latrine ?
   - V.I.P (1)
   - Improved traditional pit latrine (has sanplat/slab) (2)
   - Traditional pit latrine but good/covered etc. (3)
   - Traditional poor (4)
   - Others (specify)…… (5)

Section G

NGO/CBO/CSO Support

1. Does the family have access to NGO support? YES (1) or NO (2)

2. If YES, complete this table

No	Name of NGO/CBO/CSO	TYPE OF SUPPORT
1		
2		
3		

Section H

Access to Social Services

NO	Type Of Service	DISTANCE in Km
1	Nearest UPE school	
2	Nearest Health Unit	
3	Nearest safe water source	
4	Nearest Police station	
5	Nearest secondary school	
6	Nearest vocational school	
7	Nearest relevant place of worship	

Interviewers Name…… Signature……

Appendix IV

Recent Studies

[i] Most recent studies on CHHs, include: -

1. Children Living In Difficult Circumstances: Vulnerability and Coping Mechanisms of Child headed Households In Rakai (2000- Sekiwanuka, Sedyabule, Nema - Lutheran World Federation)

2. Survival in Child - Headed Households: A Study On The Impact Of World Vision In Support On Coping Strategies In Child - Headed Households In Kakuuto County Rakai District, Uganda (2002 - Fredrick Luzze - World Vision Uganda)

3. Sexual Behavior of Adolescent Boys in Rakai District (2002 Plumb Ellen Joyce and Campbell Benjamin- Boston University, Department of Anthropology)

4. The Psychosocial and Spiritual Care of Orphans Living Alone: An Analysis of a Pioneering Community Based Initiative In Uganda (2002 Tom Mugabi –World Vision Uganda)

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