

Linking Social Assistance Grant (SAGE) and HIV+ Orphaned for sustainable results

From the Ugandan context

Introduction

The Ministry of Gender, Labor and Social Development (MGLSD) in Uganda began the implementation of - Expanding Social Protection (ESP) - program in 2010. The core objective of the program is to reduce chronic poverty and improve life chances for the poor men, women, and children in Uganda (Calder, 2012). The overall purpose is to embed a national social protection policy in a sustainable fiscal framework which recognizes the contribution Social Assistance Grant for Empowerment (SAGE), among the most vulnerable families in Uganda. Even though these efforts are being considered, the levels of vulnerability among the elderly and HIV positive orphaned children remain a wide and varied challenge for policy makers in the country (UNICEF, 2013).

Dependence burden in most elderly headed homes has been most accelerated by increased mortality rates due to HIV/AIDS and its related vulnerabilities. The HIV/AIDS burden in Uganda stands at an estimated total of 1.6 million people who are living with HIV, and of these 177,000 are children most of who live with their grandparents. Intuitively, there are gross 380 HIV infections on a daily basis in Uganda- two thirds of who are women and girls (UAC, 2013). This has increased the number of orphaned children in the country. About 40 children are born with HIV every day in Uganda. In 2009, about 150,000 children were living with HIV, while about 16,000 deaths among children were caused by HIV (UAC, 2014). This therefore means that there is need to integrate a holistic sustainable approach to deal with chil-

dren's vulnerability to HIV through an integrated development policy design that recognizes the role of social safety nets, like SAGE in alleviating vulnerabilities among orphaned HIV positive children in Uganda.

The Uganda AIDS Commission (UAC) highlights child orphanage as a result of parental demise due to HIV related cause as one of the leading factors of rural household poverty. Orphaned children are left in the care of their grandparents who are in most cases not involved in any formal employment. In 2011, Uganda had lost an average of 62,000 people to HIV/AIDS and the same disease has to date left about 1,100,000 orphans aged 0-17years (UBOS, 2014). This situation indisputably demonstrates that HIV infection remains a significant public health problem for Uganda which directly impedes development and thus calls for action from all stakeholders in the policy development arena.

Senior citizen household vulnerability is much more accelerated by the number of orphaned children who are depending on them for basic necessities like food and clothing amidst their limited resource scope. This brief will argue for the need for an interconnected relationship between SAGE and HIV positive Orphans' wellbeing at house hold level in Uganda. The recommendations will help to inform policy makers about the need to rethink the design and approach of social protection in developing countries (Uganda in particular) given the multifaceted nature of vulnerabilities associated with Uganda's population.



Jonathan Tumwebaze

Masters of Research and Public Policy Candidate (2016)
Uganda Christian University Mukono
P.O.Box 4, Mukono, Uganda
email:
jonathantumwebaze@gmail.com

In 2015, SASPEN and Friedrich-Ebert-Stiftung Zambia hosted a high level **international expert conference on Sustainability of Social Protection** in Johannesburg, South Africa, Oct 20-21.

All Conference Proceedings including this brief are available at:
<http://www.saspenn.org/home/en/conferences/sustainability-of-social-protection-international-conference-2015>

Discussion

Societal gaps and Social Protection in Uganda

"Most boys in our community fear being infected with HIV. They believe that young girls below 18 years do not have HIV. So it is better to marry them early."
(Boys, 15-17, out of school, Kitgum Northern Uganda – UNICEF, 2015)

This is one of the child liability voices captured in the 2015 Voices of Children: Child Poverty and Deprivation Report by UNICEF Uganda. It is of no doubt that the reality of child vulnerability to poverty and other life shocks presents a need for a holistic social safety net that looks at the multidimensional nature of contextual needs of the children and the households they are in.

Estimates from the Department of Probation and Social Welfare Uganda, indicate that about 4 million children in Uganda are vulnerable and live in difficult circumstances (MoGLSD, 2013) - most of which are household related. This constitutes half of the total child population in Uganda. They include orphans (1.2-1.5 million), of these, 177,000 are children most of who live with their grandparents with the least standard of living. In 2009, about 150,000 children were living with HIV, while about 16,000 deaths among children were caused by HIV (UNAIDS, 2013). Even though

UNICEF (2015) presented a reduction in infection among children from 27,660 in 2011 to 9,629 in 2013 as indicated by Uganda Aids Commission in 2015, it neglects the fact that about 40 children are born with HIV every day in Uganda. The level of vulnerability of these children varies from region to region – with disproportionate effects for males and females. Girls are considered to be more vulnerable than boys.

Many sources state that the situation of orphans in Uganda has reached crisis proportions in terms of both the incidence of orphanhood and resource constraints for formal and informal care provisioning. The genesis of the crisis is often argued to relate to the high adult death rates resulting from death of bread winners mostly due to HIV/AIDS (Wakhweya et al. 2002). HIV/AIDS exceeds all other causes of adult mortality, and has become the primary cause of the escalating orphan crisis. Due to the extent of the crisis, orphans constitute a vulnerable group in all regions of Uganda, however, in terms of the distribution of orphans it is clear that they are located predominantly in regions that are most affected by AIDS. 'Double parent' orphans are concentrated in the districts of Rakai and Masaka (Uganda). With approximately

25% of Ugandan households caring for at least one orphan, it is estimated that orphan households have an average of 7.2 members – at least 2 more dependents than the average Ugandan family (Wakhweya, 2002).

The majority of orphans are cared for within households, often through extended family networks. The majority of these households are headed by single widows; typically the surviving parent or grandparent. Interviews with program directors in various orphan and abandoned children's projects revealed a belief that the traditional patterns of orphan care through kinship and fostering are becoming an increasingly precarious system of social protection due to being overstretched and burdened by increasing numbers of orphans. Community mechanisms for supporting vulnerable members of the community are quite fragile and in many cases weak. There is little organized community support for households with orphans.

Substantial evidence shows that the majority of households with orphans are headed by women, mainly because they are headed by widows, but also because women are more likely to take on the role as caregivers than men.

SAGE and HIV positive Orphaned children in Uganda

The Social Assistance Grant for Empowerment program is a key fundamental right for elderly citizens (60 and 65 years in Karamoja region) in the country. The Program has been piloted in 14 Districts since 2010 and the beneficiaries

have been the elderly and other labor constrained households headed by the disabled, orphans and widows. Under the SAGE program, the government pays elderly persons a monthly stipend of 25000 Uganda Shillings (about US\$7). Since most elderly people are care givers to orphaned children most of who are HIV+, this speaks of the dependence relationship between SAGE beneficiaries (senior citizens) and HIV+ orphans amidst situations of insufficient financial support.

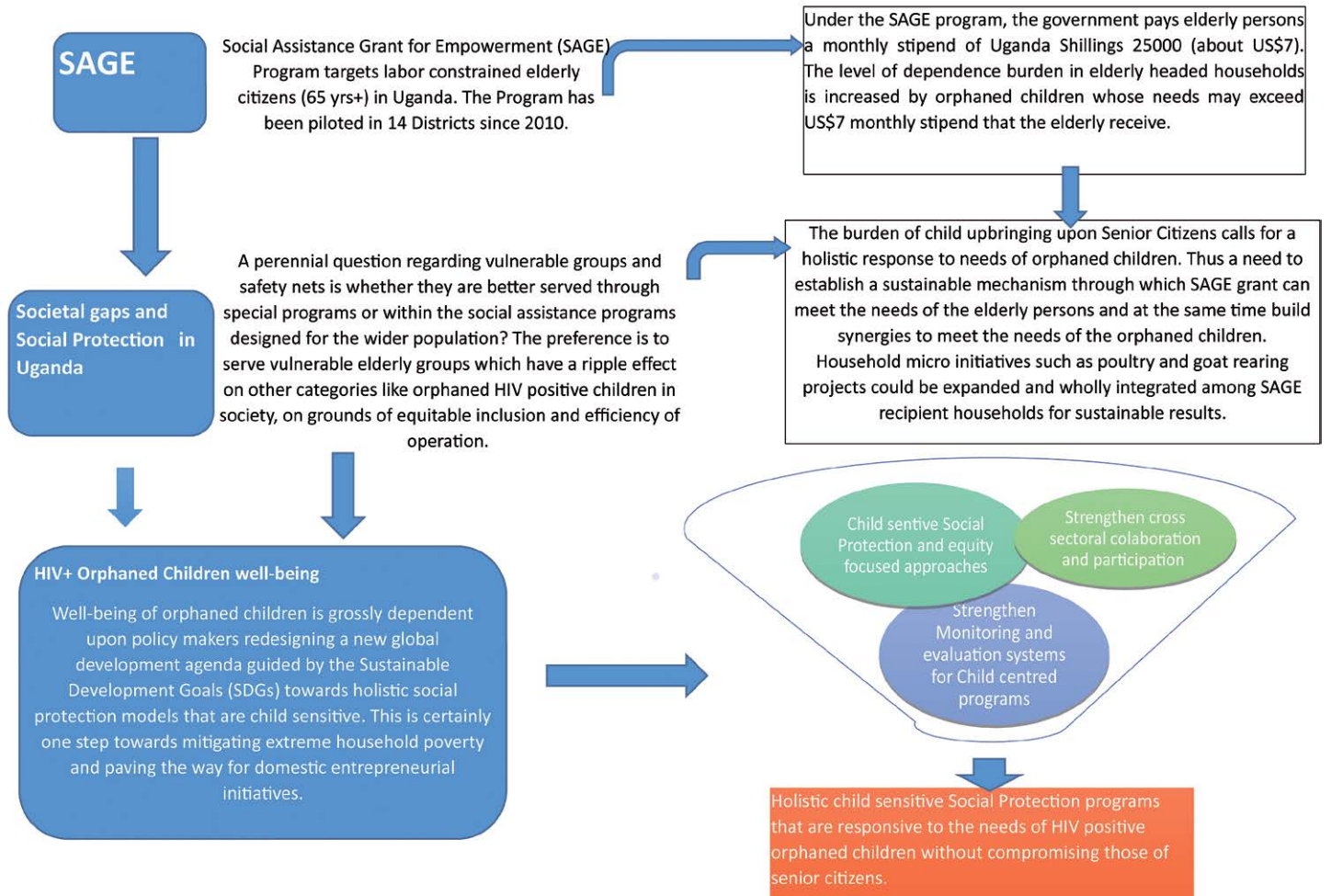
Thus the socio-economic contribution of Senior Citizens (contextually Grandparents) in looking after the orphaned children who are HIV+ has been evident in rural communities of Kyenjojo district which is one of the pilot districts. Families benefiting from the program

have been able to buy at average one goat per month and others to buy chickens. Eggs have often been served to the children so as to improve their nutrition and surplus has been sold to the markets so as to meet other domestic needs like clothing and books for schooling children (MoH, 2014).

This is based on the understanding that most grandparents who take on the burden of orphan child up-bringing, are in the Senior Citizens category, and most do not have a stable source of income. Thus, given the fact that most HIV+ children have special needs that range from need for child play programs to regular access to health facilities, the socio-economic contribution of SAGE grant to elderly grandparents, who are in most cases the care givers and "par-



SAGE and HIV Positive Orphaned Children



ents” to the children, needs to be appreciated. Household micro credit initiatives that involve poultry projects, piggery and other small scale ventures must be integrated in the frame work of social protection for the elderly and should be evaluated during project monitoring reviews as indicators for sustainability of social protection.

The category of orphaned children who are solely depending on grandparents for basic necessities is slowly but steadily increasing, yet mechanisms for building synergies to protect children from poverty vulnerabilities are limited. Thus the contribution of SAGE to elevating exposures to poverty among HIV+ Orphan children is a timely discussion especially at such a time when policy makers are redesigning the new global develop-

ment agenda guided by the Sustainable Development Goals. Holistic social protection models ought to be designed and redesigned to respond to contextual needs of their recipients. This is certainly one step towards mitigating extreme household poverty as well as avenues for households to invest in domestic initiatives to manage livelihood risks that are likely to result in children – grandparent dependence syndrome. Once sustainable models have been established, they will inform different governments and their implementing partners about the holistic nature of household vulnerabilities and the need for a more strategic SAGE investment case that not only considers vulnerable children affected by HIV and also other categories of children susceptible to child poverty traps.

In Summary, SAGE relates to the well-being of HIV Positive – Orphaned children as illustrated above.

Policy recommendations

- Develop and implement a holistic national child inclusion strategy that adheres to health care, micro business initiatives and school survival for children. This will build consensus on best child poverty intervention dynamics at different societal levels of governance starting with households.
- Extensive information and communication be made available on the care of older persons although more research is needed in the area so as to inform the systematic and evidence based planning and implementation of the SAGE programme.
- Encourage child sensitive social protection programs such as micro insurance health programs, micro credit initiatives and community saving groups. These will replicate into improved school attendance and retention rates hence effectively addressing child labor and a social justice issue among children
- Include men in health seeking behaviors for children as well as harness women's voices by funding community sanitization and training practices and associated monitoring and evaluation systems.
- Strengthen institutional collaboration for accountability and transparency with relevant sectors through scaling up community led initiatives and fostering public private partnerships for development.
- Lastly, for purposes of ensuring sustainability, the Government of Uganda (GoU) needs to consider a broader financing mix, beyond domestic revenue and aid from development partners to incorporate NGOs, the private sector as well as house hold savings so as to broaden the financial capacity for Social Protection in Uganda.

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The network aims to provide a basis for (i) sharing of experience and information based on research and in-depth knowledge of social protection issues, (ii) constructive debate, discourse, discussion and reflection among experts and with stakeholders and role-players, and (iii) rendering a range of services to support the promotion, development and implementation of social protection in SADC countries, with reference also to strengthening social protection floor initiatives – on a commissioned, requested or self-initiated basis.

The exchange and interaction within the network is guided by the principles of independence of individual participants, collaboration in network activities, professionalism and objectivity.

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Southern African Social Protection Experts Network – SASPEN

Lusaka, P.O. Box 30554, Zambia
info@saspen.org
www.saspen.org
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