

The Role of Communities Affected by HIV/AIDS in the Protection of Children's Rights

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Table of Contents

List of Figures & Tables	iv
Abbreviations and Acronyms	iv
Acknowledgement	vi
Abstract	vii
CHAPTER 1 - INTRODUCTION	1
1.1 Definition of key terms	1
1.2 Background: Overview of Uganda History and Context	1
1.2.1 Ugandan Social Context	2
1.2.2 Political and Economic History	4
1.2.3 HIV/AIDS in Uganda	5
1.2.4 Orphans and communities affected by HIV/AIDS	6
1.2.5 Convention on the Right of the Child	7
1.3 Statement of the problem	8
1.3.1 Research questions	9
1.4 Theoretical Framework	9
1.4.1 Social Action Theory	9
1.4.2 Theory of Human Scale Development	12
1.4.3 Operationalization of the theoretical framework	15
1.5 Outline of the thesis	16
CHAPTER 2 – LITERATURE REVIEW	18
2.1 Outcomes of HIV/AIDS in Uganda	18
2.2 Programs and Intervention for HIV/AIDS	24
2.2.1 International organizations	25
2.2.2 Governmental programs	28
2.2.3 National Organizations	30
2.2.4 Community interventions	32
2.3 African Charter on Children's Rights and Welfare of the Child	33
2.4 Theory of Children's Rights	35
2.5 Challenges and Considerations for AIDS Orphans in Uganda	38
2.6 The Impact of HIV on Children's Rights	39

2.7 Gaps in the Literature and Contributions	42
CHAPTER 3 - METHODOLOGY	44
3.1 Research design: A qualitative case study	44
3.1.1 Research context	44
3.1.2 Research design	45
3.1.3 Population	45
3.1.4 Data collection	46
3.1.5 Participant observation	47
3.1.6 Participant recruitment	47
3.1.7 Individual interviews	49
3.2 Data analysis	50
3.2.1 Data quality	52
3.3 Ethical considerations	52
CHAPTER 4 - FINDINGS	54
4.1 Characteristics of study participants	54
4.2 Social circle	55
4.3 Responsibilities of chairpersons	56
4.4 Local, national and international organizations	58
4.5 Children's responsibilities	63
4.6 Child labour	64
4.7 Comfort and communication	66
4.8 Negative consequences	68
4.9 Involvement of organization at school	69
4.10 Accessibility to education	70
CHAPTER 5 – DISCUSSION AND CONCLUSION	72
5.1 Significance of Findings	72
5.2 Limitations	79
5.3 Directions for future research	80
Appendix 1	82
Appendix 2	84
References	87

List of Figures & Tables

Figure/Table	Title	Page
1	Regional Disaggregation of Child Health Indicators	5
2	Social Action Theory	15
3	Matrix of Needs and Satisfiers According to Max-Neef	17
4	Theoretical Framework	19
5	Characteristics of the Study Participants	61
6	Results – Gender Distribution of Child Labour	67

Abbreviations and Acronyms

Acronyms	Meaning
ACP	AIDS Control Program
ACHPR	African Commission on Human and Peoples' Rights
ACRWC	African Charter on the Rights and Welfare of the Child
AHB	Anti-Homosexuality Bill
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
AU	African Union
CAAB	Children Act Amendment Bill
CBOs	Community Based Organizations
CPDC	Centers for Prevention and Disease Control
CRC	Convention on the Right of the Child
DCOF	Displaced Children and Orphans Fund
DOVCC	District Orphans and other Vulnerable Children Committee
DHS	Democratic and Health Survey
ECCD	Early Childhood Care and Development
FP	Family Planning
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus Infection
HRW	Human Rights Watch
HTC	HIV Testing and Counselling
ICRC	International Convention on the Rights of the Child
JAWCU	Justice for Advocacy for Women and Children in Uganda
JLOs	Justice Law and Other Sectors
LAPEWA	Laroo Peche Women's Association
LCMT	Land Conflict Mapping Tool
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MGLSD	Ministry of Gender, Labour and Social Development
MOH	Ministry of Health
MTCT	Mother-to-Child Transmission

NCPA	National Committee for the Prevention of AIDS
NCPWG	National Child Protection Working Group
NGO	Non-Governmental Organization
NOVCSC	National Orphans and Vulnerable Children Steering Committee
NRA	National Resistance Army
NSP	National Strategic Plan
PMTCT	Prevention of Mother-to-Child Transmission
OAU	Organization of African Unity
OHCHR	Office of the United Nations High Commissioner for Human Rights
OPCRC	Optional Protocol to the Convention on the Right of the Child
OVC	Orphans and Vulnerable Children
SDP	Sector Development Plan
SDSP	Social Development Sector Plan
SMC	Safe Male Circumcision
SOVCC	Sub-County Orphans and other Vulnerable Children Committee
SRGBV	School-Related Gender-Based Violence
TASO	The AIDS Support Organization
TCPS 2	Tri-Council Policy Statement 2
UAC	Uganda AIDS Commission
UNCRC	United Nations Convention on the Rights of the Child
UHRC	Uganda Human Rights Commission
UNA	United Nations Agencies
UNAIDS	United Nations Programme on HIV/AIDS
UNCST	Uganda National Council of Science and Technology
UNCA	United Nations Correspondents Association
UNGA	United Nations General Assembly
UNGEI	United Nations Girls Education Initiative
UNICEF	United Nations International Children's Emergency Fund
UNNGOF	Uganda National NGO Forum
UPHIA	Uganda Population-based HIV Impact Assessment
UVRI	Uganda Virus Research Institute
VHTs	Village Health Teams
WHO	World Health Organization

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What a journey it has been writing this thesis! I can't recall all the emotions that have been through during the last years. I began with my curiosity to discover a country, languages, food and culture. I then feared to miscommunicate my observations and data that I collected during my time in Uganda. I completed that chapter of my life with intense joy.

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Abstract

Background: Uganda is one of the first African countries affected by the human immunodeficiency virus (HIV) in the early 1980s. The country did not have the resources to provide the required treatments and prevent the spread of the virus. The poor and sometimes non-existent health care services increased the spread of HIV in the country, especially in rural areas where some communities are hard to reach. This study sought to explore the services and support offered to children in different Ugandan communities, as well as to understand their perceptions about these interventions.

Methods: Structured interviews using a mapping technique with 15 children aged between 13 and 17 years were conducted in five districts in Jinja town. Direct observations were also conducted in five different sub-counties through The AIDS Support Organization (TASO). Content qualitative analysis was used to capture the children's perceptions.

Results: There were 6 themes identified in this study: 1) Children identified family, friends, pastors and teachers as key actors in their social circle as people who are respecting their rights; 2) Chairpersons were crucial to the daily functionality of their communities, where they provide safety and consultation services; 3) Although some children acknowledged the presence of local, national and international organizations for developing and implementing projects, most children were unaware of the presence, specific functionalities, or the operation centres of the organizations. In consort, they were unaware of the services out there designed to help vulnerable children; 4) Children had various sex disaggregated responsibilities, from financial support for their families (girls) to subsistence activities (boys). Work responsibilities and childbearing expectations hindered girls from staying in school after the secondary level; 5) Children felt more comfortable discussing perceived delicate and sensitive topics (e.g. secrets) with friends. Children were least comfortable expressing their opinions with adults to whom they could not relate (e.g. educational aspirations). Children were mainly afraid to openly discuss sensitive and difficult topics with adults due to fears of the negative consequences, such as physical beatings, of disobedience; 6) Unavailability and inaccessibility of secondary and post-secondary schools in remote communities hindered children from receiving education past primary levels.

Conclusion: Our findings revealed some key challenges that vulnerable children in Uganda can face, including discomfort and fear about speaking with adults, responsibilities and unavailability

or inaccessibility of education, as well as the lack of knowledge and awareness of the available services. Our findings also revealed some central, positive influences in the children's lives, including friends, some family, teachers, and pastors. These findings can help to reduce the contextual uncertainties in the study communities and to inform targeted interventions that utilize the positive influences to help vulnerable children address and overcome the key challenges. Future studies should be conducted to understand whether the responsibilities of children towards the adults could affect the protection of their rights as they might be limited to some services or simply not aware of them.

Keywords: HIV/AIDS, Orphans, Children's Rights, Jinja, Uganda, Sub-Saharan Africa, Protection, Roles.

CHAPTER 1 - INTRODUCTION

1.1 Definition of key terms

The term, “Orphans and Vulnerable Children (OVC)” is commonly used to refer to children who are orphaned by one or both parents and are considered vulnerable because their parent(s) died under some strange circumstances or died of terminal diseases, such as AIDS (Schenk et al., 2010). Such children are thus burdened to take on the responsibilities of their parents who were unable to provide adequate care for their children.

“AIDS orphans” are children who have lost one or both parents to AIDS, before turning 15 years of age (WHO, 2018). That is to say that AIDS orphans are not children who have been infected by AIDS or receiving HIV/AIDS treatment but are those whose parents died of AIDS. The child’s mother may die first, leaving her husband and the child or vice versa (UNICEF, 1999), but the order of death is not significant in this thesis.

It is widely known that AIDS affects negatively on children in terms of education, health and peer association. As the Better Care Network pointed it out, “(...) aside from the physical and psychosocial stress associated with the onset of the disease itself and the experience of loss of loved ones, children affected by HIV/AIDS may additionally be subjected to the burden of caring for others, stigma, discrimination, exploitation, abuse, financial hardships, and are less likely to attend school. The social and economic effects of the disease mean that areas with high AIDS-related mortality are less able to provide traditional family and community care, protection and basic services for its children” (2020).

1.2 Background: Overview of Uganda History and Context

There are more than 64% of new HIV infections in Africa (WHO, 2018). In comparison with the other continents, the highest other rate is 10%. Many countries are using different methods to prevent HIV/AIDS, but also to decrease the number of new infections. In some of the key countries based in sub-Saharan countries, based on different care models, the outcomes remained similar to reduce infections, and acceptable standard HIV care were seen as alternatives (Hagey et al., 2017).

Unfortunately, stigmatization persists and has negative consequences towards children who are becoming victims of their own situation (Meni & Bordogna, 2018). As of a result of this

stigmatization, children are oppressed by their peers and see their rights affected by it due to the negative consequences and impacts they are constantly facing.

1.2.1 Ugandan Social Context

Before we examine the state of and the support given to AIDS orphans in Uganda, it is essential that the socio-cultural context of Uganda be discussed. Based on the World Health Organization (WHO) Report (2018), Uganda has a population of more than 39 million with a life expectancy at birth of 64 years. Jinja is a flat area located in the Central East region of Uganda, and it is the biggest city close to the capital, Kampala.

The statistics on the prevalence of HIV/AIDS in Uganda is alarming. According to the United Nations Programme on HIV/AIDS (UNAIDS) (2016), there are 1.4 million Ugandans living with HIV, with 130,000 of them being children between 0 and 14 years. In comparison to South Africa where 7.7 million people live with HIV (WHO, 2018), Uganda has 82% fewer people infected. If we compared it to the Democratic Republic of the Congo, then Uganda has 68% more people infected by HIV and also 86% more compared to South Sudan (WHO, 2018).

The prevalence of HIV in the Central East region of Uganda is 4.7% (Ministry of Health & Uganda AIDS Commission, 2019). It is one of the lowest HIV prevalence percentages within the ten regions in the North-East and the West Nile with 3.7% and 3.1%, respectively (Ministry of Health & Uganda AIDS Commission, 2019).

There were approximately 4,600 children newly infected by HIV in Uganda in 2018, and 47% of the total of children infected in the country received their antiretroviral therapy (ART) (UNICEF, 2018). However, most of the children are not using ART and are living with the adverse effects of the disease. In 2016, almost 1 million children and adolescents aged between 0 and 17 years old in Africa became orphans because their parents contracted AIDS (UNAIDS, 2016). Even though the numbers have reduced in the last decade, the Government and the communities still face a problem. This problem has resulted in the reversal of roles in the family as the grandparents rather than the nuclear family now provide parental care for children.

Two main projects in Uganda related to Mother-to-Child Transmission (MTCT) and ART programs launched by the government have helped to reduce and prevent new HIV infections. The

Ministry of Gender, Labour and Social Development (MGLSD) and the United Nations Children’s Fund (UNICEF) report that adolescent girls are the most susceptible to HIV/AIDS, accounting for two thirds of all new HIV infections (MGLSD & UNICEF, 2015). For example, these girls are more likely (23% of them) to drop out of school due to pregnancy and 35% of them are likely to be forced into an early marriage (MGLSD & UNICEF, 2015).

Despite the efforts from the Ugandan Government and those from national, and international organizations to reduce the risks of adolescent girls from contracting HIV, access to health services is still limited, especially in rural areas (MGLSD & UNICEF, 2015). There are reports that there are more people who pay fees to have access to treatments and medication, despite Uganda abolishing user fees in 2001. In addition, adolescent girls in Uganda face difficulties in accessing information regarding their sexual and reproductive health and family planning (MGLSD & UNICEF, 2015).

The lack of health centres, such as hospitals, and inadequate health professionals, such as midwives, has led to an increase in child mortality rates, especially in rural areas (see Table 1 below). For example, in the Northern part of the country, less than half of the children are entirely immune, and it reaches around 40% in East Central regions, which include Jinja (MGLSD & UNICEF, 2015).

	Infant mortality*	Child mortality*	Height-for-age (% below 2 SD)	Full immunization (%)	Handwashing provision (%)**	Diarrhea (%)***
Kampala	47	19	10.4	63.4	39.0	24.1
Central 1	75	37	27.7	43.9	50.1	22.3
Central 2	54	35	30.8	43.0	45.1	20.9
East Central	61	48	28.8	39.2	30.6	31.9
Eastern	47	41	21.3	52.4	25.2	32.5
Karamoja	87	72	36.7	62.2	12.5	20.3
North	66	42	19.6	49.0	7.2	23.8
West Nile	88	41	31.0	52.1	16.4	18.7
Western	68	52	35.7	59.7	22.1	18.8
South-West	76	57	36.3	61.6	20.5	14.0

* Per 1,000 live births

**Percentage of households where a place for washing hands is observed.

*** Children with diarrhea in the two weeks preceding the 2011 UDHS

No regional disaggregation of maternal mortality

No regional disaggregation of four antenatal visits

No regional disaggregation of percentage of population living with HIV

Note: Reprinted from Situation Analysis of Children in Uganda, UNICEF & Republic of Uganda, retrieved from <http://www.unicef.org/uganda/media/1791/file> Copyright 2015 by Ministry of Gender, Labour and Social Development and UNICEF Uganda

Table 1: Regional Disaggregation of Child Health Indicators

1.2.2 Political and Economic History

Uganda shares borders with Kenya, South Sudan, Tanzania, Rwanda, and the Democratic Republic of the Congo. Two of these countries are politically unstable. The Democratic Republic of the Congo has experienced political instability in recent times. In South Sudan, the continued conflicts have led to migrations abroad, including the Northern regions of Uganda (Muyinda & Mugish, 2015). Almost one million people are reported to have moved to Uganda to seek refuge and asylum. Accommodating the large influx of people in a country where the healthcare system and the resources are very poor has proven to be an arduous task for the government (Muyinda & Mugish, 2015).

President Yoweri Museveni and the National Resistance Army (NRA) has been in power since 1986 after having defeated the opposition Obote II government in the national elections, ending the authoritarian system of government (Singh, 2017). Upon emerging as winners in the elections, the NRA, wanting to be seen as legitimate and credible, at the international level, rescinded its decision of creating a no-party democratic system and opted to create a multi-party system of governance, following the results of the referendum held in 2005.

Over the past three decades since the NRA regained power, Uganda has been relatively safe and stable. With the help of various national and international organizations, the NRA has implemented several public-sector reforms to prevent diseases and promote quality healthcare (World Bank, 2017). According to the WHO Report (2018), Uganda spends approximately 7.2% of their Gross Domestic Product (GDP) on HIV treatments. In comparison, Kenya and Zimbabwe spend about 5.7% and 6.4% of their GDPs on HIV treatments, respectively.

Also, when HIV was discovered in the early 1980s, Uganda's government was one of the fastest in Africa to react. With the support from various organizations, they gave free drug treatments to affected patients. Another initiative the government took was to establish the Uganda AIDS Commission (UAC), by an Act of Parliament to supervise, plan, and coordinate AIDS prevention

and assure synchronized activities related to HIV/AIDS throughout Uganda (Ministry of Health, 2019). Furthermore, the government implemented other development programs such as the Orphans and Vulnerable Children (OVC) to help vulnerable children (Ministry of Health, 2019)

Several organizations have assisted the government in its quest to support those affected by HIV/AIDS. One of these organizations is The AIDS Support Organization (TASO). TASO, a non-governmental organization (NGO), was created soon after the spread of HIV in 1987 (TASO, 2018). In collaboration with the Ministry of Health (MOH) and the UAC, it works with various international organizations and is supervised by UNAIDS and the Centers for Prevention and Disease Control (CPDC). These organizations provide counselling sessions, and activities that are specially organized to help the vulnerable adolescent girls and distribute medications to them for free.

The World Bank is another international organization involved in several developmental projects in Uganda. It funded and continues to fund projects aimed at developing the infrastructural, educational and health needs of citizens in Uganda. For instance, in partnership with Amnesty International, the World Bank promoted the rights of the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community in Uganda. They continued to mount pressure on the government, for two decades, to abolish the Anti-Homosexuality Act. Today, they continue to advocate for the safeguarding of the rights and freedom of citizens.

1.2.3 HIV/AIDS in Uganda

After discovering the first case of AIDS in the district of Rakai in the early 1980s, the government of Uganda gave one of the fastest responses to the epidemic (Burkey et al., 2014). In 1990, 1.2 million people were living with HIV, and that number increased to 1.4 million in 2016 (UNAIDS, 2016). According to the UNAIDS Report (2018), the number of people dying from AIDS is relatively stable and low compared to the last two decades. There are still new infections every year, but there is a considerable reduction of the number; in 1990, they registered 100 000 new cases of people infected by HIV compared to 53 000 in 2018 (UNAIDS, 2018).

The Uganda Virus Research Institute (UVRI) is engaged in health research and is closely working with the MOH and different national and international organizations to innovate and give advice on prevention. It was only in 1987 that research on HIV in Uganda started with collaborators, and

in 1999, the research institute started the first HIV vaccine trial in Africa (UVRI, 2018). This move paved the way for the conduction of more comprehensive research on the disease. As a result, more experts from both national and international organizations who were posted to the different regions of Uganda which had high rates of infection were well abreast with the latest information. In addition, they were well equipped to initiate sustainable prevention programs which helped to manage the HIV patients more effectively.

On their part, the MOH, supported by the WHO, initiated two programs to help prevent the spread of HIV. These are the AIDS Control Program (ACP) and the National Committee for the Prevention of AIDS (NCPA). The ACP was established to provide support for the impact of HIV/AIDS on people, their families, and the communities (MOH, 2018). The NCPA served as a policy and program advisor for the international organizations that were helping the government curb the spread of the disease. Unfortunately, neither of the two programs had a specific agenda for AIDS orphans.

After decades of the epidemic, the country is now relatively stable and has one of the most efficient prevention systems in Africa. However, Ugandans still have to find a way to take care of AIDS orphans whose numbers keep increasing. There is thus still a need for more programs and education about HIV/AIDS to support children affected by the disease.

1.2.4 Orphans and communities affected by HIV/AIDS

According to the UNAIDS Report (2014), there are 650,000 orphans aged between 0 and 17 years, whose families in Uganda have been affected by the deadly HIV/AIDS. It is also reported that 150,000 children who are less than 14 years old have contracted HIV (UNAIDS Report, 2014). Due to the increase in the number of children who have contracted the disease, the communities that mostly take care of them have seen their population rise from 2.5% to 11% in some areas in Uganda (Wilson & Loening-Voysey, 2001). These growths have had a high social impact in these communities because the responsibility of taking care of children does not lie in the hands of the parents or close families; rather, it is communal responsibility. As a result, these communities now have a large number of children for which they need to care.

Consequently, in such communities, grandparents have now become responsible for their grandchildren (Filmer et al., 2010). Most of these grandparents' struggle to live on their own with

their incomes. When compounded with the responsibilities of meeting the needs of more children with school fees, food, clothes, and shelter, it worsens their plight. In some situations, the oldest children were acting as parents of the younger children and had to drop out from school and become breadwinners for the families (Namazzi & Kendrick, 2014). Many AIDS orphans have an extended family within the country, but they prefer to stay with closest members (children and grandparents) to staying with families residing in different regions. AIDS orphans, especially the children who have responsibilities over their siblings, consequently feel isolated due to the lack of adult support. Schenk et al. (2010) report that the lack of adult support reduces the quality of life of these children.

Also, there is still much stigmatization around people affected by HIV/AIDS. Indeed, if the disease infects someone, his/her friends and family believe they might also fall victim of the disease (Schenk et al., 2010). HIV/AIDS patients are therefore discriminated against and ostracized by the society and such discrimination widens the emotional and physical distance between themselves and their families. Because of such stigmatization, it is not uncommon for a Ugandan living with HIV/AIDS to be silent about their status (Cheney, 2015). Schenk et al. (2010) supports this by noting that distance from friends and family can be a cause of psychosocial distress and depression for the person infected by HIV/AIDS, and mostly for children. Even if Uganda has a relatively stable number of AIDS orphans, the psychological, financial, and physical support for them is still low.

1.2.5 Convention on the Right of the Child

In 1959, the United Nations General Assembly (UNGA) adopted the International Convention on the Rights of the Child (ICRC) to guarantee the protection of children's rights around the world. It adds a moral weight to the fundamental principle that all human beings are equal and shall be respected (UNICEF, 2018). This convention is linked to international law, and it reinforces the conviction from countries that signed it, that children should have special protection due to their vulnerability.

Unfortunately, some sub-Saharan African countries do not abide by all the principles of the ICRC concerning the protection of children (Humanium, 2014). Uganda was one of the sixty-three

countries to sign and ratify the ICRC on August 17, 1990, without asking for any modifications to the official document (UNICEF, 2018).

The government of Uganda also signed and ratified other documents corresponding to international calls for the reinforcement of specific strategies designed to eliminate various forms of violence against children. One of the first actions was to ratify the Worst Forms of Child Labour Convention on June 21, 2001. It was soon followed by its accession to the Optional Protocol to the Convention on the Rights of the Child (OPCRC) with the involvement of children in armed conflicts. This was signed on May 6, 2002. The Optional Protocol provides procedures regarding the treaty to support states, governments, and its ministries to respect and develop programs to suit children and their families (OHCHR, 2018).

Meanwhile, feeling underrepresented, several African countries decided in the 1990s to write a charter for themselves. On July 11, 1990, the African Union (AU) adopted the African Charter on the Rights and Welfare of the Child (ACRWC) (WHO, 2018). Mostly based on the Convention on the Right of the Child (CRC), the ACRWC focuses on the responsibilities of the states to protect African cultures and the conception of communities. The particular political, economic and social contexts within the continent place it in a position to expand its conception of specific values and norms.

1.3 Statement of the problem

The communities affected by HIV/AIDS have not been represented in research in the last two decades. There is limited information about the functionality of organizations and programs that are offered for people with a disease and even less for AIDS orphans. In some situations, such as a case where one has contracted a disease or has lost one or both parents, it is crucial to have a certain degree of protection from the other members of the communities. AIDS orphans find themselves in a situation that makes them a vulnerable part of the population. Some programs must be fulfilled to meet their basic needs that are stated in the CRC. If more information and studies on the role of the community and the programs were available, it would provide insights into whether the rights of these orphans are protected and whether their daily lives are any better.

The social impact may also cause difficulties in ensuring the protection of children's rights by international organizations, the government, and also by the communities in a country. According

to the Humanium organization, Ugandan children are at a high risk for right abuse (Humanium, 2014). A study that will directly engage with the communities that are dealing with people who have AIDS as well as AIDS orphans could help us to understand the role and impact of the programs that have been implemented by local organizations. Few studies conducted in this field have focused on the challenges of protecting children's rights, availability for treatment, and marginalization in communities affected by HIV/AIDS. Services are needed for children, especially for AIDS orphans, due to the resultant social impacts, such as children's responsibilities towards their parents and the need to take care of their siblings, of this disease in Uganda.

Therefore, this research sought to identify the actors who are responsible for children, especially AIDS orphans in five sub-counties in Jinja. The study paints a better picture of the people who are actively and directly involved with the AIDS orphans in Uganda and give a description of the programs implemented by different actors (communities, federal government, national and international organizations) to promote and help AIDS orphans in several areas of their well-being; health, education, protection, and freedom of speech. As for practical contributions, this research gives a better perspective on what programs initiated concerning the concepts of children's rights for their protection in those communities. It is now easier to know what they are missing and what is working.

1.3.1 Research questions

This study seeks to address these two central research questions:

1. What role does the communities affected by HIV/AIDS, play as social organizations in protecting the rights of children between the ages of 13 and 17 years old in Jinja?
2. Following the ACRWC, what programs have been put in place for AIDS orphans in Jinja?

1.4 Theoretical Framework

1.4.1 Social Action Theory

The study adopts Talcott Parsons's theory of social action to address the concerns of the study. This theory is employed because it gives us a better understanding about humans' actions towards certain situations, such as in communities affected by HIV/AIDS. The theory refers to any human conduct of an actor who is motivated and guided by the meanings of their place in the outside

world (Rogers, 1972). It tends to explain the motivation of people to act in a certain way. According to the theory, everybody acts differently and uses diverse methods for different reasons.

The theory has three predominant systems: the personality (need dispositions), the social (role expectations), and the cultural and symbolic aspect (value orientations). Later on, he added a fourth system which he terms, 'behavioural organism' (Savage, 1981). For Parsons, it is the perception of the environment, the feelings, the ideas and the motivations that lead humans to respond by acting or speaking on it. In other words, when a person sees a phenomenon happening, they tend to react to the situation based on their subjective perceptions (Rogers, 1972). That person will respond according to their own interests and interests of members in their surroundings in that situation. Therefore, based on that theory, adults, and especially parents should have a direct impact on children's lives due to the role parents play. Such roles are defined by their society, and the state.

Furthermore, the purpose of the Theory of Social Action primarily concerns individuals surrounding the actor in a given situation. One particular aspect of the theory is concerned with avoiding psychological reductionism and cultural idealism naturally projected in a situation (Rogers, 1972). Parsons suggests that the actor refers to an individual, a group or an organization. But it does not correspond to a concrete human (Savage, 1981). He focuses on the actions of a person or a group in response to a phenomenon or series of events that require an answer. This dual-position player includes various lines in the physical environment and various role games of interpretations (Rogers, 1972). Their actions are always conducted by signs that they respond to due to their perceptions towards their environment.

There are two social objects that refer to other actors who create the interactions in a situation. These are physical and symbolic or cultural objects. The physical objects refer to the reality around the actor as material goods (Rogers, 1972). It can also be their given hereditary trait, temperament and/or personality. The symbolic or cultural object, on the other hand, are the goals to attain and the limits to the actions during the interaction (Rogers, 1972). Moreover, it might define priorities and suggest choices between the actors. The four fundamental elements include the following: subject actor; the situation in which the actor is related to a physical or social object; the symbols that allow the actor to be related to various elements of a given situation; and the rules, standards and values to which the actor will be linked (Rogers, 1972). All of these factors lead to social

action as a system in which every relationship is connected to constitute a social action. In other words, the signs and symbols are the everyday life of the subject and it defines its environment. The subject will then respond to it by interacting with other people, based on those signs and symbols. The two social objects are the mediators of rules of conduct, and the standards and values that guide the actors in their social actions (Rogers, 1972). These signs and symbols become the objective and the means of guidance, which provide meaning to the actor and the individuals with whom they are interacting.

The Theory of Social Action is based on the premise that the action of a human always presents the characteristics of a system (Rogers, 1972). The action frame of reference can use the concrete act and separate it analytically into its elements: actor, end, situation and norm (Savage, 1981). However, three important conditions have to be met in order to be considered an action system. These conditions pertain to the structure (the units and the system itself must meet certain organizational arrangements), the notion of function (only if certain basic needs are met), the process itself, and the function of it (this system implies activities and changes that obey certain terms, although this can also happen due to chance). For example, the social circle of children is a crucial aspect of continuous growth and learning stage. It gives them the necessary unit to trust in situations where they face challenges and will need more support than usual. That same unit is also expected to ensure the well-being of the child by ensuring its basic needs, such as food, a proper shelter, love, and protection in case of any danger. Without the relationships created through interactions between those children and the people or group they trust, it would be impossible to know the actors who are directly linked to the well-being of children.

The conceptual unit of the social system is the role (Rogers, 1972). There are three concepts related to this role: mutual expectations, norms and values, and awards or penalties. During the interaction, two or more actors will respond to others depending on their actions. Each one will expect a certain behaviour according to the symbols. Then, the norms and values help to regulate the conduct of the actors. Depending on the responses of each actor, they might mutually answer by a penalty or a reward. The actor will always act and react within their role.

With regard to this study, the actors living in the communities affected by HIV/AIDS in Jinja are given new goals to achieve, and this research aims to understand those new links between the

actors and the new norms created for protection of children's rights. Those new links are mediated by norms, values, rule of conduct and standards that have changed since the discovery of the disease and the regulation of new programs to decrease the number of people infected. The Theory of Social Action is graphically represented in Figure 1 below:

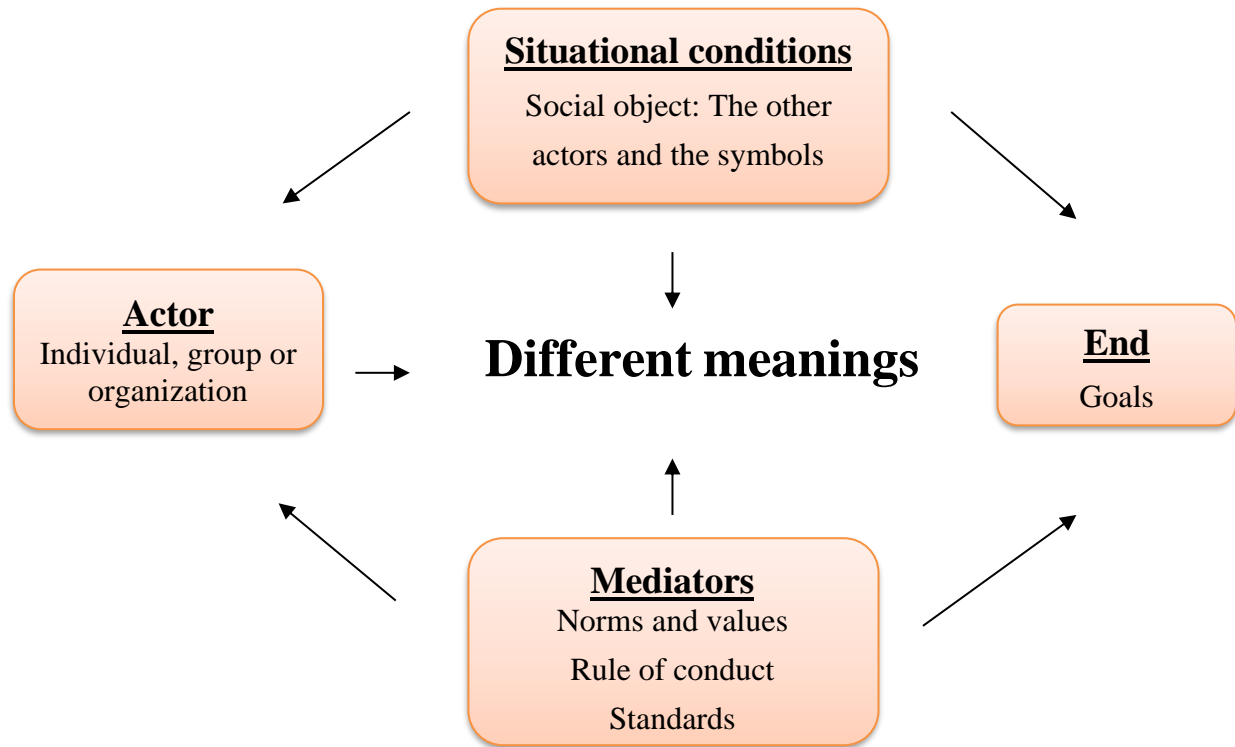


Figure 1: Social Action Theory. Data for Max-Neef, M. (1991).

1.4.2 Theory of Human Scale Development

As this study examines programs that help protect the rights of children, it is essential to include a theory that could explain the fundamental needs for human development. The Theory of Human Scale Development is thus employed in this study. The theory adopts a transdisciplinary approach due to the explanations necessary in the relationship among the elements that generate changes in development (Max-Neef, 1991). Simply put, the theory holds that each person, and mostly people at a young age, need specific and basic resources to develop. Contrary to the pyramid of Maslow, Max-Neef gives more details and has numerous fundamental needs in his theory of human scale development. Some of those fundamental needs are the bases of analysis for this research as they guide us to select the appropriate programs that are supporting and giving resources to children.

The fundamental needs revolved around three pillars, which are human needs, autonomy and organic joints. These pillars are the foundation of a person's development. The perception and understanding of the links created between human needs and dilemmas faced guide the necessary actions. This involves the creation of appropriate conditions in the conceptualization of human development for basic needs. Each child has basic needs that are fundamental too.

Max-Neef mentions three premises necessary for this theory. The first premise concerns the development of people and not objects. It requires overall growth indicators for people during their development. The theory involves determining an individual's quality of life, which is defined as the ability of a person to adequately meet their basic needs. The quality and intensity of a person's needs depend on time, place and circumstances of each level and context.

Also, fundamental human needs are finite, few and classifiable (Max-Neef, 1991). They are determined between two categories: existential and axiological (See Table 2 below). According to Max-Neef (1991), these elements are protection, affection, understanding, participation, creation, identity, freedom, recreation and livelihoods (means for keeping a person alive). All of these requirements are related in terms of quality, quantity, actions and the interactions between them. In order to be fulfilled in their context/time, their home group, as well as the environment in general.

The last premise is that fundamental human needs are the same in all cultures and historical periods. Max-Neef makes a difference between needs and satisfiers. Needs are seen as subsistence that a human requires as part of their well-being. Satisfiers are understood as non-fundamental needs, such as being hungry or being cold, that will lead to a fundamental need such as food and clothes. Moreover, the satisfiers are culturally determined because the fundamental needs are permanent and cannot change.

According to the ACRWC, certain topics such as health, education and the right to speak are basic needs for the well-being of a person. For the author, the needs are limited and classified. The only element that changes is the meaning that we give them and how these needs are met. The first stage of a child is quite important, and several elements and conditions need to be taken into consideration. Table 2 below presents the matrix of needs and satisfiers according to Max-Neef and illustrates the relationship among the elements.

Fundamental Human Needs	Being (qualities)	Having (things)	Doing (actions)	Interacting (settings)
Subsistence	Physical and mental health	Food, shelter work	Feed, clothe, rest, work	Living environment, social setting
Protection	Care, adaptability, autonomy	Social security, health systems, work	Co-operate, plan, take care of, help	Social environment, dwelling
Affection	Respect, sense of humour, generosity, sensuality	Friendships, family, relationships with nature	Share, take care of, make love, express emotions	Privacy, intimate spaces of togetherness
Understanding	Critical capacity, curiosity, intuition	Literature, teachers, policies educational	Analyze, study, meditate, investigate	Schools, families, universities, communities
Participation	Receptiveness, dedication, sense of humour	Responsibilities, duties, work, rights	Cooperate, dissent, express opinions	Associations, parties, churches, neighborhoods
Leisure	Imagination, tranquility, spontaneity	Games, parties, peace of mind	Daydream, remember, relax, have fun	Landscapes, intimate spaces, places to be alone
Creation	Imagination, boldness, inventiveness, curiosity	Abilities, skills, work, techniques	Invent, build, design, work, compose, interpret	Spaces for expression, workshops, audiences
Identity	Sense of belonging, self-esteem, consistency	Language, religions, work, customs, values, norms	Get to know, oneself, grow, commit oneself	Places one belongs to, everyday settings
Freedom	Autonomy, passion, self-esteem, open-mindedness	Equal rights	Dissent, choose, run risks, develop awareness	anywhere

Note. Reprinted from Matric of needs and satisfiers according to Max-Neef, by Max-Neef, M., retrieved from Human scale development: conception, application and further reflections Copyright 1991 by New York: The Apex Press.

Table 2: Matrix of Needs and Satisfiers According to Max-Neef

1.4.3 Operationalization of the theoretical framework

Based on the ACRWC, four themes reflect the purpose of this thesis research: health, protection, education and freedom of opinion. These four themes are in tandem with the fundamental needs illustrated in Max-Neef's matrix in Table 2. Only certain themes have been used to answer the questions for this research from Max-Neef's theory. This research is based on the convention of children's rights and we are only using some articles that are related to the human needs according to the theory.

The indicators of this research are a combination of the African Charter on the Rights and Welfare of the Child and the theory of Manfred A. Max-Neef to assure that all aspects are covered to answer our questions. In addition, in one article, the ACRWC defines the dimension of lifestyle as the need for better development and well-being for the children. This dimension is incorporated in all of the themes due to its generalization and its relation to the other four aspects mentioned above. Those themes have their own indicators that help to answer the questions during the analysis.

Focusing on these four themes, the first category, health, is consolidated with subsistence that is defined by the number of meals eaten every day, access to medical centres, and prevention in their community, as well as access to national and international organizations. The second category, protection, concerns the institutions in the communities that protect children, the status of parents or legal guardians towards children, the knowledge of children's rights, the social circle of the child, and the role and responsibilities of the leaders in their communities. The third category is education. It is combined with different themes of the theory. It refers to the integration of information and activities in the daily life of a child; the integration and the compatibility of the structure of their cultural and social systems. It can be interpreted by the grades available, access to education, challenges faced by children and their family and training available in communities and whether the child works outside of school to earn money. The fourth and final category is the freedom of opinion and it is associated with participation from the theory of human needs. It is measured by subjects of discussion, persons that children discuss with, responsibilities of children

toward adults and how they express themselves. Our operational framework in this study is thus graphically represented in Figure 2 below:

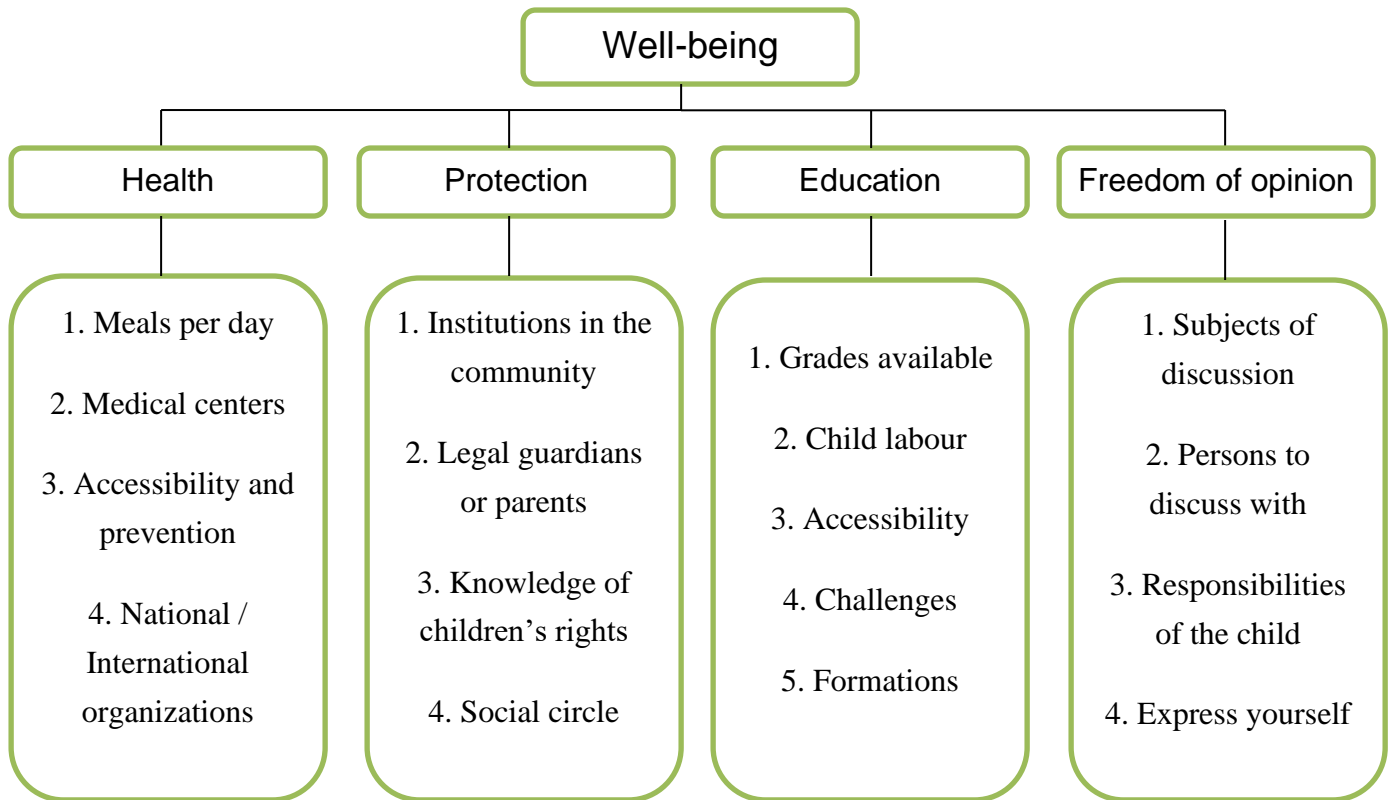


Figure 2: Theoretical Framework. Data for Max-Neef, M. (1991), for Talcott Parsons (1972).

The question of gender is also important for the aspect of freedom of opinion and discussion between adults and children. Knowing if there are differences and what those differences are between girls and boys makes a colossal difference for the chances and the opportunities in their future life. Unfortunately, this research focuses more on what the existing programs promote for children’s rights and focus less on how they work. For this reason, gender disparity will not be a focus, despite its significance. However, it is still considered during the interviews and the analysis of the results.

1.5 Outline of the thesis

The thesis is structured into five chapters. The first chapter is the introduction. It begins by explaining the term ‘AIDS orphans,’ followed by an overview of the emergence of AIDS orphans

and how it became a problem in Uganda. Next is a discussion on the social contexts of Uganda and its political and economic history. Then, the history of the discovery of HIV in Uganda and a short story of AIDS orphans and their challenges are also discussed to give us a better understanding of the situation. Also, the Convention on the Rights of the Child is presented to introduce the African Charter on the Rights and Welfare of the Child. Lastly, the analytical study and the related objectives are introduced.

Chapter two presents a literature review of the outcomes of HIV/AIDS in Uganda from different research focuses over the last decades. It explains the programs and interventions designed for HIV/AIDS by the government, the community, national and international organizations. The literature review also covers the history of the African Charter on the Rights and Welfare of the Child, some challenges and considerations for AIDS orphans in Uganda, sex and gender-based considerations, gaps in the literature, and the significance of this research.

Chapter 3 begins with a discussion on the two theories that are used to guide this research: The Social Action theory and the theory of Human-Scale Development. This is then followed by the methodology employed in the study design, recruitment, data collection, the data analysis and the data quality.

Chapter four presents the findings gathered during their interviews with the children. The chapter first describes the characteristics of study participants and then subsequent sections are organized around a number of themes in relation to the objectives of the study. These themes include social circle, responsibilities of chairpersons and children, and freedom of opinion with elders. The chapter concludes with a discussion on the local, national and international organizations in the five sub-counties of Jinja, as well as their involvement at school, and the accessibility to education for children.

Chapter 5 summarizes the discussion and conclusion of this thesis by sharing the significance of the results presented in the previous chapter. Then, the limits are explained and some research directions are suggested for future studies.

CHAPTER 2 – LITERATURE REVIEW

The Government of Uganda was one of the first countries in Africa to take notice of the alarming rate of HIV/AIDS infections on the continent (World Bank, 2017). It decided, with the help of different organizations and agencies from the United Nations, to prevent and provide appropriate treatments to its citizens. Since 2004, Ugandans have received free drug treatments to combat HIV/AIDS, through sensitization programs organized by the government (Wendo, 2004). These programs set goals to reduce the number of people infected by HIV every year and providing imperative access to all that require ART.

Despite government efforts, such as programs, to fight the spread of the disease, there is still a large number of AIDS orphans who need care. These children have had a social impact on both their families and the communities where they live. The nuclear family has shirked its role in taking care of such children, leaving that responsibility in the hands of grandparents and distant family members (Wilson & Loening-Voysey, 2001). According to the UNAIDS (2016) report, there are still almost one million orphans whose parents died of AIDS, and whose families need the continuous help and support of the government and other organizations to make life easier for them.

Today, although the rate at which new infections are reported have decreased and fewer people are dying from AIDS in Uganda (UNAIDS, 2016), there are still a number of national and international organizations who provide support for AIDS orphans to improve their access to education, nutrition and health. Some of these organizations are TASO, World Bank, and the United Nations program on HIV/AIDS (UNAIDS). Before we review and evaluate some of the support these organizations provide, we will first turn our attention to the discussion of the outcomes of HIV/AIDS in Uganda.

2.1 Outcomes of HIV/AIDS in Uganda

As earlier indicated, even though Uganda was one of the first African countries to be affected by HIV/AIDS, the current president, Yoweri Museveni, supported by various national and international organizations, has developed some interventions and implemented some effective programs to curb the spread of the disease.

The number of people infected by HIV/AIDS has stabilized considerably in the last two decades. From 1991 to 1993, Uganda experienced its worst period in history with HIV-infected children. Over 22,000 children were newly infected each year in the late '90s (World Bank, 2017). Today, the number has reduced to 7,600 (World Bank, 2017). The estimated number of children aged 0 to 14 living with HIV is now around 100,000 (World Bank, 2017; UNAIDS, 2016). The new strategies and programs that took place in the country are still active today, but there is more room for improvement.

Moreover, approximately 16% of the population are not aware of their HIV status, and 67% are on ART (UNAIDS, Country Factsheets, 2018). It is even more distressing for children aged between 0 and 14 years, since only approximately 66% receive ART (UNAIDS, Country Factsheets, 2018). With the high rates of infections from this disease in mind, there is the need for people to comply with the recommended medications, and have regular medical follow-ups even at an early age. Doing so does not only increase the awareness of HIV/AIDS, but decreases their chances of transmitting the disease to other people. Children are not always conscious of the dangers, especially for those children living in rural areas.

There is still much progress to be made regarding the safety measures put in place to reduce the spread of the disease, especially in the early stages of childhood. For example, only 55% of 1 to 2-year-old children are reported to have received all the essential vaccinations in Uganda (UBOS and ICF, 2018). Almost half of the Ugandan children still do not have the necessary protection they need; they unfortunately find themselves at a stage in their development that is the most critical, since they are more sensitive and vulnerable to infections.

The implementation of programs for the prevention of mother-to-child transmission (PMTCT) of HIV in urban and rural health facilities have provided mothers the needed resources including materials and information. Such programs aimed to prevent and educate mothers on the ways and transmission of HIV from an HIV-positive mother to her infant at different stages. The stages correspond with the essential maternal milestones of pregnancy, labour, delivery, and breastfeeding. The PMTCT programs are implemented in countries all around the world and are also adapted to various cultural contexts.

The country has improved access to healthcare, and widespread immunization campaigns have considerably contributed to reducing the under-5-year-old mortality rate in Uganda from almost half the number of infected children since 1995 (Save the Children, 2018). For example, 860,000 HIV-exposed children were born uninfected in 2017 (UNAIDS Country Factsheets, 2017). Due to the program, 16, 000 new HIV infections were averted in Uganda (UNAIDS Country Factsheets, 2017). Education and shared knowledge make a significant difference in terms of prevention.

On the other hand, PMTCT interventions face some cultural barriers in Uganda. Indeed, in rural areas, women tend to consult their husbands in making decisions, unlike women living in urban areas (Bajunirwe & Muzoora, 2005). As one of several consequences, many women do not believe they are entirely responsible for their own bodies. This situation makes it difficult at a certain point in the progress and the process of a PMTCT program, which in turn limits their capabilities to make individual choices. Indeed, men and women do not face the same reality, especially when it concerns maternity and reproductive decision-making. A woman should be fully able to make her own decision.

There is an increased need for more participation from male counterparts to increase the effectiveness of the program towards women and children (Nakayiwa et al., 2006; Bajunirwe & Muzoora, 2005). Vast research evidence reports that men who are aware of methods and techniques to prevent the transmission of HIV can increase the chances of their wives to have a healthy child. In societies that advocate patriarchy and polygamy, it is crucial that men participate more actively on the strategies of HIV prevention by recognizing the importance of women's bodily autonomy.

The poor distribution of facilities in rural districts is also another challenge hindering the prevention of the infection in Uganda (Nakayiwa et al., 2006; Bajunirwe & Muzoora, 2005). For example, the poor media communication used in rural districts to inform the population on HIV/AIDS limits the knowledge of the disease to people who have fewer chances to attend school due to their financial situation (Bajunirwe & Muzoora, 2005). The lack of simple resources such as contraceptive services reduce the chances of women to prevent transmitting HIV/AIDS to their partners as well as contracting it (Nakayiwa et al., 2006). Despite existing community based, national and international programs in rural communities, the lack of resources and specialists to

train community members, who will transfer the knowledge to others, reduces the chances to reduce transmission of the virus considerably.

Moreover, the programs aimed to prevent the transmission of HIV by testing mothers to update their status to prevent infection of future babies and start early ART, if necessary. Different studies have demonstrated that Ugandan women decline to know their own HIV status (Bajunirwe & Muzoora, 2005; Wagner et al., 2011) and might be reluctant to be tested. Some of them are afraid to see their husbands leave the family house because of an HIV-positive diagnosis. Women who think their husbands will approve their results are six times more likely to accept HIV testing (Bajunirwe & Muzoora, 2005). The situation for a Ugandan woman is quite complicated and problematic. Since men have more control and power over women in rural communities, consequences such as the transmission of HIV are likely to be common. As more women avoid getting tested because they want to preserve the statuses of their husbands, it puts them (the women) at risk of contracting the disease and increases the probability of infecting their relatives and friends.

Furthermore, the number of people infected by HIV varies according to their gender status. Indeed, women tend to be more infected by the disease than men. In 2017, UNICEF reports that HIV prevalence is four times higher among 15- to 24- year-old women than men of the same age (UNICEF, 2017). The prevalence rate of HIV infection among adolescent girls is 1.8%, compared to adolescent boys with a 0.5% rate (Uganda Population-Based HIV Impact Assessment 2016-2017, DHS, 2016). Despite the decrease of HIV infection rates in Uganda over the last two decades, the patriarchal society values and norms hinder Ugandan women from using the available formal care resources at their disposal. As long as they need (for most of them located in a rural area) approval from their husbands, the several programs implemented in these areas will not be fully accepted, and utilized, thereby making them ineffective in improving the health of their target populations.

One of the consequences, following the spread of AIDS in Uganda, was the reduction of fecundity towards HIV affected women in the late 90s (Snow et al., 2013). The reduction was mostly due to the unavailability of practical ARTs for everyone. Moreover, before any treatments were available, many people were reluctant and even opposed to continue procreating with people infected with

HIV (Snow et al., 2013). The misconception and stigmatization toward people infected and affected by HIV/AIDS might have discouraged many of them from desiring a family.

While Ugandans could expect to live until 46 years old in the 90s, they increased their life expectancy of 14 years in 2016 (UNICEF Statistics, 2017). It considerably increased between 2008 and 2011, with almost 1.5 million newborn children, compared to less than a million between 1992 and 1995 (UN data, 2018). Prior to the increased access of treatments and health facilities across Uganda, the desire for future children among women who were HIV-positive was almost 70% lower than women with an HIV-negative status (Snow et al., 2013). Today, treatments and prevention of HIV have helped women to understand the low risk associations between PMTCT and having children.

In this same period, the perception of the disease changed, along with the transformation of the context of 'family' due to the high number of parents who died from HIV/AIDS. As a consequence of HIV, many children became orphans and half a million children in Uganda are orphans now (UNAIDS Statistics, 2017). Women and extended members of the family are the principal caregivers to children who lost one of their parents due to HIV/AIDS (Harms et al. 2010; Karimli et al., 2012; Ngunya et al., 2014; Wagner et al., 2011; Ndombo, 1999; Kaggwa & Hindin, 2010). In case of an emergency, the extended family is the first port of call.

In general, the role of female caregivers is dominating in most family contexts across the world. In essence, women's relationships with children implies as an ongoing, direct, and hands-on connection (Kilsby, 2014). The relationship between men and children is usually characterized as periodic and distant (Ibid). It tends to explain one of the reasons for women to take more care-related responsibilities; women tend to provide more care to children than men. Moreover, Kilsby's (2014) study demonstrated that women take more than 50% of the parental responsibilities towards children, acting as caregivers of the children, more so than the men. There is a relevant disproportionate percentage between the responsibilities of men and women.

Also, in the absence of biological parents, grandparents take on the role of caregivers (UNAIDS, Country Factsheets, 2018), closely followed by aunts and uncles (Ndombo, 1999; Wagner et al., 2011). In some cases, children aged more than 13 years will take care of their siblings if they lose one of their parents or if one of their parents is too sick to fully care for the children (Wagner et

al., 2011; Karimli et al., 2012; Harms et al., 2010). Consequences related to grandparents taking care of their grandchildren are mostly related to monetary funds, since they are, for the most part, not working and have inadequate resources.

Finally, one of the last outcomes of HIV/AIDS in Uganda is related to the LGBTI community. For example, last year, the World Bank Organization invested 366 million dollars in Uganda's economy to promote health and educational programs, and to build infrastructures for health clinics in different regions in the country (World Bank, 2017). In 2004, the organization disagreed with the Government of Uganda on its position on the acceptance of people within the LGBTI community. While the World Bank wanted to invest in projects for LGBTI in Uganda, President Yoweri Museveni signed the Anti-Homosexuality Act just before the agreement. The president of the World Bank at the time, Jim Kin, sent a letter announcing the delay of the Uganda loan (Human Rights Watch, 2014). The Anti-Homosexuality Bill (AHB) restricted the lives of people in the LGBTI community. The law meted out life imprisonment as the penalty to them, and criminalized any attempt to promote homo sexuality. The Ugandan Human Rights Commission (UHRC) was strongly opposed to the AHB and asked the Government to align with the international treaty and convention obligations on human rights (Paszat, 2017). After some time, the Government changed its position, and the AHB was considered unlawful. Today, the Government tends to be more liberal than it did in the previous years, even though there is still stigmatization and repulsion around homosexuality in Ugandan public discourse.

Moreover, the dominance of religion in Uganda affected the promotion of homosexuality. It is reported by Souza and Cribari-Neto (2015) that 12.5% of the population are Muslims, and 80% are Christians. Both of these religions condemn homosexual practices and discourage sexual practices between two persons of the same sex. There is a tendency of non-acceptance of homosexuality in a society where the average intelligence decreases, and religious belief increases (Souza & Cribari-Neto, 2015). It is crucial to notice that the purpose of the previous statement is not to discredit the intelligence of Ugandan people. It is just a general correlation that the authors did during their research; it is not related directly to the context of Uganda. The main idea here is to explain the correlation between the presence of certain religious groups and the consequences towards certain communities.

Without the presence of a liable democratic system and the lack of programs promoting gender equality, some topics are suppressed and difficult to discuss openly. Reluctance from the actual Government and intolerance of certain religions in Uganda towards the LGBTI community significantly hinder HIV prevention efforts promoted by NGOs. The main reason is the inaccessibility of the target group is due to fears of the social consequences, such as stigma, of revealing one's (homo) sexuality. Stigmatization is still a reality in Uganda, and it affects not only adults but also children who, for some of them, already have difficulties in understanding their context of living (Karimli et al., 2012; Takada et al., 2014).

2.2 Programs and Intervention for HIV/AIDS

Several programs have been implemented since the 80s. As mentioned previously, the Government took quick action to promote programs to prevent HIV transmission across the country. In collaboration with some United Nations Agencies (UNA), such as the World Bank, UNAIDS, and TASO, the Government had the capacity and the funding to create programs and share resources in all regions.

When an organization wants to fund a project or a program that targets a specific group, it might face some difficulties. For example, the LGBTI community does not receive the necessary funding they should, since the Government is reluctant and disagrees with spending money for this community (World Bank, 2017). Due to this situation, many people cannot receive the appropriate information and resources they need to address challenges. They continue to face discrimination, and their rights continue to be suppressed.

Regarding AIDS orphans in Uganda, Deniinger, et al. (2003) report that less than 1.7 million, which is around 4.8% of the total number of orphans, receive support. Also, it estimated that only 5% of the total funding from governments, NGOs, and donors directly reaches orphans in Uganda. NGOs, governments, and donors, flows directly for 5% of orphans (Abraham & Platteau, 2001). They do remain a vulnerable group who need to have access to suitable and proper resources. It is part of their rights to have the appropriate treatment and access to ART, to have psychological assistance or/and counselling sessions and to have a scholarship, since it is one of the key barriers that influences the number of drop-out students.

In general, the budget allocated to support orphans' programs comes mostly from international and national NGOs. Even if the country has a high number of agency units from Community Based Organizations (CBOs), they are left with the smallest budget, jointly with the private sector that had only seven agency units from 1998 to 2000 (Deininger et al., 2003). CBOs regrouped more than 60 agency units, which is still less than the combination of international and national NGOs.

2.2.1 International organizations

There are more than 30 agency units from international NGOs located in various regions in Uganda. It will not be possible to name and explain each of their programs in this paper, owing to space constraints. We will only discuss some of the international NGOs, along the lines of their main objectives and the programs they run in relation to children's rights. We will also discuss some of the thematic areas that will be developed in this research such as HIV/AIDS, freedom of speech and education.

Moreover, most of the international organizations in Uganda have similar objectives and work closely together with several ministries of the Government. In most cases, they promote programs that are similar, though they have different funding. In general, it is common to see collaboration between several international organizations, especially in research. As an example, Plan International United Kingdom collaborated in 2017 with Australian AID and the Ministry for Foreign Affairs of Finland to share their research with the International Community on Gender and Early Childhood Care and Development (ECCD) and parenting methods (Plan International, 2018).

The following paragraphs will discuss some of the aforementioned international organizations that have employed various approaches in safeguarding children's rights. It would still be essential to do and invest more in research and create a database to regroup all the international NGOs and their programs. It would ensure not only appropriate coordination between the international organizations, the national ones, the private sectors, and the Government but also facilitate other research based on data from previous years.

Two leading international organizations report on the situation that happened and continues to happen in various countries to put pressure on the Government. Amnesty International and Human Rights Watch (HRW) are both defending human rights worldwide by reporting on social,

economic, and political issues. For example, they both reported the following in their annual reports: the criminalization of same sex, violence towards NGOs, and representatives who tried to ensure that the LGBTI community has freedom of expression (Amnesty International, 2018; Human Rights Watch, 2018).

Amnesty International also reported low salaries and shortage of essential supplies to doctors in Uganda as one of the problems in the Government's health system (Amnesty International, 2018). By reporting facts and situations happening in the country, these two international organizations highlight the lack of governance and the disregard of human rights. They tend to push the Government to demonstrate on an international platform its ability to respect human rights and reduce risks. The two organizations also pressure the Government to formulate political decisions that could affect the population and most vulnerable communities.

Plan International United Kingdom is also another organization that gives a voice to young people. In 2017, the organization helped young Ugandans to deliver a petition to their Government (Plan International, 2018). They also campaigned for the dissemination of more information on sexual health to adolescents, aged between 13 and 18, in their country. The organization itself invested 54 million euros to protect the rights of children worldwide (Plan International, 2018). In comparison, USAID dedicates \$440 million per year to support health-related organizations worldwide. In just one year, UNICEF dedicated \$3.7 million to a new Sector Development Plan (SDP) for the Justice Law and other sectors (JLOs) institutions for four years.

In addition, other international organizations are quite active in Uganda, organizing training to equip youth of various age groups with skills and knowledge on issues such as gender equality and children's rights protection. They also treat children who are aged below five years old for common diseases (malaria, tuberculosis, HIV/AIDS) (USAID, 2018; Plan International, 2018; UNICEF, 2017; WHO, 2018). In 2014, training provided to members of village health teams (VHTs) treated 6,467 children (Mays et al., 2017) who fell victims to these common diseases. As it is well known, prevention is the best way of curbing the spread of any disease, especially malaria, tuberculosis, and HIV/AIDS that are predominant in Uganda. In the long term, training demonstrated a decrease in numbers of infection and death.

Another agency whose contributions cannot go unmentioned is UNICEF, which spearheads other UNA in providing necessary supplies such as food, healthcare, education to children and mothers in countries. In Uganda, UNICEF has three main sectoral components: child survival and development, primary education and adolescent development, and child protection (UNICEF, 2019). The agency is using social policy, advocacy, and evaluation, as well as strategic communication and partnerships to ensure the development of its sectoral components. It works closely, like the other international organizations, with the Government of Uganda as its partners and collaborator to the United Nation's diverse programs and national strategies.

JLOs is one of the leading pilot programs piloted in 2017 and its aims are to help children during judicial processes (UNICEF, 2017). It is a child-friendly program that empowers children who are tried for various cases in court. Another program is facilitated by the Laroo Peche Women's Association (LAPEWA), which is also an NGO in Kampala (JLOS, 2012). The LAPEWA comprises selected, identified, and trained women who support children during their process in court, by preparing and counselling them before the children appear in court. Usually, children have limited or no knowledge of the legal jurisdiction, especially on issues regarding their rights and procedures during the time they spend with the jury. Such children are more vulnerable and tend to avoid being physically present in court if they are not prepared and have no support. This is where such programs come in to support the children.

According to UNICEF's Humanitarian Situation Report (2019), there is a gap in the funding of \$41,805,000 allocated to UNICEF's projects. The report revealed that the money used in running its diverse programs was a little bit more than \$10.5 million. Half of this number was dollars carried forward from 2018, which means that they have received quite less than the previous year. As for their targets and results for this year, they have not reached any of their indicators. For example, only 23% of children had access to formal or non-formal primary education in Uganda and 1,818 refugee children registered as unaccompanied or separated from their parents, received appropriate care services compared to the 7,368 children targeted (UNICEF, 2019).

Finally, one of the most active international organizations that continue to help Uganda in its fight against HIV/AIDS is the USAID. Since 1962, the USAID has focused on health, education, and agriculture and has partnered with organizations such as Save the Children to educate mothers about HIV. USAID also works on school-related gender-based violence (SRGBV) to reduce

discrimination towards girls and young women in schools. UNESCO and the United Nations Girls Education Initiative (UNGEI) have been promoting and supporting the USAID for years all around the world. They have also helped the agency to be adaptable and beneficial to people from various cultures.

Through the Displaced Children and Orphans Fund's (DCOF) program, USAID has funded Uganda to help reduce children's exposure to domestic violence (USAID, 2015). Uganda has witnessed a considerable number of refugees coming from South Sudan into Northern regions of Uganda to escape political instability in South Sudan. Most of the refugees are children who were separated from their families. They need medical and psychological support once they arrive in the country. They usually have no contacts and resources and are the most vulnerable population.

Still today, in collaboration with the MGLSD, USAID builds capacity management to improve Ugandan management information systems that track maltreatment cases. They can treat children in need and follow up with them on their physical condition and their health in general.

As one of the largest single donors to support Uganda with the United Kingdom, Netherlands, and Australia, the United States engage with diverse communities within the country. It reduces flexibility and independence from national organizations that need to follow their politics and values through the promotion of their strategic plans.

2.2.2 Governmental programs

The Government of Uganda is well-known to have a number of ministries and commissions that work on different issues and topics. There are a number of actors working, especially on child protection and vulnerable children. For example, there are the National Child Protection Working Group (NCPWG), the District Orphans and other Vulnerable Children Committee (DOVCC), the National Orphans and Vulnerable Children Steering Committee (NOVCSC), and the Sub-County Orphans and other Vulnerable Children Committee (SOVCC). They aim to protect children and provide support, resources, and sustainable reforms.

Unfortunately, Uganda remains one of the countries where children face various social difficulties. There are few places for them to give their opinion, their rights to education are limited and mainly related to a deplorable economic situation in the country. This is especially the case for girls and

young women in rural communities. Due to the number of committees working under or in partnerships with a variety of ministries, we will only focus on two central ministries working directly on programs for human rights and the HIV/AIDS situation. We will also develop on the UAC, which is the lead agency for the coordination and implementation of the National Strategic Plan (NSP). It is also working closely with Government Ministries, other agencies, and the private sector.

Like many other ministries, the MOH is a cabinet-level government ministry of Uganda. It is responsible for delivering and maintaining an effective healthcare system. Among other things, this ministry works closely on ACP and the National Committee for the Prevention of AIDS (NCPA) to develop key policies and guidelines to promote best practices and prevention towards the Ugandan population and in other ministries through its Strategic Plan (Ministry of Health, 2019). Since the beginning of the epidemic, the MOH has financially and technically supported those two programs in different spheres as mobilization campaigns, monitoring and collecting data to follow the expansion and reduction of HIV/AIDS in all Uganda's regions.

On another note, in collaboration with WHO, Uganda and other stakeholders, the MOH created a training manual on mainstreaming human rights and gender in the health sector. The manual aims at bridging between knowledge and best practices of human rights and gender equality in the health sector (WHO & MOH, 2018). It is designed to be used by trainers who would like to deliver exercises and necessary knowledge to their audiences. The manual has been organized into two modules (human rights and gender) and provides more details on a legal and policy framework on the responsibilities of each party (the Government and citizens).

There are sections attributed to laws and legal policies on human rights and gender-based violence in several regional, national, and international documents. The manual lists official documents used as legal instruments to promote and share the documents with the audience (WHO, 2018). For example, it mentions the Convention of Human Rights from the United Nations, the constitution of the Republic of Uganda, the ACHPR, and more documents. Unfortunately, it does not give more information on children's rights and the lack of methods to ensure the respect of their rights. Moreover, it is unclear to whom this manual is dedicated to since it only mentions trainers. It would have been interesting to understand the detailed strategy behind this manual that could easily be used by leaders of communities across the country.

Compared to the MOH, and the MGLSD has developed the Social Development Sector Plan (SDSP). Its objectives are to empower communities for wealth creation and inclusive development (SDSP, 2016). The plan aims to notably include vulnerable and marginalized groups such as children and women in the social development sector. This ministry is the lead agency, but it also receives much help from these other stakeholders: several councils and commissions, local government, government sector, and agencies of the Government, NGOs, Civil Society Organizations and Private Sector actors.

As part of the social protection's responsibility of the SDSP, the ministry wants to focus on giving direct income to support the vulnerable and marginalized population in Uganda. The plan tends to promote programs and projects integrating early childhood development in their policies, as well as the protection of human rights. Moreover, it encourages and promotes services for social care and the protection to children and other vulnerable communities.

2.2.3 National Organizations

There are several national organizations in Uganda, but only a few of them are active through software tools and have easily accessible information. This literature review will mention three leading national organizations, The Uganda National NGO Forum (UNNGOF), the Justice for Advocacy for Women and Children in Uganda (JAWCU), and TASO, that focus on policies on a national level, on justice and children's rights, and finally a more well-known one in the international community on prevention and treatment in the health sector.

The UNNGOF is the organization that focuses on policies at the national level. It was formed in 1997 due to a recognition of a considerable number of NGOs (national and international) in the country. It aims to create a broad-based national body for NGOs as joint development actors to pursue an agenda of engagement with the Government of Uganda (UNNGOF, 2019). Since 2015, there are more than 600 members that are engaged in pursuing objectives from the Strategic Plan of 2016-2020.

UNNGOF's program focuses on three main areas. The first one is on civil society strengthening to ensure the continuation of empowering and supporting Ugandan communities in concordance with needs and their objectives. The second area is on civic space and governance monitoring that makes sure of the place of NGOs and other actors in collaboration with the Government in the

public space. The last area concerns the policy advocacy and engagement of these international and national organizations within the country.

Unfortunately, there is no specific information on children's rights, since it is a forum regrouping several NGOs and actors to engage in communities on several topics and areas, such as education, health, and justice. The forum gives a voice and a guideline to these organizations and integrates into the agenda some of the most pressing situations that communities and people are facing. The main concern of UNNGOF is the absence of governance (UNNGOF, 2019). Indeed, according to the forum, there are too many levels of government and leaders. The country is over-governed since there are five local councils, president advisors, numerous ministers, and other visible people serving the State.

Another national organization is JAWCU. This is a relatively new NGO centralized in Kampala and the West Coast. Through prevention and advocacy, they contribute to empowering women, youth, and children to understand their rights and have access to sustainable means of livelihood means (JAWCU, 2019). They use digital platforms like Facebook to promote their events and meetings with diverse communities and share their projects as they do not have a website to find more information and data on their activities. It is also affiliated with CBC Prevention Network, a group of practitioners from several countries in Africa that work on violence against women in Uganda (JAWCU, 2019). Their central vision is to understand the issue, build a network, and then take actions to improve the situation.

Another organization is TASO, which was founded in 1975 by sixteen Ugandans who wanted to give a chance to people living with HIV/AIDS to live in a better condition (TASO, 2013). Most of the founding members have passed away due to HIV. TASO is one of the largest institutions providing the most comprehensive HIV prevention care and other support services. As part of their care services, they educate communities, especially children and adolescents about contraceptives, sexual reproduction, and ART. They use various media platforms to educate the public and these include consultations, music, dance and drama performances performed by people living with HIV/AIDS (TASO, 2013).

In districts within Uganda, TASO provides different services according to the communities' needs. For example, in Jinja, it helps in psychosocial services and clinical services. They also follow up

with every patient man, woman, and child. In general, they give HIV testing and counselling (HTC) and distribute drugs in either specific distribution points and their services centres (TASO, 2013). In the last five years, this well-known national organization is funded by USAID and its programs have changed to correspond to USAID's programs.

There are two main kinds of services that TASO provides for vulnerable children through its programs. The first one is known as a safe male circumcision (SMC). It is given to reduce HIV infection in men and boys who are at least 10 years of age. The first intervention was officially launched in Tororo District in 2013 (TASO, 2013) and expanded in Uganda. In the same year, the organization was able to give 38-398 accessed SMC services across 11 TASO service centres (TASO, 2013). In the subsequent years, the interventions were given in remote communities to reach more men and boys. Before any intervention was rolled out, boys met with counsellors in a group to learn about the disease and how to prevent any infection. Then, they learned about procedures and steps to follow once they have surgery.

The second service TASO provides is on PMTCT, which is the second-highest mode of transmission of HIV in Uganda. Many campaigns were launched in different regions in Uganda to increase awareness and accessibility to services by mothers and their children. The service package for this program for women includes tests, ART, Nutrition Assessment Counselling, psychological support and discussions on Family Planning (FP), which is held in the presence of the wife and her husband. Only 5.6% of infants had HIV positive results, partly due to the fact that their mothers were not delivered in a health facility or in most cases, that they lacked information on how to present MTCT.

2.2.4 Community interventions

Moreover, communities are part of this situation. Indeed, these communities intervene on behalf of the children and especially for orphans who were considered very vulnerable. The communities take care of these children supporting them in areas such as: educational assistance, home-based care, legal protection and psychosocial support (Schenk, 2009). They present an opportunity for those affected families to have external help and support. There is a high value of household visits and community participation through the members of those communities that organize projects to assist individual families (Schenk, 2009).

Unfortunately, in general, there is little existing research that has focused on the new ways to protect those children in Uganda. However, it is possible to deduce some issues that AIDS orphans are facing from some of the few studies that have looked at this issue. For example, as it is well known, due to economic issues related to the disease, there are fewer possibilities that children, and especially AIDS orphans, can attend schools and improve their well-being. They are also facing more discrimination through stigmatization. As a vulnerable population, they need more support from their communities, and it might be hard to perceive that help and support offered if they feel ashamed about their situation (Takada et al., 2014).

Lastly, there were only a few researchers that were referring to communities affected by HIV/AIDS. In addition, they only referred to a few interventional programs, without explaining their functions and their locations in Uganda. It is also difficult to find documentation on training offered in rural communities on human rights, and HIV/AIDS that could be beneficial for Ugandan in reducing stigmatization and negative perceptions of people living with the disease.

2.3 African Charter on Children's Rights and Welfare of the Child

As a result of the publication of the African Charter on Human and Peoples' Rights in 1981, the African Charter on Human Rights, the African Commission on Human and Peoples' Rights (ACHPR) was established in 1987. It was mandated to publish several legal instruments as a sign of protest to the Convention of Humans' Rights by the United Nations due to the lack of inclusion of African countries' cultures in the document. It also included Article 31 to account for the responsibilities of children towards their parents, which distinguished Africa's charter from those on other continents

years later, the ACHPR created the ACCRWC that was adopted in 1990 but was enforced in 1999. The Government of Uganda signed the regional treaty in February 1992 and ratified it two years later. By signing and ratifying both essential and strategic documents, the Government of Uganda proved its interest in promoting children's rights. Unfortunately, as we see today, most of the children's rights are not respected, and the country remains as one of the most criticized.

The ACHPR has three primary functions: the protection of human and people's rights, the promotion of human and people's rights, and the interpretation of the African Charter. Each year, the ACHPR analyzes periodic reports of African countries that signed the treaty. Compared with

several countries that are missing many documents, Uganda is missing only the last two periodic reports. Unfortunately, we will not be able to base the analysis on recent data due to the unavailability of these documents.

On the first periodic report from 1986 and 2000, the Government of Uganda encountered several problems while trying to implement the Charter. First of all, the Government lacked adequate resources needed in the country due to constraints in their budget (ACHPR, 2000). It has not yet changed in the last few years because of some decisions made by the president. For example, the AHB in 2014 that aims to give death sentences for LGBTI Ugandans, reduced and halted funding from National Bank and other international NGOs in the country. It is also due to ignorance and misinformation from the population and the high proportions of affiliations to religions in the country (Grace, 2016).

Secondly, the armed conflicts and instability in some parts of the North and West of the country reduced the chance to give appropriate resources and at the same time, respect human rights (ACHPR, 2000). Today, the country is facing a massive entry of refugees coming from the Democratic Republic of Congo and South Sudan. Refugees are mainly staying in Gulu and Arua. Moreover, Uganda has more than 50 dialects and has a wide range of ethnic groups which lead to oppression and disadvantages of some traditions and cultures in some regions of the country.

To continue, traditions and cultures from some sections of Ugandan society are facing oppression and disadvantages. As another problem encountered in their periodic report, ignorance from the population (ACHPR, 2000) might be one of the causes of oppression and disadvantages. It could also be due to the low process of law reform from the Government.

Those results were still up-to-date for their last periodic report on the negatives notes. For example, the Government of Uganda has not ratified some critical regional and international human rights treaties (ACHPR, 2000). Among these documents, there is the Protocol on the Statute of the African Court of Justice and Human Rights and the OPCRC on a communications procedure. Those ratifications and signatures are essential since it proves that the Government has a strategic plan to achieve and respect their goals.

Moreover, after agreeing on a work plan on HIV/AIDS and training based on the National HIV and AIDS Guideline in all government institutions, between the first periodic report and the fifth

one, there still exists the problem of discrimination and stigmatization of people living with HIV in the workplace. The Government of Uganda even adopted the HIV/AIDS Prevention and Control Act, 2014 to outlaw discrimination against people living with HIV/AIDS in their workplaces and schools (The Republic of Uganda, 2014). Even in 2020, people who are affected and those living with HIV/AIDS are facing daily challenges.

The fifth periodic report also explored positive avenues and progress in the country. The Ugandan Human Rights Commission received 31% fewer complaints due to various reforms implemented (Government of the Republic of Uganda, 2013). The Government also encouraged women to develop their business and projects in the rural areas by establishing the Women's Enterprise Fund (Government of the Republic of Uganda, 2013). It is a specific strategy to emancipate women and give them the freedom to develop their ideas. Unfortunately, it is impossible to see the progress in the last few years due to the lack of documentation from the Government of Uganda.

Finally, the ACRWC remains less used than the UNCRC in Africa (Talaba Mbise, 2017). The reasons are not well-known since there have not been many types of research on that subject. Compared to other African countries, the Government of Uganda tends to mention both official documents in their different programs promoted, mostly but not only by the MGLSD and MOH (Talaba Mbise, 2017).

2.4 Theory of Children's Rights

The theory of children's rights is based on different laws. There are no specific theories to explain children's rights. It was created and developed after human rights through several laws. It would not be possible to explain the theory of children without naming and explaining the four types of law. These laws are eternal law, natural law, common law or law of civilizations and positive law.

The eternal law reflects the existence of God (Maritain, 2001). According to this law, God is guiding us through our decisions, and each activity is governed and measured by Him and his standards. In other words, we have no control of a situation and its consequences since every situation is a product of God's wishes. Machiavel explained that Christianity, as one of the canonical forms, generate laziness and passiveness on people (Manent, 2018). Instead of taking responsibility and creating their laws, people would instead wait for an answer from their God and live with the consequences.

Compared to the eternal law, Jacques Maritain believes that natural law functions through human nature, and this nature is the same for all humans. It is also known as the “self-evidence” since it is operating according to the essence of man. A human can make differences between what is right and wrong. Some motivated actions might also come from intelligent motivation (George, 1992), which views individuals as good and rational. According to many philosophers, we would then need to identify whether people are born good or bad, and whether their communities influenced them. There is no place for more explanations of these specific philosophical questionings in this document. We will need to leave it as the eternal law is the essence of man.

The common law, or also known as the law of civilizations, is a mix of natural law and positive law (Maritain, 2001). It acts as a formal and actual meaning of laws itself. The common law is a regulation of law that is known by the population. The positive law is a combination of laws created by a human that oblige or specify an action (Maritain, 2001). It describes an obligation to a human and group of people.

Ultimately, the essential factor of laws is not its content, but how the comprehension and perception of the law take place in communities. Moreover, rationality is the key to building human rights (Maritain, 2001). Again, it is difficult to make laws that reflect all the differences between cultures and beliefs. However, in general, all of the social institutions in the world have for the virtue of being “just” toward the population. Justice can be and needs to be rejected or revised if necessary (Rawls, 1971). For example, if a group of people do not believe it is right to punish people according to the colour of their skin, they have the right to revise the law. First, everyone needs to accept the same principles of justice (Rawls, 1971). In addition to this, they are aware of the acceptance of justice by others. Generally, it satisfies the majority of people but might be reluctant for others.

Most importantly, justice is not created by the loss of freedom (Rawls, 1971). All rarely accept justice, and it is necessary to understand the difference between loss of freedom and disagreement. The loss of freedom is directly related to human rights, and it is considered as “unjust” in the social contract built-in societies (Rawls, 1971). Disagreement is a lack of consensus that might occur when arguments and opinions are shared. A disagreement does not deny the freedom of speech of a person and is still considered as being just, even if the person might not feel the same (Rawls, 1971).

Human rights are rational and just. It cannot be built from natural laws since its foundations are not based on illusions of what is good or bad (Maritain, 2001). One could argue that there is no form of society that was created without religious forms or other beliefs. If so, nobody can make a law without subjectivity. Then, human rights need to come from a formal and actual meaning that people can understand and consent to, which reaffirms the common law of civilization.

The main issue with the construction of human rights is its creation from someone's point of view, which is usually the most potent state towards others (Maritain, 2001). It tends to blind or deny other rights from other cultures. For example, the creation of the Convention on Human Rights did not accord enough attention on African countries and their cultures. As a result of the miscommunication and neglectfulness, the African Charter was created to enhance the importance of protecting African cultures and to add some articles according to their vision and beliefs towards their population.

After that, the State proposed and implemented laws. They are the one regulating and settling policies to assure the respect of rights, and children's rights (Maritain, 2001). Democratic states believe that human rights are universal, and that we should respect different cultures, even the ones that violate human rights (Manent, 2018). The only problem is that when a state does not want to provide resources and respect codes and policies from official international documents for human rights, there are few international regulations to help communities affected.

According to Thomas Hobbes and Ferdinand Tonnies (2013) the new political science is obedience. In other words, most humans tend to follow the rules without disobeying orders. It is quite visible, even today. Many countries could ensure their policies to protect human rights, but they prefer to invest their time in other occupations. As stated by the Convention of children's rights and the African Charter, children are under the responsibilities of adults and need to obey them. Adults are, as they are citizens, under the responsibilities of their state, and again need to obey it by following the laws and rules (Hobbes & Tonnies, 2013).

In other words, children do not have a voice since they are under the guidance and command of their parents or caregivers. Even if they are considered as legitimate, they remain under their parents, caregivers, or other adults' power over the upbringing of children from any legal systems (Bainham, 2005). Indeed, the role of the State and the caregivers changed over the last decades.

For example, in 1948, the Children Act imposed a duty on local authorities if something happened to a child (Bainham, 2005). In Uganda, local authorities operate at different levels. This one could be seen as the chairman in communities, as they guide, advice, and assist for the welfare of children.

It was only in 1989 that in the Children Act, it introduced “parental responsibility” as part of the central concept to dispose of in children’s laws (Bainham, 2005). In contradiction, the African Charter mentions “children responsibility” towards their parents and even the State as they cannot do anything that could be dangerous for the stability of the State (ACRWC, 1990). There are still conflicts between new and old laws since generations of humans are living together and are from different times. Some might consider specific laws still relevant compared to others who would prefer to change it.

In sum, there are no specific theories on children’s rights. The rights of children are based on several types of laws and non-existent nationalities from human beings (Maritain, 2001; Rawls, 1971). It is not an easy task to create an international document to accept and respect human rights and children’s rights. The most critical element is not the article or the law itself, but the methods to ensure the continuation of the respect of children’s rights.

2.5 Challenges and Considerations for AIDS Orphans in Uganda

Major life events can be experienced differently by different people. Studies have been done on the orphaning experience to understand the personal perspectives of losing one or two parents due to HIV/AIDS (Harms et al., 2010 & Han et al., 2012). Those studies demonstrated that children realized that there might be lost opportunities in the future. For example, educational opportunities or the familial property might disappear due to the lack of resources they are facing. Orphans were increasingly responsible for supporting their families even before the death of their parents (ACRWR, 1990; Harms et al., 2010). It included helping to meet the family's basic needs through manual labour to provide financial support. Also, orphans experience syndromes during the illnesses of their parents, which created some problems for their education. They were missing classes or had to leave school because they needed to take care of their parents and siblings (Han et al., 2012).

Another exciting aspect of their situation is that usually, they are taken care of by their extended families who are one of the most commonly used safety nets in that continent (Lund & Agyei-Mensah, 2008; Delaunay, 2009). There is a stronger presence of female caregivers for those AIDS orphans when they need to take care, and it changed due to the new social organization (Karimili et al., 2012). Indeed, as enumerated by the studies mentioned above, females are the best caregivers to support them in those situations. Also, they provide more financial support than men (Karimili et al., 2012). Therefore, in many cases, AIDS orphans are marginalized when they arrive in their extended families (mostly aunt and uncle) due to the cause of death of their parents and the cultures in their communities (Adubang' o & Baba, 2008). It makes their integration difficult and much harder than other orphans.

In response to social changes in Africa, there have been some modifications to the caregiver's responsibility. Today, it is mostly grandparents who are taking care of their grandchildren. They give affection and might have a positive impact on an orphan's emotional and psychological well-being (Karimili et al., 2012). Unfortunately, they are too poor to provide for the basic needs of the children. Moreover, some communities allow their members to learn more about AIDS and prevention methods to reduce the risk of infection (Adubang' o & Baba, 2008). It is a method to reduce the discrimination that AIDS orphans are facing in their respective environments.

2.6 The Impact of HIV on Children's Rights

Before giving more explanations on the impact of HIV on children's rights, it is vital to understand the legal system and official documents of the country. According to the Constitution of the Republic of Uganda (2016), the government guarantees and respects all organizations, institutions, and NGOs by which they are charged. These organizations and institutions need to follow strategic plans implemented by different ministries to prevent and promote activities and programs for the communities (Constitution of the Republic of Uganda, 2016).

As part of its duties, the government is also responsible for protecting and promoting human rights, including children's rights. Since the family is the basic unit of any society, the State needs to protect families and ensure the respect of their rights by offering resources, and support that is necessary. According to the Constitution of the Republic of Uganda, children's rights include to receive care from parents or caregivers and to have access to education, medication, and

treatments, if they are sick (2016). Compared to the African Charter, the Constitution of the Republic of Uganda does not mention children's responsibilities towards their parents. The government of Uganda seems to build its policies and reforms based on documents that are not similar and sometimes, contradictory.

The constitution is also similar to the Children Act Uganda since they both give guiding principles to parents, as it is a particular section on children's rights and their role is to take care and protect them. The Children Act Uganda mentions one more aspect of legal procedures for taking care of a child and is elaborate with Western notions that are quite different from African cultures, and specifically Ugandan culture (Bainham, 2005). Since the Children Act was first created in the United Kingdom and introduced later in Uganda due to its colonization, the African country had to pursue its policies according to some documents that were officially implemented by legislature force (Bainham, 2005).

Another right mentioned in the constitution is for children under 16 years to receive protection from social or economic exploitation (Constitution of the Republic of Uganda, 2016). Under the Children's Act Amendment Bill (CAAB) 2016, it is now illegal to enlist children in the military since 2016. Children should also be separated from adults in detention centres (CAAB, 2016). These rules are part of the Convention and the African Charter but were only reformed and amended since the last few years in those official documents. It also did not give more instructions on the monitoring and evaluation of children used as soldiers. Even if a government decides to reform its policies, the results will be minimal if the policies are not implemented and locally felt.

Moreover, the constitution agrees to give special protection to orphans and vulnerable children (Constitution of the Republic of Uganda, 2016). That being said, there are no explanations on the special protections and there are no laws that mention any special protection for those children. The government of Uganda should provide more details on that aspect of its constitution. Instead, it seems like it presents itself as one of the defenders of children's rights.

Furthermore, according to the CAAB 2016, the Parliament of Uganda passed on March 2, 2016, several key amended clauses (Save the Children, 2016) that are again, close to the previous articles and policies created from international and national official documents. For example, they reinforced the protection of children from all forms of violence, but it added the necessity of access

to confidential reporting mechanisms. One of them is the "national child helpline" and is used if a child has a cellphone (Save the Children, 2016). Except for other promotion of laws regarding adoption and childcare institutions that need approval from the MGLSD, there was no new amendment to AIDS orphans and other vulnerable children.

The only amended clauses on rights, and that is not only for children's rights, were on laws to strengthen institutional mechanisms for any promotion of rights (Save the Children, 2016). It is reinforced by the establishment of the United Nations Correspondents Association (UNCA). It adds a new actor in the political world in Uganda that already has difficulties in implementing and respecting policies. It could also be seen as a contradiction of Uganda's vision as the African community wrote the African Charter to recognize the importance of their culture and demonstrate some of the differences there are between the United Nations and the African continent. Establishing the UNCA might contribute to reinforce the contrasts of different visions.

On another note, the government failed to protect one of the new social organizations: AIDS orphans. The high numbers of people dying of AIDS led to an increase in the number of AIDS orphans and a restructuring of the family (Harms et al., 2010; Han et al., 2012). Indeed, this group is considered as part of vulnerable children, but it should also be included as a new group of people with different needs and preoccupations than others. It is also true that acknowledging a new group of people, due to some differences, and in this case, the loss of one or both parents from AIDS might reinforce stigmatization towards AIDS orphans (Harms et al., 2010; Han et al., 2012).

Besides this supposition, acknowledging the differences could also reinforce the urgent needs and high demands for the well-being of this group of children. One service that is missing is mental health support. As it is well-known today, people infected and affected by HIV/AIDS usually have psychological distress, especially if they are stigmatized by the communities (Han et al., 2012; Atwine et al., 2005). AIDS orphans have a more significant risk to experience depression, anger, and depressive disorder (Atwine et al., 2005). In general, teenagers face periods of adjustment and are more likely to experience conflict with their peers and members of families. Without regarding its status, AIDS orphans are more likely experiencing culturally specific stigma and being one of the more marginalized groups in their communities (Harms et al., 2010).

A lack of such appropriate services, and others than receiving treatments, are necessary for the well-being of humans, and specifically for children (Karimili et al., 2012). Mental health services are not standard in Uganda, but according to several studies (Atwine et al., 2005; Han et al., 2012; Harms et al., 2010), they could be more than beneficial for Ugandans. It could also bring a positive impact on communities, and mostly on expanded families taking care of AIDS orphans.

The lack of mental health consultation services is a result of a violation of article 14 of the African Charter and articles 19 and 24 from the convention of children's rights. To begin with, the Article 14 from the African Charter is on health and health services. As part of the responsibilities from the State, it is never mentioned that the well-being of the child is essential in this article (ACRWC, 1990). In fact, it is written twice in the entire Charter. Moreover, it does not mention any specific health services that are or could be provided to children and their mothers. Article 19 emphasizes that the State must have proper laws in place to prohibit violence (both physical and mental), and also needs to implement administrative, social and educational measures to prohibit that violence towards children (ACRWC, 1990). Since there is still a high level of stigmatization in Uganda, regardless of the region, giving mental health consultations to children affected and/or infected by HIV/AIDS would reduce the long-term effect of psychological distress of mental violence.

Article 24 mentions the right to health, access to medical services, and provision of necessary medical assistance and health care to all children (ACRWC, 1990). Without giving more explanations on the type of medical assistance, it gives place to different interpretations for the States, which lead to inaction. To emphasize the non-action of a government, the article stipulates the necessity of international help and cooperation (ACRWC, 1990). It results in consequences such as the disrespect of culture to implement a program or creates a strategic plan that is not related to the specific needs of a community.

2.7 Gaps in the Literature and Contributions

The AIDS communities have not been part of research in the last two decades. There seems to be no information about the functionality of these organizations and programs that are offered for people with a disease and even less for orphans. In some situations where a child's parents contract HIV or the child loses one or two parents, it is vital to have a certain degree of protection from the other members of our communities. AIDS orphans are facing a situation that makes them a

vulnerable part of the population. Some programs must be appropriated and fulfilled to their basic needs that are pronounced in the Convention signed by their respective countries. This research, by examining the role of that community and the programs offered, will inform us whether the children's rights are protected.

This literature review also indicates that there is little to no research on the role of the community on AIDS orphans and their protection in the Jinja community. By conducting this research, this study will provide insights for global health leaders, governments, researchers, and organizations who would like to conduct further studies on this subject in the target area. They will have a description of the situation in Uganda and identify specific areas where they will be able to provide more solutions to the problem. The findings can also have implications for policy changes and the design of interventions. Lastly, this thesis can help to identify further research gaps that exist.

CHAPTER 3 - METHODOLOGY

3.1 Research design: A qualitative case study

3.1.1 Research context

This case study was conducted in Uganda, considering that the government provided a fast and efficient response to the HIV/AIDS crisis. More specifically, the research was conducted in Jinja, which is the largest city near Kampala. Jinja was chosen as the study's site due to its favourable location, such as the flat topography. Kampala was not chosen as the research site because the city has a dense population and most of the NGOs have their head offices scattered in the capital city. Jinja, however, has these NGOs grouped in one location. The main function of these NGOs is to implement programs and projects in the communities.

Jinja has a total of 11 sub-counties, 69 parishes and 656 villages (Rich, 2020). With the help of Dr. Josephine Birungi, who is the research director at TASO, we purposely sampled five sub-counties for the research: Budondo, Buwenge, Central Division, Mafubira, Massesse. They were selected according to the easy accessibility of these sub-counties, the distance between them from sub-counties and distance between them and the town. Data was collected from May to December 2017. The data collection took longer than expected due to unfavourable weather conditions, which made it difficult to access some areas chosen for the study. Again, the roads were not always accessible, especially during the rainy season. Also, some students dropped out of school during the research process and locating them was difficult and time consuming.

Data collection was, however, made easier as we had the support and references from established organizations such as TASO. These reference letters helped us to negotiate our entry into the research sites to collect data. TASO is an NGO that, since 1987, offers HIV prevention programs, as well as care and psychosocial-support services to people living with HIV/AIDS, such as families, orphans and vulnerable children in several regions in Uganda (TASO, 2015).

We also had support from Plan International and UNICEF. With their help, we were able to gather information even prior to our arrival in Uganda. Such information included information on the health care system and services offered in the five selected sub-counties. A challenge we, however, encountered in the data collection was that she could not attain documents that directly addressed the issue of the protection of children's rights. What we gathered were documents that provided

us with information on the general context around the lives of AIDS patients. TASO also provided human resources for the project.

3.1.2 Research design

This research is qualitative, and it does not evaluate the programs and institutions in Jinja per se. Rather, our study seeks to gain insights into the role of people taking care of children (living and/or affected by AIDS) in the different sub-counties. This study also seeks to identify programs implemented to ensure the protection of AIDS orphans based on their individual development, according to the ACRWC in Jinja. The research seeks to interpret or describe a human phenomenon in non-numerical terms, and hence a qualitative approach and more specifically a case study is employed in the data collection and analysis. By giving a better perspective on what programs have been initiated in relation to the concepts of children's rights for their protection in those communities, it will be easier for the people taking care of children to know exactly what they are missing and what is working.

Our research, however, does not seek to provide solutions or suggestions to this problem. The purpose of this research is to describe the problem and provide more knowledge around issues surrounding AIDS orphans. As a case study, we are looking for the real-life context (Starman, 2013). There is nothing that has been modified in the life context of the people who have been interviewed for our research. Also, this study cannot generalize the results to the entire population of Uganda since they are facing different situations and crises. The study only provides insights into one region and five sub-counties in Uganda. All these factors and explanations justify why the qualitative case study approach is employed in the study.

3.1.3 Population

For this research, we interviewed a group comprising 15 individuals who reside in Jinja. The group included 10 females and 5 males. The participants were purposively sampled. The criteria for selection of the participants included the following: the participant must be between 13 and 17 years of age and must have resided in the village for at least one year. This age group is based on the recommendation by Kroger (2004) that children in their adolescent years are mature enough psychologically to participate in such a study.

3.1.4 Data collection

To address the research objectives, we needed to collect empirical data through qualitative research. A direct participant observation was used in collecting data and this was necessary because it gave a clearer picture of the subject's environment and ensured objectivity. As outsiders, living outside the community and going in every day to observe the daily activities of the actors allowed us to be part of the daily activities in which locals engage. The method also enabled us to understand their social lives for a certain period of time. Moreover, it also helped us to reinforce the characteristics of the data.

Interviews were also conducted in the process of data collection. The participants were asked open-ended questions in the interview, after their parents provided consent for the interviews (See Appendix 1 for the interview guide). In line with ethical principles of privacy and confidentiality for academic research, the parents or guardians were assured that the identities of their children will remain anonymous. In relation to the main themes of the ACRWC, the concepts and indicators from the operationalization of the theoretical framework mentioned above were used to guide the questions which were used for the interviews.

The interviewees were questioned more often on topics that are most relevant to them and how the programs affect their rights to health, education and freedom of expression. Each of those interviews lasted between 30 to 55 minutes. Another instrument used in data collection was the mapping tool. With this tool, we were able to map out the sub-county where each child interviewee lives. More specifically, the mapping tool used was from the Google Map and Land Conflict Mapping Tool (LCMT) (2020). The latter is a website that presents the map of different cities, sub-counties and villages in Uganda. It was applied to ask the participants about the structures that we can find in their community. These structures included schools, homes, hospitals and clinics.

Subsequently, we questioned children concerning their daily routines, including the road on which they ply to access certain services and the infrastructure of some buildings. The mapping tool was useful as it helped us to ask questions about less technical building locations and more on how these programs affect children's rights according to the convention. We must, however, add that interviews were used together with the mapping tools and each interview was 20-30 minutes long. The interviews were individual-based and not focus-grouped. The mapping tool also stirred up

interest in the participants as they commented on the procedures and locations of structures in their communities. It is said that in research, intrinsic motivation is more favourable when it comes from participants, as it builds a mutual trust between us and our subjects.

3.1.5 Participant observation

The participant observation method was employed in the data collection due to the need for us to understand the conventions and norms of the country. Since Uganda has more than 50 languages and varied cultures, this method of data collection was vital and appropriate. In addition, this method proved useful since the principal research and author of this thesis was a foreigner in Uganda who could not communicate in any of the native languages. With the participant observation, it was possible to explore non-verbal expressions and feelings and understand and appreciate the social norms and relationship between adults and children. Three to four times per week, we went to different sub-counties - Budondo, Mafubira, Buwenge and Bugembe - to visit families and young adults. Twice every week, we went with a social worker to see families and screened them via a blood test to detect HIV infection. Once or twice per week, we organized a support program called DREAMs in Buwenge and Mafubira to empower and promote women's rights, especially the rights of adolescents and young women.

The observation was done daily and what was observed was recorded in the diary and was organized under the sections, "date," "people" and "activities observed". The writings were done at the end of each day of observation at the TASO Offices, as we did not want any interruptions while she was observing data on the field. The written data were reviewed at the end of each week to check those that have been misrepresented or missed during the first session of writing.

3.1.6 Participant recruitment

The non-probability technique, which is a sampling technique where the samples are gathered in a process that does not give equal chances for all the individuals in the population to be selected (Neale, 2016), was also employed to find study participants that fit our research criteria precisely in that particular community context. We used snowball sampling, which involves recruiting the first subject who will provide multiple referrals. This approach has proven to be effective in identifying hard to reach participants given the constraints faced by the researcher. The referrals

also provided more participants until primary data from sufficient numbers of samples were collected for the research.

Additionally, TASO provided us with a translator who was very proficient in both English and Lusoga, the language spoken in the selected sub-counties. Indeed, Uganda has more than 50 languages spoken, and English is one of the official languages, but it is not well spoken by everyone. The translator was an important contact for potential participants since he was able to speak and explain the research. He also knew people such as leaders to contact to find participants. People were more comfortable speaking in their native language and to someone from their country.

Our affiliation with TASO was very helpful in initiating conversations with people in the community because it allowed us to find and recruit appropriate participants for the study. Knowledge of the criteria for potential participants to observe allowed for a better control of sampling, which allowed the chosen subjects to have direct connection towards criteria for the research.

Participants were able to contact us and/or the translator via phone and in person at the TASO office. The selected participants were provided with the Consent Form in English or in Lusoga (See Appendix 2), based on their preference. The Consent Form included all the important information about the study.

The selected participants were verbally briefed about the study's objectives. The details of the consent form were thoroughly explained to them and their questions on the form was answered, prior to distribution of the forms. Some participants also provided verbal consents to participate in the study. It must be noted that participants were given a week to consider whether or not they wanted to participate in the study. The same procedure was used for all children. The only addition we did in the case of children was that she explained the procedures to the child in the presence of an adult who could consent for him/her to participate in the study.

Once the recruited participants had consented to participate in the study by appending their signatures or thumbprints on the consent form, the documents were well conserved in an office that was provided at TASO. Back in Canada, the consent forms were stored electronically with

password protection and the original forms were destroyed. There was a secured lock for us. Data collected during interviews were recorded with an application on a cellphone belonging to us and were then transferred on a hard drive on a computer which was also secured with passwords and encryption. Transcription files were also protected with passwords. The interviews recorded on the cellphone were then deleted. The converted files on the computer and hard drive will be stored by us for five years after which it will then be deleted.

As earlier indicated, a total of 15 participants were interviewed for the research and they comprised 10 females and 5 males living in five sub-counties. We finished the interviews and noticed that the response contained enough data to help research and that all necessary elements had been answered satisfactorily.

3.1.7 Individual interviews

The constructed interview guide was based on the operational framework. The interviews were first given to the research officer of TASO to be reviewed on the terms and expressions used. Then, it was pilot tested in Kampala at the TASO head office with one child and a translator. Then, we modified and deleted some questions to make the interviews concise, clear and easily understandable by the participants in Uganda. For instance, questions about work was clarified as they had various interpretations from the pilot testing. We had to add “earn money” to distinguish “homework” from “employment”. Also, questions concerning clothes and materials for school were deleted due to their irrelevance and this was done in the course of pilot testing and observation in the communities under study.

Moreover, two methods to interview children were supposed to be used but needed to be modified because of the field chosen for the research. For example, the transect walk was impossible. The surface to cover by walking was too large and doing it as a group reduced the privacy of participants. Also, other children would have joined the group and tried to give their own opinions as we experimented twice during regular one-on-one interviews. Even when we were in a private room with one participant, we had to ask other children who came to see us to give us privacy to continue the interviews.

Additionally, upon further consideration, the mapping tool could not be used in groups. Girls were often talking less than boys due to their social status in their society. The technique was supposed to confirm the previous answers during children's individual interviews. Nevertheless, a group discussion would not permit equal time for participants to provide their input, given that some children were very shy. It was expected to be more fruitful to conduct private interviews, given the situation. It was easier and better to use this technique for the individual interview. It was also supposed to be used with maps on paper and different coloured pencils. However, we preferred to use a computer and to employ two websites' platforms (Google and LGMT) to interact with children. They could touch the screen and move the image to show different areas around their house.

After some of the interviews were done, we realized that an important role was not integrated into our participant list. Indeed, leaders of the communities had not been considered and contacted before we started the interviews in Uganda. Quickly, we salvaged the situation by including them among the list of participants for adults. The inclusion of the leaders of the communities was important because the leaders are a significant asset in their communities, and they served as the link between organizations, politicians and people. One leader from each sub-county was chosen for an interview. They were also an important factor during the process of selection of participants for interviews.

3.2 Data analysis

We were able to gather data from multiple sources in the data analysis, and this allowed for a triangulation during the analysis. Once the observation and interviews were completed, we had the recorded data transcribed into transcripts. The transcripts were reviewed for clarity and accuracy. Verbatim data was fed to the software *Word* and then fed into the software NVivo 12 to be codified. We decided to conserve only the non-verbal actions that were influential on the semantics of speech from participants.

We employed a qualitative content analysis to analyze data collected in Uganda (Miles et al., 2014). The steps followed are data compensation, data display and conclusion drawing/verification. These are explained in the subsequent paragraphs.

First, data compensation is a process of selecting, focusing and simplifying data collected (Miles et al., 2014). In doing this, we first defined our units of analysis. It was a specific coding for the analysis of the responses that were made to facilitate the interpretation of the participants' answers. The coding refers to the ACRWC and the Fundamental Human Needs created by Max-Neef (1991). A preliminary coding framework was developed prior to conducting observation, interviews and mapping tools based upon ACRWC articles. These codes were then revised and subdivided throughout data collection to update the results in categories.

Regarding the second step, data display, we organized, compressed and assembled information that allows conclusion drawing (Miles et al., 2014). We needed to see the feasibility and validate codes used under each category. So, a systematic evaluation of transcriptions was made to assure the quality and avoid any incoherence of information. We re-examined the codes and the values so as to not miss anything important.

Cases were created for each participant, as they are flexible entities that help to understand the overall criteria they were given (Bazeley & Jackson, 2019). It was possible to manipulate multiple data collection points by collecting each participant sociodemographic characteristics, such as age, location, sex, and level of education. Once we gathered and attributed the specific information from each participant, it helped in selecting particular characteristics for analysis. We examined the answers from the participants based on two main attributes: their gender and locations.

Also, a structured matrix of analysis was added to understand the link between the system elements according to the concepts and indicators in the whole dataset. As it is used to compare two or multiple data, we wanted to see if there was any consistency in the answers given by the participants. Since two interviews were scheduled at different times for children, it was important to examine the coherence and consistency of the answers the children provided.

We used the project map's function on NVivo to examine the relationships between the first and the second interviews for each child. If nodes were missing, we either reviewed the coding structures or created memos. When we reviewed all data created by the matrix and the project map's functions, we extracted information from the memos to see whether or not there were any correlations between the two interviews given to each child, and to ensure that all important materials were part of the analysis's results.

Finally, the third step was the conclusion drawing/verification and this was completed to interpret data. We reviewed, rationalized and regrouped all the results to ensure logical order, and to be able to observe a narrative between dialogues (Neale, 2016). The results are described with enough details and information on programs and actors helping to protect children's rights in Jinja.

3.2.1 Data quality

It is always important to consider the feasibility of a research study to guide a researcher to prevent any problems. During the field research, several considerations were kept in mind. The help of the host organization simplified many aspects of the research such as knowing people in the area where data was collected, and knowing the culture, the languages and how to communicate with participants in that part of the country. Therefore, TASO gave support and assistance for the project.

The interview was underlined by two postulations. The first postulation entails taking for granted that participants knew about the problem and could openly talk about it. The second postulation concerns the fact that whatever they told us was taken as the truth. Nonetheless, we were careful while collecting data and had to ask more questions and clearly explain the purpose of the research to the participants. The participants of this study were not always taking their time to answer and clearly the questions and sometimes wanted to leave faster than expected. This added other difficulties for the interviewer in collecting data. Another issue faced during the interviews was the influence of the interviewer on the participants. Indeed, the interviewees may have answered the questions just to make the interviewer happy. To resolve this, we were prepared to notice the difference in attitudes of the participants and had to repeat, if it was necessary, the same questions at different moments to validate their answers.

3.3 Ethical considerations

Prior to beginning the study, ethics approval was obtained from the University of Ottawa's Research Ethics Board. Based on the *Tri-Council Policy Statement 2* (TCPS 2) from the ethics committee of the University of Ottawa, there are three important issues to consider in research involving humans: the free and informed consent, the respect of the dignity of the subject and the respect of privacy and confidentiality (TCPS2, 2014). An evaluation of a committee comprising

three National Research granting councils (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada and the Social Sciences and Humanities Research Council of Canada) was also necessary. Another approval from the Research Ethics Committee at TASO and another from the Uganda National Council of Science and Technology (UNCST) were granted before we began our research in Uganda.

Explanation and clarification of the research were given before each interview was conducted so as to allow adults and children to understand the purpose of this study. Participants were given the opportunity to refuse to take part in the study if they did not feel comfortable or disagree with the concerns of this research. Moreover, they were informed that at any time, they could express their discomfort and refuse to answer questions they find uncomfortable. Also, studies that have children as primary participants, such as this study, require the expressed consent of the parents or the legal guardians of the children and this study adhered to this requirement by allowing adults who are closely related to children to consent for their children.

Moreover, the first goal of this research required that the rights and privacy of the interviewees be protected and therefore the disease was not considered as an important issue in the questions that were asked during interviews. The respect of privacy and confidentiality was strongly respected and assured before the interviews were conducted.

CHAPTER 4 - FINDINGS

4.1 Characteristics of study participants

As shown in Table 4, a total of 15 individuals participated in the study: ten girls and five boys, aged between 13 and 17 years. They participated in two separate interviews conducted in Jinja's region. Three children were interviewed in five sub-counties: two boys and one girl in Mafubira, one boy and two girls in all the other sub-counties which are Budondo, Buwenge, Central Division, and Massese. Ten of the children were completing their year in Primary 6 and 7, while few of them were in Senior 1 and 2. Finally, most of them are practising Catholicism, and only a few are Muslims.

Attributes	N = 15	Study sites				
		Budondo	Buwenge	Central Division	Mafubira	Massese
Sex						
Male	6 (40)	1 (16.6)	1 (16.6)	1 (16.6)	2 (33.3)	1 (16.6)
Female	9 (60)	2 (22.2)	2 (22.2)	2 (22.2)	1 (11.1)	2 (22.2)
Age						
13	2 (13.3)					2 (100)
14	5 (33.3)	1 (20)	3 (60)	1 (20)		
15	2 (13.3)	2 (100)				
16	4 (26.6)	1 (25)			3 (75)	
17	2 (13.3)			1 (50)		1 (50)
Education						
No education	1 (6.6)	1 (100)				
Primary 6	3 (20)			1 (33.3)	1 (33.3)	1 (33.3)
Primary 7	7 (46.6)	2 (28.6)	1 (14.3)	2 (28.6)	1 (14.3)	1 (14.3)
Senior 1	3 (20)		1 (33.3)		1 (33.3)	1 (33.3)
Senior 2	1 (6.6)		1 (100)			
Legal Guardian						
Both parents	7 (46.6)	1 (14.3)	2 (28.6)	1 (14.3)	1 (14.3)	1 (14.3)
Mother	1 (6.6)		1 (100)			
Father	1 (6.6)				1 (100)	
Sister	2 (13.3)			1 (50)		1 (50)
Grandmother	1 (6.6)	1 (100)				
Aunt	2 (13.3)	1 (50)		1 (50)		
Uncle	1 (6.6)				1 (100)	
Location						
Budondo	3 (20)	3 (100)				
Buwenge	3 (20)		3 (100)			

Central Division	3 (20)	3 (100)	
Mafubira	3 (20)		3 (100)
Massese	3 (20)		3 (100)

Table 3: Characteristics of the Study Participants

Nine main themes were divided in the results of this study: 1) Social circle; 2) Responsibilities of the chairpersons; 3) Local, national and international organizations; 4) Children’s responsibilities; 5) Child labour; 6) Comfort and communication; 7) Negative consequences; 8) Involvement of organization at school; and, 9) Accessibility to education.

4.2 Social circle

The data revealed that children are socially interconnected and continue to be interconnected with other people in their communities. To understand the social circle of children, we asked them about the people they meet daily. In general, two main actors emerged from the results: family and friends, as we see from this extract below:

“My friends. My father, mom, sisters, brothers.” (Girl participant, 17 yrs, Central Division County)

Three children even added their teachers as important persons they meet daily in their communities. It seems logical since all but one child was attending classes in school. There was, however, the case where some children, especially those in boarding schools, forgot to mention teachers as central actors in their lives, as seen in the extract below:

“My friends. Relatives. And my teachers.” (Boy participant, 16 yrs, Mafubira County)

Also, two girls living in different sub-counties mentioned their doctors and their pastors as important actors they saw every day. Due to ethical considerations, it was impossible to ask more questions concerning the reasons to see their doctors daily. Pastors were also considered important actors in the lives of children, and this is not surprising as children were quite involved in different activities organized by churches. One female respondent said:

“Many people. Pastors, chairs. And the doctors.” (Girl participant, 14 yrs, Buwenge County)

Only one child from the fifteen participants indicated that she met her chairman daily. While walking in her community, we saw the house of the chairperson located next to her house. She also mentioned the importance of this actor in her sub-county due to the high number of responsibilities he has towards adults and children. The subsequent section discusses some of these responsibilities of the chairpersons.

4.3 Responsibilities of chairpersons

Chairpersons have a number of responsibilities in the communities. All fifteen children in each sub-county considered chairpersons as important assets in their communities. There were more male chairpersons than female ones in each community in Jinja. In general, each sub-county had at least one chairperson, but three children indicated that they have even up to five and six chairpersons who lead their communities. In this paper, leaders and chairpersons are used interchangeably.

Most of the children confirmed that chairpersons perform multiple tasks both for their communities and those specifically for children. During the interviews, girls gave more information regarding this issue than boys. They also expressed their gratitude to chairpersons for the responsibilities that they have for children. The most common responsibilities for leaders concerned keeping their communities safe. In Budondo and Mafubira, the number of times that children talked about this subject was higher than in any other sub-county. One participant attested to this in one of the interviews as follows:

“Their role is to see that there is no chaos in the village and the community. They have to protect people from their property.” (Boy participant, 16 yrs, Mafubira County)

Another essential role the chairpersons played was to help and consult people in their communities. Leaders are known in communities to be abreast with all kinds of information and they guide people when they have questions and concerns. Parents and children seek advice from their leaders when they face challenges and need resources that they could not find anywhere else. As representatives of their people, leaders had higher responsibilities than for any other members of the community. One participant supported this by saying that:

“They help people when they have problems. Sometimes, when parents or guardians do not have money, the leaders help to give some money, or they can themselves take children to hospitals for treatment.” (Girl participant, 13 yrs, Massese County)

The mention that chairpersons give pieces of advice was only mentioned in Massese, Central Division, and Buwenge. Children living in Budondo, Central Division, and Mafubira, talked more about health as a form of security that was provided by leaders. They are often seen as the main points of contact as they give medical care, provide resources such as clothes, food, and medicine for families who need it.

“Some provide medical care to the people.” (Girl participant, 17 yrs, Central Division County)

Aside from their general responsibilities in the communities, leaders performed other tasks that concerned children only. They advised the school children on the importance of finishing their school year and performing well in school so that they can access education at a higher level and advised truants about the benefits of attending classes regularly. Again, the chairpersons supported a number of children to attend school by providing their families with financial support.

In addition, some children mentioned that they had their own chairpersons who advise them. It must be stated, however, that not every sub-county has access to a chairperson who works specifically with children. One participant stated appreciative opinions in the extract below:

“For us children, we have ours, we have our leader who also solves a problem. That one is the Face Chairperson who's in charge of children's affairs. So, for us children, we go to him or her.” (Boy participant, 16 yrs, Central Division County)

Children look up to their chairpersons to understand the societal norms in their communities. For example, if a child wanted to know if something was wrong or right, they would talk to their chairperson about it. They would then receive guidance from the chairperson about how they should behave in the community. Children look up to them for guidance as they (the children) grow and learn about their places and roles in their social circle. Strangely, only one child mentioned finding it easy to talk with her leader, unlike the other children who preferred to talk with their friends and family members about their fears. One female participant said:

“Go to the chairperson if I have any fears. The chairperson, I go to the same person to share my fears.” (Girl participant, 14 yrs, Buwenge County)

Moreover, children mentioned more than fifteen times that the chairpersons protected them. Most of the children shared difficulties surrounding child abuse in their communities and about their fears of their guardians. For them, knowing that they could confide in their chairpersons encouraged them to speak out loud about their personal and familial issues. Unfortunately, none of the children were able to give more details about the process and the results of those reports.

“In case there is violating their rights, she goes to report. Like in case the guardian burns her. Injures with fire. Like that. Touch her with fire. Him or the fire. In case he damages her body.” (Girl participant, 14 yrs, Budondo County)

4.4 Local, national and international organizations

Local, national and international organizations were also considered important actors in the community. More girls than boys considered organizations as important actors in society and acknowledged that these organizations undertook a number of projects in the community. In total, 13 children mentioned at least once in their interviews that they did not know any institutions or organizations, and seven could not remember the names of these organizations. Only two children could not remember or name any organizations that help children and their families in their communities. Unsurprisingly, the Central Division had most of the international and national organizations.

In Buwenge, children recognized organizations such as churches and mosques as important because they take initiatives in developing projects to help their communities. As a result, people in the communities hugely support these organizations because they believe that they benefit greatly from their services. For instance, people donate money to the churches because they know they will get their money back in many folds. A case in point is where a family asked their pastor to keep the offerings and donations they give during the service organized every week, so that it helps him to cover some family expenses and pay for his children’s school fees.

Moreover, children mentioned a number of times that the church is an essential organization that helps their families financially. Only a few children talked about the support they received from their mosques, which we found not very surprising, since only a few of them were Muslims. Some

children also mentioned the important roles churches played for orphans. But for the church's support, some orphans would not have had access to education, and food. A girl told us:

“They offer food for the body. And even offer education to those children who are, who are orphans. They even help with education to those people. To those children who need funding.” (Girl participant, 14 yrs, Buwenge County)

Some organizations were mentioned only as important in one specific sub-county due to their location. Soft Power and Soul are two examples of such organizations. These two international organizations were only mentioned by a child staying in Budondo. The child could not give any description for these two organizations, apart from mentioning that white people ran them, and that he went there a couple of times to charge his mother's cellphone. Thus, children might know about the existence of these organizations but may not know what role they play in the communities.

Another institution considered important was Share an Opportunity (SAO) Uganda, a Christian child-centred non-governmental organization that helps orphans. SAO is located in Kampala but was mentioned during the interview by two children living in Buwenge. These children indicated that they often travelled to Kampala to visit their families. A similar NGO considered important is BRAC Uganda. This organization contributes to poverty reduction and supports women and youth by engaging them in different sectors of the economy such as health, education, and youth empowerment. This international organization is located in Budondo and was mentioned during the interview by children living there.

Although Jinja Connection, which is based in Central Division and helps children living in the street, was mentioned as important, participants shared more information about 20 international organizations than the three national ones and the four communities' initiatives. TASO was mentioned twice, both by boys, as an international organization, although it is actually a national one. The boys, however, correctly identified the aim of TASO as a consulting organization that supports people affected by HIV/AIDS, as seen in the extract below.

“So, it's called the AIDS Support Organization. So, they are consulting people with HIV and also encouraging them to take more tablets. To at least improve their immunity.” (Boy participant, 16 yrs, Central Division County)

Another group of people mentioned during the interview and considered by several children as people who were helping the communities were the whites. Documentaries and articles have demonstrated that most of these whites, mostly from North America, engaged with the people and were known to promote their religion in Uganda. That is to say the whites were not only providing financial support for institutions and families but were also teaching and training the people on sexual relationships and the importance of monogamy. A male participant said in one of the interviews:

“There are some whites who are there. Then the ministry called Koagala in that church. They do help, for such programs like paying school fees and helping families.” (Boy participant, 17 yrs, Massese County)

Finally, due to several difficulties faced by the population, the United Nations (UN) was quite involved in the country. In the northern parts of the country, the government continued to work closely with several organizations to provide the best resources and facilities they could to refugees immigrating to South Sudan. The United Nations High Commission on Refugees (UNHCR) has its head office in Kampala but it works in several districts across Uganda to provide those resources. UNICEF is also another UN Agency that mentioned works in the country due to the poor quality of life of the children. Only two children, however, mentioned those two UN Agencies during their interviews, but none of these agencies had an office in Jinja.

To reduce the risk of famine in some communities in Jinja, a number of national and international organizations have settled in different sub-counties. A majority of them are located in the Central Division due to it being an urban town and in Budondo, which is the closest area with a high number of residents. During the interviews, both girls and boys gave the same answers for the organizations. In Buwenge, no one could mention any organization in their area, and eight children could neither remember the name of the organization nor say such organizations existed. Only four organizations were mentioned, and they are all related to the organizations that give food to children and their families. The following extract from one of the interviews attests to these assertions:

“There's a group called Kualagana. This group moves different houses and inquiries from parents about how children feed. They ask them do they have breakfast; do they have lunch. So, they advise them on how to cultivate and maybe like have maize that they can have for breakfast. Sometimes they go to school. He comes back, and he finds food because the organization tries

*to intervene. The group tries to intervene." (Boy participant, 16 yrs,
Mafubira County)*

Mosques and churches are quite important institutions in Uganda. Statistics show that one eighth (12.5%) of the population are Muslims, and four fifths (80%) of Ugandans are Christians (Souza & Cribari-Neto, 2015). During the week, families who needed resources such as food or financial support to pay for school fees for their children were able to meet in these institutions to pray and ask for help from one another. During the weekends, if someone had a specific request to finance a project or pay some fees for their children, they simply had to share it with the pastor who shared the information with the community and raised money during the two services. During the interview, it was only boys living in Massese who recognized the efforts of churches and mosques in providing food for the needy and helping families in their communities. The extract below supports this finding:

*"OK there's a project behind there, it's a church as well as the project. Such families go there and they give them like pocho. There is this green river which they field it with pocho and they give them." (Boy participant, 17 yrs,
Massese County)*

Surprisingly, when we asked children, during interviews, where their families would go or what they would do if a resource was missing, only one girl from the Central Division mentioned her neighbours as the go-to-place for help when the need arises. As the child was located in the city centre of Jinja, where most of the organizations are located, it showed that sometimes they only need to look at a closer help, especially if they have a great connection with their neighbours.

*"They go to their neighbours. They give food." (Girl participant, 17 yrs,
Central Division County)*

Massese and Mafubira are well known in Jinja to be far from the city centre and have few national and international organizations to help families and children. For this reason, other strategies are needed. One of the ideas shared was the creation of artefacts, such as bracelets and necklaces to be sold to others, and especially tourists, since Jinja is recognized as one of the tourist towns because of the River Nile for the number of outsiders due to the Nile. Another child, as instantiated in the extract below, mentioned the necessity to find work or sell materials from the home to be able to provide for the family.

“You sell whatever you have at home to buy the food you need.” (Boy participant, 16 yrs, Mafubira County)

Another actor that is deemed essential is the medical centre. Medics play a fundamental role in organizing programs that are aimed at ensuring the protection of the rights of children. A medical centre is the first place where people turn to for treatment and advice regarding their health problems. Several departments make up the health centre and these departments are manned by specialists who deliver quality healthcare to their patients. In Jinja, there are only a few hospitals available, and most of them are situated in the Central Division or at the border of the next cities. Jinja hospital is the most popular place where the Jinja community goes to access healthcare.

“ There is this one. The Regional Hospital, but I'm not seeing it. Jinja hospital.” (Girl participant, 14 yrs, Central Division County)

Some children who were interviewed considered the Regional Hospital as part of the healthcare centres in their area, though it is not situated in their area. Instead of hospitals, it was possible to find multiple clinic centres in their sub-counties or private clinics. Both male and female interviewees shared similar experiences about the general difficulties in accessing healthcare at these medical centres in their respective sub-counties. Also, it was only girls living in Central Division and Massese who mentioned that there were no medical centres in their sub-counties, and if there were any at all, it was not easy to access them.

The accessibility of these facilities varies according to the location of children's houses. Some medical clinic centres were also easier to find than others and were closer to the main roads. In general, the majority of the children interviewed mentioned that the hospital or clinic centres were closed, and that they could easily access it.

Only 33% of girls and 20% of boys thought that it was not easy to access any medical centres, and they were all living in Massese which is known to be an industrial district. Despite the presence of manufacturing companies and factories, there are only few activities and landmarks such as churches, mosques, and schools in the area. The three children interviewed mentioned that the hospital is quite far from their sub-county.

“That they are somewhere up there on the other side. It is not easy.” (Girl participant, 13 yrs, Massese County)

4.5 Children's responsibilities

As part of the article in the ACRWC, the role of children in relation to caring for their parents is primordial. Indeed, the article stipulates the responsibility of children to take care of their parents. Due to the cultures in their country, and expectations of their families, children are facing new challenges when it comes to the way they perceive themselves, especially as adolescents. As the children's rights admonish, knowledge of their roles in their communities is an essential element for them to feel comfortable to share their opinion. In that case, girls share more information about their roles than boys. Among others, caring for the house and teaching others were part of their responsibilities. A general and similar task shared by both sexes was to clean the compound and the house. One participant said:

“My role. I help the community by doing some work. Like cleaning the compound, toilets.” (Boy participant, 15 yrs, Budondo County)

Usually, boys were asked more often to fetch water and were allowed to leave the house. It was never or rarely inquired for girls to do the same. They were required to clean the house, wash clothes and do the dishes, as one interviewee said:

“The girls cook. And the girls wash clothes. The boys go fish water. They wash dishes and stay at home.” (Girl participant, 13 yrs, Massese County)

Few children classified their responsibilities in securing their neighborhood to be important. The chosen method to advertise and be in charge of the safety of members of their communities was to report to the police. Each time they would see someone behaving irresponsibly, they reported it to the police who would then take care of the situation and act to restore order in the community. An interviewee reported that:

“If someone is doing any, if anyone is acting bad in the society, go to the police and report.” (Girl participant, 14 yrs, Buwenge County)

Only one child during the two interviews mentioned that her role was simply to go to school. Since there is only one child not going to school in the entire sample, it was surprising to have only one child talking about her role as a student. She did not include any other tasks or responsibilities during the two interviews. For her, she was defined as a student and nothing else. Finally, four children indicated that they had no role or responsibilities in their communities. They were all aged

from 15 to 17, and they indicated that they do not have responsibilities, except that they take interest in doing things that they deemed interesting. For example, one child mentioned the importance of taking care of his chicken but did not classify that as part of his responsibilities or role in his family:

“I do not take any responsibility. I just love my chicken.” (Boy participant, 16 yrs, Mafubira County)

4.6 Child labour

Child labour was reported to be one of the challenges children face in the communities. Adolescent girls especially are unable to further their education to the tertiary or university level. In general, it is difficult for them to attain that level of education because most of them will be either pregnant or be married by that time, while others will settle for working in other areas where there is no need to be certified by an institution of higher education. During the interview, only three girls and one boy mentioned that they were working. None of the boys had friends who were working too.

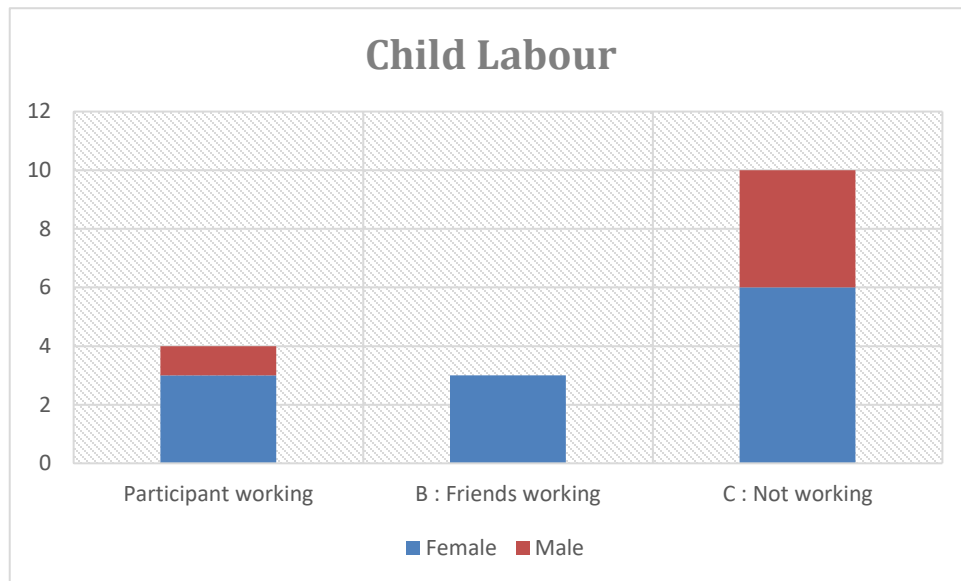


Figure 3: Results – Gender Distribution of Child Labour.

In Mafubira, neither of the children nor their friends was working. In Budondo, Central Division, and Massese, it was more common to see markets where families and entrepreneurs could sell their products. In fact, two children living in Massese mentioned the importance of selling necklaces to

buy resources and pay school fees for the members of their families, and one of them said she started working at the age of nine.

“She has been making necklaces for sale. With her sister.” (Girl participant, 13 yrs, Massese County)

Eight out of the fifteen children indicated that they began working at a young age to support their families. In general, most of these children were about fourteen years when they first started working to feed their families. Only two indicated they started working at the ages of seventeen and eighteen. They were mainly working as house girls and sellers/traders in different areas. Working as a house girl was only mentioned in Budondo while selling was more common in Central Division and Massese due to the high number of markets and tourists who were always attracted to those places. In Massese, sellers were usually found around the border to the Central Division, and next to the busiest street. One interviewee talked about some other jobs in the extract below:

“Some are, some are car washers. They wash cars. Some work in those put backings. Some work in cinema halls and some are in shops. They are selling woods with their parents or on behalf of their parents. In the market.” (Boy participant, 16 yrs, Central Division County)

Another reason given by children for working was for personal income and amusement. One child mentioned that his family never lacked any basic needs because his father is a doctor and is paid an attractive salary. The child therefore decided to work as a DJ just to have some “pocket money” to buy some items he wanted for himself. He is one of the rare children who had the chance to work for pleasure without thinking about helping their parents to cover any critical missing payments. An interviewee corroborated this in the extract below:

“When he is back from school and there's something to do, he sometimes moves with the music system organization. Since he doesn't have any big responsibility like he would buy something for a family, the money he gets, he buys nice things like clothes, things that would help him.” (Boy participant, 17 yrs, Massese County)

On the other hand, girls were the only ones who mentioned that they needed to work to help their parents to pay for their (the children's) school fees. Girls are in higher numbers in their classrooms,

but it might also be a struggle for their parents to help them to attend school. Unfortunately, none of the children gave reasons to explain the difference between the two genders.

Moreover, children living in the Central Division seemed to have more reasons to work than the other children do. Basic needs such as food, and school fees were the principal reasons for children to work to support their families. As the central area which attracts tourists with their multiple markets, it was surprising to hear the three children talking about those difficulties they were continually facing with their families.

“I work, of course, to get income. Which would provide me with some basic needs like clothes, some part of school fees. (Girl participant, 17 yrs, Central Division County)

4.7 Comfort and communication

The children’s rights Article 7 stipulates that children ought to be free to express their opinions (ACRWC, 1990). Children should be allowed to express their opinions freely and receive proper feedback without any obstructions. During the interviews, children were asked about what they talk about and with whom they discuss their secrets. Friends are usually the first people in our social circle with whom we discuss difficult subjects that she would not normally do with others, especially our parents. Two children in Buwenge found it easier to talk with their friends about subjects like sexuality than others.

“My friends.” (Girl participant, 14 yrs, Buwenge County)

In general, girls mentioned twice more of individuals they feel comfortable discussing their issues with, than those they preferred to avoid. Among those they felt comfortable with are sisters, aunts, mothers, and female teachers. They also all confirmed the same circle group during their two interviews.

“Specific people. My aunt. Just my aunt.” (Girl participant, 14 yrs, Central Division County)

Most of the subject’s children discussed with adults were related to their education and profession they would like to do in future. Almost every child mentioned sharing their future profession with their legal guardians. The few who did not share it with their parents explained that it was the lack

of interest from them. Moreover, in the Central Division, children were found to have more topics to discuss with others than any other sub-counties. Children mostly talked about their education and sexuality, which is usually a subject that was shunned by most of the other children.

Regarding topics on sexual reproduction and relationship, it was not an easy one to be touched on by the children and it tended to be discussed only at a certain age, which is usually after fifteen years old. It is also a subject that girls tended to avoid discussing with adults, but it was uncomplicated for children living in the Central Division. Only female adults were comfortable enough to talk about it. On the contrary, in Massese, children wanted to avoid this subject with adults due to their malaise of addressing it.

Compared to the previous sub-county, children living in Buwenge only had subjects they preferred not to discuss. Topics they avoided discussing include school, health, and sexuality. Only one boy, as seen in the following extract, indicated during the two interviews that the issue of murder was kept as a secret, and was not discussed with anyone, not even with his parents.

“Killing. Killing one, one person. If, if a person is being killed and the, the assassin who's a killer wants to be arrested and the, you have to put notes if they catch you, to give monitors about the killer's person. I can't talk because I can talk some of which was not there and I'd be taken to court. That's why I don't talk.” (Boy participant, 14 yrs, Buwenge County)

Another delicate topic participants avoided talking about was money. In general, people tend to avoid talking about this subject since, during a challenging time, only few people will be inclined to discuss this issue. For many children, money meant school fees, and they preferred to play it safe and talk about general information related to school than talk about their parent's budget.

“Like issues to do with money for school fees. That he responds in a very tough way that he doesn't have.” (Boy participant, 16 yrs, Mafubira County)

Girls mentioned thrice that they often have more difficulty in arguing with others than boys do. Based on the data, their statement seemed to contradict with the number of times girls shared that they found it easy to express themselves and to argue with others. For most of the time, in both interviews, the girls gave contradictory answers. They would state that it was comfortable for them to argue with adults, during the first interview, and then would mention later on that they faced several challenges, and they found it difficult to argue with adults. The boys were unlike the girls. They were consistent and mentioned that they are able to argue and share their thoughts with

adults.

Even for doctors, when children were questioned about whether they share their health issues with their doctors, boys had more issues to discuss with medical professionals than girls did. Usually, more often accompanied, girls tended to let their parents talk for them about their issues. When it is possible, children will go to the hospital by themselves, even at an early age, and when they were not sick. Otherwise, adults would usually take the lead during the conversation with the doctors. One female participant in Mafubira remarks:

“It's the parents who ask questions. Because she has gone with her parents, so it's the parents to ask.” (Girl participant, 16 yrs, Mafubira County)

Meanwhile, it was still unclear whether the girls were seeing the doctors more often than the boys did. In general, it is well known that girls and women will have more appointments scheduled with doctors due to the different hormonal changes they experience as they develop during menstruation, pregnancy, and regular follow-ups. With this lack of information, it is impossible to confirm or deny whether there is a correlation between the higher number of mentions of appointments with doctors, as stated by girls in comparison to boys.

As for the differences in the five sub-counties, the data showed no visible changes, as far as they express themselves is concerned. In only the Central Division and Budondo, few children mentioned that they faced more negative consequences for expressing themselves than other locations did. In communities, children are asked to follow the rules given by elders. A form of respect was to agree with everything they say. For example, few children, as instanced in the extract below, mentioned that arguing with elders were considered bad manners.

“No, it's not easy. There are bad manners.” (Boy participant, 16 yrs, Mafubira County)

4.8 Negative consequences

Even though it is illegal in Uganda to beat children, it was common to see a woman using a stick to beat a child who disobeyed her. A situation like this one happens at least once in a day. When children disobeyed their parents, the parents would either beat them or sometimes refuse to give them food or they would deny them some meals for the day. These attitudes and forms of negative

consequences could have become fears for children and given them reasons to avoid discussing difficult issues with their parents. In Budondo, one male participant complains:

“He fears them sometimes. Because some of them are though.” (Boy participant, 15 yrs, Budondo County)

In the Central Division and Mafubira, children preferred not discussing issues with their parents. What might account for this could be the negative consequences the children faced when they ever argued with their parents. Other children complained that instead of being physically abused, some adults would sometimes not consider their views, which could lead children to believe that they do not have reasons to express themselves in their communities, especially in talking with adults. The extract below attests to this view:

“If she disagrees with someone and disregards a person (Moment of silence). He will, he will not consider what she says.” (Girl participant, 14 yrs, Buwenge County)

The need to honour elders in Ugandan culture is primordial. The elderly are seen as epitomes of knowledge and wisdom, and as guardians of the histories of their communities and country. Without them, relevant information that ought to be passed down to subsequent generations would be missed. For this purpose, when children argue against them, the elderly saw it as a mark of disrespect, a situation which leads them to physically hurt those who disobeyed or challenged their authority. Children thus tend not to argue with elders due to such beliefs. While they were younger, these children saw their older siblings kowtowing to these societal norms and virtues. When they grew up themselves, they felt they must uphold that tradition which is prescribed by society. A male participant in Central Division made these remarks:

“So, for them we, most times, they are, they are talking about things which are going to help them. Like you go helping but now like me, there's nothing that I can disagree with as an adult. I must honour.” (Boy participant, 16 yrs, Central Division County)

4.9 Involvement of organization at school

As part of their curriculum at school, children learn various subjects at school. Sexuality is the most common topic studied at school, owing to the easy access to information provided to the schools by international organizations. They provide the schools with information on how children can avoid HIV/AIDS and other sexually transmitted infections. During the interview, a child

mentioned TASO and the Red Cross Society as organization that provided his school with information for them to learn. Such information was hitherto accessed only when they visited the doctor.

“Ok, they have gotten in such curriculum from Red Cross and TASO.” (Boy participant, 16 yrs, Massese County)

4.10 Accessibility to education

In general, more girls than boys mentioned that their community schools have classes for the students of different grades, such as lower and upper primary schools, elementary schools and secondary schools. Only one boy in Mafubira mentioned that there were no Primary Schools available in his community, even though he mentioned in the second interview that his school was in his neighborhood.

Compared to the primary schools, secondary schools were less available and accessible in remote communities. Two children from Massese confirmed in both interviews that there were no secondary schools in their community. As for colleges, there are even fewer than the elementary schools. The fewer colleges offered courses in Nursing and Information Communication Technology (ICT) only. There are only two colleges that represent technical schools in Jinja, and both are located in the Central Division. All children from the Central Division said that there were college schools, unlike other children who mentioned at least in one interview that there were none.

Results changed for the universities as the most popular and well-known universities in Uganda are located in different regions in the country. Jinja has four private universities that are all placed in four of the five sub-counties: Nsaka University in Mafubira, Kampala University (Jinja Branch) in Bugembe, Failand University in Massese-Walukuba, and Makerere University (Jinja Branch) in Central Division.

In each sub-county, a child mentioned that there were not many universities in their communities. Children confirmed many times that there are no universities in Budondo. The three children mentioned at least once that they needed to go outside of their region to attend school. Other children also corroborated this assertion, by expressing that the majority of universities are in Kampala, as seen in the extract below.

“Universities. Those one, they are mostly in Kampala.” (Boy participant, 16 yrs, Buwenge County)

One of the main challenges for children and their families regarding access to education is their inability to register their children in one of these institutions and the expensive fees they will have to pay should they send more than one child to school in the same period. The private schools are more expensive than the government-funded ones. Even if most of the children are studying in a governmental school, the children mentioned money as their primary challenge at home, except for children living in the Central Division who never share any difficulties to attend schools.

“My parents have, have, have not money to afford the university.” (Girl participant, 14 yrs, Buwenge County)

Aside from financial challenges inhibiting families from sending their children to school, one child in Budondo mentioned that death is another challenge. He, however, did not give any explanation to this. Moreover, the study found that Mafubira was the only sub-county where children mentioned that it was more difficult to access universities than others. They also did not share specific challenges related to their situations. Unlike the children in Mafubira, children in the other sub-counties talked about poverty and forced marriage as other factors that account for them not going to the universities.

The study found it surprising to find that more girls attended primary and secondary schools than boys did. This was surprising because boys were treated better than girls. Out of the 15 children interviewed, only three mentioned that there were either more boys in their classroom or the number of boys equalled that of girls in their respective classrooms.

CHAPTER 5 – DISCUSSION AND CONCLUSION

5.1 Significance of Findings

The main message gleaned from this research is the important role actors such as communities affected by HIV/AIDS play in the protection of the rights of children. Aside from the role communities play, the family remains a central actor of the lives of children, as most of the participants in this study indicated that they were closer to their parents and siblings. Similar studies have also shown the important role grandparents play in taking care of children (Filmer et al., 2010; Namazzi & Kendrick, 2014). Due to the lack of resources, it is uncommon to see children moving to another family to give more opportunities to children. For example, a child moved to her aunt's place to be able to attend school and have proper education.

It also seemed easier for children to express themselves with women than they did with men. Indeed, mothers, sisters, aunts, and female teachers were the most common actors with whom the children discussed their needs and difficulties. This is not surprising, as children spend more time with for example, their teachers and so these teachers are more likely to diagnose the needs of these children. Unfortunately, since these women reside in a society that is very patriarchal and hence their voices are unheard, it is mostly difficult for the women to meet the demands of the children. Moreover, owing to physical abuses meted out to them by men and sometimes women, the children do not trust them in the society and this situation makes it difficult for the children to freely express themselves or engage in arguments with others.

For the past decade, researchers have called for men to be more involved in the activities that promote the rights of women and children (Nakayiwa et al., 2006; Bajunirwe & Muzoora, 2005). This call is necessary because society is more patriarchal and without the support of men, women are denied their freedom of speech. Consequently, children's rights to speech are also suppressed, making these children lose their self-esteem and dignity. When these children become adults, rather than changing the status quo for the benefit of the next generation, they tend to re-implement the same oppressive system they saw their parents use and the oppressive cycle continues.

Unlike fathers, male doctors, pastors and neighbours were mentioned during the interviews as important actors in their communities who ensure the rights of children are protected in a number of ways. For example, doctors were mentioned in the interview as people who ensured that children

receive quality healthcare. Children, however, mentioned that when they have medical appointments with their doctors, they preferred that their parents talk on their behalf. Pastors were also considered as important actors because they ensured that the children had easy access to school and provided their daily meals. Like pastors, neighbours were also considered as important actors because they provide food to the children and their families, especially during times of crises.

Other important actors that were mentioned were leaders in each of the sub-counties. Not only were the leaders in charge of ensuring security in their respective sub-counties, but they also played a critical role in the prevention of child abuse in their communities. They were, for instance, open to receive complaints from both the children and community members on issues and ensured that justice is meted out to culprits. Aside from this role, leaders also engaged in educating the public and supporting poor families with the payment of medical bills. In addition, leaders served as counsellors for children whose rights were being infringed upon. All in all, leaders were generally considered the best supporters for children in their communities as the leaders were well informed of new programs, children's rights and child protection policies.

As earlier discussed in Chapter 2, based on the ACRWC report, children in Uganda had responsibilities towards their parents and the community. For instance, they helped their families in performing household chores such as cleaning the ~~house, and~~house and fetching water. Sometimes, these tasks were gendered and at other times, females and males exchanged roles with regard to performing the chores. Not only were children having responsibilities towards their parents in the homes but also, they had responsibilities towards the community. For instance, children were tasked with reporting security breaches they saw in their communities to leaders, or to any other adults they trusted.

In some cases, children also had responsibilities towards their siblings, especially in the absence of an adult in the house. That is to say that in cases where parents needed to work to financially support their families, older children especially in Jinja took care of their siblings. Another instance where children would take care of their siblings is where the children lose one of their parents, as previous studies have shown (Wagner et al., 2011; Karimli et al., 2012; Harms et al., 2010). Contrary to these studies, our study revealed that children moved to stay with other family

members so they could have access to education and other essential resources that their parents could not provide.

Children also had a responsibility to themselves in protecting their own rights. For instance, most of the female participants in the study mentioned that they had to work to support their families so that they can pay their school fees and feed their siblings. It was also the responsibility of children to attend school regularly and learn hard. Females tended to save more money to help their families more than their male counterparts.

Results from the interview show that the roles assigned to males and females in Jinja vary depending on the age group to which youth belong. For example, a girl or a young woman will work to provide for her family. In comparison, a boy or a young man will spend his earnings for his personal gains. Then during adulthood, the roles are reversed. Men are expected to provide resources for the entire family while the women are expected to give birth and take care of the household. Some of the roles are also assigned to males and females even at a younger age. Girls are taught to clean the house, look after their younger siblings, and cook for the family while the boys will fetch the water and play with their friends.

In sum, actors who are protecting children's rights are those that children trust and feel free to speak their mind. These actors include chairpersons or leaders, mothers, pastors and teachers. In most cases in the communities, women do not have the equal rights as men, a situation which might reduce their chance to protect children's rights. Together, the actor's work to provide all the basic needs of children based on Max-Neef's tables (1991). Freedom of speech is given by women who are the most likely person to listen to children. Education, health and financial support are provided by parents, pastors, and chairpersons while protection is secured by the chairpersons who also report inappropriate behaviour in their communities.

On another note, findings from this study also showed a high number of local, national and international organizations that work to ensure the protection of children's rights, depending on their objectives and resources and support to protect children's rights. Many of the children mentioned either the names or the roles of at least two of these organizations. Few of the participants really knew about programs that protect their rights, and especially for AIDS orphans.

For the children, the organizations offer programs to help all children and their families generally and there are only a few organizations that offer help specifically to AIDS orphans.

Projects started by the communities were less mentioned by participants than those started by other organizations. Women created projects in their local communities to gain additional income to support household expenses related to food, school fees and medical supplies. Most of the examples of projects mentioned by children were related to handmade jewelry. The jewelries were by the children, together with their mother and siblings, and they sold them on main streets where traffic jams were common. Only female participants mentioned activities that started from the community, and these people were all from Massese, a sub-county that is located next to one of the busiest streets in Jinja. The women from this community were selling on Kampala-Jinja Highway, which stretches towards Tororo, the biggest city next to the border of Kenya.

With regard to the programs organized by the communities, those that were managed by churches and mosques were mentioned by children who were from the five different sub-counties in Jinja. Like most of the other organizations, these community programs offered help to families in most need, and they also gave special attention to orphans. Not only were they providing food and resources, but they also financially supported orphans to attend schools. Although the programs were not specifically directed towards helping AIDS orphans, some of the community-led programs targeted children who were most vulnerable.

Findings from this study have also indicated that there is a small number of national and international organizations in Jinja and its surrounding areas. In total, children mentioned more than 20 different national and international organizations, but a majority were located in other areas, such as Kampala and Mbale. For most of them, they could only mention the names of the organization or describe their roles in the communities. Moreover, some organizations, such as SAO Uganda which helps AIDS orphans and BRAC Uganda which helps people living in poverty and engages children and women who are more likely to live with a limited access to important resources, were mentioned during the interviews, but they were located in Kampala.

One of the first national organizations to be named was Jinja Connection. It helps children who are living on the streets and who need resources such as food, shelter, clothes, and if possible, education. Most of the children helped by this organization are orphans, but we were unable to

know more details of their personal situations due to ethical reasons. A similar national organization was also named a couple of times.

Another national organization discussed during the interview was TASO. This is an organization that has offices all around the country and gives health advice, medications, proper treatments, consultations, and follow-ups with patients who are directly affected and/or infected by HIV/AIDS. Surprisingly, some children thought it was an international organization, and even with a strong presence in Jinja, only two children over the fifteen interviewed mentioned it. TASO holds activities and programs that promote the well-being of children and their mothers (TASO, 2018).

TASO holds activities and programs that promote the well-being of children and their mothers (TASO, 2018) and also promotes gender equality by offering training to girls and young women on various topics such as the importance of being independent, and starting their own small business. Unfortunately, when we attended those trainings, most of them were given by men, a situation which led to the decline in participation due to the culture and norms in Uganda. Men were also promoting the importance of the housework that women do to help their husbands, and how they needed to have a big family. They discussed their desire for as many babies as possible without actually talking about the importance and the need to respect one's own decisions regarding their lives.

As for the international organizations, participants demonstrated awareness of different UN Agencies, such as UNICEF and UNCHR who were working to help children and support their families. Unfortunately, there are no UN Agencies in Jinja. Most of them either have their head offices in Kampala, the nation's capital, or in areas such as the Northern and Eastern parts of the country due to the high number of refugees migrating into those regions.

Another international humanitarian movement mentioned twice during the interview was Red Cross Society, which protects lives and promotes good health. According to the interviewees, as part of its mandate and involvement within Uganda, the Red Cross was part of the curriculum shared in some schools in Massese. In collaboration with TASO, both worked on educating students on gender equality, healthy sexual reproduction, and general healthcare. Children could not mention if this organization was located in their sub-county or not. It is located in the Central

Division in a small office where fewer than five employees work. The head office is in Kampala, but it does not have branch offices nationwide.

In comparison to the support of Red Cross and TASO towards the curriculum of some schools, other participants from this study indicated the help received from national and international organizations for children who do not have the financial resources and material to attend primary and secondary schools. Unfortunately, those organizations do not support children to pursue their studies on a higher education level such as college, technical studies and universities. Since primary and secondary schools are mandatory for all children in Uganda, there might be a focus on the importance of finishing at least the secondary level.

Moreover, those two levels of education are available in every sub-county in Jinja. There are more government owned schools than private ones, and they are less expensive. Parents have a higher chance of sending many of their children to a government-owned school than any other private ones. Therefore, they still need to pay the administration fees which do not cover the materials and mandatory uniforms that their children will need. These extra fees might pose a challenge for some families, and the consequences of this directly affect the children of those families whose basic rights are denied.

Some children are now obliged to complete secondary school, they are more likely to attend and be regular at school. At the secondary school level, children have the chance to complete their education later than expected since at that level, they are more of age and can work and help their families with their financial struggles. Even during the interviews, children who were at the same age were all at different levels of education because they have been facing challenges within their families. At a certain age, it might be more difficult for children to continue studying and finish with a degree. Knowing that the access to a university degree due to constant financial struggles might also affect the motivation and belief of some children.

It is possible to pursue higher education at colleges and universities in Jinja. However, there are few technical schools that offer a variety of programs for students who do not wish to pursue their education for long, but still want to have a chance to be employed. It is also more difficult for children, especially those families who already had challenges to cover the administrative fees for the secondary schools to afford to go to the university. During the interviews, all children

mentioned their intention and dreams to pursue higher education. Surprisingly, they also understood the challenges that they will face to achieve their goals, and lack of resources when you grow up. Participants shared their fears of dropping out of schools and having difficulties to complete basic education, which is mandatory for all children.

Furthermore, girls are more at risk of becoming school dropouts than boys in Uganda. Similar studies showed that girls are more likely to take care of their siblings at home and at the same time work to pay their school fees (UNICEF, 2019). Female participants shared more often than boys the need to work and support their families during the interviews. When few boys mentioned working after school, it was mostly to spend their savings on clothes and personal items. They rarely mentioned the financial challenges their families were facing like the girls did. Gender inequalities are still a huge challenge in Uganda, and girls are more likely to see their rights denied than boys.

Apart from children's right to education is the right to quality healthcare. In addition to the right to education, children's well-being also involves quality healthcare. Being one of the first countries to be infected by HIV/AIDS, the government of Uganda did not wait to take measures to avoid any further transmissions and risks for the population. Quickly, organizations such as UNAIDS and TASO took the lead on prevention in the country to decrease the number of new daily infections.

Medical centres and hospitals have a fundamental role of protecting the health of citizens. According to Article 14 from the ACRWC, children have the right to see a doctor, have proper access to treatment and medical resources. In Jinja, there are few hospitals (with the main one located in the Central Division) that are well known by all the participants interviewed. As for the other four sub-counties, there are several clinical centres, and most of them are difficult to locate and are not mentioned anywhere to help the clients. Unless you have been in one of the clinical centres located in the sub-county, it might take a longer moment to find them.

Furthermore, some clinics do not have the quality medical logistics to take care of the patients. Some of the clinics will ask patients to bring along the equipment they need to proceed to a surgery, for example. In most cases, they have the minimum that is required, and will be able to treat their clients. In general, doctors can spend less than 15 minutes with each of their patients, and

especially with children since they do not ask questions. It is common to see the doctors making decisions on steps to take without asking for children's opinions. Moreover, children will also lie sometimes, such as when they are asked about sexual activities they are engaged in because telling the truth might offend the adults. If children are accompanied by adults, which is the case for children who are less than 12 years old, doctors spend more time with them to explain in detail the procedures and the importance of taking some medications. Again, it is rare to see a parent, especially mothers, ask questions to doctors.

Also, due to the unavailability or lack of some quality products on the pharmaceutical market, patients have suffered from some effects of different products used on them. For example, TASO provided ARV for people infected by HIV, but the irregularity of the products has negative consequences on some children. The lack of consistency from the government to provide the right medicine for its population, and the few resources available to affect the health of some children. The ones who are infected or have parents who are infected by HIV/AIDS are more likely to live those consequences and experience the adverse effects on their life.

5.2 Limitations

Conducting interviews in another language aside from English and French posed challenges and raised methodological concerns to this study. Even though English is one of the official languages of the country, Swahili is also widely spoken in some parts of Uganda. In Jinja, Lusoga and Luganda are two of the most spoken languages. It became difficult for us to conduct research in rural areas where some sub-counties were selected because she did not have any knowledge about the languages spoken in those sub-counties. To resolve this challenge, we employed the services of a competent and experienced translator to help us conduct the interview. A pilot test with the translator was completed to avoid misunderstandings and misinterpretations of certain questions.

During the research, there were some methodological limitations pertaining to the observations, interviews and data analysis. The non-participatory observation had some issues concerning the influence it is likely to have on a community. Even if it does not have a considerable impact, it had at least some influence because we are an outsider in the communities we were observing and although this may have impacted on data collection, the method was found to be the easiest approach to use in order not to affect those people while collecting data for the research. The

observation phase took at least a month to let us adapt to the new environment. This period of observation allowed the five different villages the opportunity to adapt to a stranger in their daily lives. They saw us as an intern of TASO organization for all the time that we were staying in Uganda, and most likely in Jinja. Several meetings took place to explain in detail the intern's role and the limits of the observations that were possible due to the respect of each client.

Ours identity as a white woman in our twenties and a researcher caused some inconvenience during the fieldwork. Some cultural and social barriers emerged as a result of our identity. During interviews, as part of their culture, children had difficulties opening up to us since they were not used to talking with strangers and more specifically with adults about their thoughts. Interviewers were limited in the word choices they needed to ask questions and provide clarifications to questions. Consequently, before the interviews were conducted, we used social bonding methods such as telling jokes, giving cookies to participants and playing soccer with the participants in order to build trust with the interviewees.

Finally, the findings of this study could easily be transferable to other settings across Uganda and in sub-Saharan African given the contextual realities of the study communities. However, some of the realities may be different across Uganda and in other countries due to the differences of challenges some communities are facing, and the policies related to HIV/AIDS reinforced from governments.

5.3 Directions for future research

This paper brings attention to the multiple actors who through various means, ensure that children's rights are protected. The close family circle remains the primordial close people who take care of the well-being of children. Other people who are concerned about the well-being of children in the communities are pastors, teachers and neighbours, mostly because they are closer to the children than other actors in the communities. Another character that is quite involved in children's lives and more specifically with the communities is the chairperson. Not only do they ensure that the neighborhood is safe and secured, they also ensure that children have a high quality of life in the community. Future research should include these actors to gather their perspectives on the existing challenges children in Uganda are facing in regard to their rights.

Studies have also demonstrated that there is a high number of national and international organizations in Jinja that are available for children and their families. Unfortunately, the lack of knowledge of children in regard to the programs available for them is concerning. Further studies can therefore be conducted to examine whether these organizations poorly promoted their programs within the communities they are sited in or if the demand for their programs is lower than expected.

Again, the need for children to have respect for elders was not sufficiently considered in this study. As part of Ugandan culture, it is primordial to honor elders by respecting them in several ways. For example, as a form of showing respect to their elders, children are to agree to whatever information they receive from adults. In other words, if an older ask a youth person to complete a task, that person needs to do it without arguing or refusing the request. In fact, should we have considered that factor, it could have changed some results and even some definitions given to freedom of speech.

Further studies could examine the responsibilities of children towards adults and how this can affect or not the protection of their rights. For example, if children are expected to work to give the financial support that is missing in their families, how are they supposed to attend school and receive a proper education? Moreover, the lack of trust they are facing towards adults might lead to a reduction of their willingness to speak their mind, and this suppression of their freedom of speech affects girls more than boys. Children remain the leaders of tomorrow and they should continue to be considered as our priority. Without them, the structure of our communities would not make any sense, and they need to be as much prepared as they can to give their future children a better life. Giving them the proper guidance and making resources available to them are perhaps the only way these children can change the status quo and make a positive influence in their communities.

Appendix 1

Interview Guide *Interviews with children*

1. What is your daily life in the community?
 - With whom do you live?
 - Which people in your community do you meet every day?
 - What are the institutions/organizations you go to daily?
 - Is there any national/ international organization in your community?
 - Who are they? What do they do?
2. Who is the leader of your community?
 - What is his/her responsibility in the community?
 - What is his/her responsibility for you?
3. What is your role in the community?
 - Is there a difference between the roles assigned to boys from girls? If yes, what are the differences?
 - Can you express yourself? Can you argue when you do not agree with a decision that has been made by someone else?
4. Do institutions promote good nutrition and/or give food to help families in need?
 - At home, who prepares food?
 - How many meals do you eat per day?
 - Do you always come home to eat? If no, where do you go to eat then?
 - What are the programs and/or places where you can find food?
 - Where are they located in the community? Is it easy to get there?
 - Is it easy to use these services offered by those programs/ institutions? Are there any benefits?
6. How many times do you visit the hospital?
 - Explain to me how is it at the hospital? What is the procedure?
 - Who usually asks the doctor questions at the hospital?
 - Does the doctor look at you or at your parent/legal guardian when he asks questions?
7. Do you help your parents/legal guardian at work – to earn money?
 - If yes, when do you help? Do you help them every day? Do you help them after school?
 - What is the average age for a child to start working in the community?
 - What main reasons account for you starting to work for them? Why did you make such a choice?
8. Do you go to school? Describe to me what a typical day at school is like?
 - Are there more girls than boys or are both genders equal in your class?
 - In general, how many children are there per class?
 - How many grades are available for children?
 - What do you hope to do after your last grade? Are you going to the university?

- What are your options? Can you choose?
- Are there programs and/or institutions to promote school, nutrition, sexual relationships, etc.?
 - Do you talk about school with your parents/legal guardian? Do they know what you want for your future?
 - What do you usually do after school? Do you go back home? Do you help your parents/legal guardian at work?

9. What subjects or topics do you discuss with your parents/legal guardian?

- When do you have such discussions with them?
- Do they argue with you? If so, what are the issues? What are the subjects of the discussion?
- Are there subjects you don't discuss with them?
- If so, what are they? Why can't you discuss that with them?

10. Do you know any programs/projects in place for you in your community? If yes, what impact do they have on children?

- Do you know any organizations, agencies and NGOs in your community? If yes, what do they do for children?

Appendix 2



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Consent Form



ROLE OF AIDS COMMUNITY

Title of the study: The Role of Communities Affected with HIV/AIDS for the Protection of Children's Rights in Uganda.

Name of researcher: Alexandra Brunet
International Development and Global Studies Master's
Program, Faculty of Graduate and Postdoctoral Studies
University of Ottawa

Supervisor: Professor Sanni Yaya
Interdisciplinary Health Sciences, Faculty of Health
Sciences
University of Ottawa

Invitation to Participate: I am invited to participate in the above-mentioned research study conducted by graduate student Alexandra Brunet and supervisor Professor Sanni Yaya from the University of Ottawa.

Purpose of the Study: The purpose of the study is to understand the role that communities affected with HIV/AIDS play in terms of children's rights by their social actions as an organization and as individuals' professional. We also want to discern the programs installed to ensure protection for those children based on their individual development in Uganda, and more specifically in Jinja's region. The information I will be providing will include key players involved in the protection of children's rights, their specific roles as individuals and organization. Also, a detailed list of tasks performed when processing my role as a member of communities affected with HIV/AIDS on children's protection.

Participation: My participation will consist essentially of making myself available for an interview with the researcher and the validation of the transcription afterwards. I meet with the researcher Alexandra Brunet for about 30-45 minutes for an interview within reasonable time after the signature of this consent form. The interview will be questions about my position, related on AIDS organization as a key player involved in the protection of children's rights, policies and processes in place, and possible avenues for process improvement. The entire interview will be audio-recorded. The interview session will be scheduled at a designated location within the TASO Centre or at school. The date and time will be decided according to my availability.

I am aware that the information collected will be used as data and analyzed for the study, and may be included in final publications of the report.

Risks: I could experience discomfort or inconveniences from discussions about aspects of children's rights conditions and perhaps negative experiences with the disease. Likewise, stress, anxiety, and regret for disclosing personal information about the situation in my family and the care they are providing me. Also, the method that we will use to interview me (technology mapping) could be adversely judged by peers in the group. I might experience social repercussions due to the fact that my identity won't be fully protected, and especially during the transect walk. Finally, it could also consume my time with my family members (adults) and disrupt my family routines.

Benefits: My participation in this study will help to inform researchers and stakeholders on the role of AIDS communities for the protection of children's rights in Uganda, as well as the programs that are in place for children. Discussing children's rights with the researcher may provide me insight into how my community is working and ensure my knowledges on the programs for children.

Confidentiality and anonymity: I have received assurance from the researcher that the information I will share will remain strictly confidential. I understand that the contents will be used only for research purposes and that my confidentiality will be protected. The researchers will maintain anonymity of all research participants and invite all participants to keep everything shared in focus groups confidential. I have been invited to use a pseudonym during the discussion, and have been informed that my identity in focus group transcripts will be concealed by use of pseudonyms or numbers and any identifiable information used in this study will be concealed to prevent others from being able to directly identify me.

Anonymity will be protected by having my name and identification left out of the research, analysis and any possible publications.

Conservation of data: The data collected on the audio recordings, transcripts and hand-written notes will be kept in a secure manner locked and stored in TASO organization offices at Jinja's office. The data will only be accessible to the researcher and supervisor of the study and will be retained for 1 year following completion of the study. After this period, it will be destroyed.

Compensation: I will receive no compensation financially or otherwise for taking part in this study.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative

consequences. If I choose to withdraw, all data gathered until the time of withdrawal will not be included in the study.

Child's acceptance: I, (*Name of participant*) _____, agree to participate in the above research study conducted by Alexandra Brunet, International Development and Global Studies Master Program, Faculty of Graduate and Postdoctoral Studies, University of Ottawa, under the supervision of Professor Sanni Yaya.

Parent's acceptance: I, (*Name of participant*) _____, agree to let my child participate in the above research study conducted by Alexandra Brunet, International Development and Global Studies Master Program, Faculty of Graduate and Postdoctoral Studies, University of Ottawa, under the supervision of Professor Sanni Yaya.

If I have any questions about the study, I may contact the researcher or supervisors.

If I have any questions regarding the ethical conduct of this study, I may contact:

- Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5
Tel.: (613) 562-5387
Email: ethics@uottawa.ca
- TASO Organization, Headquarters, Mulago Hospital Complex, P.O. Box 10443, Kampala
Tel.: +256 414 532 580/1
Email: mail@tasouganda.org

There are two copies of the consent form, one of which is mine to keep.

Participant's signature:

Date:

Parent's signature:

Date:

Researcher's signature:

Date:

References

1. Adubang'o A. S. & Amuda B. (2008). Prise en Charge Communautaire des Enfants Orphelins du Vih/Sida: Expérience de la Cité d'Aru, African, *Étude la population africaine*, 22 (2), 21-34.
2. African Charter on the Rights and Welfare of the Child (ACRWC). (1990). *African Charter on the Rights and Welfare of the Child*. OAU Doc. CAB/LEG/24.9/49 (1990). https://www.un.org/en/africa/osaa/pdf/aw/afr_charter_rights_welfare_child_africa_1990.pdf
3. African Commission on Human and People's Rights. (2000). *Uganda: 1st Periodic Report, 2986-2000*. <https://www.achpr.org/states/statereport?id=47>.
4. Amnesty International (2018). *Amnesty International Report 2017-2018: The State of the World's Human Rights*, United Kingdom, Amnesty International Ltd, pp. 409.
5. Atwiine, B, K., Musinguzi, N., Atwine, D., et Haberer, J. (2015). Understanding the role of age in HIV disclosure rates and patterns for HIV-infected children in southwestern Uganda, *E AIDS Care*, 27 (4), 424-430.
6. Atwine, B., Cantor-Graae, E., et Bajunirwe, F. (2005). Psychological distress among AIDS orphans in rural Uganda, *Social Science & Medicine*, 61 (3), 555-564.
7. Bainham, Andrew (2005). Children: the modern law, *Bristol: Family Law*, 3rd ed., pp. 811.
8. Bajunirwe, F. & Muzoora, M. (2005). Barriers to implementation of programs for the prevention of mother-to-child transmission of HIV: A cross-sectional survey in rural and urban Uganda, *AIDS Research and Therapy*, 2, 1-10.
9. Bazeley, P., & Jackson, K. (2019). *Qualitative data analysis with Nvivo* (3rd ed.). Thousand Oaks, CA: Sage Publications.
10. Beegle, K., Filmer, D., Stokes, A. et Tiererova, L. (2010). Orphanhood and the Living Arrangements of Children in Sub-Saharan Africa, *World Development*, 38 (12), 1727-1746.
11. Bellamy, Carol. (1991) *The State of the World's Children 1991*. UNICEF. <https://www.unicef.org/sowc99/sowc99e.pdf>.
12. Better Care Network (2020). Children Affected by HIV and AIDS. Retrieved from: <https://bettercarenetwork.org/library/particular-threats-to-children-care-and-protection/children-affected-by-hiv-and-aids>. November 15, 2020.

13. Burkey, M.d., Weiser, S.d., Fegmie, D., Alamo-Talisuna, S., Sunday, P., Nannyunja, J., Reynolds, S.j., et Chang, L.W. (2014). Socioeconomic determinants of mortality in HIV: evidence from a clinical cohort in Uganda. *J Acquir Immune Defic Syndr.* 66 (1), pp. 41-47.
14. Cheney, Kristen E. (2015). Suffering, silence, and status: the importance and challenges of qualitative research on AIDS orphanhood, *AIDS care*, 27 (1), 38-40.
15. Delaunay, Valérie. (2009). Abandon et prise en charge des enfants en Afrique: une problématique centrale pour la protection de l'enfant, *Monde en développement*, (2), 33-46.
16. Deninger, K. Feder, G., et World Bank. (2003) Land policies for growth and poverty reduction. *Washington, DC : World Bank.*
17. Foster, G., Shakespeare, R., Chinemana, F., Jackson, H., Gregson, S., Marange, C. et Mashumba, S. (1995). Orphan prevalence and extended family care in a peri-urban community in Zimbabwe, *AIDS Care*, 7 (1), 3-18.
18. Foster, G., Mafuka, R. Drew, S. Kambeu et K. Saurombe (1996). Supporting children in need through a community-based orphan visiting programme, *AIDS Care: Psychological and Social-medical Aspects of AIDS/HIV*, 8 (4), 389-404.
19. Grace, André P. (2016). Counteracting fabricated anti-gay public pedagogy in Uganda with strategic lifelong learning as critical action, *International Journal of Lifelong Education*, (35), 51-73.
20. Government of Canada (2014). *Panel on Research Ethics, TCPS 2 – Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.*
http://www.pre.ethics.gc.ca/pdf/eng/tcps2-2014/TCPS_2_FINAL_Web.pdf.
21. Government of the Republic of Uganda (2013). *5th periodic report*. Presented at the 54rd Ordinary Session, Banjul, Gambia: The African Commission on Human and People's Rights.
22. Hagey, Jill M., Ji, X., arr-Walker, J., Penner, J., Kadima, J., Oyaro, P. & Coher, C.R. (2017). Differentiated HIV care in sub-Saharan Africa: a scoping review to inform antiretroviral therapy provision for stable HIV-infected individuals in Kenya, *AIDS Care*, (30), 1477-1487.
23. Han, C-K, M. Ssewamala, F. et Shu-Huah Wang, J. (2013). Family economic empowerment and mental health among AIDS-affected children living in AIDS-impacted communities: evidence from a randomised evaluation in southwestern Uganda, *Epidemical Community Health*, (67), 225-230.

24. Harms, S., Jack, S., Ssebunnya, J. et Rizza, R. (2010). The orphaning experience: descriptions from Ugandan youth who have lost parents to HIV/AIDS, *Child and Adolescent Psychiatry and Mental Health*, Harms et al., 4 (6), 410-417.
25. Hobbes, T. & Ferdinand, T. (2013). The elements of law, natural and politic. *Abingdon, Oxon: Routledge*, Second edition, pp. 226.
26. Humanium organization. (2015) *Les droits de l'enfant dans le monde en 2015*. <http://www.humanium.org/fr/cartes-respect-droits-enfant-monde>.
27. Human Rights Watch (2014). *World Report 2014*, United States of America, ISBN-13 : 978-1-60980-555-5, pp.1- 682.
28. Human Rights Watch (2018) *World Report 2018*, United States of America, ISBN-13 : 978-1-60980-814-3, pp. 1- 660.
29. International Federation of Medical Students' Associations-Québec (FMSA-Québec). (2015). *L'organisation*. <http://ifmsa.qc.ca/a-propos/lorganisation/>.
30. Justice and Advocacy for Women and Children Uganda (JAWCU). (2019). *About us*. http://jawcu.org/about_us/.
31. Kaggwa, Esther B. & Hindin, Michelle J. (2010). The psychological effect of orphanhood in a matured HIV epidemic: An analysis of young people in Mukono, Uganda, *Social Science & Medicine*, 70 (7), 1002-1010.
32. Karimli, L., M. Ssewamala et Ismayilova, L. (2012). Extended families and perceived caregiver support to AIDS orphans in Rakai district of Uganda, *Children and Youth Services Review*, Elsevier Ltd, (34), 1351-1358.
33. Kilsby, D. (2014). *Synthesis Report: Research into Gender in ECCD in six countries*. Plan International. file:///C:/Users/Mass%20Brun/Downloads/glo_gender-in-eccd-synthesis-report_final_io_eng_may14.pdf.
34. Kroger, J. (2004). Adolescence as identity synthesis, *Identity in Adolescence: the balance between self and other*. 3rd ed., *New York: Routledge*, pp.15-52.
35. Land Conflict Mapping Tool (LCMT). (2020). Jinja District. *Human Rights Focus*. <http://www.lcmt.org/uganda/jinja>
36. Loening-Voysey, H. & Wilson, T. (2001). *Approaches to caring for children orphaned by AIDS and other vulnerable children essential elements for a quality service*. http://www2.unicef.org/evaldatabase/files/SAF_01-800.pdf.

37. Nakayiwa, S., Abang, B., Packel, L. Lifshay, J., Purcell, D., King, R., Ezati, E., Mermin, J., Coutinho, A., et Bunnell, R. (2006). Desire for Children and Pregnancy Risk Behavior Among HIV-Infected Men and Women in Uganda. *AIDS and Behavior*, 10, 95-104.
38. Manent, Pierre (2018). Natural Law and Human motives Without natural law, man-made laws are emptied of meaning, subjecting us to the vagaries of legislated human feeling, *Modern Age*, 60 (1), 12-33.
39. Maritain, Jacques (2001). Natural Law: reflections on theory and practice, *South Bend, Ind.: St. Augustine's Press*, 106 p.
40. Mays, D.C., O'Neilf Jr., E.j., Mworozi, E.D, Lough B.K, Tabb, Z.J., Whitlock, A.E., Mutimba, E.M., et Talib, Z.M. (2017). Supporting and retraining Village Health Teams: an assessment of a community health worker program in two Ugandan districts. *International Journal for Equity in Health*, 16 (139), 1-10.
41. Max-Neef, M. (1991) Human scale development: conception, application and further reflections, *New York: The Apex Press*, 114 p.
42. Mbise, Amana Talala. (2017). The diffusion of the United Nations Convention on the Rights of the Child (UNCRC) more than the African Charter on the Rights and Welfare of the Child (ACRWC) in Africa: The influence of coercion and emulation. *International Social Work*, 60 (5), 1233-1243.
43. Meini, B. & Bordogna, M.T. (2018). The impact of HIV-related stigma on children orphaned by AIDS or living with seropositive caregivers, *International Review of Sociology*, (28), 541-555.
44. Ministry of Gender, Labour and Social Development & UNICEF Uganda. (2015). *Situation Analysis of Children in Uganda*. <https://www.unicef.org/uganda/media/1791/file/Situation%20analysis%20of%20children%20in%20Uganda%20.pdf>
45. Ministry of Gender, Labour and Social Development. (June 2016). *Social Development Sector Plan (SDSP) 2015/2016-2019/2020*. <http://npa.go.ug/wp-content/uploads/2018/11/SOCIAL-DEVELOPMENT-SECTOR-PLAN.pdf>
46. Ministry of Health, Republic of Uganda. (2020). *About Ministry of Health*. <https://www.health.go.ug/about-moh/>

47. Ministry of Health, Uganda AIDS Commission. (July 2019). *Uganda Population-Based HIV Impact Assessment: Final Report*.
<https://uac.go.ug/sites/default/files/Reports/UPHIA%20Final%20Report%20%5B2016%20-%202017%5D.pdf>.
48. Miles, M.B., Huberman, A.M, et Saldana, J. (2014) *Qualitative data Analysis: a methods sourcebook*. Thousand Oaks, California: SAGE Publications, Inc. 381 p.
49. Muyinda, H. & Mugisha, J. (2015). Stock-outs, uncertainty, and improvisation in access to healthcare in war-torn Northern Uganda. *Social Science & Medicine*. (146). 316.
50. Nakayiwa, S., Abang, B., Packel, L., Lifshay, J., Purcell, D., King, R., Ezati, E., Mermin, J., Coutinho, A., & Bunnell, R. (2006). Desire for Children and Pregnancy Risk Behavior among HIV-Infected Men and Women in Uganda, *AIDS and Behavior*, (10), 95-104.
51. Namazzi, E., & Kendrick, M.E. (2014). Multilingual cultural resources in child-headed families in Uganda. *Journal of Multilingual and Multicultural Development: Multilingual Literacy and Social Change in African Communities*, 35 (7), 724-737.
52. Ndombo, P.K. (1999). Prise en charge des enfants victimes du sida en milieu africain. *Archives de pédiatrie*, 6, S313-S314.
53. Neale, Joanna (2016). Iterative categorization (IC): a systematic technique analysing qualitative data, *Addiction 111*, pp. 1096-1106.
54. Office of the High Commissioner of the United Nations Human Rights (OHCHR). (1990). *Convention on the rights of the Child*.
<https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>
55. Organisation des Nations Unies. (Juin 2001) *Session extraordinaire de l'assemblée générale des nations unies sur le VIH/Sida. Déclaration d'engagement sur le VIH/Sida*.
http://www.unaids.org/sites/default/files/sub_landing/files/aidsdeclaration_fr.pdf.
56. Oxford Lexico. (2020). *Definition of affected in English*.
<https://www.lexico.com/en/definition/affected>.
57. Parliament of the Republic of Uganda. (1995). *Constitution of the Republic of Uganda, 1995*.
<file:///C:/Users/Mass%20Brun/Downloads/Constitution%20of%20the%20Republic%20of%20Uganda.pdf>
58. Paszat, Emma. (2017). Why 'Uganda's anti-homosexuality bill'? Rethinking the 'coherent' state. *Third World Quarterly*, 38 (9), 2027-2044.

59. Plan International. (2018). *Plan International: Worldwide Annual Review 2017*.
<file:///C:/Users/Mass%20Brun/Downloads/annualreview-en.pdf>
60. Platteau, J-P. & Abraham, A. (2001). Imperfections des communautés rurales traditionnelles et développement participatif, *Revue d'économie du développement*, 9 (1), 197-231.
61. Rawls, John. (1971). *A theory of justice*. Cambridge, Mass. : *Belknap Press of Havard University Press*.
62. Rick, Joseph. (2020). *Welcome to the Land Conflict Mapping Tool – Jinja District*.
<http://www.lcmt.org/uganda/jinja>.
63. Robert, P. George. (1992). *Natural law theory : contemporary essays*. Oxford England : *Clarendon Press*, 371 p.
64. Rogers, G. (1972). Talcott Parsons et la sociologie américaine. Paris : *Les Presses universitaires de France*, 1972, Collection SUP le sociologue, (29), 238 p.
65. Ryall, C. & Zook, L. (April 2018). *I'm Learning Uganda Country Report*. Save the Children Uganda.
https://resourcecentre.savethechildren.net/node/13439/pdf/im_learning_country_report_uganda_final.pdf
66. Savange, Stephen P. (1981). *The theories of Talcott Parsons: the social relations of action*, London: *Macmillan*, 279 p.
67. Save the Children. (2016). *Uganda Country Spotlight*.
https://resourcecentre.savethechildren.net/node/10051/pdf/uganda_spotlight.pdf
68. Schenk, Katie D. (2009). Community interventions providing care and support to orphans and vulnerable children: a review of evaluation evidence, *AIDS Care*, Taylor & Francis Group, 21 (7), 918-942.
69. Schenk, K.D., Michaelis, A., Sapiano, T.N., Brown, L., Weiss, E. (2010). Improving the lives of vulnerable children: implications of Horizons Research among orphans and other children affected by AIDS. (Horizons Program). *Public Health Reports*, 125 (2), 325 (12).
70. Serwada, D., Sewankambo, N.K., Carswell, J.W., Bayley, A.C., Tedder, R.S., Weiss, R.A, Mugerwa, R.D., Lwegaba, A., Kirya, G.B., Downing, R.G., Clayden, S.A, et Dalglish, A.G. (1985). *Slim Disease: A New Disease in Uganda and its Association with HTLV-III Infection*. *The Lancet*, 326 (8460), 849-852.
71. Singh, Sabina S. (2017). Beyond the nation: global democratisation in Uganda and the politics of dispensation. *Third World Quarterly*, 38 (1), 235-251.

72. Snow, R.C., Mutumba, M., Resnicow, K., et Mugenyi, G. (2013). The social legacy of AIDS: fertility aspirations among HIV-affected women in Uganda. *American journal of public health*, 103 (2), 278-285.
73. Starman, Adrijana B. (2013) The case study as a type of qualitative research. *Journal of contemporary educational studies*, (1), 28-43.
74. Souza, Tatiene C. & Cribari-Neto, Francisco. (2015). Intelligence, religiosity, and homosexuality non-acceptance: Empirical evidence. *Intelligence*, 52, 63-70.
75. Takada, S., Weiser, S.D., Kumbakumba, E., Muzoora, C., Martin, J.N., Hunt, P.W., Haberer, J.E., Kawuma, A., Banhsberg, D.R., et Tsai, A.C. (2014). The dynamic relationship between social support and HIV-related stigma in rural Uganda. *Annals of behavioural medicine: a publication of the Society of Behavioral Medicine*, 48 (1), 26-37.
76. T. Tonya R., K. Rachel et T. Tory M. (2015). Bridging the gap: The impact of home visiting programs for orphans and vulnerable children on social grant uptake in South Africa, *Children and Youth Services Review*, 48, 111-116.
77. The Aids Support Organisation (TASO). (2018). *The AIDS support organization*. <http://www.tasouganda.org/>.
78. The Justice Law & Order Sector (JLOS). (2012). Justice for Children Special Sessions Report (2012). <https://www.jlos.go.ug/index.php/document-centre/justice-for-children/121-justice-for-children-special-sessions-report-2012/file>.
79. The Republic of Uganda. (2014). *The HIV and AIDS Prevention and Control*. <https://ulii.org/system/files/legislation/act/2014/1/HIV%20and%20AIDS%20prevention%20and%20control%20act%202014.pdf>
80. The Republic of Uganda. (2016). *The Children (Amendment) Act*. <https://ulii.org/system/files/legislation/act/2015/2016/Children%20%28Amendment%29%20Act%202016.pdf>.
81. The World Bank. (2017). *Annual Report 2017*. <http://pubdocs.worldbank.org/en/908481507403754670/Annual-Report-2017-WBG.pdf>.
82. Uganda Bureau of Statistics (UBOS) and ICF. (January 2018). *Uganda Demographic and Health Survey 2016*, Kampala, Uganda and Rockville, Maryland, USA: UBOS and ICF. <https://dhsprogram.com/pubs/pdf/FR333/FR333.pdf>.
83. Uganda National NGO Forum. (2019). *About Us*. http://www.ngoforum.or.ug/about_us/.

84. Uganda Virus Research Institute (UVRI). (2018). *About Us*. <https://www.uvri.go.ug/about-us>.
85. United Nations Programme on HIV/AIDS (UNAIDS). (2016). Global AIDS Update 2016. https://www.unaids.org/sites/default/files/media_asset/global-AIDS-update-2016_en.pdf.
86. UNAIDS. (2018). *HIV and AIDS estimates*. <http://www.unaids.org/en/regionscountries/countries/uganda>.
87. UNAIDS. (2018). Country factsheets Uganda 2018. <https://www.unaids.org/en/regionscountries/countries/uganda>
88. UNAIDS. (2018). UNAIDS Data 2018. https://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf.
89. United Nations Children’s Fund (UNICEF). (2014). *The State of the World’s Children 2014 in Numbers*. <http://www.unicef.org/sowc2014/numbers/documents/english/EN-FINAL%20Table%204.pdf>.
90. UNICEF. (2017). *UNICEF Annual Report 2017: Uganda*. https://www.unicef.org/about/annualreport/files/Uganda_2017_COAR.pdf.
91. UNICEF Uganda. (April 2019). *UNICEF Uganda Annual Report 2018: Highlighting key results for children in 2018*. <https://www.unicef.org/uganda/reports/unicef-uganda-annual-report-2018>.
92. UNICEF Uganda. (October 2019). *Uganda Humanitarian Situation Report*. <https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Uganda%20Humanitarian%20Situation%20Report%20-%20October%202019.pdf>.
93. United Nations Human Rights Office. (2018). *United Nations: Human Rights Report 2018*. <https://www.ohchr.org/Documents/Publications/OHCHRreport2018.pdf>
94. United States Agency International Development (USAID). (Spring 2015). *Democracy, Human Rights and Governance*. https://2012-2017.usaid.gov/sites/default/files/documents/1866/ceca_dcof%202016.pdf.
95. USAID & World Learning. (2015). *USAID/DCOF – Three Country Child Care Reform Exchange Workshop*. <http://www.socialserviceworkforce.org/system/files/resource/files/USAID-DCOF%20Three%20Country%20Child%20Care%20Reform%20Exchange%20Workshop%20Report.pdf>
96. Wagner, G.J., Holloway, I., Ghosh-Dastidar, B., Kityo, C., et Mugenyi, P. (2011). Understanding the influence of depression on self-efficacy, work status and condom use among HIV clients in Uganda. *Journal of Psychosomatic Research*, 70 (5), 440-448.

97. Wendo, Charles. (2004). Uganda officials negotiate Global Fund grants. *The Lancet*, 363 (9404), 222p.
98. World Health Organisation (WHO). (2018). *WHO Uganda Country Office – Annual Report 2018*.<https://www.afro.who.int/sites/default/files/2019-10/WHO%20ANNUAL%20REPORT%202018.pdf>.
99. WHO. (2018). *Number of new HIV infections*.
<https://apps.who.int/gho/data/view.main.HIVINCIDENCEREGIONv?lang=en>
100. WHO & Ministry of Health. (August 2018). *Mainstreaming Human Rights and Gender in the Health Sector – Trainee Manual*.
<file:///C:/Users/Mass%20Brun/Downloads/mainstreaming%20human%20rights%20and%20gender%20in%20the%20health%20sector.pdf>.