

Supporting underprivileged children on their livelihood in communities of Kabale district: a case of Kabale child development program

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ABSTRACT

This paper discusses the impact of supporting underprivileged children in Kabale District, specifically through the Kabale Child Development Project (KCDP) in Bugongi, southwestern Uganda. It focuses on two main objectives: understanding how KCDP supports these children and assessing the effects of this support on their livelihoods. To achieve these objectives, a targeted population of underprivileged children in Kabale District, particularly those benefiting from KCDP, was identified. Employing a purposive sampling technique, participants were selected to represent this population, ensuring direct experience with KCDP's support initiatives. The sample size was dynamically determined throughout the study to ensure saturation of themes and perspectives. Data collection involved qualitative surveys with key stakeholders, including KCDP representatives, governmental and non-governmental organizations, parents, caregivers, and community members. These surveys explored the various forms of support provided and their impact on livelihoods. Secondary data from recent reports, magazines, newspapers, and related records supplemented the surveys, providing additional insights into support initiatives for underprivileged children. Thematic analysis techniques, such as transcription, coding, and categorization, were used to analyze qualitative data. This approach helped identify recurring themes and patterns related to support provision and its effects on livelihoods. The analysis revealed potential policies and activities to enhance underprivileged children's livelihoods in Kabale District communities. For example, there is a need for training programs targeting parents and caregivers, particularly in small business ventures, to improve income stability. Additionally, addressing the gap in positive parenting education, especially among fathers, is crucial for redistributing caregiving roles within households.

Keywords: Children, Communities, Livelihood, Underprivileged

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Introduction

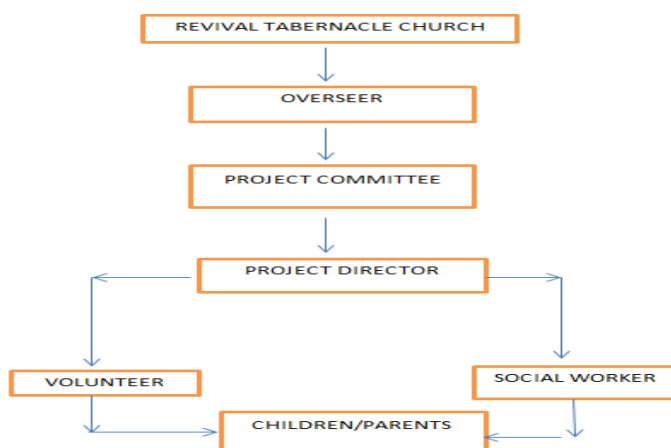
This paper discusses supporting underprivileged children by Kabale Child Development Program and its impact on the livelihood of children in communities in Kabale District. Kabale children belong to communities of interdependent ethnicities that have grown and lived together in their hilly and marshy natural environment. Their livelihood makes them look for means of securing the basic necessities: food, water, shelter, clothing of life, and the capacity to acquire above necessities working either individually or as a group by using nature-based endowments (both human and material).

They have denied privileges due to their dependency on environment factors most at times associated with poverty relations and deprived dignities.

Background

Kabale Child Development Program (KCDP) was started in 2007 by Pastor Johnson Bakashaba, of Revival Tabernacle Church in Kabale. KCDP is located in a small village of Bugongi in the Kabale town, located in the southwestern part of Uganda. In the past years, Bugongi was known for massive prostitution, child labor, drunkenness, child headed homes, single parents and orphaned children. It was upon this background that Pastor Johnson Bakashaba sought to help the suffering and innocent children in the community of Bugongi. He started a small children ministry targeting to help these vulnerable children in community. He began with Kabale Sponsorship Center with 100 registered children and 30 sponsored children. The center expanded, grew and was changed to Kabale Child Development Program that currently has 279 children supported through. It is run by two full-time staff and nine committee members as indicated below in Figure 1.1

Fig1.1: Organogram of Kabale Child Development Program.



Source: Researcher, 2020

Children are categorized according to age groups which help to give a relevant training and help staff to handle them well. Below is a table showing the number of children and their different age groups.

Table 1.1 Age of children in Kabale Community Development Programme (KCDP).

Age Group	Numbers
3-5	30
6-8	55
9-11	76
12-14	60
15-18	58
Total	279

Source:KCDP Project Implementation Plan 2020

All the 279 children under KCDP have privileges of good education from nursery to university level, medical care, leadership training, spiritual growth and material things like books, beddings, soap, and food among others (Kabale CDP, Report 2019). However, children and care givers/ parents have taken advantage of this program and this has caused some negativity in the lives of children, families and entire community.

Objectives

The Paper was guided by the following specific objectives:

- To investigate ways under which KCDP supports under privileged children.
- To assess the impact of supporting underprivileged children on their livelihood

Research Questions

Various questions were poised to help achieve the set objectives:

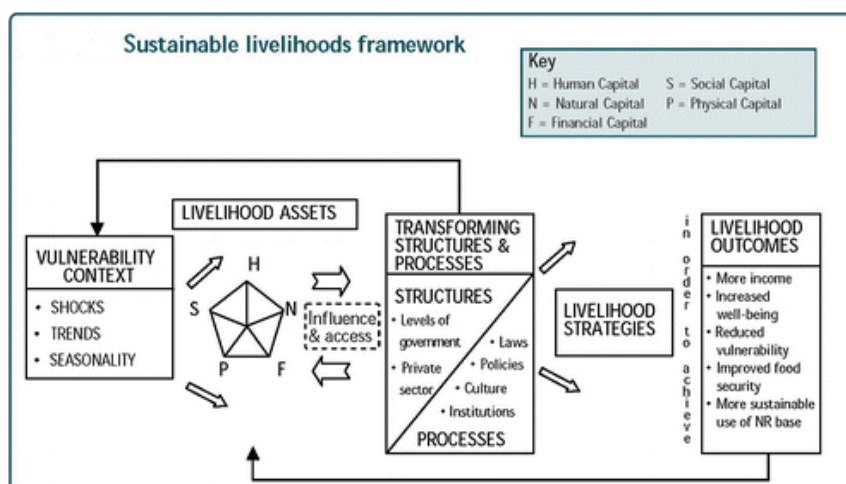
- What are the ways under which KCDP supports underprivileged children?
- What is the impact of supporting underprivileged children on their livelihood?

Conceptual Framework

The term livelihood is often used interchangeably with economic strengthening and refers generally to economic production, employment, and household income. A more holistic understanding of livelihood, however, incorporates this general definition within a broader context of economic development, reduced vulnerability, and environmental sustainability (Smyth 2017). The conceptual framework adopts this expanded definition, often referred to as the sustainable livelihood approach, which is defined as follows: “A Livelihood comprises the capabilities, assets (stores, resources, claims, and access) and activities required for a means of living: a livelihood is sustainable which can cope with and recover from stress and shocks, maintain or enhance its capabilities and assets, and provide sustainable livelihood opportunities for the next generation; and which contributes net benefits to other livelihoods at the local and global levels in the short and long term” (Chambers and Conway, 1991).

Thus, the conceptualization of this variables researched and studied under this paper echo and rhythm arguments by the models of sustainability as propounded by DfID as illustrated below in Figure 1.3.

Figure 1.2: The sustainable livelihoods framework.



Source: DfID (1999–2001)

The vulnerability context of Bugongi was historically characterized by poverty until when Kabale CDP was founded. KCDP is a faith-based organization which survives on the mercy of sponsors, it has the financial capital but it is not sustainable since they rely on donors for funds. When some donors pull out, some children's hopes for education and other services may be shattered.

Notably, KCDP has structures and processes like polices, core values the livelihood outcomes are visible but on a small scale. The families whose children are supported by the project are having improved health and better living opportunities.

Review of Related Literature

Children constitute 57.4% of Uganda's 35 million. But despite the children representing a significant majority of Uganda's population, they are the most vulnerable group. The orphans and vulnerable children (OVC) situational analysis report places the level of vulnerability among children at in Uganda at 96%. The high level of vulnerability is largely attributed to poverty and HIV/AIDS. Malaria and HIV/AIDS has increased adult mortality rate in most cases when parents pass on, children have no fall-back positions thus increasing their vulnerability (OVC Status Report, 2019).

Armstrong (2009) and Eamon (2001), asserts that children living in poverty have a higher risk of developing a variety of social, emotional, and behavioral problems. Living in persistent poverty impacts on a every area/aspect of a child's life, from lack of basic needs such as nutrition, regular health and dental care, and adequate clothing, to lack of opportunities for positive social development, psychological, physical, and educational well-being (Samuels et al., 2010; Wadsworth et al., 2008).

The different socio-economic circumstances that orphans and other vulnerable children encounter are often entangled with other family related factors such as domestic violence, low incomes, household food insecurity, and poor childcare and harmful cultural practices especially children with special needs which further their vulnerability. Furthermore, inadequate capacity of families, communities and limited funding to key government for child protection such as Police, Community Based Services and the Judiciary also contributes to the vulnerability of children (Uganda Livelihoods Child Protection, 2012). According to the National OVC Policy (November 2004), the main focus is on the most vulnerable children who are without families and may not be orphans, with the intention of re-integrating them back into the family. The attention as well is on the neediest households of adults and children that may or may not contain an orphan, with the intention of mitigating the impact of vulnerability in Uganda's current context of HIV/AIDS, poverty, gender, etc. Research emphasizes school costs, provision of basic household items, health care, and food as key concerns for a child's basic wellbeing (WUBP, 2008).

The effects of inadequate resources to fulfill basic needs at the household level can lead to long-term effects on children's psychosocial well-being and exposure to protection risks. Looking at a caregiver's testimony, a confluence of negative outcomes, where lack of basic needs leads to poor nutrition and health, emotional pain, and even a protection risk in the form of increased work for children (WUBP Child Protection Case Study Results, October 2010).

Various scholars have come up with views and secondments on the vulnerability of children to include the following but not solely limited these:

a. Education

Education is an important requirement for the development of a child. Schools provide children with opportunities for emotional support, interaction with other children and the development of social capital. Education can also reduce vulnerability to poverty, HIV/AIDS and other diseases through increasing knowledge, awareness, skills and opportunities (National OVC policy) The Constitution of Uganda, particularly Chapter Four, contains numerous rights provisions that apply to children as to adults, but also a large number that specifically address the rights of children. Article 34(2): entitles children to basic education and makes this education the responsibility of the State and the parents of the children.

The government of Uganda was the first in Africa to establish Universal Primary Education (UPE), thus eliminating school fees for all primary children in 1996. This had a positive effect on enrolment, particularly for females (Higgins, 2007). By 1999, school enrolments in Uganda had increased by nearly 51 percent (Development Education Consultancy, 2006), but UPE did not cover teacher fees, textbook fees or uniforms.

Uganda had adopted a policy of Universal Free Primary Education in 1996. Nationally, government primary school fees still exist with a national average of 9006 Uganda shillings with additional fees averaging at nearly 16,000. Obviously, this is far from free, however the non-government equivalent can average nearly 260,000 shillings with an additional 167,000 shillings in ancillary costs (Winkler & Sondergaard 2008). Despite the availability of opportunities for education through the Universal Primary Education Programme, many orphans and other vulnerable children are not going to school and those that are, do not attend classes regularly.

Comparably, free primary education in Kenya is not absolutely free. Children must pay for school uniforms, textbooks and school supplies, as well as enrolment and exam fees. Children in grades one to seven need about US\$12 per month to cover all their costs. Children in secondary school because they are generally boarded, need US\$50 per month (Datta, 2009).

b. Health

Article 34(3) of the Constitution of Uganda prohibits the deprivation of medical treatment, education or any other social or economic benefit from children on the basis of religious or other beliefs. The government of Uganda has tried to improve access to health services in three main ways in the past: exempting poor and vulnerable groups from user fees for health services in the 1990s; running community-based health insurance schemes from 1995 to 2002; and abolishing fees for health services altogether in conjunction with an attempt to improve provision of basic services (Yates, 2006).

c. Advocacy and awareness

Western Uganda Bantwana Program (WUBP) increases advocacy for an awareness of child rights through the establishment and support of child-led child protection clubs, radio programs, development of resource materials and tools written for and by children, household-level sensitization and counseling

about child protection by community volunteers, and collaboration with school, community and district stakeholders.

While Uganda has developed a framework at the national level to respond to the immense needs faced by OVC throughout the country, a lack of resources and mixed priorities at the district and local levels has left a gap. In many areas, local and international NGOs have stepped in to deliver varying combinations of child protection and other community development services as mentioned in the following.

Methodology

The target population for this study comprises underprivileged children residing in communities within Kabale District, with a specific focus on those benefiting from the Kabale Child Development Project (KCDP) in Bugongi, southwestern Uganda.

The sample size was determined using a purposive sampling technique, aiming to select participants who are representative of the target population and have direct experience with the support initiatives provided by KCDP. Given the qualitative nature of the study, the sample size was not predetermined but rather determined iteratively as data collection progressed, ensuring saturation of themes and perspectives.

Data collection involved multiple methods. Firstly, qualitative surveys were conducted with key stakeholders involved in supporting underprivileged children, including representatives from KCDP, governmental institutions, non-governmental organizations, parents, caregivers, and community members. These surveys were designed to elicit in-depth insights into the various ways in which underprivileged children are supported and the impact of this support on their livelihoods.

Additionally, secondary data were collected from recent reports, magazines, newspapers, and other related records authored by individuals and organizations discussing support initiatives for underprivileged children in communities. This secondary data provided contextual information and complemented the primary data collected through surveys.

Data analysis followed a thematic approach. Qualitative data from surveys were transcribed and coded to identify recurring themes and patterns related to the support provided to underprivileged children and its impact on their livelihoods. Thematic analysis techniques, such as coding and categorization, were employed to systematically analyze the data and extract meaningful insights.

Supporting Underprivileged Children on their Livelihood in Communities

Education

KCDP has played support of vulnerable children by paying school fees for children. It supports children in primary, secondary and institutions/ universities by contributing 70,000 Uganda shillings for primary children, 200,000 Uganda shillings for secondary students and 300,000 Uganda shillings for students in institutions/universities thus has enabled all the 297 children to attain education (KCDP Project report, 2019). In addition, all these children are given scholastic materials like school shoes, books, pens and

this has enabled the children to love school and attend regularly. The project also visits the children in their respective schools at least once in a year to know whether they perform well, attend regularly and to assess their learning environment (KCDP School Report, March 2019).

Plate 2.1 below shows activities to children's access to quality education.



Children wearing their new uniform (left); Project Director with children from Excel High School During the school visit (Right)

Not only does education unlock the mind and potential of children but it helps the children to learn skills and innovations/trade that helps them to get jobs and be self-sustaining. Education is one of the ways of empowering children and breaks the cycle of children going to the streets. Thus, KCDP's support to children in education is a credit. However, it has also created a negative impact in the lives of the children, families and community. For example, it has been found out that 50% of the children who are in the program are so reluctant that they perform below average (KCDP progressive reports 2019). According to the KCDP Report (August 2019), the major cause of this is negligence of parents whereby they tend to think that children are for the project and they tend to push all the responsibilities to the project. This has gone as far as not minding whether their children go to school or not because they do not pay fees for them.

Children also no longer respect their parents because they know their parents do not give them anything so their behavior has changed. This has also brought about broken relationships between parents and children.

Health

Nutrition and Health education training include topical areas of abstinence, child development, physical health, vaccinations, nutrition, communicable diseases, oral rehydration, hygiene and sanitation (KCD Manual, 2019) and medical care is mandatory in childcare projects.

While Uganda has developed a framework to respond to health needs, NGOs like KCDP has stepped in to provide medical care to every child who needs medical treatment. KCDP partners with Rugarama hospital where all sick children are attended to until they get good health. On average, 35-50 children are referred for medical attention on an annual basis. Also, children are given disease preventive items like toothbrushes and tooth paste to prevent dental problems, deworming/ vitamin supplements, soap to prevent skin related diseases all intended at ensuring children stay healthy. The project also carries out health screening exercises and whoever is found with a health problem is attended to accordingly. The project also carries out health education and first aid trainings to equip children with skills. With this, all

the 297 children are averagely having good health standards and parents/caretakers are relieved of the burden of spending on medical bills.

However, this has come with a negative implication. For example, parents cannot take their children to hospital when they get sick in non-working hours or weekends. They feel as if it is wastage of their money and they wait for the project to take action on the child thus a risk on the child's life.

Parents also intentionally don't care about the hygiene of their children, knowing that the project will do something about it.

Plate 2.2: Training of Children on health matters.



Teaching children how to stop nose bleeding (KCDP, Report September 2020)

A team from the Red Cross Society taught 77 children of basic first aid training. The areas that were tackled include nose bleeding, physical injuries, drowning, fainting and choking. Children were given practical and basic first aid trainings which will be helpful in dealing with minor emergencies at home. In a bid to improve the health standards of underprivileged children, the project offers health support items like soap so as to prevent them from getting diseases brought about by poor sanitation.

Plate 2.3 Giving soap to children.



Source: CDP February report 2020

Advocacy

KCDP increases awareness of child rights and responsibilities of parents through organizing quarterly meetings with the parents. This helps the parents to know how to raise their children well and how they ought to look after their children. However, there is a lot of negligence of some parents, who leave the entire responsibility of their children to the project.

Leadership

To fulfill the vision of raising generations of transformational Christian leaders, KCDP endeavors to teach all the children in the project various leadership skills, spiritual aspects, mentorship and making right decisions. This is usually done in organized center day programs where children are taught using the project's curriculum age relevant lessons.

On 23rd April 2019, a group of nine (9) children aged between nine years (9) and 12 years were taken for outreach at Rugarama Hospital Children's Ward to provide encouragement to their sick peers and their caregivers. The children gave testimonies, shared the word of God and prayed for the sick children. Further still, they provided the caregivers with some bar soap to assist them with sanitation as they continue to take care of their sick.

Plate 2.4: Helping the needy and sick at Rugarama Hospital.



Source: KCDP, 2019

Skills development

Children are also given practical knowledge to develop their skills for example when children are in holidays, they are taught many life skills like making herbal jelly.

Plate 2.5: Life Skills Training.



Livelihood Interventions

The common form of community actions towards OVC includes visiting the most vulnerable children to provide emotional and material support;

One of the activities KCDP does to improve livelihoods is home visitation. The project visits each supported child at least once a year with the aim:

- i. of assessing the environment in which the child lives.
- ii. to gain knowledge on the caregivers' source and current level of income.
- iii. to assess the impact of the project on the homes of the children.
- iv. to assess the level of involvement and concern of caregivers towards their children's wellbeing and level of knowledge about their children
- v. to pray with the family members and encourage them.

Findings from KCDP Reports (2017) showed that 69% of sponsored children were living in poor condition and it is from that that the project provided blankets and mattresses to the children to improve their livelihoods. Sponsored children had no beddings and were sleeping on mats with torn clothes to cover themselves and most of them were sharing those torn beddings.

In at least 75% of the homes, the major source of income was casual labor which, needless to say, is unstable and meager. This poses a problem for both caregivers and children whereby some families were skipping meals and it was the norm for children to sleep on empty stomachs. Additionally, the poor

conditions of toilets could pose a health and safety threat to those families. It was also observed that new children were still living in dire conditions with poor housing, poor sleeping places and poor lighting systems on top of other poor conditions observed in other homes.

Plate 2.6: A caregiver explains the income from small scale farming.



Source Field data, 2019.

As part of the intervention plan, KCDP distributed mattresses and blankets to all the children and put a smile on the faces of these little ones. Some of them at the age of 6 and above are sleeping on their own mattresses for the first time.

Plate 2.7: Caregivers receiving mattresses.



It was also found out that 73% of the supported children get one meal a day which they get from school. It is from this that an intervention plan to support this cause was made. The project provided food support to some families in dire need.

Plate 7: Children with the food that was distributed to them.



Source: Kabale CDP report April 2019.

The common form of community actions towards OVC include visiting the most vulnerable children to provide emotional and material support; alerting authorities to urgent problems; developing community gardens to assist vulnerable households; planting low-maintenance crops and distributing the produce to vulnerable households; organizing cooperative child care programs; raising funds for relief assistance to vulnerable individuals; encouraging care givers to send orphans to school; paying education costs for OVC; organizing community schools; working to prevent the spread of HIV; and providing skills training.

Further still, the project provided hurricane lamps to some homes and they are now used by children for doing homework.

The project had improved living conditions of homes spiritually, socially and in the socioeconomic aspect. For instance, the project started home cell fellowships through which families have been encouraged, taught about Christ and even been led to reconciliation. Lessons provided to children during centre days had also improved their behavior at home and most parents said that their children help out in house chores thanks to the constant behavioural change communication carried out by the project. Additionally, on oral/dental healthcare and cervical cancer awareness trainings given to caregivers have empowered them to improve their health and that of their children. Further still, children were given practical and basic first aid trainings which will be helpful in dealing with minor emergencies at home.

Conclusion

Different government institutions, non-government organizations have tried to support underprivileged children through education, health, livelihood interventions, skills development, advocacy and self-sustainability.

A careful review of the empirical evidence, however, suggests a number of policies or activities that are likely to improve the livelihoods of the underprivileged children in communities of Kabale District. For example, parents and caregivers need to be trained on small business ventures that they can undertake in

order to improve the stability of their income. There is a need to teach caregivers especially fathers about positive parenting since they leave the roles for women.

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