

# **Growing from Grass to Grace**

Preventing family separation through empowerment

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# Abstract

Child institutionalization is a common and growing phenomenon embedded in today's Ugandan society, with a variety of socio-economic factors contributing to it. The increase of child institutionalization has coincided with an increase of research into the developmental effects of growing up in institutional care, which proved to have negative impacts on a child's cognitive, physical and social-emotional development. The increased awareness about the negative developmental effects in combination with increased awareness about the positive developmental effects of growing up in family care, has resulted in the implementation of policies and frameworks prioritizing the improvement and expansion of family strengthening support services. By using Amartya Sen's capability approach as a theoretical framework, this study aimed to illustrate if a family separation prevention intervention as provided at Abide Family Center can act as a development tool to empower caregivers and prevent family separation in Uganda. Through in-depth interviews I have been able to conclude that by empowering caregivers and providing them the opportunity to become an agent in their own life, the caregivers are now able to keep their families together.

Key words: Child institutionalization | Family separation prevention intervention | Empowerment | Abide Family Center | Uganda.

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# List of abbreviations

*AIDS* | Acquired Immunodeficiency Syndrome

*CRC* | Convention on the Rights of the Child

*HIV* | Human Immunodeficiency Virus

*MGLSD* | Ministry of Gender, Labour and Social Development

*NGO* | Non-Governmental Organisation

*NOP* | National Policy on Orphans and Vulnerable Children

*OVC* | Orphans and Vulnerable Children

*The Guidelines* | The Guidelines for the Alternative Care of Children

*UN* | United Nations

*UNCRC* | United Nations Committee on the Rights of the Child

*UNFAC* | Uganda's National Framework for Alternative Care

*UNICEF* | United Nations Children's Fund

## List of definitions

*Alternative care* | Formal and/or informal arrangements of care outside the parental home provided to children who are deprived of parental care (Walakira, Ddumba-Nyanzi & Bukenya 2015).

*Caregiver* | An individual who provides unpaid care for a child in the caregiver's home (Greenlee & Scharlach 2001).

*Deinstitutionalisation* | A set of strategies and/or actions which aims to eliminate the use of unsuitable and/or unnecessary institutional care (Chaitkin et al. 2017).

*Empowerment* | The expansion of capabilities in order to enhance freedom and well-being (Sen 1999).

*Extended family care system* | Vulnerable and/or orphaned children are being absorbed and provided a resilient safety net by extended family based on kinship relations within a family or community (Subbaroa & Coury 2004; Oleke, Blystad & Rekdal 2005).

*Family* | Include children living with one or both or their parents, either biological, adoptive and/or step-parents, children living with extended family and/or children living in a foster family (Gale & Csáky 2015).

*Family care* | All care provided to a child in a family environment (Milligan et al. 2016).

*Family preservation* | The support to a child's family to enable them to care for their child, in order to avoid placement in institutional care or alternative care if not necessary. Also referred to by prevention of family separation (Gale & Csáky 2015)

*Formal care* | All care provided to a child in either a family- or residential environment, which has been ordered by any administrative or judicial authority (Milligan et al. 2016).

*Informal care* | A private arrangement whereby the child is cared for in a family environment, without this arrangement being ordered by any administrative or judicial authority (Milligan et al. 2016).

*Institution* | A collective living arrangement facility, whether public or private, which provides care and supervision to children on a 24-hour basis by salaried carers and/or volunteers working predetermined shifts/hours, also referred to as orphanage, baby home, children's home and/or social care home (Ddumba-Nyanzi & Li 2019; Keshavarzian, Mulheir & Csáky 2015; Milligan et al. 2016).

*Institutional care* | The care provided to a child by salaried carers and/or volunteers working predetermined hours/shift in an institution (Milligan et al. 2016).

*Institutionalization* | The placement of children in an institution in order to access any kind of service (Keshavarzian, Mulheir & Csáky 2015).

*Orphan* | A child who has lost one or both parents, also referred to by single orphan or double orphan (UNICEF 2017).

*Residential care* | Any care provided to a child in a non-family-based group setting (United Nations 2010).

*Social orphan* / A child whose parents are alive but no longer fulfilling their parental duties (Dillon 2008).

*Orphans and Vulnerable children* | Children in society who are orphaned and/or most at risk of facing increased negative outcomes (Subbarao & Coury 2004).

# **Introduction**

During March 2019 I met with the manager from Abide Family Center for the very first time. When discussing how Abide Family Center is supporting their clients and what the overall outcome of the program is, the manager replied with a very specific statement; “our clients are growing from grass to grace”. It was only once I have met ten of their clients, once I have been welcomed inside their homes and once I have heard their life stories, that I remembered this statement again. The caregivers who I have met have all grown, by starting with nothing to becoming agents in their own life. The majority of the respondents in this study have told me how they once considered to place their children in an institution, simply because they believed the child was better off without them. However, over the course of the years they now believe the opposite and told me how they would not consider doing so anymore. They believe they do have something to offer rather than nothing; they have grown from grass to grace.

## **Research problem**

Uganda has known an enormous growth of children growing up in institutional care since the end of civil war; from an estimated 2900 children in 1992, to an estimated 150,000 children in institutions today (Millian 2016; Okello et al. 2019; Walakira et al. 2014). Today the country hosts over 800 facilities, while more child care institutions are being set-up on weekly basis. If this growth trend of children in institutional care facilities will continue, Uganda will be known as the country which has the most child care institutions per capita in the whole African continent (Milligan 2016; Okello et al. 2019; Riley 2012).

The increase of child institutionalization has coincided with an increase of research into the effects of growing up in an institution, which has demonstrated the negative effects on children’s cognitive, physical and social-emotional development. Several studies have compared institutionalised children to children growing up in family care, and the results have shown

significant delays in intellectual and cognitive development, a lower score on intelligence quotient (IQ) tests, physical growth suppression, a lack of self-efficacy and challenges in forming deep and long-lasting personal relationships for institutionalized children (Berens & Nelson 2015; Britto, Engle & Super 2013; Zeanah, Smyke & Settles 2006). Family care however has been associated with positive outcomes for a child's development, and the role of family and its relationships and interaction are considered extremely important for a healthy development of a child (Bunkers et al. 2014; Sheridan, Eagle & Dowd 2005).

Unfortunately, the lack of awareness amongst (overseas) donors and families about the negative developmental effects of institutional care is just one of the many reasons why the sector keeps increasing in Uganda (Milligan 2016; Riley 2012). In Uganda, institutional care has become a first-respond solution provided to orphans and vulnerable children (OVC), without consideration of family-based care options and/or resettlement programs instead (Gale & Csáky 2015; Milligan 2016). As a response to the growing concern regarding the use of child institutionalisation, Uganda has developed a National Framework for Alternative Care (UNFAC) based on the United Nations Guidelines for the Alternative Care of Children (*The Guidelines*), prioritizing family strengthening and alternative care (Riley 2012). The implementation of the UNFAC has highlighted the start of Uganda's shift from institutional child care towards expanding and improving family strengthening support services and alternative care solutions instead.

## **Purpose and research questions**

This thesis aims to attempt to support the elimination of child institutionalisation in Uganda, by illustrating how a separation prevention intervention can act as a development tool to empower caregivers and prevent family separation in Uganda.

The following research questions are formulated to guide and structure this exploratory qualitative study:

- (1) What are the characteristics of the current child institutionalization situation in Uganda, and what are the socio-economic factors contributing to this situation?*
- (2) What would be the most beneficial child care situation for a child's development, and what is needed in Uganda to achieve this?*
- (3) How has the prevention intervention influenced the interviewed caregivers ability to pursue whatever they value as important in their life?*
- (4) In what ways did the implementation of the prevention intervention enable the interviewed caregivers to keep their family together?*

## **Country profile**

Uganda is a landlocked country, located on the equator in Eastern Africa. Today, Uganda is the world's second most populous landlocked country with a current population of 45,328,627 within 241,038 km<sup>2</sup>. With a relative high fertility rate of 5.45 children per woman, the population is expected to grow into one of the most populated countries in the world. The country is divided into four different regions, which in turn are divided into 111 districts and one city, the capital city Kampala (Government of Uganda n.d.; Milligan 2016). Most of the citizens are located in rural areas and sustain themselves based on smallholder farming (CIA World Fact Book 2016; World Population Review 2019).

Uganda's first decades of independence from the British have been characterized by political unrest and civil war. Under the dictatorial rule of both Milton Obote (1966-1971 & 1979-1986) and Idi Amin (1971-1979) an estimated 400,000 people were tortured and killed, thousands of children became single and/or double orphans, human rights were violated, infrastructure and water supply deteriorated and Uganda's economy collapsed. In 1986 the National Resistance Army, who fought against Milton Obote, had taken over three out of four regions of the country. Their leader, Yoweri Museveni, became president

in 1986 and is still remained president today. Under his ruling Uganda's economy has been growing steadily, the education system has been transformed to free universal education and a foundation for democratic governance has been established (Government of Uganda n.d.; Lambert 2018). But, Uganda has a very young population; over 50% of its citizens are under the age of 15. The majority of the children under the age of five are growing up in severe poverty and are classified as vulnerable (Riley 2012). Since the end of civil war, Uganda has experienced a significant increase of the number of OVC being placed in institutional care. In 2012, the MGLSD concluded that institutional care had become a first-respond solution without consideration of family-based care options. As a response to this conclusion Uganda adopted *The Guidelines* and developed Uganda's National Framework for Alternative Care (UNFAC) in 2013, which prioritizes family strengthening and alternative care (Riley 2012).

## **Abide Family Center**

It's a buzzing Thursday morning in Jinja, Uganda. Children are walking to school in their coloured school uniforms, *matatu*<sup>1</sup> drivers are trying to convince customers to use their services and the *boda boda*'s<sup>2</sup> are driving up and down the streets. However, as soon as I leave the main road, it seems like I have reached a different Jinja. Banana trees are growing in the midst of corn fields, a woman is bathing a baby in a front yard and goats and cows are grazing freely. From far I can already see the sign-post of Abide Family Center. Once I walk through the gate, there's a group of 8 women dressed in gowns; today is Graduation Day! Another group of caregivers who will finalize the program today and are ready to work independent to sustain themselves and keep their family together. It is a common happening at Abide Family Center, which has

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<sup>1</sup> A minibus used as a taxi for inter- and intracity travellers. Together with a boda boda considered the main mode of transportation in Uganda and Eastern Africa in general.

<sup>2</sup> A motorcycle taxi. Together with the matatu considered the main mode of transportation in Uganda and Eastern Africa in general.

managed to keep over 200 families together, equalling 1246 children who are now growing up in their families rather than in institutions.

Abide Family Center is a small-scale NGO located in Jinja, Uganda. Founded in 2013 by two Americans, today the center is run by a team of ten Ugandans, including social workers, a business instructor, child care workers, a nurse, security guards and two managers. The main objective of the organisation is to decrease the number of children living in institutional care in Uganda, by providing an alternative solution to families caring for vulnerable children. This is done by implementing an empowerment program based on the caregiver's needs, which can include such as parenting classes, business classes, health classes and individual and group counselling. Once the caregiver has reached graduation, a business grant is awarded. The family will receive follow-up care and counselling for at least two years after graduation. The long term goal of Abide Family Center is to see families together; "because children belong in families" (Abide Family Center n.d.).

## **Social work and development intertwined**

The overall aim of social work is promoting and securing the wellbeing of individuals, groups and communities (Gray & Webb 2010). In today's modern society, the cross-cultural role of social work has become more crucial and is expected to grow. With the aspects of today's globalisation in mind, such as an increased diversity, growing inequality, a high level of complexity, uncertainty and conflicts and therefore a growing corporate social responsibility, interdisciplinary approaches are needed to achieve worldwide sustainable development. This thesis combines both aspects of social work and development studies and aims to provide this master thesis study with interlinked aspects from both disciplines, in order to promote social change and development on international individual, community and societal level.



## **Disposition**

This master thesis study deviates from the most commonly implemented structure of a thesis, since it will kick off with the methodology as a first chapter instead. I have chosen to present the methodology as a first chapter, because the literature about previous research of the topic includes data for this study at the same time, in the form of a document analysis. By starting to explain why I decided to make use of a document analysis as a way of collecting data before going deeper into the existing literature of the topic itself, I believe I provide the reader with a better understanding of my reasoning behind this. The second chapter consequently provides a document analysis of both grey and scientific literature and previous research of child institutionalization and deinstitutionalization in Uganda. The third chapter of this study presents the theoretical framework, where I address the core concepts of Amartya Sen's capability approach and explain how those will be used in the analysis of this study, which brings us to the fourth chapter of this study. In the analysis the collected data will be analysed according to Sen's framework of thought. The red thread throughout the analysis are the stories of the respondents, which are presented by the use of a variety of quotes to strengthen the analysis. The analysis is followed by the final chapter where I present the main findings of my research and conclude on a critical note. The overall study ends with a reference list and the appendix.

# **1. Methodology**

This chapter will provide the reader of this master thesis study with extensive information about the methods which have been used in order to write to master thesis study. Section 1.1 briefly discusses the ontological and epistemological positioning of this study, before section 1.2 shines its light on the characteristics of the chosen research strategy. Section 1.3 provides detailed information about the multiple sources of data collection used in this study and its sampling and analysing methods. This is followed by section 1.4 where I explain the ethical considerations I have implemented when collecting data in the field. Section 1.5 ends off with an honest and critical reflection about my role as a researcher and the limitations of my research.

## **1.1 Research paradigm**

The ontological positioning of this study is based on a social-constructivist worldview. The main argument of social-constructivism is that social reality is constructed through social interaction and individual contexts (Creswell 2013; Luckmann 2008). Child institutionalization and deinstitutionalization in Uganda is a challenging and complex phenomenon, which must be understood through the social, cultural and economic background of the society and the respondents context. In social constructivism the social, cultural and economic context are emphasized in order to understand a specific phenomenon (Luckmann 2008), and therefore I believe positioning my study in social-constructivism is highly suitable. As a researcher with a social-constructivist worldview, I am implementing an inductive research approach in which my main focus lies on the context of the respondents, their view of the situation and their developed meaning of experiences (Creswell 2013). In order to better understand the common experiences and development outcomes of my respondents, I am applying a phenomenological approach, which will be discussed in the next section.

In the epistemological consideration of my study I take on the interpretivism position, which implies that knowledge is both socially constructed and perceived. The main aim of the interpretivism position is to grasp and understand the individual's view about the reality in which they live (Bryman 2012). From an interpretivism position I base my study on the respondents meanings about the reality in which they live, and I aim to understand the phenomenon of child institutionalization and deinstitutionalisation from their point of view, in line with the phenomenological approach of this study.

## **1.2 Research strategy**

This study is a qualitative illustrative case study with a phenomenological approach. Creswell (2013) describes the phenomenological approach as an approach which focuses on understanding common meaning of a lived phenomenon of several individuals who all shared the same experience. Within the phenomenological approach the gathered data is thematically analysed in order to extract the essence of the experience, whereby the analysis in particular focuses on significant statements and its meaning (Creswell 2013; Miles, Huberman & Saldña 2014).

According to Creswell (2014) there are three different social research strategies, namely; (1) Qualitative research; (2) Quantitative research; and (3) Mixed methods. The distinction between the three can be easily framed in using text and open-ended questions in qualitative research, while using numbers and close-ended questions in quantitative research and combining elements of both in mixed-methods research (Creswell 2014; Miles et al. 2014). I have chosen to implement a qualitative research strategy for this study, as I believe this research strategy is best suited when using a social-constructivist worldview, an interpretivism position and a phenomenological approach in this study. In order to understand the common meaning of the lived phenomenon and experiences of respondents in my research, I am using both text and interviews with open-

ended questions to gather in-depth data, which has been conducted directly from the respondents and in their local context (Creswell 2013; Miles et al. 2014). According to Creswell (2014) this is one of the main characteristics of qualitative research. By implementing a qualitative research strategy with a phenomenological approach, I am able to explore different themes and topics with a flexible and personal structure, whereby my main aim is to understand the complexity and meaning of a phenomenon from the respondents perspective (Bryman 2012; Creswell 2014; Miles et al. 2014).

Bryman (2012) states that within social research, there are five different research designs, namely (1) Experimental design; (2) Cross-sectional or survey design; (3) Longitudinal design; (4) Case study design; and (5) Comparative design. I have decided to implement the case study design in this study. Bryman (2012) describes a case study design as a detailed analysis of a single case, whereby he defines 'single' as one organization and whereby he associates 'case' with a specific location. He continues by stating that within a case study, multiple sources of data are commonly being used to illustrate a real life and contemporary case.

The aim of this master thesis study is to support the elimination of child institutionalization in Uganda, by illustrating how a separation prevention intervention can act as a development tool to empower caregivers and prevent family separation. I believe this is best illustrated when using a qualitative research strategy with an illustrative case study design and a phenomenological approach. The illustrative case study design will be implemented to illustrate the features and outcomes of the case, namely the prevention intervention in Uganda, while the phenomenological approach will be implemented to understand the common experience of the caregivers. When combined, an in-depth understanding of the features and experienced outcomes by the respondents of the prevention intervention will be provided.

### **1.3 Data collection**

In this study a combination of research methods to collect data has been implemented, also referred to by ‘triangulation’. Using triangulation enabled me to corroborate and connect findings within different data sets which reduced the risk of biases and increased the credibility of my study (Bowen 2009; Creswell 2013). In addition, by using both document analysis and interviews I provided a rich and detailed description of the context of my study, which improved the trustworthiness of the research.

#### **1.3.1 Document analysis**

Bowen defines document analysis as “a systematic procedure for reviewing documents” (Bowen 2009 p. 27), whereby documents are defined by as a socially organized way of producing, sharing and using social facts. Documents can take on a variety of forms, though, with the common characteristic that the documents have not been produced for the sake of the research, but rather as a part of societal processes (Ten Have 2004). A document analysis in this study is a suitable research method to be implemented, because it provides the opportunity to intensively study a single phenomenon. The main purpose of the document analysis in this study is to provide data about the context in which the research has been undertaken, namely, the current child (de)institutionalization situation in Uganda. The document analysis provides extensive background information about child institutionalization and its socio-economic factors contributing towards it, and has helped me as a researcher to understand specific conditions related to my research when contextualizing the data I collected during my interviews. At the same time, the document analysis will be helpful for the reader since it will help to grasp the current situation and understand the necessity of my research (Bowen 2009).

### **Method of selection**

The document analysis required data selection instead of data collection, because of the high amount of documents already available, and what was needed to be done was making a selection within those documents (Bowen 2009). Within this document analysis, both grey literature as well as scientific literature has been used. Grey literature, also referred to by non-technical literature as it has been written without a theoretical foundation, are nevertheless highly useful because they include mainly reports about methods and/or models which have been carried out in practice within the context of the research. The combination of these two types of documents help when making an attempt to “uncover meaning, develop understanding, and discover insights relevant to the research problem” (*Ibid.*: 29).

### **Method of analysing**

In order to uncover and construct themes for the analysis of the documents, a three-step method by Bowen (2009) has been carried out, which includes (1) Skimming, also referred to as superficial examination; (2) Reading, also referred to as thorough examination; and (3) Interpretation.

When analysing the documents, elements of content analysis in combination with thematic analysis have been implemented. Content analysis is described by Bowen (*Ibid.*) as the process of organising information into categories, which has been done based on the research. In this study, this includes two different categories, namely (1) Child institutionalization; and (2) Deinstitutionalization. Within these two different categories, thematic analysis has been implemented. Thematic analysis is a method whereby patterns within the data are being recognized, which leads to emerging themes for the analysis (*Ibid.*; Bryman 2012). Bryman (2012) defines a theme as a category based on the coding of data, which provides the research with a basis for theoretical understanding. The themes which emerged from the thematic analysis have been

presented as the different sub-sections of the document analysis, which can be read in the following chapter of this study.

### **1.3.2 Group interview**

A group interview has been conducted with four employees working at Abide Family Center. The group interview lasted for 60 minutes and an interview guide has been used to structure the interview, which can be read in Appendix 3 of this study. The group interview has not been conducted to answer any research question in particular. Rather, the aim is to provide the reader with more practical and first-hand information about the prevention intervention at Abide Family Center, in addition to the semi-structured interviews which account for the main source of data in this study.

### **Method of sampling**

To create the sample size of the group interview, convenience sampling has been implemented. A convenience sample is described by Bryman (2012) as a sample of respondents who happened to be available to the researcher at that time, which consequently implies that this way of sampling does not allow to generalize to a wider population either. Nevertheless, convenience sampling is frequently used within social qualitative research, because it can provide an introduction into further research and allows to make connections with already existing findings (*Ibid.*). The sample in this master thesis study consisted of two social workers, a business instructor and a nurse working at Abide Family Center. This sample is chosen as these respondents were able to provide this study with more in-depth background information regarding the prevention intervention implemented at Abide Family Center. The collected data is therefore not aimed to be generalized on a wider scale, but, as mentioned before, only to provide more practical and first-hand information about the prevention intervention at Abide Family Center in addition to the semi-structured individual interviews.

## **Method of research**

A group interview is simply described as an interview with several respondents at the same time (Bryman 2012). In this study conducting a group interview was in particular suitable as it was a time-saving method during my limited amount of time during fieldwork to collect data. By interviewing four respondents at the same time, I gained an in-depth insight in the prevention intervention at Abide Family Center and the interpretation of the employees about the concepts of the intervention from their personal and professional point of view.

The group interview had a semi-structured approach and was structured by the use of an interview guide. According to DiCicco-Bloom & Crabtree (2006), semi-structured interviews should contain open, direct and verbal questions which will promote detailed narratives, stories, dialogue and discussion. For this reason I created an interview guide which contained of six predetermined, open-ended questions organised around the following six different themes:

- (1) Personal motivation;
- (2) Referral route;
- (3) Classes;
- (4) Business;
- (5) Empowerment;
- (6) Preferred changes.

Since I conducted the group interview as the final interview during my fieldwork, I was able to design the interview guide based on my field experiences. The themes therefore derived from what I considered the main aspects of the prevention intervention and from what I expected was most informative for this study based on the preliminary knowledge I had from the earlier conducted semi-structured interviews. The overall aim of the group interview was to provide this study with more and additional background information about the different aspects of the prevention intervention. In



addition, each theme consisted of its own aim and sub-topics. The sub-topics were composed as a tool to probe the respondents and steer the interview in the right direction when needed. The complete interview guide, including the aim and sub-topics of the themes, can be read in Appendix 3 of this master thesis study.

### **Method of analysing**

The collected data has first been organised by transcribing the group interview, which has been done manually. Once transcribed, I used colour-coding to identify, distinguish and highlight specific quotes of respondents. In this case, the coding was divided into thematic topics based on the six different themes from the interview guide. During the analysis of the data, the coded data of the group interview has been implemented in addition to the quotes and stories of respondents in the semi-structured individual interviews, as well as to the document analysis and concepts derived from the theoretical framework.

#### **1.3.3 Semi-structured individual interviews**

The main source of data in this study is collected by conducting ten semi-structured individual interviews during March 2019 in Jinja, Uganda. The respondents of the interviews were both verbally and on paper informed about the consent and their rights prior to the interview; the consent can be read in Appendix 2. The conducted interviews lasted between 20 to 40 minutes, and have all been recorded and transcribed with permission of all respondents. The interviews were guided by the use of an interview guide, which can be read in Appendix 4. The interviews have been conducted while using a translator with knowledge of the local languages Luganda and Lusoga, because the respondents did not have enough knowledge of the English language to express themselves, and I did not have enough knowledge of Luganda and Lusoga to express myself. The advantages and disadvantages that accompany the use of a translator will be discussed in detail later in this chapter.

## **Method of sampling**

The sample size of the semi-structured individual interviews has been created by implementing purposive sampling with a stratified approach. Purposive sampling is described by Bryman (2012) as a strategic way of sampling, whereby the main characteristic is the selection of specific respondents at extremes based on their relevance to answer the research question. In this study, the respondents at extremes are caregivers who have graduated the program at Abide Family Center.

Purposive sampling with a stratified approach is described by Bryman (*Ibid.*) as sampling a subgroup of typical individuals within the main group of interest. In the case of this study, purposive sampling with a stratified approach is highly relevant, since only respondents who have graduated the program at Abide Family Center more than one year ago are eligible as a subgroup within the main sample size, because it takes time to implement the tools provided in the intervention which is needed in order to conclude whether the intervention can act as a tool to empower caregivers and prevent family separation. As purposive sampling is a non-probability sampling method, this sampling set does not allow to generalize to a wider population (*Ibid.*).

Accessibility of the respondents was the main factor in constructing the final sample size. Being a lone female researcher in a developing country without being able to express myself in any local language and with a different ethnicity as the majority of the population, I had to consider the accessibility and safety aspect when sampling my respondents. There were some areas within the district where it was discouraged to conduct interviews, as past experiences has led to negative effects for both the researcher as well as the respondent. In order to prevent this from happening, only respondents who by the Abide Family Center staff were considered to be located in safe and accessible areas within the district were therefore part of my sample size.

## **Method of research**

As discussed at the start of this chapter, this study has implemented an illustrative case study design with a phenomenological approach, in order to illustrate the features and outcomes of the prevention intervention and to understand the common experience of the caregivers. I believe this is best done when using semi-structured individual interviews, because semi-structured interviews are known to provide an in-depth insight into the respondents context, including social and personal matters and life experiences (Bryman 2012; DiCicco-Bloom & Crabtree 2006; Kvale & Brinkmann 2009; Mason 2002). Kvale & Brinkmann (2009) are stating that an interview can quite literally be described as an *inter view*, where an interchange of views between interviewer and respondents takes place, with the opportunity for the respondents to express their experiences, feelings and beliefs and the opportunity for the interviewer to construct more knowledge while actively interacting with the respondents. In this study, my aim of using semi-structured individual interviews was to illustrate the features and experienced outcomes by the respondents of the prevention intervention.

The conducted semi-structured individual interviews have been structured by the use of an interview guide, which can be read in Appendix 4. The interview guide has been build up similar to the group interview guide as discussed in the previous section, and consist of seven pre-determined, open-ended questions. I aimed to pose similar questions to all respondents for the sake of consistency, which increased the level of validity and reliability of my study. The questions were organised around the following seven themes;

- (1) Demographics;
- (2) Household characteristics;
- (3) Application to Abide Family Center;
- (4) Personal situation;
- (5) Emotions;
- (6) Empowerment;
- (7) Development process.

Unlike the group interview guide, this interview guide had been composed prior to my fieldwork, which consequently implies that the themes did not derive from my experiences in the field. Instead, the themes derived related to the research questions and based on the theories and concepts used in this study, including the data from the document analysis and my prior knowledge about the theoretical concepts of Amartya Sen's capability approach. To illustrate as an example, I posed the first themes based on the data about, amongst others, the push- and pull factors of child institutionalization in Uganda, while I posed the final themes based on my familiarity about Sen's people-centred meaning of development.

Yet idem to the group interview guide, is the fact that each theme of this interview guide also consists of an aim and sub-topics, to probe the respondents and steer the interview in the right direction when needed. However, during most of the conducted interviews the sub-topics were already covered in the initial answer of the respondent to the main question of each theme.

All interviews have been conducted by using a translator, and three different translators have been used in total; two social workers and a business instructor working at Abide Family Center. The business instructor and one social worker both translated three interviews, and one social worker translated four interviews. The interview was build up the same with each translator and would start off with me posing a question in English, followed by the translator asking the same question but translated to the respondent. Consequently, the provided answer from the respondent would be translated back in English to me. As previously mentioned, the limitations of using a translator will be elaborated in further detail later in this chapter.

### **Method of analysing**

To analyse the collected data of the semi-structured individual interviews, I have implemented a six-step method by Creswell (2014), which includes (1) Organizing data; (2) Reading through all data; (3) Coding the data; (4) Identifying

themes and major findings; (5) Identifying interrelating themes, and; (6) Interpreting the meaning of the themes.

First of all, the collected data has been organised by transcribing all interviews, which has been done manually to ensure the anonymity and full confidentiality to my respondents. Once transcribed, a thematic analysis has been implemented to code and analyse the data, which earlier in this chapter has been described as a method whereby patterns within the data are being recognized (Bryman 2012). The recognized themes when using the thematic analysis derived based on the themes of the interview guide. Next, I have used colour-coding to identify and distinguish topics within the different themes, and used a variety of colours to highlight quotes of the respondents which corresponded to those topics and themes. Once the colour coding was completed, I have implemented the framework approach by Bryman (*Ibid.*), which is a coding method to organize and manage qualitative data through a process of summarization. This resulted in a table of themed matrices, which helped me to create a clear overview of all themes and findings and made it easier to get an overview at glance when identifying the interrelating themes.

#### **1.4 Ethical considerations**

In order to avoid harm and to respect the rights of respondents, ethical considerations are fundamental when conducting ‘good’ research (O’Reilly 2009). A report by the Swedish Research Council related to high standard practice research provides several requirements which should be incorporated. Because I find it important as a researcher to respect the integrity of my respondents, I have implemented the following four principles based on the report by the Swedish Research Council; (1) Transparency; (2) Confidentiality; (3) Autonomy; and (4) Self-determination (Swedish Research Council 2017).

All respondent in my study were provided with an informed consent prior to the interview, in order to inform them about the aim of my research and their rights as respondents. The consent has been written in English and verbally

translated by the translator. By signing the consent, the respondents agreed they were aware of their rights, including such as the interview being recorded and transcribed, their right of withdrawal and staying anonymous. Also the translator signed the consent and therefore acted as a gatekeeper. I ensured full anonymity of the respondents in this research, by implementing the following measurements; (1) The respondents in this study are not mentioned by name but by number; (2) No names and/or locations have not been mentioned during the recordings and/or transcriptions of the interviews; and (3) No photo or video materials were taken of the respondents, their families and/or their houses.

### **1.5 Research limitations**

Pischke et al. (2017) states that conducting research in an international context, and in particular when conducting research as a foreign researcher in a developing country, comes with a variety of limitations. The limitations in this study are primarily related to a cultural barrier, including a language barrier leading to the use of translators and my own role of being both in- and outsider in this study.

Social research can never be considered completely objective, since the data we gather as a researcher is grounded in subjective understandings. An essential aspect in developing trustworthiness in a research is acknowledging the relationship between researcher and the context of the study (Morrow 2005). According to Creswell (2013), social researchers should position themselves in their research and critically reflect on their own role and strategies implemented to ensure the trustworthiness of a study. In order to establish the trustworthiness of this study, I have implemented a variety of validation strategies outlined by Creswell (2013), including data triangulation to increase credibility of the study, writing a rich and thick description about the context of the study to enable readers to make decisions related to the transferability of my findings, and engagement in the field. By conducting my own fieldwork I was able to build relationships with my respondents and understand the culture and socio-

economic context of my study, reducing biases towards the situation. However, doing fieldwork has also brought limitations to my study since I have both been taking on the role of outsider as well as insider. To illustrate, as a foreign researcher I was an outsider for the employees of Abide Family Center due to being there for a short time period with a different background and aim than the rest of the time. On the other hand, for the respondents I was an insider since I represented someone who conducted research with Abide Family Center.

The second limitation of this study is related to my role as outsider. As a foreign researcher without the ability to express myself in Lusoga and Luganda while conducting interviews with respondents unable to express themselves in English, I was forced to use translators during the interviews. Different languages use different concepts and expressions, and when interpreting verbal and non-verbal communication those differences may have been lost in translation, leading to a loss of nuances and cultural implications in my study (Bragason n.d.; Pischke 2017). Another limitation of using translators is the lack of flexibility and spontaneity during interviews, since it is more time-consuming and left me with less space to pose new questions and directly probe deeper into topics when needed. A third limitation which occurred during interviews was cross talking, whereby several parties spoke at the same time which has resulted in gaps in the transcription of some interviews due to the inability to hear what was being said.

There are several solutions raised by Bragason (n.d.) to reduce the limitations of using a translator, which I have been implementing in this study. First, the translator should ideally have qualifications required of a competent interviewer. Since all three translators used in my study have an academic background in social work and individual counselling, they were all trained and qualified in conducting interviews. A second solution is that the translator is preferably fluent in the local language and in English, which was the case in this study because all translators were born and raised bilingual using both local languages and English. A third solution raised is the use of an interview guide

which has been shared with the translator prior to the interview. Openness about my interview guide and constant communication and feedback with the translators throughout the entire research process helped them to get a better understanding off my interviews, progress and aim of the research.

All translators used in this study were employees at Abide Family Center, which has brought more limitations but also advantages to my study. The main advantage was the ability of the translators to consider the accessibility and safety aspect when sampling my respondents; they knew best which locations of the caregivers were accessible for me and which were not. A second advantage was the related to cultural barriers, since the translators were able to inform me about cultural manners which I should consider when conducting interviews. The main disadvantage however of using Abide Family Center's employees as translators is that indirectly this may have hold my respondents back to be honest and speak freely, since they may have felt limited in expressing their feelings and beliefs towards the organization. Even though it has been mentioned during the interviews that the respondents should not fear the presence of the translator and the information they provide will only be used for this study, it will remain unclear if the respondents felt able to speak freely or not.



## **2. Document analysis**

In this document analysis both grey and scientific literature have been used to provide a comprehensive background for understanding child institutionalization and deinstitutionalization in Uganda. Section 2.1 starts off by presenting the phenomenon of child institutionalization in Uganda and consists of four sub-sections. Those sub-sections are discussing the recent growth and reasoning of child institutionalization in Uganda, followed by a review of the child care quality and a brief insight in the developmental effects of institutionalization on children. Section 2.2 is focusing on the phenomenon of deinstitutionalization, and its three sub-sections are discussing the developmental effects of growing up in family care, the two strategies of deinstitutionalization and a final sub-section about international and national policies and frameworks which have been implemented.

### **2.1 Child institutionalisation**

Exact numbers of the worldwide child institutionalization is lacking and there is a variety of reasons for its under-documentation, including unregistered institutional child care facilities, unregistered children living in such facilities, a lack of routinely collected data and a weak monitoring capacity (Berens & Nelson 2015). Numbers published about the number of institutionalized children are, according to UNICEF in Berens & Nelson (2015), most likely to be highly underestimated and undercounted. In order to provide a clear overview of the situation, I will nevertheless mention the latest estimate; at least 8 million children are growing up in institutional care today, of which 85% is expected to still have living relatives who could potentially take care of them (Dunn, Jareg & Webb 2010; Milligan et al. 2016).

Also in Uganda there is a lack of exact numbers and figures about the number of children growing up in institutional care and the number of institutional care facilities. According to Milligan (2016), the Ugandan

institutional child care sector has increased exponentially during the past decades; according to Winkler (2016) the sector knows a growth rate of 1,624%. To illustrate this enormous growth; in 1992 an estimated 2900 children were growing up in institutional care in Uganda, which increased to 50,000 children in 2013, while the latest published figures estimates approximately 150,000 children growing up in institutional care in Uganda today (Milligan 2016; Okello et al. 2019; Walakira et al. 2014). However, even this number of children in institutional care is by many considered to be significantly underestimated.

Not only the number of children growing up in institutional care has increased exponentially, also the number of institutional child care facilities in the country did. According to the Commissioner for Child and Youth Affairs at the Ugandan MGLSD, there were a few dozen of institutional child care facilities during the late 90's, which increased to an estimated 800+ facilities today. Out of those 800+ facilities only a handful are state-run, while the majority is being run as NGO, of which most operate without being licensed by the Ugandan MGLSD (Okello et al. 2019). According to Riley (2012), new child care institutions are being set-up weekly. If this growth trend will continue, Uganda will be known as the country which has the most child care institutions per capita in the whole African continent.

### **2.1.1 Institutional child care growth**

The enormous growth of child institutionalization in Uganda, and in particular the high presence of NGO's within the sector, knows a complex and manifold explanation which can be traced back to the late 80's (Holmén 2009). Due to Uganda's long history of disease and war, the Ugandan citizens were no longer fully capable of supporting the high number of children deprived of parental care. For decades, strong kinship relations and loyalty towards family and community members created the basis for the extended family care system (Oleke et al. 2005). But, the war and the Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS) epidemic hindered the ability

of Ugandan families to care for OVC according to their extended family care system. First choice substitute caregivers were, due to death and/or illness, less available to take on the ‘burden’ of taking care of OVC in their family (Oleke et al. 2005; Subbaroa & Coury 2004). Even though the extended family care system still provides for many of its children in Uganda today, nevertheless, the system has become more limited due to the war and HIV/AIDS epidemic, and can be considered one of the main reasons to explain the institutional care sector growth in Uganda (Oleke et al. 2005).

The war and HIV/AIDS epidemic also hindered the ability of the Ugandan government to care for the growing number of OVC in the country. The war and HIV/AIDS had created a weak civil society, and the NGO sector initially emerged as a solution to the inadequate government; the role of the NGO was to compensate and provide a welfare service which the state failed to deliver (Holmén 2009). According to Holmén, the Ugandan government was “considered too weak, corrupt or disinterested to take the lead in a development process” (*Ibid*: 11), leading to NGO’s arguing their necessity to strengthen the role of organisations outside the government and since becoming the central player in the care for OVC in Uganda.

But, the recent growth of institutional child care facilities as NGO’s also stems from a persistent misconception that the institutionalization of children is a valid and cost-effective mean in order to deliver services to OVC (Keshavarzian et al. 2015). Instead, the use of institutional child care is estimated the least cost-effective of all possible arrangements for OVC (Subbaroa & Coury 2004). According to Keshavarzian (et al. 2015), the increase of institutional child care facilities can also be linked to global trends such as commercial interests. Institutions are by many not only considered a cost-effective mean to deliver services to OVC, at the same time it is by many also considered an effective way to make profit instead. It is not uncommon that children in institutions are being exploited for economic reasons (Chaitkin et al. 2017; Riley 2012). Moreover, money is considered to be the main driving force

of opening an institutional child care facility in Uganda today, making institutional child care a “lucrative money-maker” (De Wet 2016 p. 42) and children in the institutions “commodities within a growing industry” (Csáky 2009 p. 12). This is related to the main source of funding for the majority of the institutional child care facilities coming from (foreign) donors, based on the number of children in the institution (Milligan 2016; Walakira et al. 2014). Therefore, institutional child care facilities often thrive to maintain high headcounts; the more children growing up in an institution, the more money is consequently coming in (Chaitkin et al. 2017; Csáky 2009).

### **2.1.2 Reasoning for child institutionalisation**

There are two different kind of drivers for child institutionalization in Uganda, which can be categorized in push- and pull-factors. Poverty and its burden on families is considered the main push factor of child institutionalization. However, studies present a combination of factors beyond poverty, also referred to as “Poverty Plus”, which leads to children growing up in institutional care. According to Mann (2015) & Milligan (2016), child institutionalization is often not related to a single factor but rather to a combination of factors. The drivers of child institutionalization are not only related to poverty, but also to the social, cultural and political deprivation of living in poverty (Mann 2015; Okello et al. 2019). According to data presented by Walakira et al. (2015) in child care institutions in several districts in Uganda, endemic poverty, HIV/AIDS and family breakdown by abandonment and/or death of a caregiver are the main push-factors of child institutionalization, followed by other factors like abuse, neglect, illness, disability and living on the streets (De Wet 2016; Milligan 2016; Okello et al. 2019; Walakira et al. 2015).

The main pull factor of child institutionalization in Uganda is related to beliefs and attitudes. There is a common belief that children are better off in institutional care, as institutions are expected to be more capable of providing the child with basic needs such as food, health care and education. Many

caregivers have the impression that institutions are beneficial for their child because it fulfils these basic needs, however, this is being assumed without realizing the effects of institutional care on a child's cognitive, physical and social-emotional development social, emotional and cognitive development (Chaitkin et al. 2017; De Wet 2016; Milligan 2016; Walakira et al. 2015). The second pull-factor can be considered the active recruitment of children into institutions. There are reported actions of institutional care facilities actively recruiting children into their facilities, sometimes offering money to relatives to give up the child, only to profit from the children through (overseas) donors and/or adoption, as discussed earlier in this chapter (Chaitkin et al. 2017).

### **2.1.3 Quality of institutional child care in Uganda**

Many children growing up in institutions face problems and neglect, not only due to the fact they are growing up outside their family, but in addition due to poor quality standards of child care institutions (Csáky 2009). A study by Riley (2012) provides an overview of the bad quality of institutional child care in Uganda. The overall conclusion of the report states that the majority of child care institutions are providing poor to very poor child care- and protection services. To illustrate, 97,5% of the investigated institutions are running without a child protection policy or any social work capacity involved at all, 60% has an insufficient administration of child records, and poor and/or inadequate counselling and therapy services are being provided.

According to Riley (2012) most children are recruited to institutions in line with the vision of the institution, rather than as a response to the needs of the child, its family and/or community. The majority of the investigated institutions show little to no will to work on resettlement of children and have not implemented any resettlement or alternative care programs. Even though all institutions are acknowledging the presence of direct family relatives of the children, the majority does not provide any resettlement activities, often related to the possible loss of (overseas) donors when doing so (Riley 2012). Despite

the possible best intentions of an institution, the care children receive in an institution can be no mean top the care provided in family care. However, according to Riley (2012) there is little to no awareness among staff-members and (overseas) donors about the negative developmental effects on children when growing up in institutional care.

#### **2.1.4 Developmental cost of child institutionalisation**

The increase of child institutionalization has coincided with an increase of research into the developmental effects of growing up in an institution. The results have not been encouraging, and a complete thesis could be written about the negative effects of institutionalization on a child's cognitive, physical and social-emotional development. However, this study will only briefly touch upon the topic, in order to underline the necessity of family preservation. What is however important to emphasize before getting into the details, is the different stages of a child's development. The effects of critical elements and context vary based on a child's age and thus developmental stage. According to the developmental science, three important main age periods are identified during which development occurs with differing risks and opportunities (Britto et al. 2013), namely (1) Up to 3 years old, where the most rapid growth of mental and socioeconomic capacities take place and where experiences most influence the brain functionings; (2) 3 to 5 years old, in which cognitive and learning stimulation is most important and the participation and educational opportunities are most directly linked with developmental outcomes; and (3) 6 to 9 years old, the period when group learning, socialization and interaction reflects a fundamental shift in a child's development. Together, these age periods represent the early childhood development. However, what the authors are emphasizing is that the impact of institutionalization also varies on a child's individual characteristics, such as age, the extent of risk exposure, the context of the risk and the type of protective influences which children encounter after being exposed to risk (Britto et al. 2013; Zeanah et al. 2006).

## **Cognitive development**

Several studies have documented that institutionalized children are showing significant delays in their intellectual and cognitive development. Results of several meta-analysis comparing institutionalized children with children growing up in family care are showing a significant shortfall in the IQ of institutionalized children; on average they score 20 points lower when conducting an IQ test (Britto et al. 2013). More in-depth examination of cognitive function testing have further documented significant effects of institutionalization on specific cognitive domains, including shortfalls on visual memory and attention tests, a less developed inhibitory control and a lower score in the Mental Development Index (Berens & Nelson 2015; Nsabimana 2016).

## **Physical development**

Studies have shown that children growing up in institutional care experience physical growth suppression and fall behind on children growing up in family care. Institutionalized children are showing specific shortfalls, including a lower weight, a smaller head circumference and a shorter height, which can be linked to the stress-mediated suppression induced by growing up in institutional care (Berens & Nelson 2015; Nsabimana 2016).

## **Social-emotional development**

An encouraging and nurturing environment with daily interactions and mutual and safe relationships, which has a profound effect on a child's development, is often lacking in institutional care. Attachments figures are often unavailable due to a regular change of staff and/or volunteers on duty and the high number of children/caregiver ratio (Britto et al. 2013; Gudyanga et al. 2015). There is often nobody to talk to a child, pick them up, comfort them, react to their emotions and provide individual attention, which will lead to a lack of ability to form deep, loving and lasting attachments. Besides the inability to form attachments to others, it leads to a lack self-efficacy and a lower self-esteem, as well as attention-seeking behavior, a more consistent pattern of

aggressiveness and temper tantrums and overall lower academic performances (Gudyange et al. 2015; Zeanah et al. 2006).

## **2.2 Deinstitutionalisation**

Deinstitutionalization consist of a set of strategies and/or actions which aims to eliminate the use of unsuitable and/or unnecessary institutional child care (Chaitkin et al. 2017). It can be stated that deinstitutionalization consists of two different actions, namely; (1) Family preservation, or (2) Reunification. Family preservation refers to the prevention of family separation in the first place, while reunification refers to the process of removing children from institutional care and reintegrating them in family care (Gale & Csáky 2015; United Nations 2010). Institutional care in Uganda today is used as a first-hand respond when providing care to OVC, but increased awareness about the risk institutionalized children are facing as well as the developmental benefits of growing up in family care, has initiated a shift from institutionalisation towards deinstitutionalisation (Gale & Csáky 2015; Milligan 2016).

### **2.2.1 Developmental benefits of family care**

The previous sub-section has outlined the negative developmental effects of growing up in institutional care. Family care however is associated with positive outcomes for a child's development; the protective and empathic family practices are majorly increasing health, well-being and resilience of a child (Bunkers et al. 2014; Britto et al. 2013; Brooks 2005). This is in particular a result of the more stable and caring relationships from a constant caregiver, in contrast with what has been discussed in the previous sub-section. Studies have proved that being nurtured by and developing effective and close attachments with a caregiver provides a sense of security and is related to positive social-emotional outcomes, such as an overall better performance in school and the ability to develop satisfying peer relationships (Britto et al. 2013; Brooks 2005; Sheridan et al. 2005). In particular during the first main age period of early



childhood development the regular positive interaction and warm, responsive and mutual relationship has a significant impact on a child's brain development (Bunkers et al. 2014). Children growing up in family care will receive stronger emotional and psychosocial support, more effective discipline practices and an intergenerational transfer of skills and values, which will create more resilience and benefit the child when engaging and interacting later on in life (Bunkers et al. 2014; Britto et al. 2013; Brooks 2005). In addition, growing up in a family will contribute to a child's cultural identify, as it increases the opportunity to create a sibling unit and to have a sense of shared history and belonging (Lombe et al. 2017).

What should be addressed at the end of this section, is that the impact of family care will only be beneficial for a child when growing up in a safe, stable and caring family environment. The positive impact of family care is debatable when behavior is inappropriate, humiliating and/or abusive (Brooks 2005), which is something that should be taken into consideration at all times.

### **2.2.2 Strategies of deinstitutionalization**

According to the United Nations (2010), efforts should primarily be directed to enabling children to remain in their family, referring to the first deinstitutionalization strategy. According to the UN, it is a state's responsibility to ensure that families have access to support services in order to do so. What is needed to prevent family separation is provision of support which enables families to care for their children. Such family strengthening support services should mainly be focused on extensive capacity building. A second characteristic of this service is that it, for it to be most effective, should be applied through a child-focused lens, meaning that the service should address what makes a child vulnerable, including economic, social, health, educational, environmental and cultural factors (Csáky 2009). A third characteristic is that the support service should consist of a combination of economic support and access to basic services, like education or healthcare. In other words, a family

should receive support in accessing appropriate care and be supported by strengthening their economic capacity (Bunkers et al. 2014; Csáky 2009). If such family strengthening support services are present, it has been demonstrated the majority of families would choose to raise the child at home instead of placing them in institutional care (Bunkers et al. 2014).

Following on efforts which should primarily be directed to keep children in families, efforts should be directed to return children to their family, referring to the second deinstitutionalization strategy. For institutionalized children this is the best option, however, as addressed in the previous sub-section, only if reunification is safe and appropriate. This suitability-principle is one of the main pillars of *The Guidelines*, and ensures that any care is provided in the most appropriate manner and in the best interest of the child (Cantwell et al. 2012; United Nations 2010).

Reunification requires a careful process of several steps, namely; (1) Assessment, which consists of a thorough investigation into the suitability of family reunification and aims to answer questions related to the suitability-principle and the reunification process and supervision, followed by; (2) Consent, which includes the set-up of the care plan that should be agreed upon by all stakeholders involved, before moving on to; (3) Preparation, the process whereby child and family can start building a relationship together and the caregiver gets access to support services needed, while (4) Follow-up care represents the final step of reunification and ensure that a child is safe and care provided at the family is appropriate (Bunkers et al. 2014; United Nations 2010).

### **2.2.3 Policies and frameworks**

Increased awareness about the high number of institutionalized children worldwide and the risks those children are facing, raised concern and debate within the United Nations Committee on the Rights of the Child (UNCRC) and the Ugandan government regarding de-institutionalisation and the development

of policy which will eliminate the use of institutional care practices (Milligan 2016).

### **International policies and frameworks**

Article 20 of The Convention of the Rights of the Child (CRC) seeks to protect children unable to live with family (United Nations 1990), however, it does not describe specific measures and guidance on how to do so (University of Strathclyde n.d.<sup>3</sup>). The UNCRC recognized the desirability to have more specific guidelines on the use of alternative care for children as a response to the high number of children growing up in institutional care. It is for this reason that *The Guidelines* were established. The overall purpose of *The Guidelines* is the implementation of the CRC and other instruments regarding the protection of children who are deprived of parental care, or at risk of being so (United Nations 2010).

According to *The Guidelines*, family is “the fundamental group of society and the natural environment for the growth, well-being and protection of children [and therefore] efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents [...] or other close family members” (United Nations 2010, p. 2). Furthermore, it is the state’s responsibility to “ensure that families have access to forms of support in the caregiving role [and] to ensure the supervision of the safety, well-being and development of any child” (United Nations 2010 p. 2-3).

### **National policies and frameworks**

The National Policy on Orphans and Vulnerable Children (NOP) is one of the main policy interventions of the Ugandan government, and developed as a response to the high and growing number of OVC in the country. Its aim is to ensure that all OVC and their families have access to basic social services and

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<sup>3</sup> Reference from the online distance course ‘Getting Care Right for All Children’ at the University of Strathclyde. Please contact me for access to the course and the reference.

interventions (Riley 2012). Within the NOP, the National Strategic Programme Plan of Interventions (NSPPI) has been set up, consisting of the following four objectives; (1) Strengthening the capacity of caregivers to protect OVC; (2) Expanding their access to essential services; (3) Increasing their access to protection and legal services; and (4) Strengthening the institutional, policy and legal mechanisms (Riley 2012).

A framework implemented alongside the NSPPI is the UNFAC, providing guidance to government actor and NGO's in providing and facilitating access to appropriate care options for OVC. Its overall aim is to ensure that institutional care is used as a last resort, rather than a first-hand respond (Gale & Csáky 2015; Milligan 2016; Riley 2012). The framework is part of the broader effort of the Ugandan government to strengthen its child protection system and decrease the number of children growing up in institutional care.

### **3. Theoretical framework**

The theoretical framework of this study is based on literature by Amartya Sen and authors writing about Sen's work. Although Sen is in the first place a true economist and philosopher, his capability approach and point of view on human development and poverty qualifies for a social research like this study. Within his approach, Sen moves beyond the commodity-centred view of human well-being and shifts his focus towards human capabilities, and therefore making his approach a major contribution to both the development field and this study.

This theoretical framework sheds light on his capability approach, however, this cannot be explained without studying his understanding of core concepts such as functionings, capabilities, freedom, development, poverty and empowerment. The first section therefore aims to define Sen's core concepts, before section 3.2 is discussing his view of development as freedom. Section 3.3 continues by defining poverty as a capability deprivation, while section 3.4 briefly touches upon Sen's definition of empowerment and agency. Section 3.5 is a conceptual framework, where I explain why the capability approach cannot be considered a theory and why and how I will still use his approach in my data analysis.

#### **3.1 The capability approach and its core concepts**

Welfare measurement can be defined as the allocation of values to levels of development or welfare at the individual level (Kuklys 2005). The most common way to measure welfare and the development of welfare is being done by measuring income. However, there has been many debates and discussions about whether income is an adequate measure of development. For example, it measures welfare at a household level rather than at individual level and it neglects other important factors such as the facilitation of education and health care and political and civil rights (Kuklys 2005; Sen 1999).

Sen's capability approach takes in these critiques and offers an alternative approach towards measuring welfare and in general development. In his capability approach, he shifts away the focus of income towards a focus whereby he assesses people's welfare in terms of their functionings and capabilities (Kuklys 2005). His alternative development paradigm is challenging the standard and most-common economic frameworks (Ibrahim & Tiwari 2014), and instead he states that "the role of income and wealth, important as it is along with other influences, has to be integrated into a broader and fuller picture" (Sen 1999 p. 20). Although he acknowledges the importance of income as a mean to wealth and development, Sen rather states that "the usefulness of wealth lies in the things that it allows us to do" (*Ibid.*: 14). To illustrate, even a very wealthy person can be deprived of something that she values when being prevented of speaking freely (*Ibid.*).

### **Functionings and capabilities**

The two main elements of the capability approach are functionings and capabilities. Though these two elements are closely related and might seem very similar, they are distinct (Robeyns 2017).

Sen defines the concept of 'functioning' as "the various things a person may value doing or being" (Sen 1999 p. 75). Functionings are valuable activities and states which the individual has succeeded in being or doing and comprise for its well-being. This can vary from elementary functionings such as being healthy, well-nourished, safe and educated to more complex functionings such as having self-respect (Deneulin & Shanani 2009; Ibrahim & Tiwari 2014; Robeyns 2017; Sen 1999). Functionings can also be related to goods and income, but in that case functionings describe what an individual is able to do or be with these goods and income. "For example, when people's basic needs for food [...] is met, they enjoy the functioning of being well-nourished" (Deneulin & Shahani 2009 p. 31). Ibrahim & Tiwari are framing functionings in the perspective of an

achievement, since it refers to a set of things that an individual does and is in life (Ibrahim & Tiwari 2014; Robeyns 2017).

When stating that a functioning is an achievement, this consequently entails that a capability is the ability to achieve those functions. Sen defines the concept of ‘capability’ as “the alternative combinations of functionings that are feasible [...] to achieve” (Sen 1999 p. 75). Functionings represent what an individual has succeeded in being or doing, capabilities then represent the various choices and opportunities one has. Sen further states that capabilities is a set of functionings, which reflect upon an individual’s freedom to lead the type of life one chooses (Deneulin & Shanani 2009; Sen 1999). Sen (1999) concludes that capability is a kind of freedom, namely, the freedom to achieve a certain lifestyle. This brings us to another main concept of the capability approach; freedom.

### **Unfreedom and freedom**

All around the world people are suffering from varieties of unfreedom and are being denied, amongst others, the basic freedom to survive, to access social services or to civil rights (Sen 1999). Sen defines unfreedoms as restrictions in social and/or political lives which are repressive, though they do not have to lead to other hardships. According to Sen, unfreedoms do not have to be justified from an economic perspective, because even those who do not lack economic resources can be deprived of important freedoms, as mentioned earlier in this chapter (*Ibid.*).

Within the capability approach, Sen lies the emphasis on people’s freedom and on the role of the individual in achieving those freedoms (Ibrahim & Tiwari 2014). Sen (1999) distinguishes two different kind of freedoms, namely (1) Substantive freedoms, and (2) Instrumental freedoms. The substantive freedoms include basic capabilities, which will be further discussed in section 3.3, such as avoiding deprivations like starvation, undernourishment, mortality, being uneducated and the inability to join political participation

(*Ibid.*). When focusing on substantive freedoms, development is described by Sen (*Ibid.*) as the process of expanding human freedoms. The instrumental role of freedom concentrates on the role of freedoms, such as rights and opportunities, and how they contribute towards expanding freedoms and thus promoting human development. Sen lists five instrumental freedoms, which determine the overall freedom of people as the end of development. Those include political freedom, economic facilities and resources, social opportunities, transparency guarantees and protective security and social safety nets (*Ibid.*).

### **3.2 Development as freedom**

According to Deneulin & Shahani (2009), development is most frequently defined as a multi-dimensional process involving social, economic and political changes in order to improve someone's quality of life. However, there are two oversimplifications on defining development; one from the objective to achieve economic growth, and one from the objective to expand human freedoms. Even though both perspectives on development have a fundamental different objective, they do have something fundamental in common; the first perspective would need healthy and educated workers in order to achieve economic growth, while the second perspective would need economic growth in order to expand human freedoms. By this statement, Deneulin & Shahani (*Ibid.*) are trying to make two points. First of all, development is a normative definition, based on the value of one's judgement. A second point is that economic growth is clearly a necessary component of development, and "the fact that people matter does not mean income does not" (*Ibid.*: 25).

This is specifically what Sen (1999) does when defining development. He does acknowledge the importance of income as means of development, but he presents a people-centred meaning of development. Sen defines development "as the process of expanding the real freedoms that people enjoy" (*Ibid.*: 36). Development, according to Sen (*Ibid.*), consists of the removal of unfreedoms



which leave an individual with little to no choice and opportunity of exercising their own agency. He states that his approach on the objective of development relates to the valuation of freedoms enjoyed by an individual. The enhancement of human freedoms is both the object and means of development. However, Sen states that for one to develop and enhance its freedoms, the process of development should also include the removal of someone's unfreedoms.

When continuing about the process of development, Sen (*Ibid.*) further states that the focus of the capability approach should not only be on development itself, but the process of development is equally as important (Ibrahim & Tiwari 2014). According to Sen, within a development process people have to be seen and be given the opportunity to actively be involved in their own development process and should not just act as passive beneficiaries of development programs and interventions (Deneulin & Shahani 2009). The state, society, institutions and organizations should take on a supporting role "rather than one of ready-made delivery" (Sen 1999 p. 53). One of the main goals of human development should be for individuals to become agents of their own life (Ibrahim & Tiwari 2014). The process of human development from Sen's point of view does not entail to simply enable people to generate more income, but also includes providing people the access to different opportunities and ensuring people to active participation in creating their opportunities (Ibrahim & Tiwari 2014). Ibrahim & Tiwari (2014) are stating that, at the same time, the opportunities available for further generations should be respected. With this statement they are trying to say that for an individual to expand their freedom, this should not contravene with opportunities of someone else to expand their freedom. This leads us to the four main principles of human development, also referred to by the four-E's Framework, namely; (1) Efficiency; (2) Equity; (3) Empowerment; and (4) Environment (Ibrahim & Tiwari 2014). Efficiency should guide policies to ensure that economic benefits should create new opportunities to expand human capabilities. Equity should ensure that such policies and benefits reach all individuals, including the most marginalized. Empowerment ensures that individuals can play an active role in

formulating and implementing those policies, which will be discussed in further later in section 3.4 in this chapter. The fourth principle, environment, concerns that the created opportunities do not jeopardise the opportunities to enhance the freedom for future generations (Ibrahim & Tiwari 2014).

### **3.3 Poverty as capability deprivation**

Poverty is defined by The World Bank (2019) as having an income below \$1.90 per day. Sen is fighting this deep-seated conception of poverty being determined by the amount of income. According to Sen (1999), policies have been over-emphasizing income poverty and have as a result of this been neglecting deprivations which are related to other variables, such as a lack of education and poor health. Sen once again shifts away the focus from income, because he argues that income is only instrumentally important and the value of income is different in social and economic circumstances. He on the contrary defines poverty “as the deprivation of basic capabilities rather than merely a lowness of income” (*Ibid.* 87). When looking more closely it becomes apparent that Sen is referring to ‘basic capabilities’, rather than capabilities in general. The difference between capabilities in general and basic capabilities is important when defining and analysing the concept of poverty, because basic capabilities represent a specific subset of all capabilities; they refer to the freedom of doing things which are necessary for survival and to keep one out of poverty (Robeyns 2017; Sen 1999). However, Sen is not trying to state that only basic capabilities are important and that the use of the capability approach when defining and analysing poverty should only be focused on basic capabilities, but rather what he is trying to address is that within the development context, focusing on basic capabilities is often sufficient to answer many questions and define and analyse the concept of poverty (Robeyns 2017).

With Sen’s alternative perspective on poverty, he is not denying that having a low income can be considered the major cause of poverty. Instead, he confirms that having an inadequate income is a distinct feature of an

impoverished life. He further continues that the two perspectives on poverty are highly related and represent a self-sustaining cycle. To illustrate, the improvement of capabilities in one's individual life would, usually, enable someone to generate more income, which consequently influences the capacity for a better life which eventually should lead to a higher income, and so on (Sen 1999).

Nevertheless, what Sen is aiming to do is understanding the concept of "poverty and deprivation in terms of lives people can actually lead and the freedoms they can actually do" (*Ibid*: 92). According to Sen, someone is considered poor when their basic capabilities are deprived. If development is defined as the expansion of freedoms, as discussed earlier in this chapter, then the instruments which aim to remove poverty should focus on the expansion of capabilities in order to achieve the functionings someone values (*Ibid.*). In that case, achieving a higher income is not the end of poverty removal as development is. According to Sen, when using the capability approach to analyse poverty what should be done is trying to understand the causes of poverty by shifting away the focus from the means, in particular income, towards ends that an individual has reason to value, and consequently to the freedoms of the individual to satisfy those ends (*Ibid.*).

### **3.4 Empowerment and agency**

The concept of empowerment is already briefly mentioned as one of the four main principles of human development in section 3.2 of this chapter. This section will further focus on the concept of empowerment, because it has become a major term in the development field, in particular as an instrument related to poverty reduction, and because it also plays a major role in this study. However, empowerment is a much debated term, because of the wide variety of definitions and meanings connected to the concept, and its variation of definition and meaning in different socio-economic contexts. But, when studying the various definitions and meanings of empowerment discussed by several authors

in Ibrahim & Alkire (2007), there are quite a few common terms observable, including such as agency, self-direction, participation, strengthening, improvement and the expansion of assets, capabilities and freedoms.

Empowerment is described by Sen (1999) as the expansion of capabilities in order to enhance freedom and well-being. This is closely related to his concept of agency, which he defines in Ibrahim & Alkire as “what a person is free to do and achieve in pursuit of whatever goals or values he or she regards as important” (Alkire & Ibrahim 2007 p. 9). Agency makes the individual responsible to take action or decide not to; the individual has the ability to decide for themselves. It has been mentioned several times already; the capability approach aims to enable individuals to become agents in their own lives and communities (Ibrahim & Tiwari 2014). According to Ibrahim & Alkire (2007), empowerment can therefore be seen as the expansion of agency. More concrete, they are stating that agency is a first component of empowerment, while the second component of empowerment focuses on the institutional environment offering the opportunity to expand agency.

When referring back to the process of human development, in section 3.2 it has been mentioned that the process of development is important in the capability approach. People should be given the opportunity to be actively involved in their own development process, which referred to empowerment as one of the four Es, the main principles of human development. What is important in the process of empowerment, is that people act as agents. Beneficiaries of development programs and interventions should be involved in every stage of the program or intervention as agents who are able to make decisions, influence the development process and eventually realize the goals that they value. Once people are recognized as agents, they can define their own priorities and choose what is for them the best means to achieve those (Deneulin & Shahani 2009). Sen (1999) observed that, while working with women empowerment, when empowering beneficiaries for active agency, it allowed both the individual and the community to change.

### **3.5 Conceptual framework**

Over the past few years Sen's capability approach has received increased attention from academics and practitioners because of its freedom- and people-centred view of development and its emphasis on welfare in terms of functionings and capabilities. Despite its contribution to mainly the development field, critiques have been expressed towards his approach and its application (Ibrahim & Tiwari 2014), with the main question being raised whether or not the capability approach is a well-defined theory or something broader. There is no clear-cut answer to a question as such. Sen (1999) states that his capability approach can be implemented for a wide variety of purposes, while others clearly state it can or cannot be considered a theory. Robeyns (2017) defines Sen's capability approach not as a well-defined theory, but rather as a framework of thought, since it presents a mode of thinking about certain normative issues (Robeyns 2017). According to her, the capability approach is not a theory in the sense that it can explain poverty or well-being, but instead it provides a framework enabling to conceptualize, study and/or evaluate such phenomena. It is a broad and normative framework to assess and evaluate individual well-being, social arrangements, policy design and social change in a society and to study aspects of individual's well-being including poverty and inequality. The approach provides a framework of thought which aims to focus on information needed in order to make judgements about individual well-being and social policies (Robeyns 2005).

However, Sen might be considered the pioneer of the capability approach back in the 80's, his approach got further developed by a variety of other scholars. Martha Nussbaum is one of them, and she disagrees with the capability approach initiated by Sen. The main critique being voiced by Nussbaum towards Sen's work is the lack of pre-determined central human capabilities (Robeyns 2017). According to Nussbaum, in order to apply the capability approach it would require a well-defined and pre-determined list of relevant capabilities, which is the main difference between Sen's original capability approach and

how she further developed the approach. Nussbaum states that the fact that Sen does not provide a list as such leaves Sen's work open for biases. However, Sen is against the use of a list including well-defined and pre-determined capabilities, because he states that capabilities valuable to an individual can differ between individuals and therefore it is not up to one another to decide what counts as valuable capabilities (Robeyns 2017).

Despite its critiques towards Sen's framework of thought, it is still being used in this study. This study is implementing an inductive approach, meaning that the capability approach will act as a framework to the earlier collected data. By the time of collecting the data in Uganda, I was not collecting the data according to Nussbaum's list of ten central human capabilities and it is therefore that I believe using Sen's framework is more applicable to my data in this study. Using Sen's framework of thought rather than Nussbaum's version of the capability approach allowed me to define the capabilities in this study according to the concepts mentioned by the respondents. The capability approach will be applied to the collected data; the collected data will be analysed according to Sen's framework, in order to understand how, from Sen's framework of thought, his core concepts such as agency, empowerment, development and poverty are being addressed and included at Abide Family Center.

## **4. Data analysis**

In this chapter the core concepts of Sen's framework of thought will be applied to the collected data. The chapter starts off with discussing the concept of poverty as basic capability deprivation. Following, section 4.2 demonstrates how the respondents are actively participating in their own development process and what the effects are. Section 4.3 aims to understand how the concept of empowerment is being defined and implemented, while section 4.4 analyses Abide Family Center's role in keeping families together. The overall red thread throughout this chapter are the quotes of the respondents, which have been presented in order to strengthen the analysis. What should be mentioned in relation to the quotes, is that most of the quotes are written from the third-person perspective, since they represent quotes by the translator who translated what the respondents said during the interview. A further point worth mentioning is that the respondents of the individual interviews are referred to by numbers and the respondents of the group interview are referred to by characters.

### **4.1 Deprivation of basic capabilities**

In the document analysis of this study it has been mentioned that the main push factor of child institutionalization in Uganda is the burden of poverty and the social, cultural and political deprivation as a result of living in poverty. Yet, as discussed in the theoretical framework of this study, poverty can be framed in a variety of terms. An attempt to elaborate what poverty is and how to understand and define poverty is a point of constant debate amongst academics. Hulme states that "poverty is not a set of self-evident "facts": it has many potential dimensions and these can be presented in many different ways" (Hulme 2010 p. 51). Primarily, poverty can be presented in either narrow or broad terms. At the narrow end of the continuum lies income poverty, which is focusing on the amount of money needed to access minimum necessities in order to survive (Hulme 2010). By The World Bank (2019), the line of being considered poor

based on income is currently set at having an income below \$1,90 a day. Nevertheless, this one-dimensional conceptualization of poverty contrasts that of Amartya Sen, who defines poverty in a much broader term and is fighting the deep-seated conception of poverty being determined by the amount of income (Hulme 2010; Sen 1999). In section 3.3 of the theoretical framework, poverty has been defined “as the deprivation of basic capabilities rather than merely a lowness of income” (Sen 1999 p. 87). Sen is hereby referring to basic capabilities, which include a specific subset of capabilities enabling individuals to have the freedom of doing things which are necessary for survival, including such as avoiding deprivations like starvation, undernourishment and being uneducated (Robeyns 2003; Sen 1999). According to Sen (1999), someone is considered poor when their basic capabilities are deprived, which consequently means that once basic capabilities are met, someone is no longer considered poor in Sen’s point of view and has thus achieved substantive freedom.

One of the first things I asked the respondents during the interview, in line with the second theme of the interview guide, was whether or not they had a stable income before their application and how this affected their living situation. Even though income is not the main focus of Sen’s capability approach, he nevertheless acknowledges the importance of income and the fact that having an inadequate income is actually a distinct feature of poverty. He continues his argument with the point that that income poverty and poverty as capability deprivation are closely related and intertwined with one another, since having a low income consequently relates to being socially, culturally and even politically deprived (Mann 2015; Sen 1999).

For the respondents in this study, having an unstable, low or no income at all affected their capability to lead a sufficiently educated, well-nourished, safe and healthy lifestyle. For example, due to a low income, no one of the respondents managed to pay the school fees to all of their children, leading to most of the children growing up uneducated. Respondent 9 explained that she tried to provide her children with education, but she was not having a stable



income and earning enough to pay their school fees on time, so most of the days her grandchildren got send back home and were not allowed to attend school. Besides their children growing up uneducated, several respondents have also told me how they were struggling to provide their family with food. To illustrate, the interview with respondent 4 produced the following quote regarding her situation;

“The situation was very bad. She realized they could die at some point because they [had] days without food, they were at home and they were crying” – Respondent 4

Respondent 5 confessed that she was embarrassed by her bad living situation and the fact that she could not provide her children with food;

“She used to admire people who could cook meals [and] she used to even lock the house all the time. She always locked the door and asked her kids to stay in [...] so people did not notice [...] to not show everyone” – Respondent 5.

Several respondents further described how their bad living situation was affecting their health; respondent 9 had problems with her knees and could not get treatment, while respondent 2 explained that she became sick “with diseases of poverty” and that she had a “body of poverty”. Subsequently, respondent 3 told me about how her unstable and insufficient income had effects on the conditions of the house they were residing in; the house did not have a roof and it was not secure and safe, but she did not make enough money to improve her living situation. At last, respondent 10 described to me how she used to live with 14 people in one room. When she separated from her husband, she moved into her brother’s house together with her five children, where her brother was already housing her other sister and three children and his own wife and their two children. They lived with 14 people in one room, and she told me about the fear she had that one day one of them was going to get sick.

As mentioned before, Sen (1999) defined poverty as the deprivation of basic capabilities, which referred to the capability to achieve certain functionings like being educated, well-nourished, healthy and safe. What becomes clear when analysing the data and reading the above mentioned quotes is that, based on Sen's definition of poverty, all respondents were considered poor before their admission to Abide Family Center. Because of their unstable, low or no income the respondents could not achieve to pay school fees leading to their children being uneducated, they could not achieve to provide the family with food leading to malnourishment and they could not achieve to provide a safe and healthy living environment for their family. The respondents were restricted in life and were deprived of having the freedom to do things necessary for their survival (*Ibid.*).

#### **4.2 Development and the development process**

The third theme of the interview guide used during the interviews was related to the reasoning of application to Abide Family Center, and followed up on the question discussed in the previous section. It can be concluded that the answers provided throughout the interviews are in most-cases similar; the majority of the respondents applied in order to obtain support for their families, as they were unable to care for them independently. Meanwhile, a small minority specifically stated their reasoning for application was to keep their family together. To illustrate, respondent 5 stated that for her the main reason to apply at Abide Family was to prevent her from losing her children; she had been receiving warnings that her children would be removed from her care due to her bad living situation. Respondent 6 decided to apply at Abide Family Center after she tried to place her children in an institution;

“She had taken the children to this home, to place them at (name of institution, red.). And then the person in charge [...] instead referred her to Abide. [...] The lady asked ‘but do you love your children?’ [...] Do you want to stay with your children?’ Then she said ‘yes I do’” – Respondent 6.

The question following up upon the above discussed question was related to the hopes and expectations of the caregivers when they applied to Abide Family Center. Those answers are also similar, and a quote about respondent 9 summarizes it well; she hoped that “her living standards would improve”. However, what becomes noticeable when reading all answers of the respondents, is the fact that the majority of the respondents were stating that they expected ‘to get’ things, such as help, a business, a sewing machine, an income, a job or a house. This goes against Sen’s framework of thought, how he defines development and what, according to him, is important within the development process. In section 3.2 of this study Sen defines development “as the process of expanding the real freedoms that people enjoy” (Sen 1999 p. 36). According to Sen, development entails the removal of unfreedoms which leave the individual with little to no choice and opportunity of exercising their own agency. He further states that the focus of his capability approach is not as such a focus on the development of an individual, but that the process of development is equally as important (*Ibid.*). Sen points out that within a development process people have to be seen and have to be given the opportunity to actively be involved in their own development process, rather than just act as passive beneficiaries of development programs or interventions (Deneulin & Shahani 2009; Ibrahim & Tiwari 2014; Sen 1999). The development process should not simply enable people to generate more income, but should at the same time provide people the access to different opportunities to ensure that they can actively participate in creating their own opportunities; organizations should take on a supporting role “rather than one of ready-made delivery” (*Ibid.*: 53).

This is not exactly in line with what the respondents stated, by expecting ‘to get’ certain things from Abide Family Center. But, the way of working at Abide Family Center is not providing a ‘ready-made delivery’ role (*Ibid.*). Abide Family Center does not simply hand out grants to clients so they can set-up their business. Instead, they do expect their clients to actively participate in their own development process. In Sen’s words, Abide Family Center is expecting their clients to not act as passive beneficiaries, but rather to actively participate in

creating their own future opportunities (*Ibid.*). During the group interview with four employees of Abide Family Center, I asked them to explain how the prevention intervention is set-up. Respondent A explained to me that they offer a complete training, but not all elements are forced up upon the caregivers. It is a requirement to attend the parenting and business classes, but all other classes and counselling opportunities are voluntary; it is up to the caregiver to decide what they think is necessary for them and their future. Respondent A makes a further point that mostly all of their clients decide to attend all classes offered. In sub-section 2.2.2 of this study the main characteristics of an effective family strengthening support service have been presented, which included a focus on extensive capacity building, access to basic services and the strengthening of the economic capacity of beneficiaries (Csáky 2009). When comparing those characteristics with the components of the prevention intervention at Abide Family Center as described by the employees, it can be concluded that, theoretically, the prevention intervention meets the requirements of *The Guidelines* for an effective family strengthening support service.

When attending the classes of the prevention intervention, the caregivers are expected to actively participate in the classes and thus in their own development process. For example, respondent A explained how she as a teacher of the parenting class expects the caregivers to share their own experiences and stories and how she is using those within her teaching material. Besides that, by providing the caregivers with the opportunity to share their stories and experiences she ensures that the respondents feel seen and heard, one of the core concepts of a development process according to Sen (1999). Respondent C explained me more about the business classes, amongst others how she is actively teaching the caregivers how to deal with customers, how they are actively practicing with counting money and keeping track records, as well as how the caregivers are expected to conduct research in their community in order to determine if there's a market for their desired business, and write a business plan about it;

“We are all aimed at preparing these people how to build their business with the money they are going to receive, so they can be able to use it effectively and support their families [...] We not just bring anything for the sake of doing business [...] So they have to plan which businesses will help to invest in” – Respondent C.

Conducting a market-research and writing a business plan cannot just be seen as a strategies to ensure that there is a need for the business of the caregiver, it also acts as a strategy to actively involve the caregivers in their own development process. It provides them the opportunity to actively participate in creating their future opportunities, a core concept of the development process according to Sen (1999).

Following up upon the development process of the caregivers, I asked the caregivers what they have learned at Abide Family, how they have been implementing this in their daily life and what the effects are. Both respondent 3 and respondent 10 told me how they were mainly looking forward to receiving money to set-up their own business, but how they during the classes realized that you cannot just receive the money but need to learn business skills as well. They made a further point that the classes helped them to understand how to raise an income out of their business;

“In the beginning you go there, looking forward to the set-up capital they are going to give you. But in the process she realized that she also needs the knowledge. So she was able to get the knowledge and advice from the instructors [...] and she knows now how to run a business very well” – Respondent 10.

“She has been using Abide its money for her little projects [...] with Abide’s money she has been able to do a lot of things and before she could never [...] She is most happy with the money she got, and most proud about how she invested it” – Respondent 9.

The following statement by respondent 5 demonstrates how her current situation is now completely different compared to 3,5 years ago, since she started to invest and expand her businesses;

“They gave me capital and I started selling second-hand clothes [...] I worked so hard. My kids were all seated at home at that time of assessment, now they all went back to school. We didn’t have any food, I started getting good so my kids can eat. I worked in that situation. All my profits that came out of my first business, I started to expand to other businesses. I rented a garden. I started to dig and to plant things [...] I left the house and moved into a slightly better one [...] My profits kept increasing and increasing. I got so much money, I expanded and was able to buy land. I bought this plot of land where this house is, and I build this house” – Respondent 5.

Respondent 5 explained very clearly how the skills she had learned during the classes at Abide Family Center enabled her to improve her living situation and expand her businesses. It can be concluded that what she learned during her development process increased her capabilities to improve her living situation. Respondent 2 did the same, however, she stated that she felt her situation had changed already when she started to attend the classes at Abide Family Center and felt more self-confident;

“The moment she started going to Abide, waking up early in the morning knowing that she was going to classes, she felt if she had a reason from there. She felt as if she is a person like any other person” – Respondent 2.

The capability approach is not just focusing on the development outcomes of an individual, but the process of development is equally important (Sen 1999). According to Sen, within a development process the beneficiary has to be seen and to be given the opportunity to actively participate in creating their own future opportunities, rather than just simply be supported to generate more income (Deneulin & Shahani 2009; Ibrahim & Tiware 2014; Sen 1999). The

story of respondent 5 illustrates very clearly the development outcomes for her, and how she is able to actively work on her own development process, even once having generated a stable and sufficient income. The story of respondent 2 on the other hand emphasized the development process more, and illustrates how she as an individual felt changed already at the start of the development process. When looking at the overall development and development process of the respondents from Sen's point of view, who states that development outcomes are important but the development process is equally as important when expanding people's freedoms (*Ibid.*), it can be concluded that the intervention at Abide Family Center includes the aspects highlighted in Sen's capability approach. Abide Family Center does not simply provide a business grant, instead they motivate their clients to actively participate in their own development process and provide them with the opportunity to work on creating their future opportunities (*Ibid.*). The respondents stated that at first, they were looking forward to receiving the money for the business grant, but during the development process they discovered that they can actually influence their own life and that their development process is not just about 'getting' something.

#### **4.3 Being an agent**

The aim of the capability approach is to enable individuals to become agents in their own lives (Ibrahim & Tiwari 2014). This consequently raises the question how the concept of agent should be defined. In section 3.4 an attempt has been made to describe the concept of agency, which could not be done without first describing the concept of empowerment from Sen's point of view. Empowerment is by Sen (1999) described as the expansion of capabilities in order to enhance freedom and well-being. In Ibrahim & Alkire Sen defines agency as "what a person is free to do and achieve in pursuit of whatever goals or values he or she regards as important" (Ibrahim & Alkire 2007 p. 9). When being an agent, this implies that the individual has the ability to decide for themselves and has the responsibility to take action or decide not to. In other words, empowerment is seen by Sen as the expansion of agency (*Ibid.*).

Abide Family Center aims to empower caregivers in order to prevent family separation in Uganda. During the group interview with the employees of Abide Family Center, I asked them the question how they would define empowerment. Respondent B quoted the following;

“It means you stand on your own. You are empowered if someone is confident [...] You can be there without a husband. You stand on your own, you take care of your children without a husband” – Respondent B.

Respondent A explained that for her empowerment means “giving someone the power to be able to live”. She further stated that her clients do not have that power when they apply at Abide Family Center, but during the program they are giving them the power by teaching them a variety of skills. Respondent C continued on this, by stating that the empowerment program at Abide Family Center includes the whole process. According to her, empowerment starts with the knowledge that Abide Center Family provides their clients with, but it includes the whole package, including social, psychological and health support and income generation activities. In the end, the respondents defined that for them empowerment means the following;

“[having the] capabilities to do it by yourself [...] So when someone is empowered [...] it’s a person who is able to sustain themselves, to make their own decisions” – Respondent C.

When comparing the above mentioned quotes with the described theory, it can be concluded that similarities appear between the two of them. Sen explains empowerment as the expansion of agency, meaning the expansion of an individual’s ability to make their own decisions (Sen 1999). This is related to the quotes by both respondent B and respondent C, namely, when being empowered someone is confident, can sustain for themselves and is able to make their own decisions. This would imply that the empowerment program at Abide



Family Center should increase the ability of their clients to make their own choices and decisions. What Sen describes as an important characteristic in the process of empowerment, is that people should act as agents during the development process and actively be involved in their own development process, in order to eventually realize the goals which they value to achieve in life (Deneulin & Shahani 2009). How the clients are actively being involved in the program at Abide Family Center is already discussed in the previous section, however, during the interviews with the caregivers I discussed with them their freedom of choice, in Sen's words their ability to realize the goals which they value to achieve (Sen 1999). I asked them what they value in life, and how Abide Family Center has helped them to pursue whatever they value as important in their life.

All respondents told me that before their application to Abide Family Center they were not able to make the choices they would have liked to make for themselves and their families. This corresponds with the quote by respondent A that clients lack the power to be able to live and realize their goals when they apply at Abide Family Center. Respondent 2 told me that she never even used to think about dreams that she had, because there was no way that she could achieve it anyway, while respondent 5 told me that it was her biggest dream to have all her children in school and to be able to cook meals for them, but that she was not able to achieve those dreams. In the previous section it has already been mentioned that, by investing and expanding her businesses, she was able to pay school fees for her children and provide them with meals. She continued that she did not feel confident before her application at Abide Family Center, but now "her heart is healed" and she realizes she has the ability to keep pursuing her dreams.

Several more respondents told me about the things they valued and dreamed of, how at first they were not able to achieve those, but now they managed. For example, respondent 9 told me that before her application at Abide Family Center, she used to work as a casual labourer on other's people land, and

with the income she earned she could sometimes manage to buy food for her family. When discussing if and how she now has more freedom of choice, she referred back to her unstable food supply and told me that she is now able to buy meat every once a week and makes sure that every Sunday her grandchildren have the joy of eating meat for dinner. This is something she values a lot but could not manage to do before. Respondent 10 told me how she felt more confident to stand up for herself and her family and decided to move with her family, to escape the oppression of her former landlord;

“She is very confident now and is giving me a scenario of the landlord she had on the other side (former house, red.). [...] the landlord treated her and her kids bad [and] she accepted that oppression because she didn’t have another choice. But by now she was like, ‘no’” – Respondent 10.

The above mentioned stories and quote from the respondents illustrate how they are now considered an agent in their own life, since Sen defines agency as being free to do and achieve in pursuit of whatever you consider as important (Alkire & Ibrahim 2007). Respondent A, B and C stated earlier that someone who is empowered, and thus an agent in their own life, is confident, can sustain herself and is able to make her own decisions. The story of respondent 5 illustrates how she pursued her dreams and can now sustain herself, while the story of respondent 9 demonstrates how she is able to pursue what she values as important in life and the story of respondent 10 portrays how she has developed into an independent and confident woman who decided to choose for herself and her family and escape the oppression of her former landlord. However, being an agent does not always entail you have realized your goals and pursued your dreams. Instead, according to Sen being an agent means that you are able to decide whether or not you will take action (Ibrahim & Alkire 2007). This sometimes means to postpone the realization of your dream, because something else came across your path. The fact that you have the opportunity to decide whether to take action or decide not to, already indicates someone is an agent in their own life. This became clear during my interview with respondent 4. The

woman told me that from an early age on, she had the desire to build her own chicken house and to rear chickens. However, she needed money to do so which she never had. She had promised herself that if she would ever have the sufficient amount of money, she would build herself a chicken house. When I asked her later during the interview if the program at Abide Family Center had helped her in achieving her dreams, she states that “she has got some, but she hasn’t gotten some”. She refers back to her dream of the chicken house, which she has not fulfilled yet despite having the money now. She instead decided to pay tuition fees for her daughter to get her enrolled at university. As soon as her daughter is graduated, she will spend the money on her chicken project and finally fulfil her life-long dream. Despite having the ability to fulfil her dream, respondent 4 instead made the decision to pursue something else she valued in life. Having the ability to decide for herself whether to fulfil her personal dream of prioritize something else first, proves that also respondent 4 is an agent in her life.

All in all, what Abide Family Center does when empowering their clients is not just expanding their capabilities, for example having the sufficient amount of income to feed their family and live in a safe house. Rather, what can be concluded is that by empowering their clients, Abide Family Center is providing them with the opportunity to become agents in their own life. Being an agent, according to Sen, implies that one is able to decide and free to achieve and pursue whatever he or she considers as important in their life (Ibrahim & Alkire 2007). What Abide Family Center does is placing the role of income in a wider and broader picture, whereby the usefulness of income lies in the things it allows the clients to do (Sen 1999), which includes feeding their children but also to stand up for themselves and make choices in regards to whatever the client believes is important.

#### **4.4 Keeping families together**

As discussed in the document analysis, Uganda has known an enormous increase of children growing up in institutional care. The main push factor of child institutionalization is the burden of poverty and the social, cultural and political deprivation as a result of living in poverty, while the main pull factor is related to beliefs and attitudes towards child institutionalization; there is a common belief that children are better off in an institution. Besides that, there is often a lack of awareness about the negative developmental effects of growing up in institutional care.

In section 4.2 of this chapter it has been mentioned that poverty for many respondents was the reason to apply at Abide Family Center, with poverty in that case being defined as the deprivation of basic capabilities, rather than “merely a lowness of income” (Sen 1999 p. 87). From that point of view, in the case of the caregivers poverty affected their functionings of being educated, being well-nourished, being safe and being healthy. What Sen (*Ibid.*) is aiming to do in his capability approach, is understanding the concept of poverty as deprivation in terms of the life one can lead and the freedoms they have. What he is implicating is that when being poor, meaning deprived of basic capabilities, one is deprived of having certain freedoms and is therefore being deprived of living a life one values to live and making the choices to do so (*Ibid.*), which consequently refers back to being an agent, as discussed in the previous section.

Being poor, therefore being deprived of certain freedoms and therefore not being able to act as an agent in your own life, can be traced back to the stories told by the respondents when I asked them if they had ever considered to place their children in an institution. The majority of the respondents replied that they had considered to place their children in an institution, because of their bad living situation. To illustrate, in the interview with respondent 1 produced the following quote in regards to her consideration;

“She had not reached that stage, but because of her stressed situation she had it in mind. It was something she looked for to do, before we (Abide Family Center, red.) came” – Respondent 1.

Respondent 4 told me how she had walked around in the area looking for an institution where she could place her children. She felt that her living situation was so bad that she believed her children were better off somewhere else. But, during her search to an institution which would take in her children, she met with someone who informed her about Abide Family Center and how they could help her and her family. She stated that if it was not for the person who told her about Abide Family Center, she would have placed her children in an institution as soon as she would have found one. The story of respondent 4 is similar to the story of respondent 6 as presented in section 4.2, as she had taken the children to an institution to place them there when she met with someone who instead referred her to Abide Family Center. When analysing the data, it can be concluded that the majority of the respondents had considered to place their children in an orphanage. What also becomes clear is that the majority of the respondents have stated that it was not something they wanted to do, but because of their bad living situation they believed they had no other choice.

Respondent 7 is the only respondent who I have spoken with, who had one of her children placed in an institution. I asked her why she made that decision, and if she regret making the decision or not. The following quote illustrates her answer;

“She had no other choice. She had no way of taking care of her (name of child, red.) [...] The conditions made her to be in (name of institution, red.). It was not her choice” – Respondent 7.

The above mentioned quote is evidently showing that respondent 7 by that time was not an agent in her own life and was considered poor not only because she was deprived of basic capabilities, but also because she was

deprived of having the freedom to make the decision to place her child in an institution or not; the respondent clearly stated that she did not feel like she had any other choice. Though her children were not placed in an institution, yet, also respondent 5 felt like she did not have a choice when it came to her children being placed in an institution; as described in section 4.2, she had been receiving warnings that her children would be removed from her care due to her bad living situation. However, respondent 5 decided, based on the warnings she had been receiving, to apply at Abide Family Center in order to improve her living situation. She did not have a choice whether to place her children in institutional care, but she did make the decision to apply at Abide Family Center and therefore can be considered being an agent in her own life at that point.

At the end of most interviews I asked the respondents if they were still considering to place their children in an institution. The data shows that no one of the respondents would do so anymore. When analysing the data, three different reasons appear which explain why the respondents were no longer considering to place their children in institutional care. The first reason which appears is related to the respondents now being able to sustain themselves and their family;

“She is not thinking about it, because she is working, she is taking care of her kids, all her kids are in school, they are eating well. She is not worried” – Respondent 1.

Respondent 8 has told me something similar, however, she adds that knowing she is capable of taking care of her family has increased her level of self-confidence a lot. She stated that during the classes at Abide Family Center she learned, amongst others, how to feed and comfort her children. She now feels more self-confident about her capabilities to sustain her family and raise her children.

The second and third reason which appeared are both related towards the lack of awareness as described at the start of this section. First of all, there is a lack of awareness about the negative developmental effects of growing up in an institution. Respondent 4 believed that her children were better off in an institution than at home, and she was therefore actively looking for an institution where she could place her children. But, when I asked her why she was no longer considering to place her children in an institution, she stated that she now realized that her children are better off at home, with her. She explained to me that she came to this realization because of a combination of two factors. First of all, she became aware of the fact that growing up in an institution is not as beneficial for a child as she always thought it would be, which is something she learned during the parenting class. Secondly, the respondents realized the negative environment for a child when growing up in institutional care;

“She sees that some of the children in the orphanages are suffering [...] all the orphanages she went to, those kids are suffering. They are not getting the help they need and to go to school, they are just staying in the orphanage and they don’t have the parental care and they are not well taken care off. She doesn’t want that for her kids anymore. She realizes that her kids are better off with her [...] Right now she has the capacity and the capability to take care of her children” – Respondent 4.

Increased awareness about the negative developmental effects for a child when growing up in institutional care made respondent 4 change her mind about her consideration to place her children in institutional care. Respondent 2 stated something similar as respondent 4, however, she shifted her focus towards the positive effects of a child’s development when growing up in a family. When I asked respondent 2 what made her change her mind, she told me that during classes she learned about the benefits of her children growing up in her care. She told me how she had been taught about the effects of children growing up in a family rather than in an institution during the parenting classes, and that the way Abide Family Center cared for their clients and children made her become

more aware of her own family. She further stated that she had learned the importance of showing affection towards her family, which led to her starting to hug her children – something she never used to do. Despite her old age, she learned the meaning of love and realized that her family is better off with her at home, when her children are growing up in a loving family.

What can be concluded is that Abide Family Center has addressed the three main factors leading to child institutionalization in Uganda in their intervention; (1) Poverty; (2) Attitudes and beliefs, and (3) Increased awareness. It might seem that Abide Family Center addresses the poverty of their clients, defines as their deprivation of basic capabilities (Sen 1999), by providing income generation activities. However, the main focus of the income generation activities lies in what the income allows the caregivers to do, namely, becoming agents in their own life and deciding to keep their family together (*Ibid.*) The income generation in combination with the parenting classes increasing the awareness of the developmental effects of institutional care and family care has led to all respondents stating they no longer considered to place their children in institutional care. The prevention intervention at Abide Family Center enabled the caregivers to have the freedom to make their own choices and pursue what they value in life, as discussed by Sen (*Ibid.*), which led to the caregivers keeping their families together.



## Conclusion

The aim of this study was to support the elimination of child institutionalisation in Uganda, by illustrating how a separation prevention intervention can act as a development tool to empower caregivers and prevent family separation in Uganda. In total the following 4 research questions have been used to guide and structure this study;

- (1) What are the characteristics of the current child institutionalization situation in Uganda, and what are the socio-economic factors contributing to this situation?*
- (2) What would be the most beneficial child care situation for a child's development, and what is needed in Uganda to achieve this?*
- (3) How has the prevention intervention influenced the interviewed caregivers ability to pursue whatever they value as important in their life?*
- (4) In what ways did the implementation of the prevention intervention enable the interviewed caregivers to keep their family together?*

In the following section an answer will be formulated to the research questions, in order to conclude whether or not a separation prevention intervention can act as a development tool to empower caregivers and prevent family separation in Uganda. The final section of this chapter will end this study on a critical note.

## Summary of findings

Analysing both grey and scientific literature has provided an extensive insight into the current child institutionalization situation in Uganda and its socio-economic factors contributing towards it. The sector has known a recent growth rate of 1,624% and today an estimated 150,000 children are growing up deprived of parental care in an estimated 800+ facilities in the country (Milligan 2016; Okello et al. 2019; Walakira et al. 2014; Winkler 2016). The document

analysis has demonstrated the challenging and complex features of the sector, and illustrated the scope and reasoning of why the phenomenon of child institutionalization is so embedded in today's society. There is a variety of factors explaining the reasoning of child institutionalization and the enormous growth rate of the sector, including the burden of poverty and the social, cultural and political deprivation as a result of living in poverty (Mann 2015; Okello et al. 2019), the questionable role of NGO's as central players in Uganda's care for OVC and a lack of awareness about the negative developmental effects of growing up in an institution. There is a common belief that children are better off in an institution, however, research has shown that growing up in institutional care leads to negative effects for a child's cognitive, physical and social-emotional development, which will inevitably hinder the child later in life.

As counter argument, the second part of the document analysis demonstrated the positive developmental outcomes for a child when growing up in a family, including the protective and empathic family practices which are increasing health, well-being, resilience and the ability to develop long-lasting relationships of a child. The increased awareness about both the negative developmental effects of institutional care and the positive development effects of family care, in combination with the increased concern about the high number of children growing up in institutional care, has led to the development of policies aiming to eliminate the use of institutional care. What becomes clear is that, based on *The Guidelines*, the Ugandan government has implemented several policies and frameworks prioritizing the expansion and improvement of family strengthening support services, in order to decrease the number of children growing up in institutional care. However, it has also been presented that today Uganda is lacking sufficient family strengthening support services. It can be concluded that what is needed to transform the Ugandan OVC care system are family strengthening support services focused on keeping children in families or referring them back to their family, consisting of economic support,

extensive capacity building and access to basic services (Csáky 2009; Milligan 2016).

Conducted interviews with both employees and clients of Abide Family Center have illustrated that the family separation prevention intervention at Abide Family Center can be considered such a family strengthening support service. Using Amartya Sen's capability approach as theoretical framework, I have been able to analyse the data from a people-centred development view. This does not imply that the economic aspect of poverty and development has been left out. Rather, what can be concluded is that Abide Family Center does include a major focus of the intervention on income generation. However, in line with Sen's framework of thought, the main focus lies on what the income allowed the caregivers to do (Sen 1999). Abide Family Center aims to empower caregivers through classes, counselling and a business grant, in order to ensure their clients can sustain themselves and can take care of their children. By providing caregivers with the opportunity to actively improve their economic circumstances, the experiences of the interviewed caregivers illustrated that their increased income expanded their opportunities and freedoms. The respondents were not only able to escape their deprivation of basic capabilities, they are now able to pursue whatever they valued as important and have the freedom to make their own choices and decisions.

The interviewed caregivers have confirmed that they act as agent in their own life. By having the economic power to sustain their family, the caregivers are able to stand up for their family, decide to pursue whatever they value as important, achieve their dreams and most importantly in the context of this study, they are able to keep their family together. Though with the limitations of this study in mind, such as the sample size and the use of translators during the interviews, I conclude that the family separation prevention intervention at Abide Family Center can act as a development tool to prevent family separation and therefore decrease the number of children growing up in institutional care in Uganda.

## **Ending on a critical note**

What has not been discussed in this study is the fact that Abide Family Center is, thus run by a team of Ugandans, depending heavily on foreign donations in order to carry out the intervention. Despite the good intentions of financial sponsors of Abide Family Center, foreign donations create dependency. While an in-depth analysis of the foreign donation dependency exceeds the scope of this study, it is important to keep the overall concept in mind, when interpreting this study and its results. I still believe that a family separation prevention intervention as offered at Abide Family Center can act as a tool to prevent family separation in Uganda. However, what I believe should be considered is the question whether in the long-run this can be considered a development tool if by implementing the intervention the NGO is depending on foreign donations. What I would recommend is future extended research about the opportunities of implementing an intervention as such, but one whereby no dependency on foreign donations is required. Abide Family Center enables caregivers to sustain themselves and their families – What would be more symbolic than Abide Family Center being able to sustain itself as well?

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# Appendix

## 1. Conducted interviews

Respondent	Date of interview	Gender M/F	Partner involved	Age	Size of household	Number of children	Time since graduation
1	11-03-2019	F	No	43	4	3	1 year & 2 months
2	12-03-2019	F	No	64	6	1 + 4 grandchildren	4 years
3	14-03-2019	F	No	32	8	7	2 years & 3 months
4	15-03-2019	F	No	37	6	5	1 year & 8 months
5	20-03-2019	F	No	37	5	4	3 years & 8 months
6	20-03-2019	F	No	35	4	3	3,5 years
7	22-03-2019	F	No	52	6	2 + 3 grandchildren	1 year
8	27-03-2019	F	No	34	8	7	3 years
9	27-03-2019	F	No	64	3	0 + 2 grandchildren	3 years
10	28-03-2019	F	No	33	6	5	1 year
A, B, C, D	Respondents A, B, C and D represent the employees at Abide Family Center.						

## **2. Interview consent**

To whom it may concern,

My name is Maret Achterberg and I am a master student in Development Studies at Lund University in Lund, Sweden.

During March 2019 I am conducting fieldwork for my master thesis in Jinja, Uganda. My thesis aims to study the role of family separation prevention interventions as a mean to decrease child institutionalization in Uganda. I will hereby specifically focus on the prevention intervention offered at Abide Family Center.

You have agreed to participate as an interviewee in my fieldwork. As a participant for my master thesis study you are extremely valuable to me, and the information you will provide me with will be a significant contribution to my thesis. All participants of my research will be guaranteed full anonymity, and you will not be named anywhere in my thesis. All information provided will be handled with care. You have the right to withdraw from my research at any time, without it having any consequences. In the case of withdrawal, the information you have provided me during the interview with will no longer be used in my master thesis.

By agreeing to be interviewed, you have given me your approval to have the interview recorded and transcribed. The information you will provide during the interview will be exclusively used for this master thesis study only.

If you have any further questions and/or concerns, please do not hesitate to reach out to me at any time. My contact information can be found at the end of this consent.

I am very grateful for your participation.

Maret Achterberg

maret.achterberg@hotmail.com | +31 6 43594604

Signature respondent:

Signature translator:

Signature interviewer:

### **3. Interview guide group interview**

#### **Theme: Personal motivation**

Aim: This theme aims to provide an insight into the motivation of the respondent to fight child institutionalisation in Uganda.

Main question: Why did you decide to work at Abide Family Center?

Sub-topics: Introduction – Professional background – Personal background – Work experience – Personal beliefs.

#### **Theme: Referral route**

Aim: This theme aims to provide more information about the referral route of clients to Abide Family Center.

Main question: Could you tell me about the referral route to Abide Family Center?

Sub-topics: Self-referral – Protection officers – Partner organisations – Selection criteria to be accepted in the program.

#### **Theme: Classes**

Aim: This theme aims to provide a more concrete insight into the classes offered to clients at Abide Family Center and how is decided which classes clients have to attend.

Main question: Which classes are offered at Abide Family Center?

Sub-topics: Criteria of attending classes – Parenting classes – Business classes – Benefits of the classes.

**Theme: Businesses**

Aim: This theme aims to provide a better insight in the provided business grants and the set-up of the clients businesses.

Main question: What is the process of the set-up of the clients business?

Sub-topics: Business grants – Market research – Set-up of a business – Follow-up of a business – Failure of a business and its consequences.

**Theme: Empowerment**

Aim: This theme aims to illustrate out the definition of empowerment which is being implemented at Abide Family Center.

Main question: How would you define empowerment?

Sub-topics: Main aspect of empowerment – Empowering individuals – Empowering families – Tools to empower – Being empowered.

**Theme: Preferred changes**

Aim: This theme aims to include everything in regards to changes, within the families as well as the program.

Main question: What is the most important change you'd like to see?

Sub-topics: Changes within the family – Changes within the program.



#### **4. Interview guide semi-structured interviews**

##### **Theme: Demographics**

Aim: This theme aims to provide a background with basic information and demographics of the caregivers and its household.

Main question: Who are you?

Sub-topics: Age – Size of the household – Relation to the household – Relationship status – Education – Time of graduation.

##### **Theme: Household characteristics**

Aim: This theme aims to get an overview of the economic and social circumstances of the caregiver's household before the application to Abide Family Center.

Main question: Could you describe the characteristics of your household before your application to Abide?

Sub-topics: Household characteristics – Living circumstances – Economic circumstances – Ways of income earning – Education – Food security.

##### **Theme: Application to Abide Family Center**

Aim: This theme aims to get an understanding of the families reasoning behind their application to Abide Family Center.

Main question: Could you tell me why you decided to apply at Abide Family Center?

Sub-topics: Reasoning of application – Consideration of placement in institutional care – Personal expectations of the program – Personal hopes of the program.

**Theme: Personal situation**

Aim: This theme aims to provide a better understanding of the hardships and desires of the respondent.

Main question: What are the main thoughts you are dealing with, and how was this different [a certain time period] ago?

Sub-topics: Main thoughts – Main worries – Main fears – Personal role.

**Theme: Emotions**

Aim: This theme aims to provide an insight into the caregivers personal characteristics.

Main question: Could you describe your level of self-confidence, and how was this different [a certain time period] ago?

Sub-topics: Self-confidence – Self-esteem – Independence – Happiness – Thankfulness.

**Theme: Empowerment**

Aim: This theme aims to understand the ability of the caregivers to influence the course of their life.

Main question: Are you able to make the choices you want to make in your life, and how was this different [a certain time period] ago?

Sub-topics: Freedom of choice – Freedom of action – Personal values – Accomplishments.

**Theme: Development process**

Aim: This theme aims to understand the personal transformation of the caregiver and its effect on the household.

Main question: What has changed?

Sub-topics: Personal changes – Personal growth – Changes in household – Highlights of the program – Consideration of placement in institutional care – Expectations – Hopes – Recommendation of the program – Success of the program.