childhood deaths under 5. There is a strong consensus among HIV/AIDS agencies and researchers that the number of cases is grossly under-reported and there are probably up to 5 to 7 times more cases. The principal explanation is that the disease, the patient and the family is stigmatized.

Virtually every district in Uganda has been affected by the spread of the HIV virus. The Uganda AIDS Commission (1994) estimated that over 1.5 million Ugandans are HIV positive. If preventive activities are not increased and attitudes and practices do not change it is expected that 3.8m people will be infected by 1999. The prevalence rate varies from about 2% in remote districts to 35% in urban centres.

It is estimated that in 5 years time 340,000 PWAs will need medical care. This exceeds the Ministry of Health’s budgetary capacity: treatment costs for 1 AIDS patient is equivalent to treatment of 70 episodes of malaria (ActionAid, 1994 p20). Hospitals and health centres have become primary health care units for a large number of AIDS patients; care is also often sought from NGOs, including mission hospitals and traditional healers. It has been estimated that the non-governmental sector provides nearly 2/3 health care in Uganda.

District personnel interviewed by UNICEF identified those most susceptible to acquiring HIV/AIDS as women, and adolescent girls as a result of sexual practices, cultural norms, and social expectations contribute to high risk behaviour. The linkage between alcohol and high risk sexual behaviour needs addressing. The fact that AIDS is stigmatized affects willingness to seek help and quality of support available.

People at risk include the well-educated professional classes, prostitutes, truck drivers, bar girls, soldiers. There has been a tendency to associate HIV’s mode of transmission with risk groups rather than risk behaviours because of the difficulties of observing individual behaviour and groups provide a way of targeting interventions. However, in Uganda, HIV infection has spread well beyond the identified high-risk occupations and it is necessary to look at the circumstances under which people may be at risk. Poverty leads to poor access to risk-reduction information and less support for change to safer behaviour. However, HIV infection may also lead to poverty. In a study of 15 villages by the Medical Research Council (UK) Programme on AIDS in Uganda covering 99,950 people in Masaka district, it was found that both male and female heads of the poorest households were most likely to be HIV positive.

In a related study of a cohort of 10,000 people in 15 villages in those aged 13-44 those HIV-positive were 60 times more likely to die than those HIV-negative. "The excess annual death rate associated with HIV-I infection was 5.3% per 1000 and in adults 7.9% per 1000; the highest excess mortality was 16.9 per 1000 in the age group 25-34." Half of all adult deaths were attributable to HIV-I infection; in the age group 25-34 this was nearly 90%. This is in a rural area where overall HIV-I adult prevalence rate is below 10%, a rate lower than in many other parts of East Africa. (MRC/ODA/UVRI Programme Annual Report 1993).

Women are at risk as individuals, mothers and carers - the low status and powerlessness of African women contributes to their vulnerability to HIV infection. A study of women in Kampala found that income was a good predictor of HIV status: the higher the income the less likely the infection. Two-thirds of the women said that women have boyfriends for economic reasons. In the Masaka area studied by the MRPA women without husbands who make their living from petty trade, hiring out their labour, and beer brewing or selling are called nakyeyombekedde ("I built my own house"). "The term is also considered by local people to be synonymous with prostitute" (Seeley et al, 1994)

There does not seem to have been a large change in behaviour. "The use of contraceptives, including condoms, is highest among educated adolescents (15-18%, about 4 times the national average)" (UNICEF, 1994 p45). One reason proposed for this failure is that sex is often part of an exchange relationship, for example it is exchanged for food.

**People with disabilities:** ActionAid Uganda estimates there are at least half a million people with disabilities most of whom are dependants and number among the very poorest. They do not have
adequate access to services and treatment and find it difficult to get a means of livelihood and suffer from social stigma (as do their families). Growing out of Poverty estimated that 15-17% or the population was disabled, and that excluded the emotionally disabled (Growing out of Poverty, p19) while ActionAid quotes figures ranging between 3% and 11% of the population. In the 1991 census of children in primary school 1.5% were classified as disabled. Most of the disabled are dependants living in poor households. Many disabilities are acquired during childhood but survival beyond 19 is rare and most die before 45 from neglect or poor care. Disabled children from poorer households are less likely to survive during infancy. While many have confidence in their abilities society does not give them the opportunity to realize their potential. "Disabled children are not seen as human beings; they are isolated at home and not sent to school." (Kabale) (UNICEF, 1994 p21). People in several parts of Uganda believe that disability has a supernatural origin; there is a curse, probably on the whole family. They shun the disabled and families hide them.

School attendance by disabled children is limited by stigmatization, negative attitudes, and misconceptions of their physical and mental abilities. District personnel said it also affected attitudes to the children of disabled parents. (UNICEF, 1994, p21). Among the consequences of the civil war was a breakdown in primary health care, including community maternity services and immunization leading to the birth of many children predisposed to disabilities such as brain damage, poliomyelitis, and deafness. Also people suffered physical injury in the war and AIDS has contributed to neurological disorders. The disabled are often ignored in the targeting of essential services such as medical care and education. Even when they are targeted it is often difficult for them to access the services.

Disaster victims: Uganda is prone to earthquakes and pockets of famine. The waterhyacinth taking over the lakes is a slower kind of disaster which is particularly affecting poor fishermen who cannot afford engines to move to free parts of the lake, and whose nets get broken by the water hyacinth (see box).

The Western region of Uganda will always be vulnerable to earthquakes and the epicentre of the latest one to hit (6 February 1994) was at Kizomoro in Toro. Other districts affected were Kasese, Bundibugyo, Mbarara, Bushenyi and Kabale (New Vision, 28 February 1994). 500 dwellings were destroyed and the damage to public buildings and private property was estimated at US$19m.

While there has been dispute about the number of people who died in the recent famine in Kumi and Soroti, and a Commission of Enquiry is currently investigating what actually occurred, it is clear that many people suffered during the drought. "The few able villagers trek through thorny bushes hunting for wild fruits, tubers, green vegetables (ecadoi). Those who live near Lakes Kyoga and Bisina shores wade through the marshy waters to look for water lily tubers (ikorom) which have to be cooked meticulously because they are semi-poisonous." NV May 27 p16.

Refugees: According to the recent ActionAid report there are currently almost half a million refugees in Uganda. Recent estimates are as large as 1 million. In the late 1970s and early 1980s there were large waves of outmigration but by 1989 pacification and resettlement programmes had encouraged the return of 300,000 externally displaced Ugandan refugees. The intensification of the war in Sudan in 1988 and Rwandan unrest increased immigration into Uganda, although many of the Rwandans have now left. It is estimated that in the last 10 years over a quarter of a million people have taken refuge in Uganda; from Rwanda, Sudan, and fewer from Zaire, and Somalia. These periodic movements have stretched the meagre support networks in Uganda as the refugees tend to gather in parts of the country least suitable to handle the influx; Zairean refugees in camps around Arua and Bundibugyo districts; Somalis mainly in the capital.

Refugees suffer from all the different dimensions of deprivation. They are subjected to indignities, humiliation and an uncertain future as well as other hazards, poverty included. The state of being stateless makes the refugee poor as there is often no access to resources such as land and capital. Since the draft Constitution has backdated Ugandan citizenship to 1962 this has increased the
psychological difficulties and problems of integration of refugees.

Case study: Fisherman by Lake Victoria, near Entebbe

Fisherman 1: We interviewed him just after the water hyacinth had taken 30 rolls of his nets and he said this was his major problem. He could not afford an engine so had to row and this reduces the number of fish caught as well as making it harder to escape the water hyacinth. He has a very high graduated tax of 9,900 sh and school fees for his children are hard to find. He has 4 children and two are in school: in P3 and P4. Income tax was not a problem until the water hyacinth came. It takes the nets there are not so many fish as the young ones die because of lack of oxygen. It is very difficult to fight it and they need a lot of support and help.

Boats are very expensive because timber is expensive because the forestry people are restricting the cutting down of trees. He sends money to his village where he has dependants, but his only money source is being eroded. Nets are very expensive even though there is a local industry producing them. The area lacks an organised market; there is a need for a market out of the country. There are no fishermen’s associations and he doesn’t know why not.

Fisherman 2 listed his problems as, first the water hyacinth which affects canoe movement out of the landing, especially when boats have no engine, and second the fluctuation of prices which depend on middlemen who come from town and fix the prices. It is the middlemen who benefit most. If there were more fish processing plants the price of fish might rise.

Interviews: A Ssewaya and P Bevan

September 1994

Most refugees are children (often orphans), women and the elderly. They are exposed to a number of diseases as a result of poor sanitation in transit and settlement camps. Other problems include shortages of food and high levels of malnutrition, poor access to resources, inadequate educational funds; lack of accommodation and clothing. Many of these refugees have been in Uganda for years and no political solution has been proposed. NGOs are coping with burden of trying to provide for these groups.

Displaced people: There are an indeterminate number of displaced people from many causes including evictions and civil conflict. They contain a high proportion of women, old, and children and usually live in camps characterised by squalor, poor sanitation, shelter and nutrition. Their numbers greatly exceed the capacity of national institutions to cope (ActionAid, 1994). They move in large numbers usually with little prior notice and during the transition face a number of problems which make them vulnerable to poverty. The most recent examples are the Masindi Port Settlement (about 140 families displaced by war in the north), the Mbujo Settlement in Mbarara district with 700 families displaced from Luwero during the war and Bugangaizi where 14,000 are now living in 21 settlements and 3 camps. They were evicted from Kabarole District during the war and hoped to return at the end of it but didn’t. Others moved because of political persecution (eg from Acholi) while others have been evicted from forest and game reserves and land earmarked for government development. They have food scarcity, poor sanitary conditions, overcrowding leading to poor drainage, poor refuse disposal, low levels of income or none at all, poor or no social infrastructure (schools, health centres; markets) and limited availability of land leading to overcrowding and limited production.

The war-affected areas have suffered widespread physical destruction and severe economic dislocation causing losses in agricultural production and livestock, loss of parents, spouses, and children, and disablement and psychological traumas. Most areas of the country suffered during the civil unrest, although areas such as Gulu, Arua, and Luwero were particularly ravaged. About 500,000 people
died in the various conflicts and many more were tortured, raped or maimed (ActionAid, 1994). The war-affected areas include Arua, Gulu, Rakai, Luwero, Soroti, Pallisa, Kumi and Kitgum affecting a combined population of 4 million people between 1979 and 1986. Rebel activities in the north have impeded the process of rehabilitation.

In Arua with a population of about 638,000, every part of the district suffered some kind of damage; 300,000 people went into exile in Zaire and the Sudan; postal services, police stations, communications network were all destroyed and most roads and bridges were damaged. In Aringa and Koboko counties three quarters of the schools were destroyed. There was a major decline in the production of food and cash crops: cotton cultivation stopped while the cattle population dropped from more than 200,000 before war to 120,000 in 1991/2. Before the war 22 cattle dips functioned; after the war only 2.

In Gulu, with a population of 340,000, most people were displaced from their homes, people were killed, roads and bridges damaged, government buildings destroyed. Education and health services collapsed; many children were orphaned. World Vision registered 70,000 orphans in 7 sub-counties in 1990.

The retrenched: the forced redundancies did not cause social unrest because of the generous compensation. However, it is likely that many of the retrenched will remain unemployed for a long time and may need programmes to help them re-enter employment. There is anecdotal evidence of numbers of retrenched people committing suicide.

Projecting the Size and Shape of Future Problems

Looking into the future is always dangerous but there are a number of factors which are important for our vulnerable groups which we can be fairly sure about and these are that the population will continue to increase, that the impact of HIV/AIDS will get worse, that crises due to climatic conditions, pests, and earthquakes can be expected at times, and that the risk of environmental degradation is high.

Uganda (85 people/sq km) is more densely populated than Kenya (43/sq km) and Tanzania (29/sq km). In 1991 there were 16.6 million. At the present rate of growth of 2.5% Uganda can expect a population doubling time of about 28 years. This will be influenced by changes in fertility rates and AIDS-related mortality.

The vulnerability of resource poor farmers is on the increase (ActionAid Uganda RPF, p21). The increases in population are not being matched by improvements in technology, accessibility to services is limited and land is becoming increasingly scarce due to unfavourable tenure systems, population pressures and exploitation of poor by rich.

Predictions have been made about the impact of AIDS on Uganda’s economy (Armstrong and Ainsworth, 1991) and include a decrease in agricultural production and a resultant decrease in foreign exchange. There is an estimate that by 1996 there will be half a million AIDS landless. Also life expectancy, now in the low 40s is predicted to decrease in the next decade, primarily as a result of to HIV/AIDS. It is estimated it will be 40.7 by the end of the 1990s; one of the worst in the world.

In Figure 2.5 we make some guesses about changes in the near future in the size of the vulnerable categories we have described. The numbers in poverty is only one criterion of the severity of a problem and it is important for policymakers and donors to consider the severity of the conditions of different groups at different times.

General coping strategies

Poor people are well aware of the dimensions of vulnerability discussed in the paper - seasonality, life cycles, internal and external shocks - and plan their livelihood strategies with them in mind. Coping strategies can be adopted by individuals, households, communities, ethnic groups or whole
nations. Here we are concentrating on individual and household strategies. Strategies can be seen in terms of (1) how individuals manage their poverty, and (2) the institutional forms and rules that they develop as they interact. Before turning to particular strategies adopted by the groups we have identified we will discuss general strategies that have been adopted by many poor individuals or households.

<table>
<thead>
<tr>
<th>Figure 1.5</th>
<th>Categories of poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers likely to increase</td>
<td>Numbers unlikely to change much</td>
</tr>
<tr>
<td>urban poor</td>
<td>widows</td>
</tr>
<tr>
<td>PWAs</td>
<td>sick</td>
</tr>
<tr>
<td>AIDS widows</td>
<td>pastoralists</td>
</tr>
<tr>
<td>AIDS orphans</td>
<td>women</td>
</tr>
<tr>
<td>the retrenched street children</td>
<td>children</td>
</tr>
<tr>
<td>single mothers the retrenched landless new settlers</td>
<td>* This depends on the success of the agricultural growth strategy</td>
</tr>
</tbody>
</table>

Selling services: People sell services; for example their labour or sexual services. In many parts of rural Uganda working for wages for others is despised making people reluctant to do it. In times of famine or similar difficulty distress selling of labour by females is becoming more common. Women in need may sell sexual services; this is sometimes accompanied by beer brewing and sale. The increased risk of HIV infection of the poor may be due in part to the income-generating strategies they adopt to survive. (Seeley et al 1994).

Asset-sales: Another general coping strategy is the accumulation of assets which can be used but also can be sold if necessary. This is an accepted way of smoothing consumption and saving at all levels of income; it becomes problematic for the poor when they are forced to sell factors of production, such as land or hoes. Another example is the selling of daughters for bridewealth, which often takes the form of cattle. Poor people sometimes have to sell the roof of the house, which is a sign of the failure of a man.

Charity: One source of aid is the churches who make welfare payments and NGOs who offer access to new income generating strategies. People also resort to begging and borrowing. Some borrowing is done on the understanding that repayment will be made when and if the person is able to.

In a major crisis people adopt a range of strategies, not necessarily in a particular order, although they are likely first to use strategies which do not affect future production prospects or fundamental social status (like selling the roof). "Peasants in the villages live from hand to mouth - in a famine situation which might last for up to 7 months they soon exhaust all they have in their gardens; then they eat any dry rations they may have in their granaries; as the famine progresses they resort to selling their labour to any rich peasant farmers in the village in exchange for food; then they resort to selling whatever assets they have at a giveaway price. In the eventuality everyone has no food the shops may have food but no-one has the money to buy it. Hunger slowly emaciates them and the weak ones die off. Traders are reluctant to take food to famine areas as people are so desperate they attack them physically and steal the food" (New Vision, 1994).
Vulnerable groups and their coping strategies

People in different vulnerable categories choose different portfolios of strategies to survive and some examples are described in what follows. For example the rural resource poor in Mitiyana sell labour to better off farmers and hire land for a limited time (usually 2 years) paying back a portion of crop harvested. They clear the land and plough it. The landlord repossesses after the hard labour has been done; 2 years is not long enough to recover production costs and make a profit.

There is anecdotal evidence from a number of places that some rural poor are coping by marrying their daughters earlier for the bride price. A falling age of marriage may be a sign of a long term slide into poverty.

During the drought in Masindi between December 1991 and June 1992 there was widespread stealing of chickens, goats and cassava. The poor also begged for work for cassava from capitalists and rich peasants who had food in store. The selling of land in a crisis leads to increasing social differentiation.

The landless have limited options; their poverty arises from the lack of non-agrarian employment opportunities. Rural labour is poorly paid and demand is irregular. The rural landless have little to equip them for skilled or urban employment. They are frequently unable to obtain suitable housing, health care, and education. More and more are moving to urban areas, increasing the numbers of the urban poor. They may become rural labourers on tea or sugar plantations.

Women normally cope with their problems by marriage and submission to men. They also engage in petty trade, the sale of labour, sexual favours. Joining extended families is sometimes difficult as they find themselves unwelcome in male-headed households. Women's groups, cooperatives and associations have been one of the major survival strategies, especially for raising incomes. Widow inheritance, common in some tribes, is often embraced by women as a security to land and other factors of production.

During the 1991/2 drought rising prices led to the distress sales of women's labour at lower than the village norm (UNICEF Situation Analysis, 1994 p29). Urban widows are usually employed anyway and options exist including retailing agricultural produce, brewing and selling alcohol, preparing and selling cooked foods, and prostitution.

For the urban poor temporary employment bringing in low wages is common, as is petty trade, hawking, prostitution, casual labour, local beer selling, and housekeeping. Street children in Kampala "congregate on specific streets; they sleep in tunnels, grounded vehicles, abandoned railway wagons, market stalls, underneath garbage cans. They eat left overs picked from garbage cans or buy cheap food from street vendors. Some cook in dirty tins picked from garbage." They are often ill with stomach pains, cough and colds etc and have sores and wounds mainly caused by car accidents and fighting. Sexually transmitted diseases are evident. A recent study by Friends of children suggested that Baganda and Rwandese refugees were the dominant ethnic groups.

In Jinja, Busia, and Mbale migrant tribes from drought-stricken Karamoja are dominant. Boys outnumber girls by 9 to 1. Many of the girls are smart and appear in the evening only. Many have contacts with relatives and even parents. The study by FOCA in 1992-3 showed several drugs being used - opium, alcohol, tobacco, khat, petrol. A typical day involves waking at 5.00 and starting by lifting garbage at flats; others fetch water or carry edibles in the market. At about 9.00 they congregate around garbage cans to pick out valuables; tins, rubber bands, bottles, and food, some of which is sold in the slums. Some do manual work for pay.

War-affected people are developing ways to cope with stress from civil strife. In Luwero and the north and northeast many families and communities were so disrupted that they ceased to exist as coherent units. In the Luwero triangle many village communities have formed organizations known as Munno Mukabi to offer help to war-disadvantaged including orphans.