

SUMMARY



Situation Analysis of **Child Poverty and Deprivation** in Uganda

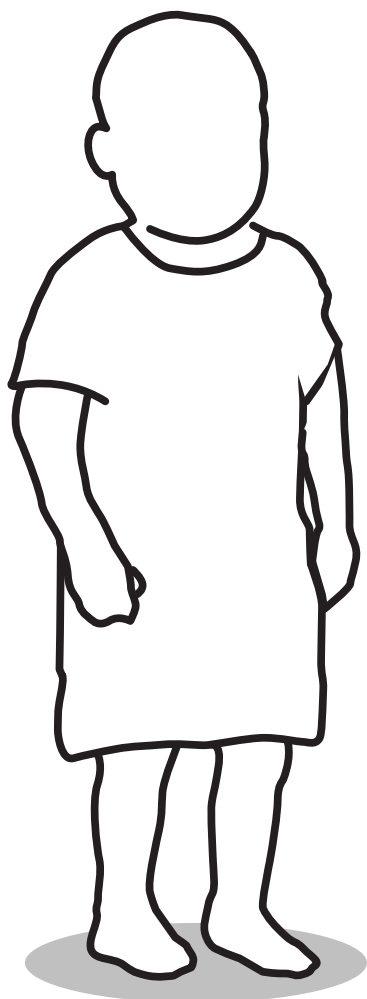


THE REPUBLIC OF UGANDA



Defining Child Poverty

A child who is deprived in two or more of the following basic child rights:



Nutrition



Health



Water



Education



Shelter



Sanitation



Information



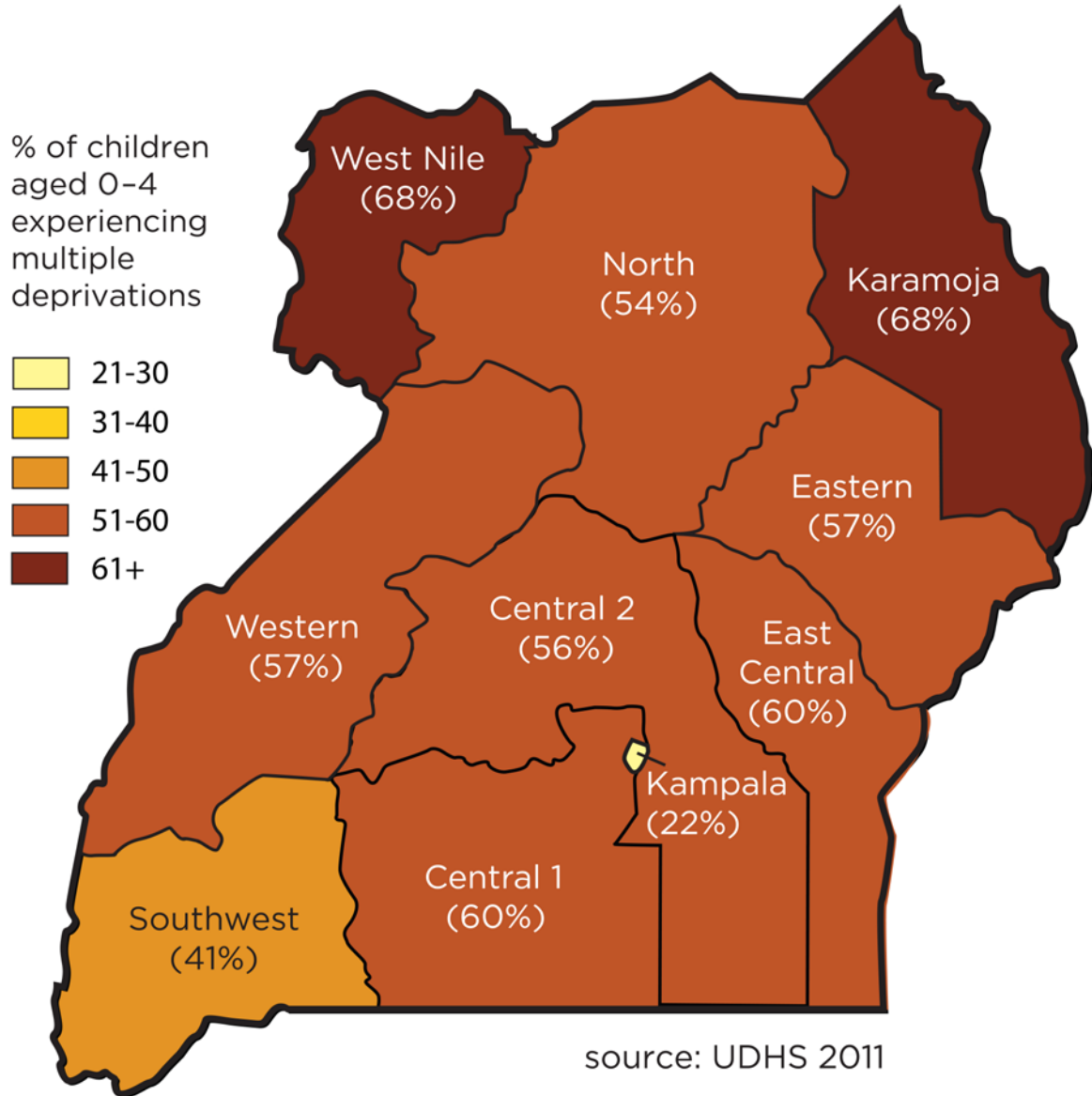
Child Protection

* Due to data limitations not included in child poverty measure

Child Poverty: Experiencing deprivation in two or more dimensions

Extreme Child Poverty: Experiencing extreme deprivation in two or more dimensions

Child Poverty in Uganda



Foreword

With 57% of our population below the age of 18, Uganda is a young country and there is no doubting that our future lies with our children. In 2040, when our national Vision is to be a middle income country, children being born now will be the productive engine of our economy.

The Child Poverty Reports look in detail at how our children are progressing, and place the issue of Child Poverty at the front and centre of the agenda. It makes the case that where children experience poverty, they will not be able to unleash their potential for themselves, their communities and our country as a whole.

First, and most importantly, the Report shows that for children poverty is about more than just income: it is about growing up with good healthcare, and education, a strong family and community environment. So while the data shows us that household income poverty is dropping substantially in the country, the question remains how are our children fairing?

The Child Poverty Reports look in depth at this question. Asking our children themselves directly about their experiences of poverty as well as developing an indicator – based on the Convention on the Rights of the Child – to measure Child Poverty in Uganda. The results show that over half of our young children (55%) live in multidimensional poverty, and are deprived in at least two crucial areas of their rights, and around 1 in 4 (24%) live in extreme poverty.

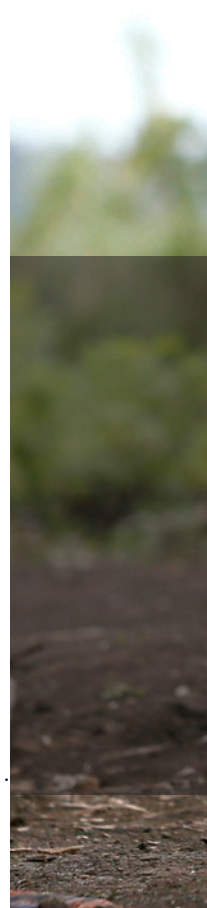
As well as focussing on the challenges faced, the reports look towards the solutions. One important conclusion is that the issues and measurement of Child Poverty should be included as a national target, including in the National Development Plans. In the most developed countries in the world Child Poverty is a government target and is an explicit part of the national policy discussion. In Uganda as we work towards Vision 2040 and middle income status we have an opportunity to follow suit.

We hope you find the Reports useful in your work as we work together towards the fulfilment of the rights of Uganda's most precious resource – our children.



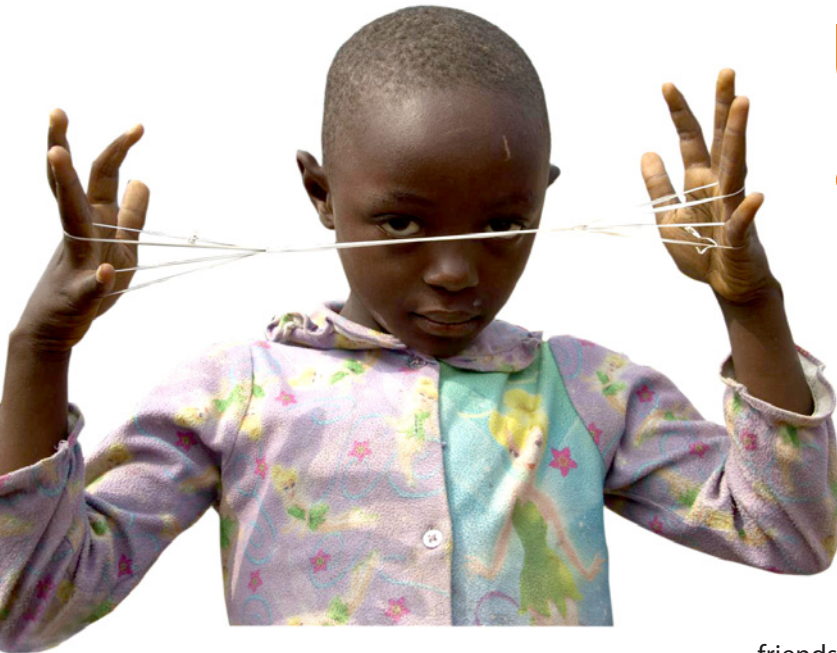
Mary Karoro Okurut

Minister of Gender, Labour and Social Development





Child Poverty and Deprivation in Uganda



Understanding and Measuring Child Poverty

Poverty is different for children than for adults

When each of us thinks back to our own childhood a range of memories are stirred. For everyone, the thoughts that emerge will be different: they may include the chance to play, our friends, our family and their health, where we lived, our schools, and our hopes for the future.

Understanding child poverty requires understanding children and what they need to thrive. As part of the process of creating the **Ugandan Child Poverty Report (CPR)**, children were asked how they understood poverty and deprivation.

The “problem tree” (at right) gives a view into some of these conversations of boys out of school, between 11 and 14. There is no easy way of summarising the rich and diverse conclusions, although some patterns emerge. **First, the way children experience poverty is different from adults.** There are a broad number of deprivations children experience and are aware of, including for example lack of education, hunger, violence and poor health. Income is an important indicator, but it is far from the only one.

Secondly, children themselves realise that poverty in childhood can lead to poverty in adulthood. Put another way, for a child poverty can last a lifetime. Where a child lacks parental support, experiences violence and abuse or fails to get an education the consequences are a diminished adulthood which is hard to escape. Further, this poverty then sets the foundations into which their own children will be born, and the intergenerational cycle of poverty continues.

KEY FACTS

1. **Poverty affects children differently than adults.** When a child falls into poverty it can last a lifetime.
2. **Income is not the best way of measuring child poverty;** there are many deprivations children experience which income does not capture.
3. **Uganda has developed its own child poverty measure and indicators** based on International standards and the Convention on the Rights of the Child.
4. **Child Poverty in Uganda is at 55% for under-fives, and 38% for 6-17 year olds.** These figures capture children experiencing 2 or more deprivations.

Income poverty alone is not sufficient to capture the deprivations children experience

While income can provide shelter and a good education, access to health care and the clothes that allow a child to go to school with pride, this simple number can mask the realities a child faces. First, the fact that a household has income is no guarantee of how much of that income goes to or benefits children. For each household the dedication to the child will be different. Poorer households can, and often do, have children that thrive, while children in wealthier ones may find themselves malnourished, abused and not going to school.

Furthermore, even where a household does dedicate its income to its children, the services that make a difference to their lives cannot always be bought. Being above the poverty line does not guarantee there will be a good-quality school nearby, or that drugs will be available at the health centre, or that a child will practice safe hygiene and access clean water.

Overall, income is a vital measure to consider, but can only be a rough estimate of whether a child is receiving all that he or she needs. **The Ugandan CPR allows us to look directly at the deprivations a child faces, and as such provides a much more accurate gauge of child wellbeing.**



Areas

- Bundigbuyo
- Karamoja
- Mayuge
- Kampala
- Kitgum

“ I want to read hard and reach Makerere University and become a great leader of this country.”

BOY, 11-14. BUNDIBUGYO

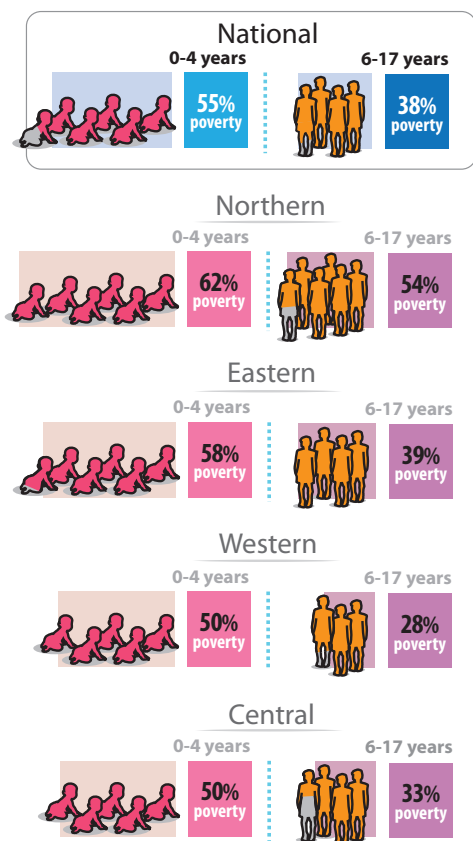
Problem Tree Analysis

Boys aged 11-14, out of school












Child Poverty by Region



A child is considered in poverty if they experience deprivations in two or more dimensions.

Measuring child poverty in Uganda

The methodology for measuring Child Poverty in Uganda is based on an internationally agreed upon framework, stemming from the Convention on the Rights of the Child (CRC). It captures child poverty for 0-4 year olds and 6-17 year olds. **Child poverty is then defined as children deprived in two or more of these seven dimensions:**

- 
1. Nutrition (CRC Article 24) – Nutrition is the cornerstone of a child's cognitive and physical development. The Child Poverty measure considers children deprived if they are stunted, wasted or underweight. The data covers children 0 to 4.
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2. Health (CRC Article 24) – Child health is captured by a measure of child immunisation and, as a proxy of health services, whether their birth was attended by skilled personnel. The data covers children 0 to 4.
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3. Water (CRC Article 24) – Clean water is a foundation of child health, and because unsafe water causes diarrhoea, it impacts child nutrition. This measurement looks at the use of unimproved water source such as surface water, and distance to clean water sources. The data covers all children.
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4. Sanitation (CRC Article 24) – Poor sanitation can lead to poor child health including diarrhoea and poor nutrition. Deprivation in sanitation is measured by no access to improved sanitation facilities or having no toilet at all. The data covers all children.
- 
5. Shelter (CRC Article 27) – Children have a right to adequate shelter for comfort, hygiene and dignity. Deprivation is captured by overcrowding. The data covers all children.
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6. Education (CRC Article 28) – Access to a quality education is a crucial foundation for a child to be able to succeed in their lives socially and economically. Deprivation in education is measured by attendance and completion of primary school. The data covers children 6 to 17.
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7. Information (CRC Article 13 and 17) – Access to information is a fundamental right for child development and participation. Deprivation to information is measured by household access to radio, television or mobile phone. The data covers all children.

Child Poverty in Uganda: Key results

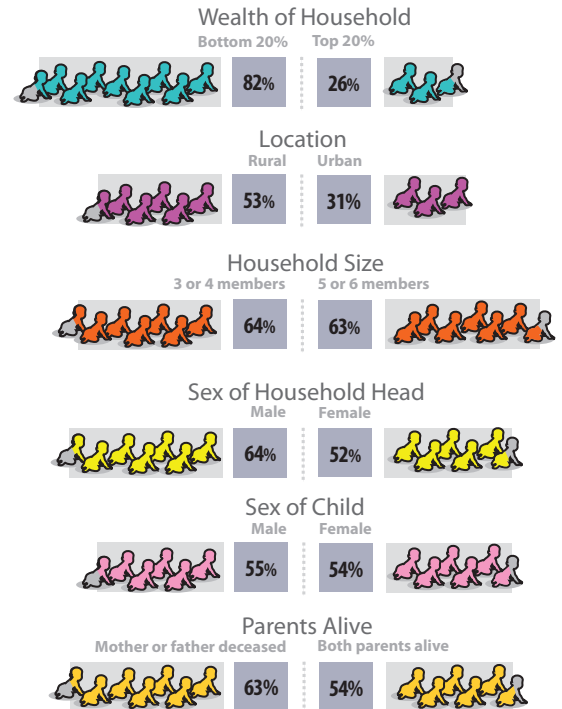
- **55% of children 0 to 4 in Uganda live in poverty and 24% - or 1 in 5 – live in extreme poverty.**
- **38% of children aged 6 to 17 in Uganda live in poverty and 18% live in extreme poverty.**
- Child poverty rates are much higher in Northern Uganda, with the lowest rates in Central and Eastern regions.
- Child poverty is much higher in rural areas than urban areas.
- Orphans and children living in foster or adopted care have higher rates of child poverty. Child poverty is lower when the household head is female.
- Child poverty is slightly higher for boys in the 0 to 4 age group, but higher for girls in the 6 to 17 age group.
- Child poverty has reduced significantly in the last 10 years.
- Due to data limitations child protection cannot be well captured in the Child Poverty measure.

The Importance of Investing in Children

Investing in children is an essential pillar of national development. Children and young people make up over half the population and are important assets of Uganda. Child poverty goes beyond individuals and households. Children whose growth is stunted at a young age may suffer a lifetime of consequences such as poorer schooling and lower earnings. This affects the economy and estimates show that Uganda loses 5.6% of GDP annually due to undernutrition. Thus, it is important that interventions in health, education and protection reach children at the right time. These investments can ensure that children's rights are fulfilled and trigger a virtuous cycle of growth and human development.

Data Issues and Methodology

Details of children's voices on poverty, methods and considerations of data collection, and analysis are found in the full report.



Disparities in child poverty

Percentage of children in poverty (0-4 years)

3 ACTION STEPS:

- 1. Child poverty is a measure that should be included explicitly in national policies and plans.**
- 2. Investing in children is key to breaking the cycle of poverty and accelerating development.**
- 3. Issues of child protection and violence against children are hard to capture in data driven measures, and so require explicit and separate attention.**



FOOD & NUTRITION



KEY POINTS

- 1. Nutrition is the most common form of deprivation in Ugandan children under 5.** 33% of Ugandan children are stunted.
- 2. Children are concerned that not having enough to eat means they must engage in child labour,** and when they skip meals during the school day, it affects their ability to learn.
- 3. Undernutrition can have lifelong consequences for children's development,** and is estimated to cost Uganda 1.8 trillion UGX, equivalent to 5.6% of GDP annually.
- 4. There have been very positive gains toward reducing undernutrition since 2000,** but there remains a need for high-level political support to improve the nutrition situation for children.

“ I eat only one meal a day, and in the afternoon I don't understand what the teacher teaches because of missing a meal. I doze in class in the afternoon lessons.”

BOY, AGED BETWEEN 11 TO 14, BUNDIBUGYO

Not having enough to eat is a primary concern of Ugandan children, and they perceive hunger as representative of poverty. Children in both rural and urban areas commonly report eating only one or two meals a day. Children are also concerned about engaging in labour to produce or buy food, and how insufficient meals during the day diminishes their ability to learn in school.

Undernutrition is not merely the result of too little food, but of a combination of factors, such as insufficient protein and micronutrients, frequent infection or disease, poor care and feeding practices, and unsafe water and sanitation. High fertility rates and short intervals between births are also contributing factors in Uganda.

The effects of nutritional deficiency can be devastating on a child – especially those suffered early in life, starting in the womb. By hindering growth and development, it can lead to chronic illness and disability in adult life, and ultimately may jeopardize future economic growth by reducing the intellectual and physical potential of a population. These long-term impacts on growth, development, and future potential emphasize malnutrition's role in the intergenerational transmission of poverty.

The CPR data confirms that malnutrition is not only widespread in Uganda, it is the most common form of deprivation, with 38% of children under 5 experiencing nutrition deprivation.

We take into account three different indicators of undernutrition in order to capture the different dimensions of deprivation, summarized briefly here:

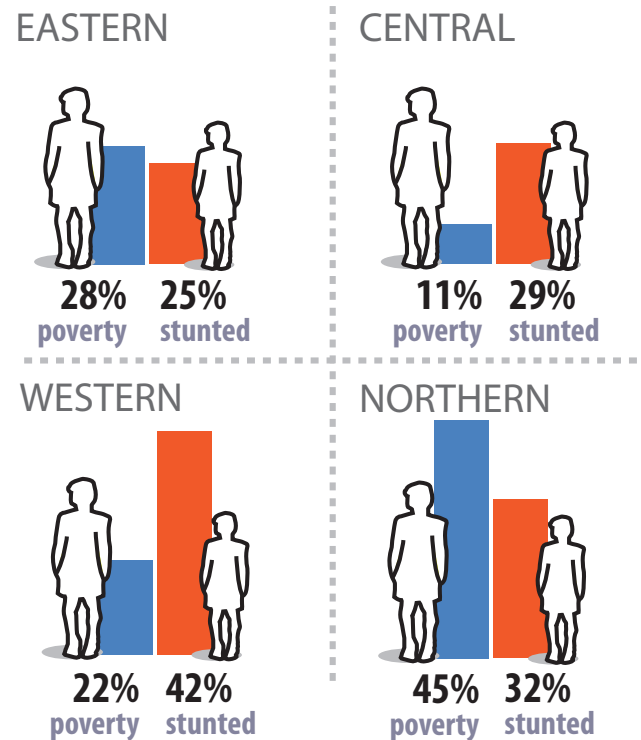
A child is considered deprived if they suffer from any of these forms of malnutrition

- **Stunting (short height-for-age):** 33% of children under five suffer from stunting as a result of being chronically undernourished. Stunted children are shorter in stature, and suffer serious cognitive impairments affecting their ability to learn. The **damage caused by stunting is irreversible**, but can be prevented when a child receives adequate food and nutrients early in life.
- **Underweight (low weight-for-age):** Captures chronic undernutrition and is an important screen for undernutrition. In Uganda, 13.5% of children are underweight. Rural children are twice as likely to be severely underweight than those living in urban areas, and the North region has the highest share of underweight children.
- **Wasting (low weight-for-height):** 5% of children in Uganda are wasted. Captures acute and severe weight loss through illness or food shortage and is a key mortality-related indicator, so the situation must be monitored carefully.

Mother's education has a very strong positive impact on child nutrition across all areas. Children of mothers with no education are roughly twice as likely to suffer severe chronic malnutrition as those whose mothers had post-primary education.

There have been positive improvements in all three nutritional indicators, indicating unambiguous progress in combatting malnutrition. There were substantial reductions in stunting and underweight rates between 2000 and 2011, for example. But despite these gains, and despite policies in place to improve the nutritional status of children, there is limited appreciation for the costs and devastating impact of malnutrition among key decision makers, especially Members of Parliament. In a 2012 survey by UNICEF, MPs ranked four other health concerns (such as immunisation and medical staff salaries) as more important than nutrition, indicating a need for more concerted high-level support to tackle this critical issue.

Stunting is highest in the West, which has relatively low income poverty



ACTION STEPS

1. ENSURE HIGH-LEVEL AND MULTI-MINISTRY SUPPORT

to tackle undernutrition, including funding for a national nutrition action plan.

2. STRENGTHEN COMMUNITY EFFORTS

by removing misperceptions around child feeding practices, and sensitising communities on proper nutritional practices, especially for infants and young children, as well as on maternal nutrition during pregnancy.

3. BUILD A STRONG NUTRITION COALITION

among civil society groups to coordinate policies and programmes.



HEALTH



KEY POINTS

1. Overall, **34.1% of under-fives experience deprivation** in the area of health.
2. However, **under-five mortality rates are dropping** and Uganda is now close to on track to achieve MDG 4.
3. **Maternal mortality rates are alarmingly high** at 438 per 100,000 births, and show no signs of improving
4. **Children are very concerned about the impact that HIV/AIDS and income poverty** are having on the health of their families.

“ My sister died in 2007. My sister died when I was the one heading the family. My sister was suffering from high fever. We took her to Bundibugyo hospital. They sent us to Mulago Hospital. We did not see the money to take us there and she ended up dying.”

BOY, 15, HOUSEHOLD HEAD, BUNDIBUGYO

A healthy child generally has little concern for their own health, and for many of the children who participated in the research for the CPR this was the case. Mothers, however – perhaps wiser, although sometimes children themselves – expressed great worries, with both the health risks their children faced, but also the difficulties and high costs of treatment.

Some children had personally felt the impacts of poor health and a health system that could not meet their needs, some remaining with permanent disabilities. And even children untouched by health concerns themselves were worried for their parents, with frequent concerns about the impact of HIV/AIDS, and fear of the permanent consequences that of a sudden health downturn could have to the life of a household.

Overall, health remains an area of high concern for children. And while the latest data suggests that under-five mortality rates have fallen significantly, the CPR shows that around 34% face deprivations in the area of child health. Health is a broad area covered in detail in the full reports, but some of the key challenges children and mothers face include:

Low rates of immunisation* The proportion of children receiving immunisation is increasing, however, still only 66% have received DPT3 (full immunisation), one of the lowest rates in East Africa. Currently the lowest immunisation rates are in the Central region.

Birth Attendance* There have been significant improvements in birth attendance since 2000, with 42% of children being born in an unattended birth in 2011 compared to 62% in 2000. The highest rates of unattended birth are in Western Uganda.

* INDICATORS USED IN CHILD POVERTY MEASURE

Use of bed nets There has been a huge increase in the availability of bed nets, and one third of children now sleep under a bed-net – a five-fold increase from the year 2000. The situation of children in rural areas has particularly improved, significantly narrowing the rural-urban gap.

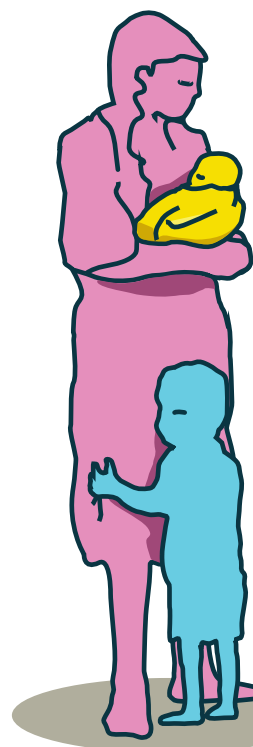
Diarrhoea There has been a slight increase in the number of children contracting diarrhoea, with 1 in 4 reporting a recent episode in 2011, compared to 1 in 5 in 2000. There have also been significant improvements in treatment, although the Western region lags behind with 40% of children not receiving treatment.

HIV/AIDS 0.7% of children under the age of five are infected with HIV nationally, with prevalence highest in the relatively better off areas of Central (1.3%) and South Western (1.2%). HIV/AIDS prevalence among young people is worryingly also on the rise.

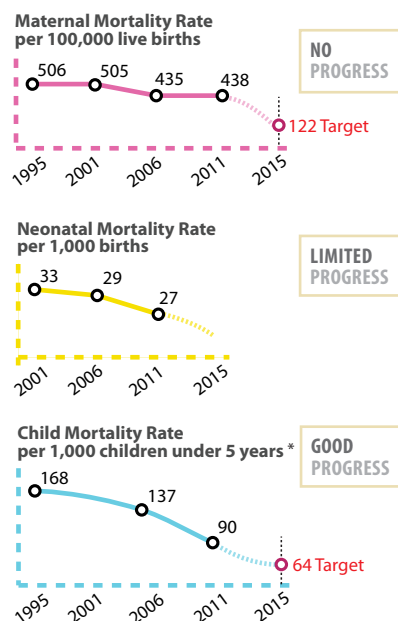
Understanding the determinants of child health is crucial to further reducing child deaths. The CPR shows that mother's education, particularly secondary, dramatically improves child health. Wealth also makes a difference with the richest quintile, having much lower mortality rates. Other factors include vaccinations and access to basic health care for pregnant women.

There are many challenges in the health sector, but underpinning many of them is a challenging funding environment. While extra funding has been found in recent years, there are a number of further adjustments that could have a significant impact.

Overall, government expenditure represents 15% of total health expenditure (much lower than other countries in the East African Community). Only 11% of that is spent directly on child health (while under-fives account for 20% of Uganda's population). Areas of renewed focus could include lower level of facilities to help reach the most vulnerable women and children, as well as in specific areas such as funding for the immunisation programme, and the provision of child health cards.



Family Unit Mortality Rate



*Uganda now virtually on track to achieve to achieve child mortality MDG (U5MR)

ACTION STEPS

1. IMPROVE THE CHILD FRIENDLINESS OF THE HEALTH BUDGET,

including overall allocation, child related interventions, and prioritising lower level health facilities.

2. FOCUS ON PRIORITY AREAS THAT ARE STAGNATING

including maternal and neo-natal health, HIV/AIDS and immunisation.

3. ENSURING ACCESS TO FREE CHILD HEALTH CARDS

which are a key record of important health interventions would be a simple and impactful change.



WATER



KEY POINTS

- 1. It is most often children who are responsible for fetching water in the household, particularly adolescent girls.** This task can demand many hours a week, time taken away from school and other activities.
- 2. There is a marked progress over the past 10 years in terms of children without access to clean water (a reduction from 39% to 30%),** but the time it takes children to fetch water from the nearest source has remained fairly consistent.
- 3. Water points are often not functioning or overcrowded,** meaning households still resort to using unsafe open water sources such as a river or a lake.
- 4. In some villages, girls associate fetching water with the threat of being sexually abused or verbally harassed by men.**

“Mostly girls fetch water. If you tell a boy to fetch water he may beat you up.”

GIRL, AGED BETWEEN 15 TO 17 YEARS,
MOROTO

For families across Uganda, water is both a crucial necessity and a source of concern. If it's not close, it depletes time. If it's not safe, it causes illness. Gathering water – for drinking, cooking and cleaning – is a daily requirement that requires both time and strenuous effort for those who do not have the luxury of pipes flowing into or at least close to their homes. This is time and effort taken away from other important activities, like school.

Children carry the brunt of responsibility for fetching water. For many, it takes more than a one-hour trip, and sometimes the water source may not be functioning, or it may be overcrowded with people. So a child must travel further, or the household resorts to using unsafe water, causing diarrhoea and other illnesses. Children as young as 10 years old report a need to carry around 20-litre jerry cans of water daily – a difficult task for anyone, let alone a small child.

Children's experience of deprivation with regard to water is connected to the time and effort it takes to fetch it, the quality of the water coming out of the source (it may be discolored or unsafe), and the necessity to use a dirty open water source.

For some adolescent girls, who often take up the responsibility of fetching water for the household, the experience of deprivation goes further to being physically unsafe in their own community. Many girls worry about being sexually abused or harassed on their trek for water – a real concern, because so many girls before them have been abused.

On a clearly positive note, the efforts of Government and partners through the last decade have brought encouraging progress in terms of increasing access to

improved water. In 2000, 39% of children had no access to an improved source of water; by 2011 that number had dropped to 30%.

The time it takes children to fetch water from the nearest source has remained about the same, though. For example, the proportion of children who require more than 60 minutes for a return trip has stagnated at about 36% nationally since 2000.

It is most often children living in rural areas who are deprived of safe water or who must travel further to fetch it. They are nearly three times more likely than urban children to lack access to an improved water source, and three times as many rural children as urban need to travel at least 60 minutes round trip to gather water.

For the poorest children, the situation in terms of distance to the nearest source has become worse in the last decade. In the lowest quintile, the proportion of children that need to travel at least 60 minutes round trip increased from 34% in 2000 to 45% in 2011. For those in the richest quintile, the proportion has steadily gone down from 39.3% in year 2000 to 26.4% in 2006, to 16.8% in 2011.

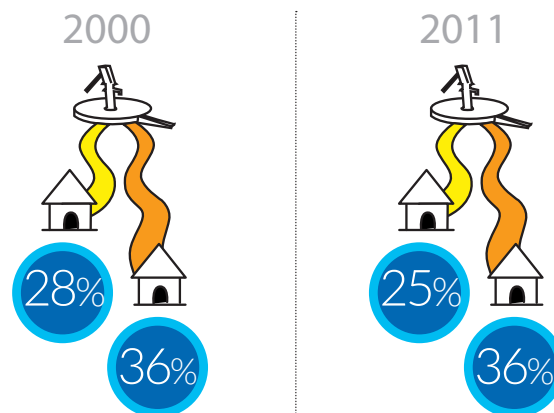
Distance to Water

% of children

ROUND TRIP - WALKING

■ 30 to 60 minutes

■ +60 minutes



No access to improved water source



ACTION STEPS

- 1. POLICIES AND EFFORTS TO INCREASE ACCESS TO IMPROVED WATER MAY GO FURTHER FOR CHILDREN IF THEY TARGET CENTRAL AND WESTERN UGANDA.**

These are regions that have benefited the least from improvements in the last decade.

- 2. EFFORTS MUST URGENTLY TARGET THE POOREST CHILDREN,**

for whom the situation has deteriorated in terms of distance to the nearest source.

- 3. ENSURING ACCESS TO IMPROVED WATER SOURCES IS ESSENTIAL,**

to protect child and family health.





SANITATION



KEY POINTS

- 1. More than one in ten children in rural areas (11.1%) lack access to a toilet/latrine facility of any kind** in the vicinity of their dwelling, including communal toilets or latrines.
- 2. Children say they resort to defecating in open areas and water sources**, such as rivers, if there is no latrine or it is of too poor quality to use.
- 3. Sanitation improvements have been limited over time:** 28.9% of children used an unimproved toilet/latrine in 2011 versus 30.1% in 2006.
- 4. Children in urban areas are often sharing latrines or toilets**, with mothers in Kampala reporting their children need to share one with upwards of 20 families.

“There are latrines at school, however they are always very dirty since the school shares the latrines with the community yet they do not clean it. It's the school children who clean them.”

GIRL AGED BETWEEN 11 AND 14, BUNDIBUGYO, WESTERN UGANDA

A significant portion of Uganda's disease burden is preventable, caused by poor hygiene practices and lack of access to improved sanitation facilities.

Children from households without access to improved sanitation facilities are at increased risk of contracting serious illnesses like dysentery, diarrhoea, and typhoid fever, which can be deadly. At schools without separate latrines for girls and boys, girls particularly feel shut out and unsafe – from the lack of privacy, and worse, from the threat of sexual violence, linking the need for separate sanitation facilities at schools to children's rights to protection from violence and to a quality education.

In terms of severe deprivation, children in rural areas are more likely than children in urban areas to lack access to sanitation facilities of any kind. More than one in ten children living in rural areas lack access to a toilet facility of any kind in the vicinity of their dwelling, including communal toilets and latrines.

However, the greatest concentration of sanitation deprivation is among children in the poorest households. More than one in three children (36%) in the poorest quintile lack access to a toilet or latrine of any kind; that number drops to 7% for children in households within the next quintile up, and falls to 0.1% of children in the wealthiest quintile. The proportion of the poorest children using unimproved facilities is 59.2%, versus 5.3% of children from the wealthiest quintile.

Children who do not have access to a sanitation facility – and some who choose not to use a facility of very poor quality – resort to defecating in open areas and in water sources, such as a river where a family may wash clothes and collect water for cooking.



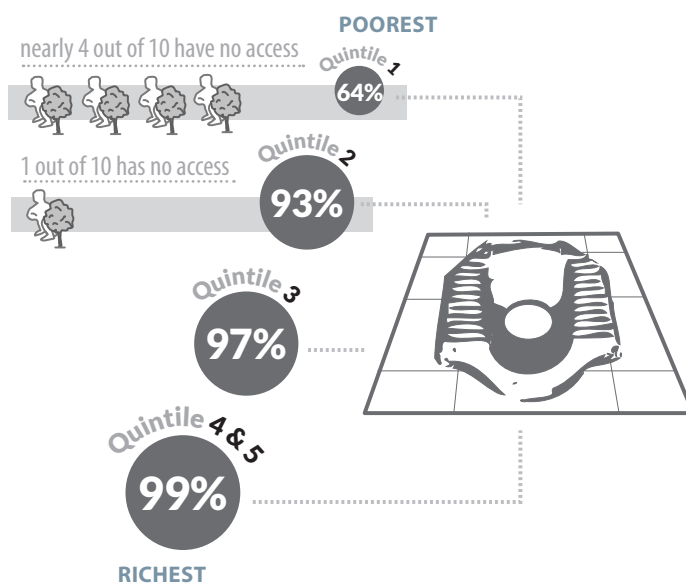
At school, children are concerned when latrines are not well maintained and dirty, and some complain they must share a latrine with adults from the surrounding community. Schools in urban areas and some rural areas have separate latrines for girls and boys, but maintenance is often poor, such as they have broken or missing doors, dissuading children from using them.

While severe deprivation numbers are highest in rural areas, children in urban areas are also experiencing sanitation deprivation through the need to share toilets and latrines with many other families, or by living in slums and being in close proximity to open sewage. The majority of Ugandans live outside of cities, but recent estimates find that the population is quickly urbanizing: the estimated growth rate of the urban population is 5.1% per year until 2030, versus 3.3% for Africa and 0.7% for industrialized countries (UNICEF The State of the World's Children, 2012). This rate suggests that urban children in Uganda will increasingly face overcrowded and unsafe sanitation conditions in years to come.

Participatory photo of a secondary school latrine taken by a 16 year-old girl, who explained that she did not like the latrine because it was dirty and the doors were broken.



Access to toilet facility



ACTION STEPS

- 1. SET TARGETS FOR ZERO OPEN DEFECTION IN VILLAGES**
and outline costed plans on how to achieve these targets. Identify investments for improved sanitation facilities.
- 2. BUILD SEPARATE LATRINES FOR BOYS AND GIRLS IN SCHOOLS.**
- 3. PROGRESSIVELY ELIMINATE DISPARITIES IN ACCESS TO IMPROVED SANITATION FACILITIES**
across regions, between rural and urban areas and across household wealth quintiles.



SHELTER



KEY POINTS

- 1. 17% of Ugandan children suffer extreme shelter deprivation**, living in homes that are overcrowded with 5 or more people per room.
- 2. One third (33%) of Ugandan children living in the poorest households suffer extreme shelter deprivation** with 5 or more people per room.
- 3. Children worry about catching illness and getting sick** from overcrowded living conditions.
- 4. Some children are concerned with how the poor quality of their home does not protect them from potential violence and theft – particularly in Moroto, Northern Uganda, where cattle raids continue to occur.**

“Children don't sleep on anything; they sleep on the ground. Some poor children sleep at night covered with their shirts and others sleep on dry banana leaves as their bed. There are other children who sleep in the bush.”

COMMENTS ON SHELTER MADE BY BOYS IN SCHOOL, AGED 11 TO 14, BUNDIBUGYO, WESTERN UGANDA

Shelter is by definition a word that conveys protection – from the elements, from animals and vermin, from people who mean to do harm. It means home, it is a place where family converges, where love and food are shared. Within the realm of a child's most basic needs, shelter is primary.

Each day the poorest children in Uganda are faced with struggles that connect to their shelter. For those living in the most vulnerable situations, there may not be a shelter to return to each night – they may be homeless, or living in temporary settings that are uncertain.

For children who are fortunate to have shelter, their concerns turn to overcrowding of the home, and the quality of the structure. Some also worry about the safety of their home – particularly those living in Karamoja, Northern Uganda, where cattle raids and deadly violence continue to be a real concern.

Because so many Ugandan families send their children to boarding schools, a child's living quarters there is for long periods of time her or his shelter, and in some cases, not a particularly safe and healthy one, nor one conducive to learning. Girls in one secondary school reported not having their own living quarters (while the boys had their own block) and resorted to sleeping on mattresses on the floor of their head teacher's office. In general, children who board at schools do not always have the comfort – or even lighting, to study and read – that they require. Some are concerned with the threat of sexual abuse in living quarters, underscoring how important it is that schools work to ensure the comfort and safety of the children in their care.

Here, the *Child Poverty Report* analyses deprivation in

terms of overcrowding – in the severe form, children who must live in homes where there are 5 or more people per room. (Children are concerned if a shelter is made of poor quality materials or if it has a mud floor, but the authors note these are common issues and the rates of deprivation would be extremely high.)

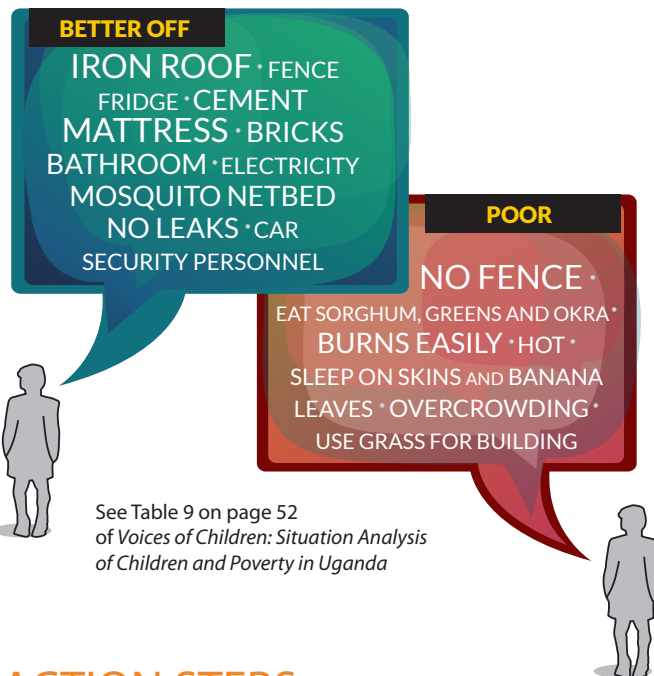
About 17% of Ugandan children suffer severe shelter deprivation with 5 or more people per room. One third – 33% – of children in the poorest households live in these conditions. The situation has not changed since 2006 – and in terms of severe deprivation, actually increased by 0.2% nationally since then – suggesting that population growth is hindering progress in this area.

The rates of shelter deprivation for children in rural areas are approximately the same as those for urban children, but urban children are more likely to be living in a rented shelter, which can pose a burden on the family's finances and overall security. In addition, as Uganda becomes more urbanized, more and more children reside in slums, increasing their vulnerability to poor health and unsafe living conditions. While the CPR generally finds rural children suffering greater deprivation than those living in cities, it remains critically important to be vigilant on the situation of children living in slums and difficult urban situations.



Children's perception

WHAT CHILDREN THINK ABOUT
BETTER OFF VERSUS POOR HOMES



ACTION STEPS

1. RECOGNIZE THE IMPORTANCE OF SHELTER TO A CHILD'S LIFE AND SENSE OF WELLBEING.

This includes issues of overcrowding and safety.

2. INCREASE DATA COLLECTION ON THE SITUATION OF CHILDREN LIVING IN URBAN SLUMS.

Some adjustment to household surveys would allow us to know much more about the situation of children living in difficult situations in urban areas.

3. ENSURE THE SAFETY AND COMFORT OF CHILDREN SLEEPING IN SCHOOLS.

Since many Ugandan children sleep at their schools, it is important to ensure these school shelters are safe, healthy, and have adequate lighting.



EDUCATION



KEY POINTS

- 1. 15.2% of school-aged children (between 6 and 17 years) never attended school in 2011**, and nearly the same proportion of children had never attended in the year 2000 (15.9%).
- 2. Since the year 2000, the proportion of children who have never attended school increased significantly for the poorest children**, while at the same time decreasing for children in every other wealth quintile.
- 3. Children enjoy school and see it as important**, and those unable to attend expressed sadness and worry how it would imperil their future.
- 4. About 18% of children ages 13 to 17 say their disability is the main reason they had never attended school** (data period 1999 to 2009).

“My friends at school, when I'm with them I feel so happy I even forget the problems I have at home.”

GIRL IN SCHOOL, 14 YEARS OLD, MOROTO, NORTHERN UGANDA

Children in Uganda describe school as a very important part of their lives, and say it is something that fundamentally makes them happy. They link it to the potential to achieve their goals and get a good job in the future, and they enjoy the interaction with peers. Children who are not in school are saddened about their situation and fear it will imperil their future, but they describe getting an education as one of their most important goals in life and plan to achieve it.

Uganda was among the first African countries to adopt the Universal Primary Education (UPE) programme in 1997 by abolishing public primary school tuition fees. Since then, enrolment rates have surged by millions of children. Thanks to UPE and the efforts of Government and partners, many commendable gains have been won – for girls as well as boys, for children in rural as well as urban areas.

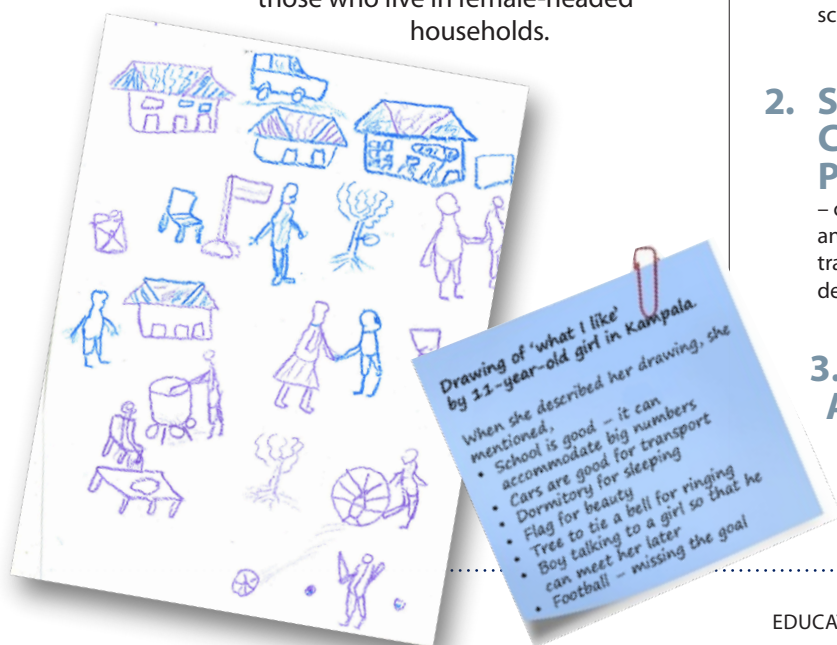
But there remain critical challenges standing in the way of children finishing primary school, such as the hidden costs involved. Only about two-thirds of children finish primary school – in some districts, only one in ten. While UPE policy did away with fees in general, school is not free: families continue to struggle paying for PTA fees, books and materials, mid-day meals, examination fees, and uniforms. In addition, children at both primary and secondary levels are concerned with the threat of physical violence and sexual abuse by teachers or peers, a high rate of teacher absenteeism, and overcrowded and poorly maintained facilities, sometimes citing these as reasons they do not attend or drop out.

Girls are making considerable achievements in education, with higher primary and secondary enrolment rates than boys. But girls are still facing gender-based challenges to

staying in school, such as early marriage and negative community attitudes to girls' education, such as that the fees are wasted on them. Some girls also cite their inability to afford sanitary pads as a concern, which causes them to drop out for some days each month, sometimes meaning they do not come back at all.

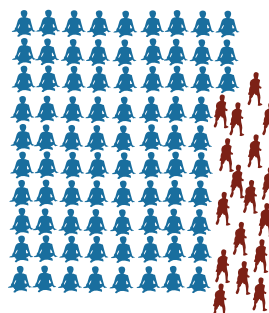
The CPR measures education deprivation by the proportion of school-aged children ages 6 to 17 years who have never attended primary school, or who dropped out before completing the full course of 6 years. Some key findings are as follows:

- **One out of five (20%) of children 6 to 17 years old** in 2011 either never attended or left early before completing primary school. (Only about two-thirds of children complete primary school – in some districts only one in ten, according to recent completion data.)
- The proportion of Uganda's poorest children who have never attended school has **increased significantly since 2000**, while that number has decreased for children in every other wealth quintile.
- Children from male-headed households have a **higher risk of dropping out of school** than those who live in female-headed households.

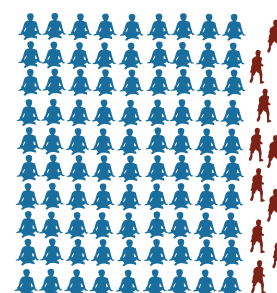


Never attended school

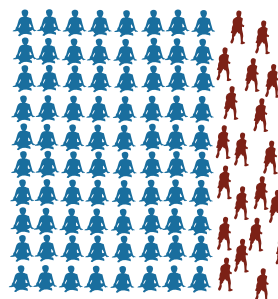
Central - 16.6%



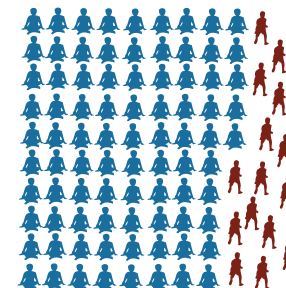
Eastern - 10.8%



Northern - 20.0%



Western - 14.7%



ACTION STEPS

1. IMPLEMENT URGENT SPECIAL MEASURES TO INCREASE ACCESS TO EDUCATION FOR THE POOREST CHILDREN

including addressing hidden costs for uniforms and school feeding.

2. SUPPORT THE EXPANSION OF EARLY CHILDHOOD DEVELOPMENT (ECD) PROGRAMMES

– children who attend ECD are more prepared for primary school and are more likely to enrol at the right age. Strengthen teacher training for ECD, increase funding for it, and create a separate department for ECD within the MoES.

3. ADDRESS CHRONIC TEACHER ABSENTEEISM.

Report it for follow-up through the use of mobile phone innovations like EduTrac, which compiles weekly reports from head teachers, school management committees and youth organisations to improve schools more effectively and transparently.

INFORMATION



KEY POINTS

- 1. Children most often get information from the radio**, and adolescent youths say they enjoy listening to and learn from radio health and education programmes targeting their age group.
- 2. A significant increase since 2006 of mobile phone access in households across Uganda has consequently improved access to information**, and mobile platforms could be a game changer in terms of reaching the poorest children with critical information.
- 3. 57% of the poorest children suffer from extreme information deprivation** (no access to radio, television or mobile phone), versus 0.9% of children from the wealthiest households.
- 4. Sex of the head of household plays an important role in limiting or improving access to information:** children from female-headed households are much more likely to have access than those from male-headed homes.

“My problem is that I cannot access a TV why can't we use radios also like for us we listen to various radios station in Tororo.”

AN SMS FROM A U-REPORTER IN TORORO,
EASTERN UGANDA

The ability to access information is often critically overlooked in the discussion of development priorities. In fact, “information” can mean many things to many different people. For some, it might mean national or international news. For others, it might be notification about a local immunisation campaign. But for anyone, and especially for those who live in the hardest-to-reach rural areas, a lack of access to information means a lack of knowledge hindering the ability to make informed decisions.

Children’s access to information is governed by what sources are available in their household and community, and therefore, from the start, what children perceive and learn from radio, television or a mobile phone is connected to the circumstances of their household.

The CPR defines a child as deprived of information if their household lacks access to radio and television, and severely deprived if the household also lacks access to a mobile phone.

The increased proliferation of mobile phones in households across the country since 2006 has considerably lowered the number of children with severe deprivation. In 2000, 43% of children were severely deprived of information access; today that number is has been cut in half, to 20%.

Challenges remain to reach the poorest children and those living in rural areas: 57% of the poorest children suffer from severe information deprivation, with no access to radio, television, or mobile phone. This is a dramatically higher figure than the proportion of children from the wealthiest households suffering from severe deprivation (0.9%), suggesting that urgent action

to increase information access should target the poorest children in rural areas.

The sex of the head of the household is also an important factor limiting or improving children's access to information. Children from female-headed households are much more likely to have access to information than children in male-headed ones: only 27% of children from female-headed households lack a radio and television, versus 44% of children from male-headed households. The figures are similarly spaced in terms of severe deprivation (16% of children from female-headed suffer severe deprivation, versus 30% from male-headed households).

The CPR's research finds that children don't often discuss their lack of information access, or see it as a critical priority, probably because it is hard to describe what it means to have that information if they've never had access in the first place. Adolescent youth who have heard radio programmes for youth on health and other issues report that they enjoy and learn from these programmes, suggesting that when information is packaged to target young people, it can go far in conveying important messages.



PERCENTAGE OF HOUSEHOLDS THAT HAVE THE FOLLOWING DEVICES:

12%



TV

66%



Radio

59%



Mobile Phone

Source:
DHS 2011

ACTION STEPS

1. EXTRA EFFORTS NEED TO BE MADE TO REACH THE POOREST CHILDREN WITH INFORMATION.

This includes information that seeks to improve health, expand opportunities for girls, and transform attitudes on education.

2. INFORMATION MUST FLOW FROM CHILDREN AND YOUNG PEOPLE TO DECISION MAKERS AS WELL AS THE OTHER WAY ROUND.

Use of citizen engagement programmes (such as U-report, which is free to the user and universally accessible) can go a long way in helping to create an information-sharing dialogue, particularly among young people in hard-to-reach rural areas.

3. CHILDREN OF MALE-HEADED HOUSEHOLDS NEED PARTICULAR ATTENTION

as data shows they are particularly deprived on access to information.



CHILD PROTECTION



KEY POINTS

- 1. Ugandan children are at great risk of defilement and other sexual violence**, with defilement cases accounting for 7% of reported crimes nationally.
- 2. Before they had reached 18 years old, nearly one in four girls (23.7%) had experienced a pregnancy and about 30% had been married in 2011.**
- 3. Only 30% of children under five are registered at birth**, and only in five children are in possession of a birth certificate (UDHS 2011).
- 4. There are at least 500,000 orphan children in Uganda who have lost both parents, and many of these live in vulnerable situations.**

“Most parents tend to look at girls as a source of wealth through marrying off the girls and payment of bride price, and gifts.”

GIRL IN SCHOOL, 14 YEARS OLD, BUNDIBUGYO, WESTERN UGANDA

Children have the right to be protected. They have the right to be protected from sexual abuse and physical violence, from exploitation, and from being sold into marriage, as a start. These fundamental protections are basic human rights children have in this world, enshrined in the Convention on the Rights of the Child and in other documents almost all nations have signed into law.

The essential ethic underlying “child protection” is that there will be someone doing the safeguarding. Parents, guardians, teachers, community members, elders, friends, siblings, grandparents – in order to ascertain which of these groups of people is most or least equipped to protect a child depends on myriad factors – indeed, it may be different for each child. But what if a child finds she is not safe in school or at home or in the community? Who shall stand up for her?

At the broadest level, Child Protection is a category of efforts and policies that seek to ensure that no child will be left alone without someone to protect her. The degree to which these efforts and policies are working properly for children is a vital measure of deprivation and child poverty, although so often this is an invisible area of deprivation. The data across protection issues is not well captured in household surveys, and therefore cannot be included in the child poverty measure. Indeed this is an area that will need an explicit separate focus in order to accurately measure child protection in a child poverty context.

In Uganda, the combined efforts of Government and partners are making progress to ensure children are safe: on the macro-level (by adopting the Convention on the

Drawing of
'what I don't
like' by 13-
year-old girl,
Kampala.
Defilement



Rights of the Child and other instruments safeguarding child rights), on the level of society (such as by making improvements in the justice and legal system to protect minors who come in contact with the law), and on the community level (such as by helping communities and local leaders ban the practice of female genital mutilation and cutting).

But there is more to be done. Currently, physical violence is still a widely reported problem in schools, sometimes severely affecting a child's ability to learn and thrive. In addition, with high rates of pregnancy (23.7%) and early marriage (30%) before a Ugandan girl reaches the age of 18, it is clear that girls in particular continue to face challenges that bar them from achieving an education, reaching independence and being able to support themselves in future years. Since education is so critical to a child breaking the cycle of poverty, it is imperative that the school environment is safe with zero violence, and that opportunities for girls' education are nurtured and expanded.

The Government has gone far in creating a legal framework for child's rights, but there are further opportunities at the policy level that can protect children, such as by ensuring all have a birth certificate, which is fundamental to protecting a child's identity, rights, and practical needs. Only one in five children in Uganda are in possession of a birth certificate – meaning that four out of every five children have no practical, legal way of proving their nationality, identity, and age. This startling statistic underscores how much efforts to increase birth registration of children could go far in helping ensure children are not subject to violations like child marriage, child labour, and underage military service.

ACTION STEPS

1. PASS THE AMENDMENTS TO THE CHILDREN ACT THAT HAVE BEEN PENDING SINCE 2005.

The reforms includes the incorporation of the principle of the best interest of the child into the Act, strengthens the law to curb abuses related to adoption and trafficking, and more generally sends a signal of policy makers' commitment to children.

2. THE GOVERNMENT SHOULD DEVELOP A COMPREHENSIVE CHILD PROTECTION POLICY AND STRATEGY,

building on the existing policies for the protection of children such as the Child Labour Policy, the policy on disability and the guidelines for children's homes. In addition, this comprehensive policy and strategy should include an effective legal and policy framework for birth registration.

3. ENSURE CHILDREN ARE PROTECTED FROM VIOLENCE AT HOME, SCHOOL AND THEIR COMMUNITIES.

Children in Uganda face violence in the very spaces where they expect to be safe: at home, school and their communities. While children are known to experience violence, there is little data that allows for a grounded discussion on how to address it. There are also weak mechanisms for reporting and bringing abusers to justice.



Drivers of Disparity

What drives child poverty and deprivation? What are the factors that are associated with a higher likelihood of a child being poor? Children's characteristics and socio-economic factors at the household level and beyond influence their experience of poverty, and some amplify the extent to which they are deprived of their needs.

Household characteristics are important drivers of poverty and deprivation. Younger children (aged 0-4 years) who live in households where the head has no education are about five times more likely to suffer from multiple forms of extreme deprivation (four times for older children) than those whose household head has secondary schooling.

Furthermore, younger children in households where the head has no education are eleven times more likely to experience extreme child poverty compared to those whose household head have tertiary education. Child poverty and deprivation increase with the size of the household. Poor households are likely to have more children than rich households. The analysis shows that larger households are more likely to have children experiencing child poverty.

Children 0-4 where HH head has no education are **5 times** more likely to be in extreme poverty than those whose HH head have secondary education.

Children in the North are at least **2-3 times** more likely to be in extreme poverty than children in Central region

Children 0-4 in rural areas are **3 times** more likely to be in extreme poverty than children in urban areas.

Beyond the household, geographic and regional location play a role in driving multiple deprivation. Younger children in rural areas are nearly three times more likely to be in extreme poverty than children in urban areas. Older children in rural areas are twice as likely to experience extreme poverty than those in urban parts of the country.

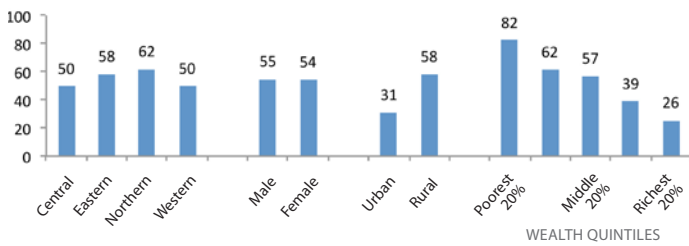
Unsurprisingly, poorer regions have worse experience of child poverty and deprivation. Younger children in the Northern region are nearly three times more likely to suffer poverty than children in the Central region. Older children in the same region are twice more likely to be extremely deprived in more than area than those in the Central part of Uganda.

The analysis suggests that certain individual characteristics and socioeconomic factors drive children's experience of poverty and deprivation. This results into huge disparities which could have long-term consequences for children. Knowing what these drivers are could guide policy and programmes to ensure that interventions do not only reach "low hanging fruit" but address factors that make children more vulnerable to deprivation.

Disparities in Uganda

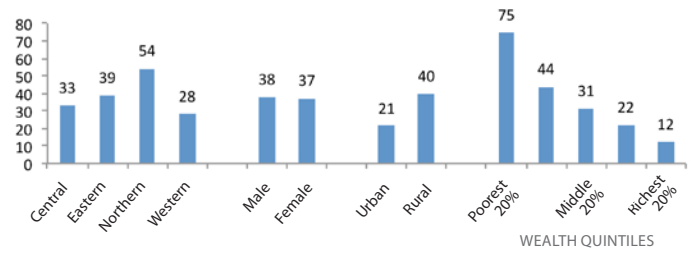
Child poverty (0 to 4 year olds)

Children deprived in two or more dimensions



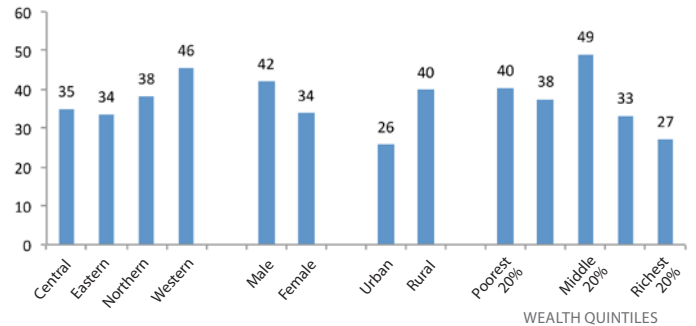
Child poverty (6 to 17 year olds)

Children deprived in two or more dimensions



Nutrition (0 to 4 year olds)

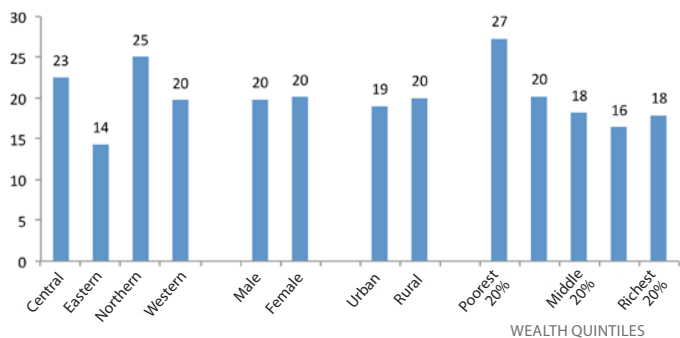
Children 2 standard deviations below median height for age, weight for age, or height for weight





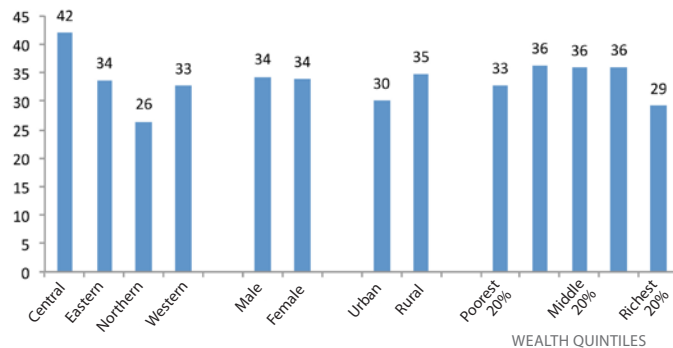
Education (6 to 17 year olds)

Children not attending school or who didn't complete primary education



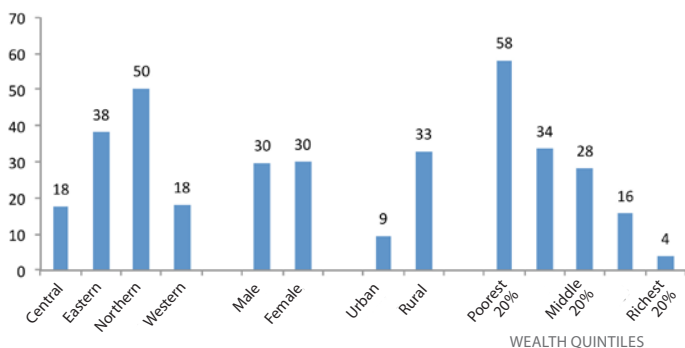
Health (0 to 4 year olds)

Children not receiving DPT3 immunisation AND unattended at birth



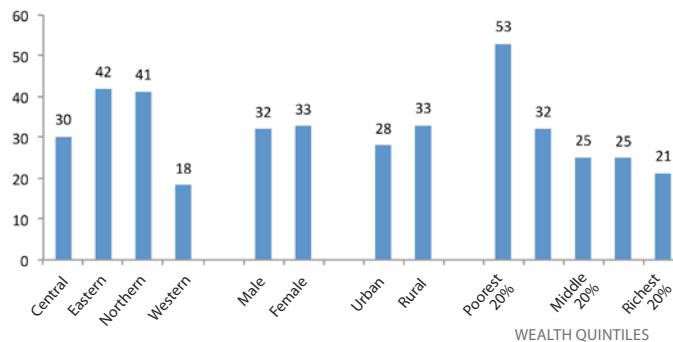
Sanitation (0 to 4 year olds)

Children using unimproved sanitation facilities



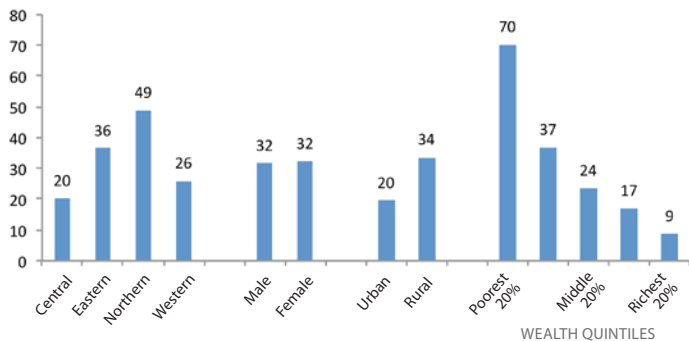
Shelter (0 to 4 year olds)

Children living in environment with 4 or more people a room



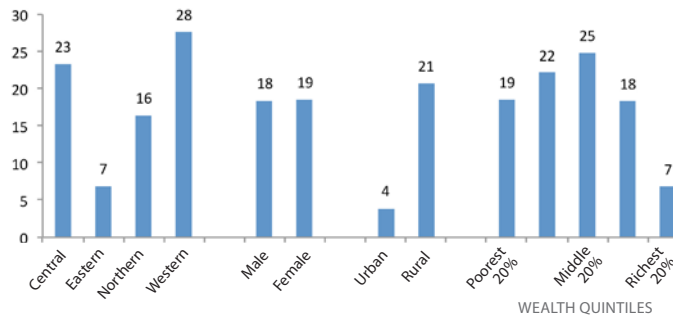
Information (6 to 17 year olds)

Children living in households with no access to radio or television



Water (0 to 4 year olds)

Using water from an unimproved source and return trip of 30 minutes or longer





Recommendations

CONCRETE NEXT STEPS

RECOMMENDATION **ONE**

Addressing child poverty in national plans

The next NDP will determine the priority given to children in government policy

The key to securing the child's place in national development policy lies with the drafting of the next National Development Plan (NDP). The NDP outlines the government's vision and priorities for development. Giving children a prominent place in the document should pave the way for addressing the structural causes of child poverty and the multiple deprivations they face. The next development plan should include a measure of children's deprivation by regions, geographic areas and other socioeconomic characteristics. It should provide an overall policy and programming approach to overcoming these deprivations with measurable targets for improvement. The NDP should also aim to progressively eliminate disparities in access to basic services across the country and within groups to promote equitable chances for children. This approach will mainstream children in national development policy and addresses their well-being in its entirety, as opposed to looking at children in a sectoral way, which is the more commonly applied method of policy-making.

CONCRETE NEXT STEPS

- **The next National Development Plan should include the child poverty measure** to ensure the well-being of the whole child is captured, not just within sectors.
- **The NDP should explicitly aim to eliminate disparities between children** and ensure a level playing field for every child.
- **Sectoral plans should include reference to child poverty** and the role of their sectors in reducing child poverty in Uganda.

RECOMMENDATION **TWO**

Children and the budget process

Ensuring children's issues are adequately captured in the country's budget is essential

The national budget is the single most important tool at the disposal of the Ugandan government to fulfil children's rights. It represents the priorities of the country, and sets the foundation for Uganda's future. Current trends however indicate that the national budget is failing to fully address child poverty and deprivation. Health and education budgets, vital for children, are below both international and NDP targets, and areas of the Social Development Sector affecting children have seen sharp reductions of 50 percent or more in the budget for the fiscal year 2012-13. Ensuring that the national budget responds to the rights and needs of children requires a budgetary process that is transparent and participatory, and with a strong awareness of budgeting for children among policy makers and the general public alike. It is not about a separate budget for children, but rather mainstreaming children in every aspect of the budgetary process to achieve their well-being.

CONCRETE NEXT STEPS

- **Child poverty should be explicitly part of the national budgetary processes** including the budget call circular from Ministry of Finance.
- **Raise awareness of budgetary issues of importance to children** including among policy makers, parliamentarians and the public.
- **Reach National Development Plan targets on budgets in key areas for children** including health education and social sectors.

RECOMMENDATION **THREE****Child-focussed
and friendly laws****Creating an enabling legislative legal environment
is essential to addressing child poverty**

An enabling legal environment that protects children from abuse and violence, as well as supporting their development, is essential to addressing issues of child poverty. Uganda generally has a reputation of producing excellent legislation, but there are a number of areas where progress is urgently needed. Perhaps most pressing are Amendments to the Children Act that have been pending since 2005. The Amendments incorporate the principle of the best interest of the child into the Act, strengthen the law to curb abuses related to adoption and trafficking, and more generally send the signal that policy makers are committed to children's issues. Other key pending areas of legislation include the Food and Nutrition Bill, pending since 2003, that will strengthen coordination in the area of nutrition and crucially operationalizing the Food and Nutrition Council to oversee the response. Similarly, the passage of the pending Immunisation Bill will increase coordination and focus on improving Uganda's relatively low child immunisation rates.

CONCRETE NEXT STEPS

- **Passing the Children Act** will signal the importance of children to policy makers and provide the legal foundation of the child protection system.
- **Passing the Food and Nutrition Bill** will strengthen coordination in this complex cross-cutting area and allow the establishment of the Food and Nutrition Council.
- **Passing the Immunisation Bill** will increase momentum and coordination in improving Uganda's child immunisation rates.

RECOMMENDATION **FOUR**

Service delivery and addressing disparities

Addressing disparities among children is essential to ensuring every child in Uganda is born with an equal chance

Children's experience of poverty and deprivation in Uganda vary widely across regions, geographic locations and within socioeconomic groups. While these require national level responses, there should be an explicit goal to progressively eliminate disparities in access to basic needs and social services. Strengthened service delivery is critical to addressing the multiple deprivations children face. The interventions however should not only target "low hanging fruit"- those in better-off households or less remote areas - but there should be a clear strategy for reaching the poorest and most vulnerable children. National analysis should include explicit focus on the disparities that children face, and regions with the highest numbers of extreme deprivations should be identified, with costed strategies and targets to reach these most vulnerable children. Securing sufficient resources for service delivery is essential to ensuring that every child in Uganda is born with an equal chance to succeed.

CONCRETE NEXT STEPS

- **There must be a focus on child disparities** as well as poverty to ensure every child in Uganda is born with an equal chance to succeed.
- **National data collection analysis should include an explicit focus on disparities** towards having a clear understating of the regions and groups of children that have the highest rates of poverty.
- **Focusing service delivery towards the hardest-to-reach areas** and on the poorest children may help give a child an equal chance to thrive, but this effort requires specific measures and budgets.

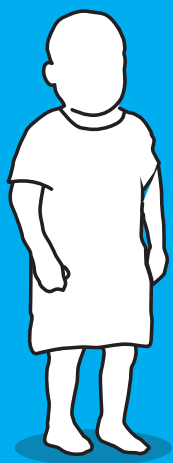


CHILD POVERTY IN UGANDA: THE STORY IN NUMBERS

Around **3.7 million** children below five years of age live in poverty, half the under-five population

Around **1.6 million** children below five years of age live in extreme poverty

Around **2.2 million** children below five years of age suffer from stunting



Children in rural areas are **3 times** more likely to live in extreme poverty than those in urban areas

15% of children have never attended school

42% of childbirths are unattended

36% of children walk an hour's return trip to fetch water

A **quarter** of children in the poorest households have no access to a toilet

Situation Analysis of **Child Poverty and Deprivation** in Uganda

