SITUATION ANALYSIS
of CHILDREN in UGANDA
SUMMARY

THE REPUBLIC OF UGANDA

unicef
## Children’s Rights in Uganda

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Details of methodology and data sources can be found in the full report.
Under the UN Convention on the Rights of the Child and African Charter on the Rights and Welfare of the Child, to which Uganda is a signatory, and the country’s Constitution and Children Act, children in Uganda have certain rights. These include the rights to survival, education and development, protection and participation.

Uganda has made important strides in promoting these rights over the past 20 years. But in order to fully understand the lives of children in the country today and the issues that continue to hamper the achievement of their full potential, it is important to take a systematic look at the situation of children in Uganda today.

- Child survival has improved but not enough to meet the country’s MDG 4 target.
- Primary school enrolment is high but the quality of primary education remains poor; secondary school dropout rates are high.
- Only two-thirds of children are registered at birth and children continue to face violence at home, at school, on the streets, and when they come into contact with the law.
- Children are rarely consulted about issues that affect them.
- There are big disparities between rural and urban areas, with children in the north particularly deprived of their rights.
- Children aged 0–8, adolescent girls, and disabled and other marginalised children are particularly disadvantaged and vulnerable.

As well as looking at the situation of Uganda’s children through a rights-based lens, it is important to take into account the factors that make some children particularly vulnerable and what, at a systems level, can be done to make social protection more child-sensitive, strengthen child protection, and create spaces where children can participate and hold duty bearers accountable. Together, these approaches provide a model through which we can better understand children’s lives and develop a model for action across different sectors.
The figure below shows a comprehensive approach to improving children’s wellbeing.
Some children are more vulnerable than others...
Children aged 0–8 years are particularly vulnerable, especially if (i) they live in the rural north of the country, (ii) their families are poor, (iii) they live in a female-headed household, and (iv) they are orphaned or disabled.

Adolescent girls are more likely to be poor, marry early and miss out on secondary school, and are at greatest risk of contracting HIV. Nearly a quarter of all teenage girls become pregnant.

Poverty and the country context
Poverty remains one of the biggest barriers to children reaching their full potential and realising their rights. Despite a significant reduction in child poverty over the past 10 years, more than half of Uganda’s children are living in poverty. This does not just mean that their households have a low income but includes being deprived of the things that enable children to thrive – food, shelter, clean water, sanitation, education and information.
ACTION >>
- Strengthen social protection for children and other vulnerable groups
Uganda is among the top 10 countries for high maternal, newborn and child mortality.

HIV/AIDS is the second leading cause of death among adolescents.

Malaria, diarrhoea, pneumonia and infections like HIV account for more than 70% of under-five deaths.

Although basic health care is officially free, families meet 61% of their children’s health care costs.

There is a lack of trained health workers, health centres frequently run out of drugs and only 58% of births are attended by a skilled provider.

High levels of stunting, iodine deficiency and babies born with a low birth weight cause the country to lose $899 million worth of productivity every year.

Nearly one-third of children do not have access to safe water.

Although the Government abolished user fees in 2001, parents continue to bear 61% of their children’s health care costs. There are too few midwives and skilled health workers to assist mothers before, during and after childbirth, particularly in rural areas, and there is a lack of funding for training and recruitment. Frequent medicine stock-outs cause families to make out-of-pocket payments to pharmacies and drug outlets to obtain treatment.

**Ante- and postnatal care**

- 48% of women complete the recommended minimum of four antenatal visits.
- 2% of women receive a postnatal check-up within the first hour after delivery.
- 33% of women receive a check-up in the first two days after giving birth.
**Births attended by a skilled provider**
Educated women: 81%; Uneducated women: 38%
Richest 20%: 88%; Poorest 44%
Kampala: 93%; Karamoja: 27%

**Child and newborn health**
Malaria, diarrhoea and infections like HIV account for more than 70% of under-five deaths. Despite improvements in immunisation, nearly half of children aged 12–23 months are not fully vaccinated.

**Nutrition**
Although progress has been made – between 2006 and 2011 stunting went down from 38% to 33%, wasting from 6% to 5%, and the proportion of underweight children from 16% to 14% – undernutrition still accounts for 40% of child deaths. Not having enough nutritious food to eat does not just affect a child’s chances of survival. It can also have lifelong consequences for their physical and cognitive development, future earning power and contribution to the country’s economic development.

- One-third of under-fives (2.4 million) are stunted and more than 1 million are underweight.
- 38% of children are vitamin A deficient.
- 49% of children aged six months to four years, and 60% of pregnant women are anaemic.
- 63% of babies are exclusively breastfed for the first six months.

There are many reasons why children are undernourished beyond their family’s ability to buy or grow food. These include a lack of awareness about the importance of a varied diet, sickness and diarrhoea, unsafe water and poor sanitation, the number of children in the family, and the child’s position in the family.

**HIV and AIDS**
There has been a remarkable reduction in the number of children becoming infected by HIV, but the number of adolescents becoming infected has more than doubled in the past 15 years, with adolescent girls accounting for two-thirds of new infections. The number of AIDS-related orphans has also increased dramatically, from just under a quarter of a million in 1990 to
1.4 million in 2012. It is estimated that 18% of new HIV infections are due to mother-to-child transmission (MTCT) and, although the percentage of HIV-positive mothers receiving treatment for the prevention of MTCT is 85%, in some districts only half are being treated.

INvolving the community in promoting health
The Government has introduced a number of initiatives to involve communities in improving children's health. Members of Health Unit Management Committees and Village Health Teams are trained to spread awareness about health-promoting behaviours and how to spot the warning signs of children's illnesses, but their scope is limited.

Water, sanitation and hygiene (WASH)
Although there has been a reduction in the proportion of children without access to safe water (from 39% in 2010 to 30% in 2013), access remains a problem. Nearly two-thirds of children live more than a 30-minute round trip from the nearest source of water.

Nationally, the proportion of households with a latrine has gone up slightly (from 67% in 2011/12 to 71% in 2012/13), but there are vast differences between different parts of the country, with children in the north being seven times more likely not to have a toilet than children in Central region. Nearly one-third (29%) of toilets are basic, such as uncovered pit latrines, and many are shared between families.

Only four in every 50 households have a handwashing facility.

Bottlenecks and barriers to child survival

- Out-of-pocket expenses and the poor quality of services deter parents from seeking timely treatment for their children.
- Social norms and cultural practices – such as female genital mutilation/cutting, early marriage, early pregnancy and high birth rates – put mothers’ and babies’ lives at risk.
- Lack of education – children whose mothers have a secondary education are three times as likely to be fed an adequate diet as those whose mothers have no education.
- Health facilities fail to follow clinical protocols and national guidelines – such as community-based case management and the integrated management of childhood illness.
SITUATION ANALYSIS

 Eliminate informal user fees, increase spending on children’s health, and improve M&E of health expenditure.

 Listen to women, engage men in their children’s health, and involve communities across the whole continuum of care.

 Tackle violence and discrimination against adolescent girls.

 Reduce stunting and improve children’s development through cross-sector working.

 Scale up community-led total sanitation and WASH in schools and health facilities.

 Implement the Reproductive, Maternal, Newborn and Child Health (RMNCH) ‘Sharpened Plan’.

 Make social protection systems more sensitive to children’s needs.
CHILDREN’S RIGHT TO
EDUCATION AND OTHER
DEVELOPMENTAL RIGHTS

- Early childhood development policies (ECD) have improved at national level but 3 million three to five-year-olds are not attending a pre-primary centre or school.

- Primary school enrolment rates are high (94%), but so are dropout rates, with only two out of three of those who enrol completing their primary education.

- Secondary school enrolment rates are much lower than those for primary school (24%) and dropout rates are even higher.

- Violence and sexual abuse at school, along with a lack of sanitation and hygiene facilities, contribute to high dropout rates, especially among girls.

- Conflict and disasters continue to disrupt and undermine education in some parts of the country.

Early childhood development (ECD) tends to be associated with pre-primary education. But a child’s development is not just dependent on education. In order to grow and thrive, children need: basic health care; adequate nutrition, water and sanitation; and nurturing and stimulation within a caring, safe and clean environment. Enabling children to develop to their full potential requires all sectors to work together to meet the needs of children at a crucial stage in their lives and when they are particularly vulnerable.

Primary education
Since the introduction of universal primary education in 1997, the number of children enrolling in primary school has tripled. However, 1.4 million 6–12-year-olds across the country are not in school. In Karamoja, only half the primary-aged children are at school.

There are several reasons for this. Despite primary education being free, parents are still expected to pay for uniforms and materials and contribute to the school's PTA, which is more
than many families can afford. The poor quality of education provided in many primary schools also contributes to dropout rates. Teachers are often absent and lack the skills and training to provide good-quality education.

**Quality of education**
- Only one in five primary school teachers are competent in English and Maths.
- 60% of teachers are not in school teaching.
- Pupils’ competency in literacy varies from between 12% and 93% at P3 depending on the district.
- 10% of children have to repeat years.

**Secondary education**
Costs – both direct and indirect – are one of the main reasons for low enrolment in, and even lower completion of, secondary education. Expenses are higher at secondary school and children are often taken out of school to work to support the family.
- Only 16% of secondary-aged children are in school.
- More than half of children aged 5–17 are working.

Children’s chances of getting a secondary education depend on where they live and how wealthy their parents are.
- Children in urban areas are more than twice as likely to attend secondary school as those in rural areas.
- A child from the richest 20% of the population are over 10 times more likely to attend secondary school than a child in the poorest 20%.
- In Karamoja and North regions, and among the poorest 20% of the country’s population, fewer than one in 10 secondary-aged children are at school.

**Violence and sexual abuse**
- Despite being banned, corporal punishment is still common in schools.
- Girls and boys cite fear of being victimised by perpetrators as one of the primary reasons for not reporting acts of violence and abuse at school.
WASH in schools

- On average, schools have only one latrine per 70 pupils.
- Two-thirds of schools have no handwashing facilities.

Initiatives such as the School Sanitation and Health Education Programme are building separate toilets for girls and boys. Others are providing adolescent girls with good and affordable sanitary pads, or training them to make their own, so that they can go to school during menstruation.

BOTTLENECKS AND BARRIERS THAT PREVENT CHILDREN GETTING AN EDUCATION

- Approaches to ECD tend to focus on pre-primary education and exclude other aspects crucial to a child’s development—health care, nutrition and protection.
- Poverty forces many children to work to support their families.
- Fees and ‘hidden costs’ make education inaccessible for many children, especially at secondary level.
- Poor quality teaching and teacher absenteeism lead to low levels of achievement.
- Violence in school contributes to high dropout rates and poor performance.
- For children in rural areas, the nearest school may be too far to travel to, especially for girls.
- Discrimination and a lack of facilities keep children with disabilities and adolescent girls out of school.
ACTION >>>

- Eliminate all informal schooling costs and violence in schools.
- Invest in teacher training, including familiarisation with the Government’s new curriculums.
- Implement the Special Needs Education Policy so that children with disabilities can enrol and continue going to school.
- Promote opportunities for pregnant girls and young mothers to continue their education.
- Strengthen vocational and technical training opportunities for adolescents through implementing the Skilling Uganda Strategy.
- Approve and implement the Uganda Integrated Early Child Development Policy.
CHILDREN’S RIGHT TO PROTECTION

- 40% of children under five are not registered at birth.
- Almost 40% of children have suffered physical violence.
- More than half of 15–19-year-old women have experienced physical or sexual violence.
- A quarter of girls get married and begin child-bearing between the ages of 15 and 19.
- 2.4 million children are engaged in exploitative child labour.
- Over 8 million children, 51% of the child population, are considered vulnerable.
- Children with disabilities and those outside of family care remain particularly vulnerable.

Birth registration
Birth registration is a first step towards protecting children and ensuring that they can get the services they need to survive and thrive. The introduction of the Mobile Vital Registration System resulted in a doubling of the proportion of children under five who are registered (from 30% in 2011 to 60% in 2014). However, it is estimated that there are still nearly 3 million unregistered under-fives in the country, and nearly one-third of these are in Eastern and South-West regions.

Vulnerable groups
Children with disabilities
Of the estimated 2.5 million children living with a disability in Uganda, two-thirds receive no form of intervention.

Orphans and other vulnerable children
It is estimated that 11% of Uganda’s children are orphans and that more than half of all children are either moderately or critically vulnerable. These children are more likely to
die before the age of five, suffer from malnutrition, exploitation, abuse and neglect, have inadequate access to education, and be more exposed to commercial exploitation.

- 40,000 children live in 500 childcare institutions, most of which are unregistered.
- There are 10,000 street children in Uganda – a 70% increase since 1993.

Adolescent girls
Although the minimum age for a woman to get married is 18, one in four have been married and had a child before they are 19 years old; 15% are married by the age of 15.

Young women also experience high levels of violence.
- 58% of 15–19-year-old young women have experienced physical or sexual violence.
Child labour
Child labour – including its most hazardous forms – is on the rise in Uganda. Half of 5–17-year-olds are working, a quarter of them in hazardous conditions. Children make up the majority of workers in the informal sector, and in rural areas 93% of children are engaged in agriculture and fishing.

Children and the law
Overall, the number of children convicted of offences has gone down and, of those, 75% receive non-custodial sentences. However, prior to sentencing, children are often held with adults because there are no separate facilities. Child-friendly procedures are being introduced to take children through the formal justice system but there is a lack of policy and strategic framework. There is also a disproportionate emphasis on children in conflict with the law rather than on those who are at risk or the victims of violence.

BOTTLENECKS AND BARRIERS THAT LEAVE CHILDREN UNPROTECTED

- Poverty and a lack of education make children vulnerable to social, sexual and economic exploitation.
- Discrimination – against adolescent girls, children with disabilities, orphans and other vulnerable groups – denies children their rights and exposes them to violence and abuse.
- Weak and uncoordinated child protection systems leave children unprotected and without access to basic services.
- There is a lack of policy and strategic framework to guide Justice Law and Order Sector interventions for children.
ACTION

- Finalise and implement a cohesive child protection strategy.
- Strengthen and implement the national strategy to eliminate child labour.
- Develop a strategic judicial framework that includes crimes against, as well as those committed by, children.
- Increase cross-sectoral and multi-level engagement in child protection.
- Promote and implement interventions that encourage progressive attitudes and behaviour towards children – including adolescent girls, children with disabilities, and orphans and other vulnerable groups.
CHILDREN’S RIGHT TO PARTICIPATION

Children – who make up more than 50% of Uganda’s population – represent the country’s greatest resource. Many children are already working to support their families and many adolescent girls are married and have children. As well as being a violation of their right to participation, not giving them a voice is a lost opportunity in terms of the country’s development and future prosperity.

In general, attitudes within Ugandan society are not conducive to children and young people expressing their views. But where participatory initiatives have been carried out in a meaningful way, children and young people’s participation has been shown to have positive results.

**Opportunities for increasing children’s participation**

- Child-friendly spaces in health centres, local government offices and community spaces, etc., and safe places specifically for girls, could empower children to discuss and address issues that concern them.
- A children’s parliament, and children’s involvement in other national policy processes, would set a precedent and could encourage district and sub-district committees to involve children in their planning activities.
- At school, children could be included in their school management committee and PTA, and in monitoring the use of funds.
- The data revolution, including advances in real-time monitoring, provides opportunities to engage children and increase accountability.
BOTTLENECKS AND BARRIERS PREVENTING CHILDREN’S PARTICIPATION

- Adults who believe that children have neither the right nor the capability to influence decisions that affect their lives.
- A lack of skills and willingness among politicians, officials and other adults involved with children to work with them as partners and collaborators.
- A lack of formal structures and infrastructure aimed at facilitating children’s participation.
- Participatory initiatives that do exist can often exclude the poorest and most disadvantaged children.

ACTION >>>

- Raise awareness about the value of children’s participation.
- Develop and implement a national child participation strategy.
- Support children’s participation through rights awareness training and support for children’s activities and forums.
- Invest in a community of practice to support monitoring and evaluation of child participation activities.
Uganda has a comprehensive policy and legal framework for the protection of children’s rights and is signatory to all key international agreements. However, these laws and policies are not always implemented and there is a lack of coordination between different sectors that leaves children exposed to rights violations.

Some groups and sections of society are particularly vulnerable – whether because of poverty, their gender, where they live, or the fact that they are disabled or orphaned. There needs to be a greater focus on these groups and on ensuring that the rights of all children are realised – no matter who they are or where they live.

OVERARCHING POLICY RECOMMENDATIONS

1. Establish and fully implement an integrated early childhood development (ECD) policy that includes health, nutrition and protection as well as pre-primary education.
2. Prioritise child-sensitive social protection policies and programmes to address child poverty and vulnerability, especially among particularly vulnerable groups such as adolescent girls, children with disabilities, orphans and other vulnerable children.
3. Strengthen public finance for children, who make up over 50% of the population and represent Uganda’s greatest natural resource.
4. Institutionalise child indicators in national statistics, surveys, and policy documents such as the National Development Plan in order to monitor and assess progress in children’s wellbeing and eliminate inequalities in access to services, opportunities and outcomes for children.
5. Develop a National Child Participation Strategy to pave the way for children to participate in discussions that affect them at national and local levels.
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