

## **A SHADOW REPORT SUBMITTED TO THE**

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On the occasion of Uganda's 2nd Cycle Universal Peer  
Review Due October 2016

Status Report on Child Rights in Uganda  
2011-2015

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## A Note on the Status Report on Child Rights in Uganda

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- 1.1 The child rights status report is presented by the Uganda Child Rights Cluster under the auspices of the National Stakeholder for the second cycle of the Universal Peer Review Mechanism. The report focuses on the status of implementation of regional and international obligations by the Government and makes concrete recommendations for proactive action by Government to improve the situation of children in Uganda.
- 1.2 This report is a result of a collaborative engagement amongst civil society actors working on children's rights in Uganda. The child rights cluster comprehensively reviewed available literature on to the progress made towards the realizing children's rights. After deliberations, the following issues were agreed upon as emerging and worth the attention of the UPR process. . It further highlights the emerging concerns, proposes recommendations aimed at improvement.

### Emerging Concerns on children's rights in Uganda 2011-2015

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## II. STRUCTURAL ISSUES RELATING TO THE IMPLEMENTATION OF CHILDREN'S RIGHTS

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### Background

Children below the age of 18 years constitute close to 60% of the Uganda's population. Despite children representing a significant majority of Uganda's population, they are the most vulnerable group. Over half of children in Uganda (55%) live in multidimensional poverty, and are deprived at least of one or more essential services<sup>1</sup> for their survival and development (1 in 4 (24%) live in extreme poverty.<sup>2</sup> The OVC Situation Analysis Report 2010 places the level of vulnerability among children in Uganda at 96%. .

### 2.0 Status compliance of international and regional instruments

2.1 On March 2 2016 Uganda demonstrated its acceptance of internationally constructed principles and a desire to adopt international codes in its laws by passing the long awaited Children's Act Amendment Bill 2015. The passing of the Bill is a major milestone towards reconciling existing gaps within the legal and policy framework. Once enacted into law, it will guarantee protection of the rights of children; and will establish - the Uganda National Children's Authority. However, there continues to exist major

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<sup>1</sup> Nutrition, water, health, sanitation, shelter, education and information

<sup>2</sup> Situational Analysis of Child Poverty and Deprivation in Uganda 2014 MGLSD

challenges in realizing children's rights to survival, development, protection, and participation which lie not so much in the policy framework itself but rather in effective implementation of supportive laws and policies.

## **2.2 Administrative measures towards a Better Investment in children rights**

Article 4 of the UNCRC, places a legal obligation on State Parties, as primary duty-bearers, to undertake all appropriate legislative, administrative and other measures to the maximum extent of available resources to ensure that essential services to children, including the most vulnerable and marginalized, are delivered and their rights as outlined in the CRC are realized in practice. In this regard, the very low and declining share of the social sector budgets remains one of the biggest barriers to realizing children's rights. Public investments in health<sup>3</sup> and education<sup>4</sup> remain below internationally established benchmarks. Even more importantly, the reduced spending underscores the absence of legislation stipulating children's budget parameters; the budgeting process does not protect children from the adverse effects of economic policies. Developing a policy framework that mainstreams children and promoting the awareness of budgeting for children in the budgetary process remains critical to safeguard their rights.

## **2.3 Progress on Reporting**

Uganda has fulfilled its reporting obligation as evidenced by the submission of five reports to the UN Committee of Experts on the Rights of the Child, and an initial report to the African Committee on the Rights of the child. The treaty bodies have presented comments and observations on the status of implementation of the instruments reviewed. However, the implementation of these recommendations and concluding observations remains weak and largely left to the Ministry of Gender Labour and Social Development and CSO actors.

## **3.0 Children's right to life, survival and development**

While the overall picture is of marked gains in spread of basic primary health care services, maternal and child health service coverage, and radical improvements in safe water and sanitation, Uganda still ranks among the top 10 countries in the world for high maternal, newborn and child mortality rates.<sup>5</sup> Although the quality of care at and after delivery is a significant factor in reducing maternal and new born deaths, Basic Emergency Obstetric and Newborn Care services are only available in 15% of health care facilities. Access to and the quality is affected by limited availability of skilled staff and theatres (MoH 2013; MoH, 2014). Only half of pregnant women have access to quality antenatal care services and only 31% of facilities provide post-partum care. Approximately 30,000 newborns continue to die before 28 days of life. Premature birth (38%), birth asphyxia (28%) and severe infection (24%) account for 90% of all newborn deaths. Birth asphyxia takes an additional toll, babies may be stillborn. If they survive, they may suffer permanent disability. One of the most critical gaps in health-service provision relates to children with disabilities, whose condition is often congenital or acquired around birth and therefore succumbing to illness before the age of five is cited as the main cause of their disability in one third of cases.

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<sup>3</sup> Below Health Sector Strategic Investment Plan (HSSIP) target and Abuja Commitment: 10% and 15% respectively

<sup>4</sup> UNESCO recommendation on Education Financing: at least 20% of the national budget or 5% of the Gross Domestic Product (GDP)

<sup>5</sup> Situation Analysis of Children in Uganda MGLSD 2015

The government has made significant progress in ensuring that children are immunized before their first birthday and has greatly reduced HIV infections among young children. Inadequate nutrition remains a significant concern, with malnutrition responsible for a third of under-five deaths. The 2011 Uganda Demographic and Health Survey (UDHS) shows that 33% of children aged less than 5 years—a population of about 2.3 million is stunted. On the other hand, nutrition interventions are grossly underfunded only about UGX 100 million (less than 1% of health budget) is allocated for nutrition.

The 2015 Report of Human Rights Network –Uganda (HURINET) indicated that the pediatric population is being exposed to a rate of medication error that stands at round 3 times that of the general adult population. There is no provision of child-appropriate medication within many national health centers forcing health practitioners to improvise on the dosing of drugs they administer. Children have a very different pharmacological make-up to adults, which affects both the efficacy and toxicity of the drugs they receive. Investigations reveal that out of the many health care facilities in Uganda, very few of them have a specific standard list of recommended medicines for children.

Children also face ongoing risks to their health due to poor sanitation, hygiene, and lack of access to clean water. (WASH)-related diseases and associated conditions (anemia, dehydration and malnutrition) are a leading cause of under-5 hospitalization and mortality. At least 30% of the rural population does not have access to a latrine and more than 70% of households do not have soap and water for children to wash their hands, putting them at risk of disease (MoGLSD, 2014a).

While improved access to treatment has reduced the numbers of deaths associated with HIV/AIDS, prevalence among the 15 to 24 age group has increased. HIV is now the second leading cause of death among adolescents. There is a high level of unmet need for sexual and reproductive health (SRH), family planning services and HIV/AIDS support, which means adolescents (particularly girls) have limited information on how to prevent pregnancy and avoid contracting HIV.

Access is still inadequate, and the quality of care delivered is substandard for various reasons, including current shortages of skilled health personnel especially of midwives to deliver the range of life saving interventions; geographical distribution of health facilities and the quality of care provided by the health workers; availability of medical supplies; poor logistics management (including frequent stock-outs of drugs and other essential supplies) particularly at HC IVs and lower health facilities and weak monitoring systems to prevent absenteeism and corruption.

The share of national budget allocated to health has consistently declined in the past 5 years from 9.7% (highest in 2004/5) to 7.4% (lowest in 2012/13) consequently, critical child related intervention notably the Child Survival Strategy and Integrated Case Care Management (ICCM) programs remain grossly underfunded. The cost of medical services is of concern, out-of-pocket payments largely account for 42% of the total healthcare expenditure—with 62% on child health and 74% on reproductive health in 2009/10. While guidelines for allocation of funds to hard-to-reach areas and disadvantaged populations exist, the districts and hospitals do not get the funds they need.

### 3.1 Children's right to education and developmental rights

While commending the efforts of Ministry of Education and Sports in licensing of early childhood development (ECD) centers, the Net Enrolment Ratio (NER) is low at 8% in 2013 and there are wide variations in provision and access between regions. 53% of the enrolled children are in urban areas like Kampala (MoES 2013). Most (80-90%)<sup>6</sup> of ECD centers are found in urban areas and most are private nursery schools that children from poor households cannot access, and yet pre-primary education is vital before enrollment into primary school.

The Government has made significant improvements in Universal Primary Education, which constitutes the largest social transfer that assists children. However, while primary education has been successful in reaching large numbers of children in rural areas, significant inequities remain entrenched. Evidence indicates a lack of impact on children in hard to reach areas. The responsibilities placed on children to help at home and child labour in pastoral and fishing communities keep children out of school. 6 out of the 7 districts in the Karamoja sub-region were among the bottom 20 districts in the 2013 league table of the MoES (MoES, 2014). The two Island districts (Buvuma and Kalangala) were in position 61 and 81, respectively in the 2013 education league table. The remote mountainous districts of Bundibugyo and Ntoroko were ranked in the 81st and 77th position, respectively.

Some special interest groups e.g. children with disabilities missed out on the above public investments. The UWEZO Report of 2014<sup>7</sup> showed that 60% of the deaf population in Uganda is illiterate as enrollment for such special groups is still low. Disabled children have a lower NER compared to other children in 2011; only 5% of the 1.22 million children with disabilities were accessing education within an inclusive setting in regular schools while about 10% accessed education through special schools and annexes. While Government has prioritized the training of special needs education teacher, spending on school infrastructure and instruction materials in order to effective implementation of the policy on inclusive education remains very low shares. In 2013, out of 27 Batwa children There were only 3 children who sat the Primary Leaving Exam. <sup>8</sup>

. In 2011, ANPPCAN Uganda Chapter facilitated a process where over 4,000 Ugandan children collected signatures for a petition to the Ministry of Health and Sports over the gaps in the country's free education programme wherein children identified the lack of school meals, violence in schools, teacher's absenteeism, lack of accommodation for the teachers, lack of infrastructure (such as separate toilets), overcrowding of classrooms, under staffing and poor equipment as contributors to high dropout rates and poor performance.

The quality of education continues to be hampered by inadequate school inspection services, absence of a clear policy on quality assessment, high Pupil-Classroom Ratio (PCR was 56 in 2014), high Pupil-Teacher Ratio (PTR was 45 in 2014) and a high teacher attrition rate of 4% per annum. The World Bank

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<sup>6</sup> (MGLSD, 2013a; UNICEF, 2011)

<sup>7</sup> UWEZO Report of 2014: Are Children learning? Literacy and Numeracy across East Africa.

<sup>8</sup> <http://uobdu.wordpress.com/blog/page/2/>. 20<sup>th</sup>/06/2014

Report of 2013 observed that significant gaps in provider knowledge among both public and private providers of education since less than 1 out of 5 teachers (19%) of public school teachers showed mastery in the curriculum they teach. There is to date no institutionalized system for in-service teacher education to enable teachers to improve their education competencies.<sup>9</sup> Despite this, spending on education has been on the decline since 2010/11—from about 17% to 14.6 % by 2013/14 despite significant expansion in enrolment.

### **3.2 Children’s right to protection**

#### ***Effective child protection system***

the ever growing vulnerability of children given that 8% of children are critically vulnerable and 43% are moderately vulnerable. The highly level of vulnerability is largely attributed to poverty, HIV and AIDS and more importantly general gaps in the national OVC response characterized by inadequate implementation legislation and policies on child protection. Formal social protection arrangements to reach OVC/MVC are insufficient. The overall expenditure on social protection was equivalent to 1.2% of the Gross Domestic Product (GDP) in 2013, of which almost 60% was spent on contributory social security, which does not benefit the poorest and most vulnerable.

Low budget allocation to the key child protection agencies and programmes remains a specific challenge. The Ministry of Gender Labor Social Development has one of the lowest budgets of all government departments (0.3% in 2013/14). Consequently, apart from government wage bill support to established personnel at district level, most of the child protection activities are expected to be supported by either locally generated resources by the districts (which are very minimal) or supplemented through non-government support which is not uniformly or widely available in all districts.

#### ***Birth Registration***

70% of children under the age of five have not had their births registered. And therefore unable to prove their citizenship or age, which leads to children being denied access to healthcare and education, and being forced into marriage or work before they are adults. Notable barriers hindering faster progress include; inaccessible registration centers, prohibitive registration fees (UGX 5,000 for a full certificate) and other hidden costs, low facility delivery, lack of a comprehensive birth registration policy framework, inadequate financing and low user demand.

#### ***Protection of children from Sexual Abuse, trafficking and CSEC***

While, Uganda has fairly adequate legal provisions on the protection of children from sexual, physical and emotional violence, implementation measures are inadequate. Violations against children continue to undermine children’s right to protection. Some children are at highest risk of exploitation and abuse, particularly children with a disability (12% of all children aged 5–19), orphaned children (12% of all Ugandan children), 60% of child abuse crimes were committed against girls. and defilement has since 2008 remained the leading sex related crime in Uganda. In 2013 alone, 9,598 defilement cases were reported to the Uganda Police Force.

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<sup>9</sup> World Bank Education & Health Services in Uganda: 2013 Report

The urban context presents some unique and complex problems including street children, drug and substance abuse, commercial sexual exploitation, trafficking s. There are at least 10,000 street children- and Kampala leads with 6,000 children. Many of these children are disadvantaged, impoverished and unaccompanied, living among peers, and less likely to be targeted for assistance and social programs. Government failure to deliver basic services in rural areas-disproportionately and indiscriminately effect children resulting in migration to child migration into urban areas. Government response inclined towards “resettling and rehabilitating street children without necessarily addressing the casual factors that send children to the streets remains an unsustainable solution in the long run.

### ***Child Marriage and teenage pregnancy***

Uganda has one of the highest child marriage and teenage prevalence rates in the world. The Adolescent Girls Vulnerability Index (AGI) conducted by the Ministry of Gender highlights early marriage and teenage pregnancy as key driver of school drop-out and expose both child mothers and the new-borns to the risk of pregnancy related deaths, abortions and cases of obstetric fistula and contracting HIV. Approximately 35% of girls drop out of school because of marriage and 23% due to teenage pregnancy. . Urgent action is needed to end child marriage and prevent the girls in Uganda from being married.

### ***Physical violence***

While recognizing government efforts to curb corporal punishment, the vice is still rampant in schools. A 2012 study by the MoES reported that, caning, which is one of the common forms of corporal punishment was experienced by 74% and 75% of the children in primary and secondary school, respectively. In 2013, at Naigombwa primary school in Iganga district, it was reported that one Yowana Yakubu aged 13 was caned to death by a fellow pupil under instructions of the teacher.

### ***Protection of children from harmful work***

Uganda in 2011 UPR Review agreed to improve the protection of Children by fighting against child labour<sup>10</sup> commendably, the Government has developed the National Action Plan for the Elimination of the Worst Forms of Child Labour in Uganda (2012/13-2016/17) and a number of research, awareness and capacity development activities continue to be implemented by the Ministry of Gender, particularly through the International Programme for the Elimination of Child Labour of the International Labour Organization (ILO/IPEC). Notwithstanding there has been slow progress in addressing the root causes of child labor notably; household poverty and HIV/AIDS, which force children to engage in some form of labour so as to meet their basic needs. . The UNHS 2012/13 reveals that 40% of the children<sup>11</sup> aged 5-15 years are part of the working population. ***Protection of Children without appropriate care***

Notwithstanding significant achievements in terms of developing a National Alternative Care Framework “to provide guidance to government and non-governmental actors in providing or facilitating access to appropriate care options for children, based on the continuum of care available to children; ensuring that institutional care is used as an option of last resort,” effective alternative care provision remains a significant challenge across the country. Approximately 40,000 children living in residential care

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<sup>10</sup> Recommendation A-111.108: One of the Recommendations made to Uganda in 2011

<sup>11</sup>The UNHS uses the concept of working children which is not necessarily the same as child labour. The economic activity and the conditions in which it is done determine if it qualifies to be child labour.

institutions contrary to government policy to deinstitutionalize and intercountry adoptions constitute a booming industry in which child traffickers are profiteering. There is also a mushrooming network of unregistered childcare institutions through which children are primed for adoption. There are approximately 420 orphanages / residential care institutions however only 32 are licensed to operate. It's also worth noting that in locations where community-based OVC programmes have been implemented, only a very small percentage of OVC's are benefiting from these services due to limited government financial resources towards full implementation of plans.

### ***Protection of children in the justice system***

In 2011, Uganda committed to continue efforts to provide better protection for the children, including reviewing its juvenile justice system. Commendably in the year of 2014, 94 (10.3%) government was able to construct separate holding facilities for juveniles. However during its inspection in 2014, UHRC found 91 juvenile offenders aged 16 -17 years detained with adult offenders which not only exposed them to hard core criminals but also increased the likelihood of human rights violations.

However, it should be noted that the juvenile system is still lacking and there are still significant challenges to be addressed. These include: inability to implement diversion measures; inadequate skills to handle children's matters; inadequate budgetary support; inadequate probation services, delayed trial, substandard conditions in detention facilities. Children still face persistent barriers to the fulfilment of their rights in the justice system, such as diversity in and complexity of procedures, lack of access to services, inadequate child- friendly procedures in courts higher than the Family and Children's Court as well as inadequate child victim and witness support systems. In some parts of the country children are still tried in open court, which is often an intimidating atmosphere. Another concern is that bail is not easily accessible by children since Uganda is still using the practice of financial surety when it comes to Children.

### ***Children with disability***

Tremendous progress has been made by the government in guaranteeing the rights of children with disabilities through regulations and targeted measures attempts to reach out to the CWDs and enhance their access to education. Despite these gains, children with disabilities continue to be excluded, rejected, exploited limited training opportunities for children with learning disabilities. There are no concrete disaggregated data about the population of children with disabilities. (UCRNN, 2014a). In 2011, there were an estimated 1.22 million children with disabilities in Uganda (cited in MGLSD (2013a). In the 127 selected primary schools monitored by the Equal Opportunities Commission in 2014, there were neither trained special needs teachers nor instructional materials for special needs children. Only 34% had structures that were disability friendly. There are also a number of instances where the ramps have been washed away by running water. In addition, most of the schools do not have wide doors to allow easy accessibility for learners with wheel chairs. Schools do not have capacity to effectively and efficiently handle special needs education complaints. Out of 1608 latrine stances inspected, only 14.7% were disability friendly. This implies that in many of our schools, persons with disabilities are denied access to education.



## 4.0 RECOMMENDATIONS

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### ***Strengthening the National Child Rights Infrastructure***

1. Implement the Children's Act Amendment Bill 2015.
2. Ratify and domesticate the Hague Convention on Inter Country Adoption.
3. Ratify the Optional Protocol to the Convention on the Rights of the Child on a Communications Procedure (OP3 CRC). For rights to have meaning, all victims must have access to a justice system that will protect their rights and address violations. OP3CRC will allow children to address serious violations, like violence, exploitation or discrimination, not resolved at the national level.
4. Conduct child rights impact assessments (CRIA) to assess impacts of fiscal policies as well as budget allocation and spending on children, including the most vulnerable and marginalized children.
5. Disseminate and implement concluding observations and recommendations and strengthen inter-ministerial coordination and ensure ownership across all line ministries.

### ***Realizing children's right to survival***

1. Increase funding to high impact interventions in Reproductive, Maternal, New-born and Child Health (RMNCH) like immunization, nutrition, and elimination of HIV mother to child transmission, skilled birth attendance, emergency obstetric care and new-born care coverage, with a focus on reaching the most deprived groups and underserved communities including hard to reach remote areas (*Karamoja, Southwest and West Nile, Islands and mountainous regions*).

### ***Promoting children's right to education***

1. Increase public investment in early childhood education and expand community based ECD centers attached to primary schools.
2. Scale up provision of basic education support to vulnerable groups that are not accessing services particularly children with disabilities, adolescent girls, children in hard to reach areas, urban refugee children.
3. Public investments should include: training, recruitment, and retention of more teachers in disadvantaged areas, provision of scholastic materials and training materials, and building of infrastructure.
4. Invest in the economic strengthening of poor households to address risk factors that render children vulnerable to child labor, dropping out of school and all forms of exploitation.

### ***Ensuring children's right to protection***

1. Birth registration should be prioritized as a tool for national development.
2. Government should implement legislation to prohibit all forms of violence against children.
3. Increase budgetary allocation to child protection services at national and local government level.
4. Improve availability of child protection data and guarantee regular and ongoing collection, analysis and dissemination of data on various child protection issues.
5. Ensure complaint mechanisms accessible to girls and boys whose rights have been breached, including children with disabilities.