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Second periodic report of States parties due in 1997

UGANDA*

[2 August 2003]

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CONTENTS

		Paragraphs	*Page*
Foreword			3
List of acronyms			4
I.	INTRODUCTION	1 - 15	6
II.	IMPLEMENTATION OF THE COMMITTEE'S RECOMMENDATIONS	16 - 60	10
III.	GENERAL MEASURES TO IMPLEMENT THE CONVENTION	61 - 82	23
IV.	DEFINITION OF A CHILD	83 - 84	31
V.	GENERAL PRINCIPLES	85 - 95	32
VI.	CIVIL RIGHTS AND FREEDOMS	96 - 111	33
VII.	FAMILY ENVIRONMENT AND ALTERNATIVE CARE	112 - 129	36
VIII.	BASIC HEALTH AND WELFARE	130 - 170	39
IX.	EDUCATION, LEISURE AND CULTURAL ACTIVITIES	171 - 196	50
X.	SPECIAL PROTECTION MEASURES	197 - 217	57
List of references			63

Statistical annexes

I.	Country economic indicators	65
II.	Health sector	65
III.	Educational statistics	67

Foreword

Uganda is committed to ensuring that all its children enjoy their rights as enshrined in the Convention on the Rights of the Child (CRC). This commitment is exemplified by the measures that have been taken at the country level. The Constitution of the Republic of Uganda guarantees children the right to education, medical treatment, care and protection and other social economic benefits.

In addition, after the 1990 World Summit for Children, the country's unwavering political commitment was translated into action. The Uganda National Programme of Action for Children (UNPAC) was developed and launched in 1993. UNPAC provides a framework for all actors to protect the rights of children in the areas of child survival, development, protection and participation. The Children Statute (1996), which is a child-friendly law, operationalizes the Constitution and reinforces UNPAC.

This report presents actions that have been taken by the Government of Uganda on the implementation of the CRC, based on the guidelines and recommendations made by the Committee on the Rights of the Child on the country's initial report and its addendum. The Government of Uganda prepared and submitted initial reports and the addendum on the CRC in 1995 and 1997 respectively. Specifically, the report presents policy initiatives and child-friendly legislation that has been enacted, the programmes that have been implemented as well as special protection measures that target the children in difficult circumstances.

The enabling policy environment has added impetus to the implementation of the CRC. The efforts of civil society organizations, development partners and non-governmental organizations have contributed greatly to this. The Government of Uganda is committed to continuing its efforts to address the issues that affect the survival, development, protection and participation of children. In future, in order to protect and promote the rights of the child, the main areas of concern for Government will include improvement in primary health care, universal access to safe water, prevention and mitigation of HIV/AIDS, and provision of quality education to all children. To achieve this, Government will continue to pursue the policy of poverty eradication and promotion of good governance, which form the basis for protection, promotion and fulfilment of the rights of children.

List of acronyms

ABEK	Alternative Basic Education for Karamoja
ADF	Allied Democratic Force
ANPPCAN	African Network for the Prevention and Protection Against Child Abuse and Neglect
AVSI	Association of Voluntary Service International
BEUPA	Basic Education for Urban Poor Areas
CAO	Chief Administrative Officer
CCP	Childcare and Protection
COPE	Complementary Opportunities for Basic Education
CPU	Child Protection Unit
CRC	Convention on the Rights of the Child
CS	The Children Statute, 1996
DDP	District Development Plan
DPAC	District Plan of Action for Children
DPWO	District Probation and Welfare Office
ECCD	Early childhood care and development
ECD	Early childhood development
ECE	Early childhood education
ECSN	Early childhood survival and nutrition
EMIS	Education Management Information System
ESIP	Education Sector Investment Plan
FCC	Family Children's Courts
FIDA	Uganda Association of Women Lawyers (FIDA - Uganda)
GoU	Government of Uganda
HIPC	Highly Indebted Poor Country debt initiative
HP	Health Policy
HSRC	Health Sector Review Committee
HSSP	Health Sector Strategic Plan
IMCI	Integrated management of childhood illnesses
IMR	Infant mortality rate
JJP	Juvenile Justice Programme
LCs	Local councils

LRA	Lord's Resistance Army
MFPED	Ministry of Finance, Planning and Economic Development
MGL&SD	Ministry of Gender, Labour and Social Development
MMR	Maternal mortality rate
MoES	Ministry of Education and Science
MoH	Ministry of Health
MTEF	Medium-Term Expenditure Framework
NAPW	National Action Plan On Women
NCC	National Council for Children
NPA	National Programme of Action
NPAW	National Plan of Action on Women
OPV	Oral polio vaccine
ORS	Oral Rehydration Salts
PAF	Poverty Action Fund
PEAP	Poverty Eradication Action Plan
PHC	Primary health care
SCA	Secretary for Children Affairs
SCD	Street Children's Desk
STD	Sexually Transmitted Diseases
TDMS	Teacher Development and Management System
UBOS	Uganda Bureau of Statistics
UCRNN	Uganda Child Rights NGO Network
UDHS	Uganda Demographic and Health Survey
U5MR	Under-five mortality rate
UNMHCP	Uganda National Minimum Health Care Package
UNPAC	Uganda National Programme of Action for Children
UPDF	Uganda Peoples Defence Forces
UPE	Universal Primary Education

I. INTRODUCTION

A. Introduction

1. Uganda ratified the Convention on the Rights of the Child (CRC) in November 1990. The Government of Uganda (GoU) prepared the initial report in 1995 and presented it together with an addendum in 1997. A number of interventions have been developed and implemented in Uganda following the ratification of the Convention. This is the second periodic report of the Government of Uganda, covering the period January 1997 to December 2001. This chapter provides an update of the country profile information presented in the initial report, a description of the general government policy on the rights of the child, and the format of the document.

B. Country profile

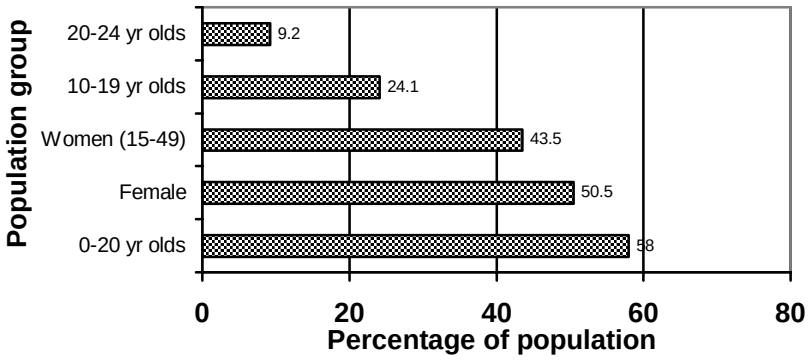
1. Public administration

2. Uganda's public administration system is both centralized and decentralized. The system of central government is based on the Parliament as the national legislative body and the different government ministries and departments as administrative units. The system of local government is based on the district council and departments as the legislative and administrative units, respectively. There are currently 56 districts in Uganda. District and subcounty councils constitute local government in rural areas, while city councils and city division councils constitute local government in major urban areas. All these are corporate bodies with perpetual succession, a common seal, and powers to sue or be sued in their corporate name (Constitution of Uganda, 1995; Local Government's Act, 1997).

2. Demographic characteristics

3. Uganda's projected population by mid-1999 was 21.6 million, of whom about half were female and 58 per cent were young people below the age of 20. The annual population growth rate is 2.7 per cent (1980-1991). It is projected that the population of Uganda will reach 25 and 28.4 million by the years 2005 and 2010 respectively. About 14 per cent of the population live in urban areas. Figure 1 shows the proportion of selected categories of the people as percentage of the total population (UBOS, 1999).

Fig. 1. Percentage of selected categories of the population in Uganda (Source:UBOS, 1999)

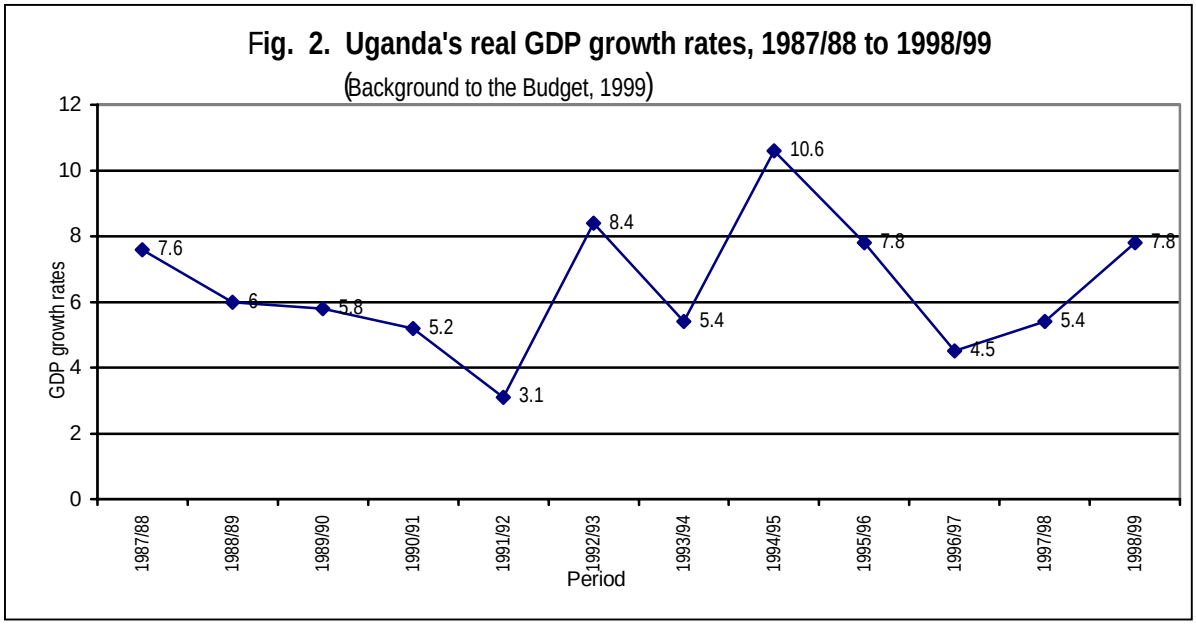


3. The economy

4. Uganda's economy relies heavily on rain-fed agriculture and agriculture-related activities constitute the largest sector of the economy and a major source of income for the people. This makes the economy vulnerable to weather changes and global developments that adversely affect the performance of the agricultural sector and the prices of the products.

Gross domestic product (GDP)

5. Uganda's economy has been stable and steadily expanding over the last eight years. It has more than doubled between 1987 and 1997. All the other sectors of the economy have shown marked improvements, with construction, manufacturing, mining and quarrying leading in growth. Figure 2 shows Uganda's economic growth rates from 1987/88 to 1998/99. El Nino weather conditions affected GDP growth between 1995/96 and 1997/98. The structure of the economy continues to change. For example, monetary GDP accounted for 76 per cent of total domestic output in 1998/99 compared to 74 per cent and 68 per cent during fiscal years 1995/96 and 1990/91 respectively. The contribution of agriculture to total GDP has consistently decreased from 53 per cent in 1990/91 to 43 per cent in 1998/99, while that of manufacturing has nearly doubled from 5.6 per cent in 1990/91 to 9.9 per cent in 1998/99 (Background to the budget 1999/2000, MFPED).



6. Although the growth in GDP is making some inroads in reducing poverty, Uganda is still one of the poorest countries in the world with a per capita gross domestic product of 356,233 Uganda shillings (about US$ 300) (UBOS, 1999). Uganda's export base is still narrow, as can be gleaned from a poor (negative) balance of trade of 1.02 billion dollars in 1998/99. The overall balance of payments position in 1998/97 stood at US$ 56 million, representing 0.8 per cent of GDP (Background to the budget 1999/2000, MFPED). Selected indicators of Uganda's economic performance are shown in annex 1 (a) and 1 (b).

External debt

7. Uganda's stock of debt was recorded at US$ 3.56 billion by December 1998. The debt service ratio in 1998/99 was 16 per cent of exports of goods, an improvement from 23.7 per cent in 1997/98. Uganda is a beneficiary of the Highly Indebted Poor Country (HIPC) debt initiative. In the first year, 1998/99, Uganda received US$ 45 million in debt relief and is expected to receive about US$ 86, $82 and $84 million in financial years 2000/01, 2001/02, and 2002/03 respectively as a result of the enhanced HIPC initiative. These savings are channelled through the newly created Poverty Action Fund (PAF) to finance poverty reduction in accordance with the Poverty Eradication Action Plan (PEAP) priorities. Some donors have continued to contribute to the Fund.

The poverty challenge

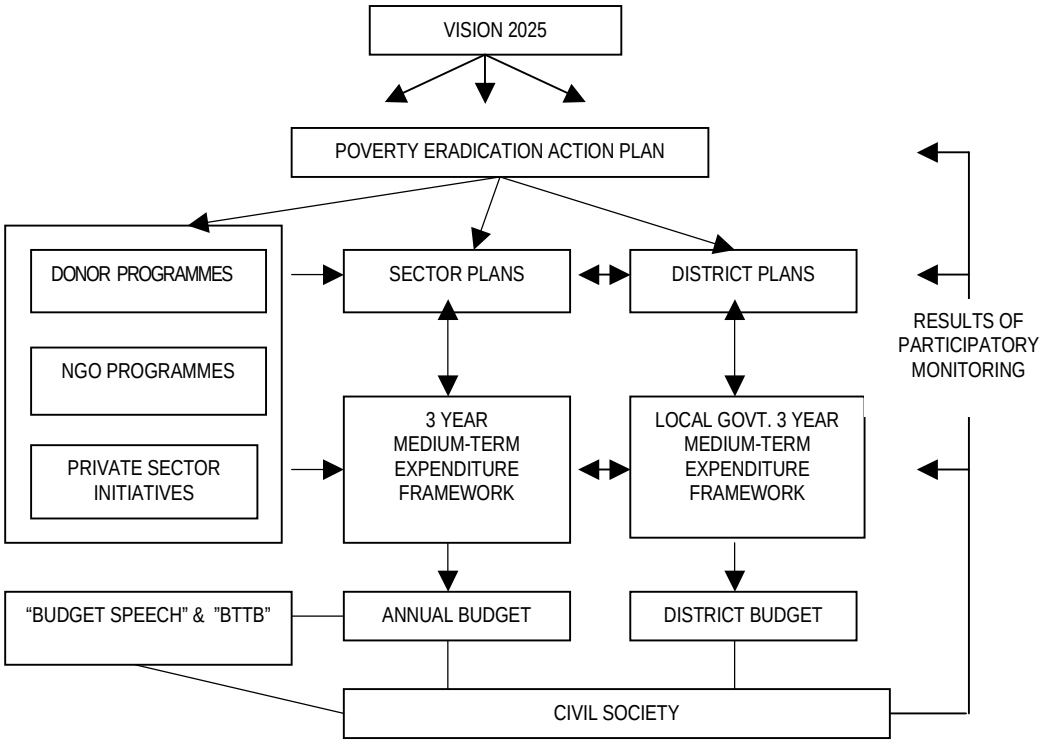
8. The impressive economic growth has not yet been translated into positive transformation of the social sector in general and a positive impact on the children in particular. According to the revised PEAP, 44 per cent of Ugandans still live below the poverty line (i.e. live on less than US$ 1 per day). Findings from participatory assessment of poverty surveys show that communities feel poverty is increasing. The main categories of people most vulnerable to increasing poverty in Uganda include: women, widows and their families, the landless and near landless, male youth and households with large families. Available data indicate that Uganda's human development index is one of the lowest in the world. Life expectancy is 40 years for males and 41 years for females. The average literacy rate is 54 per cent with only 14.8 per cent of the population having completed senior four. The introduction of universal primary education (UPE) has resulted in increased enrolment of pupils. Real gross domestic product per capita is less than US$ 300; the life expectancy index is estimated at 0.25; the GNP index is 0.21; and the human development index value is 0.328 (Population Reference Bureau, 1998). Corruption, including poor accountability and lack of transparency at all levels, has exacerbated the situation.

9. The levels of child, infant and maternal mortality are important outcome indicators for the PEAP. Between 1995 and 2000 infant mortality increased from 81 to 88 deaths per 1,000 live births. Similarly, the under-five mortality rate increased from 147 in 1995 to 152 per 1,000 live births in 2000. Maternal mortality rates fell only modestly, from 527 to 505 per 1,000 live births over the same period (UDHS 2000-2001). The proportion of all children who are stunted is 39 per cent and 15 per cent are severely stunted. Immunization coverage fell significantly between 1995 and 2000 and 38.2 per cent of children aged 12 to 23 months are fully vaccinated. Immunization coverage against DPT3, measles and OPV has been declining since 1996 and is currently around 50 per cent. The national HIV sero-prevalence rate is still high (about 9.5 per cent) and the number of orphans, mainly due to the AIDS scourge, is estimated at 1.7 million. Malaria prevalence among children under 5 years is still high. For instance, in 1998, 58.5 per cent of children under 5 were diagnosed with malaria.

4. Information flows

10. The relationship between the PEAP and sector/district plans is iterative. Each of the three plans feeds into the other. The PEAP sets the framework within which sector and then

Chart 1. Government planning/information flows (Source: Revised PEAP Vol. 1)



district plans are developed and is also a product of these plans. Chart 1 shows Uganda's planning and information flow within a sectorwide approach to planning. Sector plans contain sector priorities while district plans spell out strategies based on national priorities, needs and resource constraints. The Medium-Term Expenditure Framework (both national and district) is a three-year rolling plan that sets out expenditure priorities and budgets against which sector plans can be developed. The Government of Uganda has developed a Social Development Strategic Investment Plan which forms a basis for the implementation of the rights of children.

5. CRC and the National Plan of Action for Children

11. The Government of Uganda translated the CRC into national legislation - the Children Statute 1996. Implementation of the Statute is currently under way.

12. The UNPAC remains the most embracing national plan to achieve the goals of the CRC. It seeks to provide sufficient resources for provision of basic social services to all Ugandans; promote effective use of limited resources; and ensure equity of service provision, particularly

to children and women. The UNPAC is supplemented by other sectoral plans, polices and programmes. It is, therefore, important that UNPAC-related interventions are integrated into Uganda's Comprehensive Development Framework - the PEAP.

13. Programme implementation largely takes place at district and lower levels. Under the Local Government Act, policy implementation and service delivery is the responsibility of local governments. The central Government is responsible for setting national goals and setting national priorities through policy, setting standards, and providing guidelines. Local governments are charged with the responsibility of planning and resource allocation so as to deliver services to their population. The decentralization of UNPAC resulted in the development and implementation of District Plans of Action for Children (DPACs). The DPACs have now been integrated into the respective District Development Plans (DDPs). A number of DDPs are not yet "child-friendly". A survey carried out by the MGL&SD revealed that only 73 per cent of districts had integrated childcare and protection activities into the DDPs. Districts still lack the capacity to fully integrate childcare and protection issues into their respective DDPs. The main reasons for this are: inadequate staff (in terms of quality and quantity); inadequate funds; and lack of awareness/appreciation of the issues affecting children by district authorities.

C. Preparation of this report

14. The preparation of this report was undertaken as a collaborative and multisectoral exercise involving relevant line government ministries, local governments, non-governmental organizations (NGOs) and other stakeholders in the implementation of the CRC. External support agencies also made invaluable contributions during this process.

15. The Ministry of Gender, Labour and Social Development constituted a core group for the preparation of the report and coordinated the exercise. The core group had representation from the Ministries of Health; Local Government; Justice and Constitutional Affairs; Gender, Labour and Social Development; Internal Affairs (Police and Prisons); and Finance, Planning and Economic Development. Other members of the core group were drawn from the NCC, Save the Children Alliance, UNICEF and the Child Health and Development Centre. Group members provided information on the progress of the implementation in their respective sectors. Information from evaluation and review meetings of implementers at national and district levels also constituted a major source of information for preparing this report. A consultant consolidated the different strands of information into a working document for refinement by the core group.

II. IMPLEMENTATION OF THE COMMITTEE'S RECOMMENDATIONS

A. Introduction

16. The implementation of the Convention on the Rights of the Child in Uganda has been a collective effort by the Government, NGOs, donors, and religious organizations. The key responses by Government have been the creation of an enabling environment for the implementation of the CRC. Development partners, NGOs and faith-based organizations have provided a significant proportion of the resources (financial, material, human and organizational) for the implementation of the CRC.

17. The Committee on the Rights of the Child considered Uganda's initial report in 1997 and made a number of observations. Below are some of the actions taken and challenges met in addressing the Committee's observations. The recommendations of the Committee are presented in a box followed by description of actions taken.

B. Progress on implementation of the Committee's recommendations

1. Coordination and capacity

Recommendations of the Committee:

(a) Strengthen the National Council for Children and the coordination between various government bodies, ministries and LCs involved in the implementation of children's rights, at both national and local levels;

(b) Ensure closer cooperation with NGOs working in the field of human and children's rights;

(c) Strengthen the human and financial capacity of various government institutions promoting children's rights;

(d) Prioritize resource allocations to facilitate the realization of the economic, social and cultural rights of children, with a focus on health and education and increased access to them by disadvantaged children.

18. One of the issues being considered in the Social Development Sector Investment Plan is to strengthen the capacity of the Social Development Sector institutions, which includes NCC. An evaluation of NCC as an institution and its programmes has been carried out with a recommendation to have NCC elevated to the level of a commission. The recommendation, which is recent, is yet to be implemented. Internally, NCC is carrying out a reorganization exercise with a view to strengthening its capacity to coordinate children's activities in the country (NCC Finances).

19. Coordination of UNPAC has been limited to joint planning and review meetings. NCC holds annual regional review workshops and a national consensus conference on the situation of children and women where all stakeholders (Government, donors and NGOs) participate. NCC also participates, on an ad hoc basis, in planning and review meetings of government departments, external support agencies and major NGOs to ensure that child-related issues are addressed. Limited coordination is being done through the Uganda Child Rights NGO Network (UCRNN), an umbrella organization of about 40 NGOs working in the field of child protection and development. However, the UCRNN, which could have provided a good structure and mechanism for NGO coordination, does not also have capacity to effectively perform the requisite coordination functions in order to strengthen NGO coordination. The challenge is to build the capacity of NCC to be able to coordinate the efforts of NGOs and other actors in the children's activities.

20. Since 1997, government expenditure has been guided by the PEAP. The main activities of this plan include primary health care (the minimum health-care package); universal primary education; rural water supply; rural feeder roads; implementation of the Land Act; adult literacy; implementation of the Plan for the Modernization of Agriculture; restocking of cattle to the northern and eastern parts of the country; wetlands; and monitoring of these activities. Government plans to increase the share of spending going to these programmes in the medium term. Other activities will be considered on an annual basis through the Medium-Term Expenditure Framework (MTEF). The MTEF has been developed to identify measures of input, output, outcome and budget for sectors and districts. Sectors and districts prepare budget framework papers for incorporation into the MTEF. Government plans to use this approach to guide allocation of all public resources including equalization elements of both recurrent and development expenditure. Details of expenditures on child-related activities and access by disadvantaged children are presented in sections III and IX.

21. Government ministries were being restructured to focus on policy formulation, coordination, setting national standards and regulations, inspection and monitoring, and the provision of technical advice and support to local governments. Consequently, a total of 18 government ministries have been restructured and the Ministry of Public Service is undertaking a medium-term programme to retool and re-equip government departments.

2. Awareness and understanding

Recommendations of the Committee:

(a) Ensure that the provisions of the Convention are widely known by both adults and children especially in rural areas. Also, train and retrain law enforcement staff, the judiciary, lawyers, magistrates, teachers, social workers, childcare institution staff, health and medical personnel, etc.;

(b) The Convention should be translated into vernacular languages.

22. Both government institutions and NGOs, with the support of donors, have been involved in awareness creation through development and distribution of child rights advocacy materials. These materials were produced in various forms and formats such as calendars, posters, brochures, t-shirts, caps, audio-visual materials and newsletters. Dissemination of the Children Statute is also done through debates, essay competitions, music, dance and drama, child rights clubs in schools and child rights advocates in the communities. The Day of the African Child, which is commemorated annually, is used as a special day to advocate for children's rights in general.

23. As far as training of law enforcement officers is concerned, Government, with support from Save the Children (SC) Denmark, the United Kingdom and UNICEF, facilitated the training of the Uganda Police on the CRC and the Children Statute and on how to handle cases of child abuse and domestic violence. SC Denmark is training the Uganda Peoples Defence Forces (UPDF) on the protection of children's rights, particularly in conflict situations.

24. Training of trainers and district-level training of officials concerned with the implementation of the CRC and the Children Statute has been done. A manual for the training of national trainers of child rights advocates has been developed and the training of 340 child rights advocates completed. Various categories of professionals working with children have been trained. Training undertaken so far has been at two levels: training on CS in 45 districts before the creation of 11 additional districts and training of paralegals in 10 districts on CRC. The categories of professionals trained includes: district administrators, local government councillors, media reporters, community development officers and assistants, district probation and welfare officers, the police, magistrates, teachers, prison staff, and child rights educators and advocates. GoU, through the Ministry of Gender, Labour and Social Development Local Authorities, NGOs and private consultancy firms, has been involved in providing this training.

25. Whereas the CRC itself has not been translated into local languages, the CS, which is a domestication of the CRC, has been translated into 10 major local languages, namely Luo, Ateso, Luganda, Lugbara, Lunyankole, Kuksabin, Lumasaba, Lusoga, Lubwisi and Ngakarimojong. Copies of the translated Statute were distributed to all districts and major NGOs. The MGL&SD has also produced and distributed a simplified English version of the CS. These 10 languages cover more than 90 per cent of the population.

26. The main challenge is to ensure wide dissemination of the CRC and the Statute. Dissemination of the CRC and the CS at district and lower level is primarily the role of the District Probation and Welfare Office (DPWO). A national situation analysis of childcare and protection issues in relation to district authorities conducted by the MGL&SD at the end of 1998 identified eight obstacles that hinder the implementation of the Statute. The main obstacle is inadequate funding of the DPWO by both central and local governments. DPWOs are allocated on average about US$ 400 per month for all operations, but some receive as little as US$ 30 per month for all operations. Other reasons for the delay in the dissemination of the Statute are: understaffing in districts; lack of awareness about the Statute by local councils, including secretaries for children affairs; inadequate transport and communications facilities in the local government structure mandated to implement children's rights; negative attitude of the community; political interference; and poverty in households. It should also be noted that in the initial stage of the sensitization process of the CRC more emphasis was given to the CS than to the internalization of the CRC and more stress was put on children's rights than on their responsibilities; there are also negative cultural attitudes that look at CRC as a Western influence imported into the African culture. Although the implementation of the Statute is under way, the major challenge is lack of funds.

27. Based on these observations, the following interventions are being undertaken: strengthening the capacity of the DPWO through recruitment to fill vacant positions and provision of logistical support; enhancing advocacy for childcare and protection activities through the development of quality work plans at district and subcounty levels and ensuring that the plans are integrated into the DDPs; and intensifying advocacy for increased resource allocation to CCP activities.

3. Legislation and the judiciary

Recommendations of the Committee:

(a) All appropriate measures, including public information campaigns, should be undertaken to prevent and combat all forms of discrimination against girls, orphans, children with disabilities, abandoned children, children born out of wedlock and child victims of abuse and/or sexual and economic exploitation, especially those living in rural areas, with a view, inter alia, to facilitating their basic services;

(b) National legislation should be harmonized and made fully compatible with the Convention;

(c) The prescribed ages in the various national laws should be harmonized to eliminate inconsistencies and contradictions;

(d) Comprehensive reform of the system of juvenile justice should be undertaken in the spirit of the Convention, in particular articles 37, 39 and 40, and of other United Nations rules. Particular attention should be paid to the right of children to prompt access to legal assistance and to judicial review. Training programmes on the relevant international standards should be organized for all professionals involved with the juvenile justice system and specialized courts should be established countrywide as a priority matter;

(e) Technical assistance for this purpose should be sought from the Office of the United Nations High Commissioner for Refugees and the [then] Crime Prevention and Criminal Justice Division of the United Nations.

28. Discrimination on the basis of sex is prohibited by the Constitution of the Republic of Uganda. The Children's Statute 1996 and the National Gender Policy reinforce this. As regards education, with the introduction of UPE the equalization of the number of girls and boys at primary entry level is close to being attained. However, discrimination against girls still exists, particularly at the household level and in communities as a result of negative cultural practices, education and the share of the workload in homes. The challenge is now shifting to retention (particularly after primary four) and improving the performance of girls in schools. Government, with support from UNICEF and other development partners, developed and launched the National Strategy for Girls' Education in Uganda. The strategy aims at eliminating barriers to girls' education in particular and discrimination against them in general. These barriers arise out of socio-cultural factors, school-related factors and political/economic as well as administrative factors. Through UPE orphans have access to free primary education.

29. Other ongoing interventions that aim at equity for girls, out-of-school children, children affected by armed conflict and children with disability include implementation of COPE and ABEK programmes and temporary schools for internally displaced children (see below). Apart from ABEK and COPE, Basic Education for Urban Poor Areas (BEUPA) is being implemented

in Kampala and targets slum-dwellers and other disadvantaged children in the urban areas. The curriculum focuses on practical employable skills as well as basic literacy. The programme is being piloted in four parishes with support from the German Technical Cooperation Agency (GTZ).

30. The juvenile justice reforms enshrined in the Children Statute are compatible with the CRC. These include: designation of the family and children's courts by His Lordship the Chief Justice of Uganda (the courts are distributed throughout Uganda); completion and printing of FCC rules; training of all stakeholders (probation and welfare officers, magistrates, the police, army, local council officials, child rights advocates); and development of training manuals. In addition, local council guidelines were developed and tackle in particular issues to do with children's rights and responsibilities, the type of cases local councils are mandated to handle.

31. As part of the implementation of the Children Statute, Government, through the MGL&SD and with support from Save the Children (UK), is implementing a four-year Juvenile Justice Programme (JJP). The JJP is currently being piloted in three districts. The Programme aims at reforms such as strengthening the non-institutional methods of rehabilitating young offenders, strengthening coordination and information-sharing among court users.

32. The Government of Uganda, with assistance from the Office of the United Nations High Commissioner for Human Rights (OHCHR), conducted a national juvenile justice training and strategy workshop in October 2000 and came up with recommendations. Arising out of the recommendations of this workshop, the following has been done:

- Less serious criminal cases are being diverted from the formal system with the help of the local councils;

- Creation of awareness among stakeholders is continuous;

- A national juvenile justice committee is being put in place with the support of Save the Children (UK). In addition, some of the recommendations have been incorporated into the Justice, Law and Order sectoral strategic plan (2002-2007) and will be acted upon.

4. Education

Recommendation of the Committee:

To ensure the implementation of articles 28 and 29 of the Convention, greater efforts should be directed to training teachers, improving learning and teaching facilities and the school environment, increasing enrolment and fighting school dropout.

33. The Uganda Government does not have a comprehensive policy on early childhood development (ECD). However, several ministries and agencies have developed policies that cater for some ECD issues. NCC facilitated the formation of the ECD Technical Forum, which serves as a clearing house for ECD programmes in a sectorwide approach.

34. The ECD Task Force spearheaded activities of the ECD Technical Forum. Its composition was drawn from the government line ministries and NGOs dealing with children affairs including the Ministry of Education and Sports, Ministry of Local Government, UNICEF, MoH, Friends of Children, the NCC Secretariat and MGL&SD. The Task Force collected secondary information that was available on ECD and compiled a report, "Eight is too late", which has become reference material for ECD issues in Uganda. The report identified ECD areas that need special attention, including the psychosocial/emotional environment, health, nutrition, care, stimulation and learning, play, pre-schools and discipline, ECD stakeholders and possible donors for ECD activities. This led to the formation of the Technical Forum to continue with the work on ECD policy and strategy formulation.

35. The ECD Task Force met in a five-day workshop in December 1999 to review existing policies and provisions on ECD. A comprehensive report was produced and circulated to stakeholders. The report serves as a basic reference document in policy formulation by sectoral departments and in programme development by NGOs.

36. Initiatives undertaken to increase the enrolment and retention of girls have been developed and are being implemented. Some of the initiatives are: the National Strategy on Girls' Education has been developed and approved; initiatives to make primary schools "girl friendly" are being implemented, such as provision of separate toilet facilities for boys and girls; the UPE programme, which gives priority to orphans, girls and children with disabilities, is being implemented; the programme to ensure access to education by children with special needs is being strengthened under the Education Strategy Investment Plan. Corporal punishment in schools has been abolished by the Ministry of Education and Sports although the enforcement is still difficult. Selected educational statistics are shown in table 1.

Table 1. Trends in selected primary educational ratios

Year	No. of primary schools	No. of classrooms	No. of pupils	No. of teachers	Pupils/ class ratio	Pupils/ teacher ratio	Gross enrolment ratio	
							M	F
1996	8 531	69 344	3 068 625	81 564	44	38	86	74
1997	8 813	74 519	5 170 886	89 247	69	58	137	112
1998	9 848	69 893	5 463 853	98 509	78	55	129	114
1999	10 779	80 205	6 591 429	107 278	82	61	127	107

37. In order to make the curriculum more relevant, Government, with the support of development partners, has developed a new primary school curriculum (volume 1). A phased implementation of the curriculum has begun, starting with primary one to four. Volume 2 of the curriculum to cover seven subjects - Agriculture, Business and Entrepreneurship, Kiswahili, Mother Tongue, Music and Dance, Primary Technology and Art, and Religious Education - is being developed.

5. Birth registration

Recommendation of the Committee:

Special efforts should be directed to the development of an effective system of birth registration. Such a system would serve as a tool for children's enjoyment of their rights.

38. The measures to protect children's rights to a name, nationality and identity have been adequately provided for within the law. The practice of registration at birth, which would contribute to enforcement of the law, is, however, still not closely followed. The majority of people are not aware of the importance of birth registration. Birth registration is a priority area in the GoU-UNICEF country programme.

6. Human rights, refugees and internally displaced children

Recommendations of the Committee:

(a) Awareness of the duty to fully respect the rules of international humanitarian law, in the spirit of article 38 of the Convention, inter alia with regard to children, should be made known to the parties to the armed conflict in the northern part of Uganda. Violations of the rules of international humanitarian law entail responsibility being attributed to the perpetrators;

(b) Measures should be taken to stop the killing and abduction of children and the use of children as child soldiers in the area of armed conflict, liaising with the Special Representative of the Secretary General on Children and Armed Conflict;

(c) Special attention should be directed to refugees and internally displaced children to ensure that they have equal access to basic facilities.

39. Efforts by Government, civil society, development partners and NGOs to improve the human rights situation in the country have resulted in: the establishment of a commission of inquiry into human rights violations in the country; a participatory constitution-making process; independent media with few constraints on freedom of the press; the Children Statute 1996; democratic decentralization; improved military-civilian relations; an active role being played by Parliament; citizens' increasing interest in human rights issues; a supportive donor community and the establishment of the Uganda Human Rights Commission. The main challenge is to effectively implement the legislations passed in recent years that aims at strengthening people's rights. Government has proclaimed an amnesty for rebels and continues to encourage people to accept the offer.

40. The Uganda Human Rights Commission, a body established by Government to investigate complaints and promote public awareness about human rights in Uganda, identified the following features of human rights that need attention: armed conflict and instability; lack of facilities and funds for detention; delays in the administration of justice; delays in legal reforms;

street children; domestic violence; poverty; corruption; abuse of office; ignorance and illiteracy; some aspects of traditional culture; restrictions on the right of peaceful demonstration; and restriction on political party activities.

41. In order to improve and enhance the protection and care of refugee children, UNHCR has adopted a policy on refugee children that was endorsed by the UNHCR Executive Committee in October 1993. The UNHCR Guidelines on Refugee Children, first published in 1988, have been updated in the light of the new policy. At their core lies the realization of the need which children have for special care and assistance. Refugee children face far greater dangers to their safety and well-being than the average child. The sudden and violent onset of emergencies, the disruption of families and community structures as well as the acute shortage of resources with which most refugees are confronted deeply affect the physical and psychological well-being of refugee children. These are mainly the concerns reflected in the Guidelines, which define the goals and objectives, principles and practical measures for the protection of and assistance to refugee children. The policy focuses attention on the children's developmental needs, their gender and cultural framework, the special requirements of unaccompanied minors, and their particular problems that arise in the context of repatriation and reintegration.

42. A Psychosocial Support Programme for the care of children in conflict areas and their families started in Kitgum district in July 1998 and later expanded to cover Gulu district. This programme was expanded to cover the districts of Lira, Apac, Arua, Moyo, and Adjumani, part of Nebbi, Masindi and Bundibugyo. The major activities of the programme are:

- To receive, rehabilitate, resettle and reintegrate formerly abducted children;
- To train psychosocial actors in psychosocial recovery;
- To train actors like the UPDF on the Children Statute and human rights;
- To develop psychosocial materials;
- To undertake a regional and national review of psychosocial programmes.

43. The key partners in the programme are: MGL&SD, UNICEF, USAID, AVSI, World Vision, Redd Barna, Red Barnet, Gulu Save the Children Organization (GUSCO), International Rescue Committee (IRC) and the respective districts. A national core group for psychosocial support has been established with representation from government, districts, NGOs and donors. The national core group is also involved in advocacy (both locally and internationally) against killing, abduction and other conflict-related child abuse.

44. In addition, Save the Children (Denmark) and Save the Children (Sweden), in collaboration with the UPDF and GUSCO, have been jointly implementing a project within the UPDF Fourth Division with the aim of promoting the observance of the rights of children affected by armed conflict, in particular formerly abducted children. The implementation strategy includes developing a partnership with the UPDF on training the officers in the Child Protection Unit (CPU) and advocacy targeted at the UPDF leadership. The training targeted three levels, which are the senior officers, military instructors in 10 training schools and the Fourth Division. Many achievements have been registered; there is an image that has been built

with the communities in the UPDF Fourth Division, which is crucial for long-term peace in Acholiland. Specifically, the confidence of children in contact with the military is built, which is an important step in their psychosocial recovery. There is also a children's desk within the UPDF Fourth Division headquarters which was elevated to a unit, which is proactive in the protection of the rights of children and also provides a model for replication in other divisions of the UPDF to address the needs of formerly abducted children. It is important to point out that there has been an increased awareness of the military on child rights protection within the UPDF, especially the staff within CPU who have received additional training on psychosocial issues, child survival and development. To date, 130 officers and 5,835 men of the UPDF have received sensitization and training on child rights protection issues with 7 of the trained officers from the Fourth Division having participated in a peacekeeping course in Sweden.

45. The Governments of Uganda and the Sudan signed an agreement in Nairobi in December 1999 for the return of children abducted from northern Uganda and taken to the Sudan by the Lord's Resistance Army (LRA). Each Government made a commitment: The Government of the Sudan was to facilitate the recovery of abducted children. The first group of children arrived in January 2000 and currently, the Government of Uganda has received 150 children. According to statistics, about 4,000 children are unaccounted for. However, in the subsequent meetings the Government appealed for the release of children from the LRA. There are several interventions to address the needs of children affected by armed conflict. These include community care, sensitization on peace and reconciliation with partners, and strengthening existing community systems like the local councils, religious institutions, clan leaders and traditional leaders to give support to these children.

46. Civil society organizations, particularly faith-based and non-governmental organizations, have started a number of initiatives to address the problems associated with armed conflict in northern Uganda. A Joint Forum for Peace was formed in Kitgum district with the aim of seeking a peaceful resolution of the 13-year-old conflict in northern Uganda. Members of the Forum include central government, district and NGO representatives. Other civil initiatives include the Peace and Reconciliation Committee formed in Gulu district, the Acholi Religious Leaders' Peace Initiative and the Justice and Peace Committee formed by the Catholic Church in Uganda.

7. Street children

Recommendations of the Committee:

(a) A strategy should be adopted to tackle the problem of children working and/or living on the street;

(b) Informal education programmes should be designed and adopted to prevent sexual abuse and exploitation of children, especially child prostitutes.

47. A Street Children's Desk (SCD) has been established in the MGL&SD to coordinate the activities of all NGOs active in this area. A practice guideline for people working with street children in Uganda has been developed. The goals of the guideline are to: reduce physical, emotional and psychological abuse of street children; provide temporary, quality and

developmentally oriented care for street children that leads to improvement in the quality of their lives; encourage street children to live in families; provide alternative self-support activities that empower a street child to live an independent and productive life; encourage vocational skills training for street children so that they can use these skills to earn a living; make the police more responsive to the plight of street children and in the process develop child-friendly approaches to handling them; develop a good working relationship between a street worker and a child, which enables the exploration and use of better rehabilitative alternatives to assist the child; and improve the efficiency and quality of services rendered by different stakeholders to street children in Uganda.

48. The Government has come up with a training manual for those who work with street children. The manual aims at standardizing services to street children and provides knowledge and skills required for the handling of street children. The Government is currently implementing a strategy aimed at removing and reintegrating street children back to their communities. Out of 370 children from the streets of Kampala, over 200 have been successfully reintegrated. The experiences from this exercise have been documented and will be used to remove street children from other urban areas of Uganda.

49. Many of the street children have joined primary school through the UPE programme. Some of the children who have not been resettled are benefiting from skills training which is mainly offered by NGOs focusing on carpentry, metalwork, tailoring, agriculture, radio and TV repair, etc.

8. Child abuse and exploitation

Recommendations of the Committee:

(a) Specific attention should be given to monitoring the full implementation of labour laws in order to protect children from being economically exploited. Authorities should adopt explicit legislation and measures to protect children from economic exploitation through employment as domestic servants and in other informal sectors, engage in research and collection of data, and promote integration and vocational training programmes;

(b) The State party should consider ratifying the ILO Minimum Age for Employment Convention, 1973 (No. 138);

(c) Special attention should be given to the problems of ill-treatment and abuse, including sexual abuse of children within the family and corporal punishment in schools; the Committee stresses the need for information and education campaigns to prevent and combat the use of any forms of physical or mental violence against children, in accordance with article 19 of the Convention;

(d) Comprehensive studies on these problems should be initiated in order to understand them better and to facilitate the elaboration of policies and programmes to combat them effectively, including rehabilitation programmes.

50. Uganda has ratified ILO Convention No. 138. Although Uganda generally concurs with the definitions of child labour as stated in Convention No. 138 and the Worst Forms of Child Labour Convention, 1999 (No. 182), the country's position is that the definition should precisely identify which harmful, exploitative and hazardous work activities involving children constitute child labour. The view of Government is that the definition of child labour should include the following characteristics: work that involves children in tasks which extend beyond the normal roles of their own contribution to their own, their families' and the communities' well-being and development; work that is assigned to children without due consideration of their age, gender and abilities; work that deprives children under 16 of their rights to health care, education, skills training, and proper physical and social well-being; and work that involves the performance of tasks under difficult and dangerous circumstances without proper protective facilities and measures, without adequate remuneration and/or involving too much time or excessive movement with inadequate rest/recreation (Uganda's Report on Position and Child Labour, 1998).

51. Some of the measures taken so far by Government since 1997 to tackle the problem of child labour include: a review of the labour laws to ensure legal protection of the children involved in formal and informal employment; the development of the PEAP to eliminate the mass poverty that perpetuates child labour; the introduction of UPE to achieve mechanization and social transformation; and ensuring continuous dialogue between Government and stakeholders involved in the fight against child labour (Uganda Report on Position on Child Labour, 1998).

52. A memorandum of understanding between the GOU and ILO was signed in November 1998 to address child labour. This was reached after Uganda recognized and acknowledged the problem of child labour. Consequently, a three-year National Programme of Action to Eliminate Child Labour in Uganda was launched. The programme is a step-by-step approach to withdrawing about 3,000 children caught up in the worst forms of labour such as domestic service, street work, prostitution, commercial farming, the informal sector, etc. It will involve workers, employers and NGOs in its implementation. The National Programme Coordinator, supported by ILO, coordinates the National Programme of Action. Five action programmes have been developed. These are: (i) employers to address child labour issues in sugar and tea estates and commercial farms; (ii) the National Organization of Trade Unions to prevent child labour in sugar plantations; (iii) the NGOs Slum Aid and Uganda Youth Development Link to prevent and rehabilitate children involved in prostitution; (iv) the Child Labour Unit to develop policies, conduct partner training and coordinate implementation of the programme. Eight more action programmes are being developed to meet the target of 15 programmes.

53. A new subregional pilot programme covering seven African countries, namely Kenya, Tanzania, South Africa, Malawi, Zambia, Zimbabwe and Uganda, is being developed. The focus of this programme will be to target child labour in commercial farms in 10 districts of Arua, Bushenyi, Kabarole, Masaka, Rukungiri, Iganga, Mukono, Mpigi, Mubende and Hoima. Farms growing tobacco, coffee and tea are targeted.

9. Data collection, monitoring and evaluation system

Recommendations of the Committee:

(a) Review the system of data collection and analysis and identify appropriate disaggregated indicators to address all areas of the Convention and all groups of children in society;

(b) Consider requesting technical assistance in this regard from UNICEF, among others.

54. A concerted effort by the Government of Uganda and development partners is currently under way to revive the National Statistical System. The Uganda Bureau of Statistics (UBOS) has been created as a semi-autonomous organization charged with the responsibility of developing statistics in the country. One of the steps being taken by the UBOS is the strengthening of district planning units to collect and disseminate information. These units are in operation and UBOS offers technical support. Information is disseminated through the Population Directorate. A series of national surveys has been conducted to provide data for planning and advocacy. These surveys provide data (at household/community level) on some of the indicators for monitoring the implementation of the Convention. The indicators cannot, however, be disaggregated by district due to small sample size.

55. The Government is also defining a poverty monitoring strategy that will outline a clear structure for the public and all other institutions involved in monitoring. In this strategy, the Poverty Analysis Unit, MFPED will coordinate data collection, analysis and dissemination regarding the PEAP. The UBOS will be responsible for census and national surveys. Sectoral ministries are expected to design indicators and collected administrative data on service delivery and outcomes in their respective sectors, analyse this data and identify policy responses. District authorities are expected to develop a database at district level and collect information on inputs and outputs. The PEAP has identified key indicators to be used in monitoring the plan.

56. A multisectoral national committee consisting of representatives from line ministries, NGOs, UNICEF, Save the Children Alliance and NCC developed child rights monitoring indicators. The indicators are clustered into five broad areas: child survival; childcare and protection; child development; child participation; coordination, communication, advocacy, gender mainstreaming and resource mobilization. They cover all aspects of the Convention. The task ahead is to put the indicators to use.

57. Other initiatives to develop or strengthen the system of data collection and analysis include a system for registration of abducted children covering the seven districts currently affected by armed conflict; a system to monitor implementation of the juvenile justice programme (JJP). Each line ministry has a management information system but at various levels of functionality. The Health Management Information System is being strengthened to effectively support the implementation of the Health Sector Strategic Plan (HSSP). A Health Resource Centre has been established at the Ministry headquarters. The Ministry of Education

and Sports is also strengthening the Education Management Information System (EMIS). EMIS software has been developed and data collection instruments have been distributed to all districts. Districts are expected to generate and use basic data locally.

58. Three approaches have been used to assess the impact of implementation of UNPAC on children, adolescents and women. These are: facilitation of the development of DPACs and a series of annual reviews of DDPs to ensure their focus on children; the annual review of UNPAC implementation in all sectors which culminates in the national consensus workshop attended by all key stakeholders; and the nationwide update of the situation of women, adolescents and children in Uganda. A comprehensive district-based assessment and analysis of the situation of children, adolescents and women has been done. This will provide a basis for the Government of Uganda-UNICEF Country Programme 2001-2005. The key output of these processes will be an updated UNPAC and a revised DDP. In this process, UNICEF is recommended for technical, logistical and financial support.

59. The capacity to collect and process quality and timely data on indicators to monitor the Convention is still lacking. The weakest areas in terms of quality and quantity data are the districts, and the childcare and protection sectors. NCC and major stakeholders should ensure the integration of child-related indicators into the national statistical system currently being revived through the PEAP and UBOS.

10. Dissemination of the initial report

Recommendation of the Committee:

(c) The initial report and written replies presented by Uganda should be made widely available to the public at large, including children, and the report should be published, along with the relevant summary records and the concluding observations adopted by the Committee, and widely distributed in order to generate debate on and awareness of the Convention and its implementation and monitoring within the Government, the Parliament and the general public, including concerned non-governmental organizations.

60. The initial report and related documents have not been widely disseminated, mainly due to budgetary constraints.

III. GENERAL MEASURES TO IMPLEMENT THE CONVENTION

A. Introduction

61. This chapter outlines some of the policy initiatives, legal reforms and mechanisms in place to implement the Convention. Below is an update of developments in implementation of the CRC with regard to some of the above initiatives.

B. Policy initiatives

1. The Health Policy

62. The MoH initiated the development of the new Health Policy (HP) in 1996. Along with the HP, GoU, development partners and other stakeholders have jointly developed the Health Sector Strategic Plan (HSSP) 2000-2001 - 2004-2005. The HP aims at attaining sustainable standard of health by all Ugandans to promote a healthy and productive life. The key strategy in this policy is provision of primary health care, especially to women and children, and consolidation of existing health services. The policy seeks to involve the community and the private sector more in the development and delivery of health services. The national Health Policy, with a five-year national strategic health plan, was launched in October 1999. The implementation of the plan commenced in July 2000. Government also place in a policy to ban the use of non-iodized salt.

2. Water sector policy

63. The combined effects of poor hygiene and sanitation practices, limited access to safe water and harsh living environments still contribute to about 50 per cent of child morbidity (GoU-UNICEF, 1998). Coverage of the population with access to safe water is increasing but still low. In 1998, 44 per cent and 60 per cent of the population in rural and urban areas respectively had access to safe drinking water. The water policy emphasizes the development of water supply in rural areas and small towns, community mobilization, and involvement and participation by the private sector.

3. Universal primary education

64. The Government of Uganda recognizes basic education as both a human right and an important investment in the future productive capacity of the economy. Government has, therefore, accorded basic education a very high political profile. In 1997, GoU demonstrated its commitment by declaring universal primary education (UPE). In addition, Government provides building materials such as iron sheets, timber, cement and nails to Government-aided schools. As a result of UPE the primary school enrolment increased from 2.6 million in 1996 to more than 6.8 million children in 2001.

4. The Education Strategic Investment Plan

65. The influx of children following the implementation of UPE and the limited resources available to Government have negatively affected the quality of primary education. In order to improve on accessibility, equity, relevance and quality of education and address the implications of UPE on other education subsectors, the MoES responded to this challenge by developing a five-year sectorwide Education Strategic Investment Plan (ESIP) for the period 1998-2003. The ESIP would also be set within the existing policy frameworks such as the Local Government Act 1997, the Poverty Eradication Action Plan and the Public Service Reform. ESIP was approved by Cabinet in December 1998 and launched thereafter.

66. A framework for joint reviews of sector performance and monitoring the implementation of the ESIP by Government, donors and NGOs has been set up. A national plan for expansion of school facilities was approved in April 1999. The plan is based on a decentralized, community-led approach to classroom construction. The MoES has embarked on the development of strategic plans for secondary, technical and vocational education. This will be a component of the ESIP. The strategic plan is expected to be ready for review by October 2000. Government, with the support of UNICEF, has also developed and launched the National Strategy and Plan of Action for Girl's Education. The plan is aimed at addressing 18 barriers to equitable female participation in education.

5. The National Youth Policy

67. The National Youth Policy was developed by Government and launched in 2001. The Policy aims at empowering youth through key strategic action programmes. The policy defines youth as a person 12-30 years old as opposed to the previous definition of 18-30 years. This is to ensure that programmes address the developmental needs of young people in a holistic manner. Government is now in the process of drawing up a national action plan for the policy. The plan is expected to be ready by 2002.

6. The draft National Policy on Young People and HIV/AIDS

68. Government, through the Uganda AIDS Commission, developed the draft National Policy on Young People and HIV/AIDS. The overall goal of the Policy is to prevent and control the spread of HIV/AIDS and to strengthen care and support for young people infected and affected by HIV/AIDS. The objectives of the policy are to: increase awareness on STDs and HIV/AIDS, its prevention and control and assess its impact on young people and young people's impact on the course of the epidemic; promote involvement of young people in the conceptualization, design, implementation, monitoring and evaluation of HIV/AIDS-related interventions; promote policies and actions/interventions for young people's health and development using a human rights framework; and mobilize and provide a framework to all stakeholders - Government civil society, including NGOs, the private and social sectors - to work in partnership on young people's health and development.

C. Implementation and monitoring of the CRC

1. Uganda National Programme of Action for Children

69. According to the decentralization policy, the functions of a central government department include policy and legislative development, quality assurance (including monitoring and supervision), inspection, training, technical advice and guidance in their respective area of mandate. The lead agency for coordinating and monitoring the implementation of child rights-related programmes is the National Council for Children (NCC). Other ministries/departments are responsible for sectors that fall within their mandates. Some of the mechanisms established by Government to accelerate implementation of the Convention are presented below.

Ministry of Gender, Labour and Social Development

70. A Street Children's Desk (SCD) and the National Street Children Committee have been set up to ensure integration of children back into their communities in the Department of Youth and Child Affairs in the MGL&SD.

71. A Child Labour Unit and the National Planning Committee on Child Labour have been set up within the Department of Labour, Employment and Industrial Relations, MGL&SD. The purpose of the Unit and the Committee is to develop programmes to address the issue of child labour in Uganda. The members of the subcommittee were drawn from line ministries, workers' and employers' representatives, NGOs, academia and the media.

Ministry of Education and Sports

72. The Education Sector Investment Plan (ESIP) 1998-2003 brings together Government, donors, the private sector and NGOs to mobilize support and resources for the education sector. Eight cross-cutting working groups have been established to manage the ESIP. The working groups are responsible for: sector policy and management; financial planning and management; monitoring and evaluation; primary education; secondary education; technical and vocational education and training; tertiary education; and teacher education. Each working group produces a report every six months and a composite report is compiled to form input into the biannual ESIP review. Government, through the Ministry of Education and Sports, is planning to establish the National Council for Higher Education and the Education Standards Agency. Restructuring of the Ministry is almost complete. Only 27 per cent of the 266 established posts in the Ministry are still vacant and will be filled by the end of the year 2000.

Ministry of Health

73. The Health Policy (HP) and the Health Sector Strategic Plan (HSSP) were developed in line with the 1997 PEAP. The HSSP is implemented through the Health Policy Implementation Committee, which consists of eight subcommittees, namely Human Resources, Health Infrastructure, Basic Package, Finance and Procurement, Supervision and Monitoring, Decentralization, Research and Development, and Public-Private Mix.

74. A Health Sector Review Committee (HSRC) has also been formed to: generate consensus among all stakeholders in the implementation of the HP and the HSSP; review and endorse reports and recommendations of the Health Policy Implementation Committee; and provide support and guidance in the implementation of the HP in general. Membership in the HSRC is multisectoral and includes representatives from central government departments, local authorities, institutions of higher learning, research institutions, NGOs, parliament, civil society and traditional practitioners. The HSRC meets quarterly.

75. Consultative meetings and joint meetings are held biannually to review sector performance (expenditures and outputs) for each component of the sector, agree on the financial resource envelope for the following year and adopt the revised draft annual plan of action for the

next year. Membership in the meeting includes the relevant government ministries and the Department of Information; development partners, representatives of NGOs and potential partners also attend.

76. As a result of all these initiatives, a clear vision for the health sector has evolved, priorities have been agreed, agreement has been reached to use common working arrangements with regard to planning, budgeting, disbursement, procurement, reporting and monitoring, the GoU and development partners are ready to operate through the sectorwide approach, and a partnership fund has been established to support preparatory activities of the HSSP. The Health Service Commission to take care of human resources issues has been set up under the Ministry of Health. See also paragraphs 135 and 136 below.

2. District-level mechanism

77. Following the decentralization policy, the first DPAC was developed in January 1994. Since then, NCC and partners at the national level have facilitated the development of 34 DPACs now integrated into the respective District Development Plans. Child advocacy programme officers were deployed in 14 districts, mainly in eastern Uganda. Local government authorities and district development committees ensure implementation of programmes for children at district and community levels. Key officers in districts responsible for implementation of DPACs are: Secretaries for Children's Affairs (SCAs), chief administrative officers (CAO), district planners, district probation and welfare officers, district water officers, district education officers and district directors of health services. Periodic reviews of DDPs are undertaken by NCC to ensure that they focus on children. A number of NGOs participate in the district planning and review meeting. Linkages between Government and NGOs exist, but need to be strengthened.

D. Budgetary allocations

78. There has been a substantial increase in resources allocated to the public expenditure high-priority areas of good governance, modernization of agriculture, roads, and improving the quality of life of the poor. The proportion of budgetary allocation to children is computed on the basis of government, donor and NGO contributions to five sectors identified in UNPAC, namely: health and nutrition, policy, water and sanitation, basic education, and child protection.

79. The share of social services in the national budget grew from less than 20 per cent in the 1980s to about 30 per cent in 1997/98. The health sector has received substantial increases in resources and its share in the total government budget increased from 6.37 per cent in 1995/96 to 12.55 per cent in 1998/99. However, about two thirds of the total recurrent expenditure on health is still provided by the private sector.

80. The education subsector receives almost one quarter of the total discretionary recurrent budget, of which primary education receives more than 62 per cent. Secondary and tertiary education account for 15 per cent and 18 per cent of the education allocation, respectively (Background to the Budget, 1999/2000). Government expenditure on education has risen

steadily between 1995/96 and 2000/01. The percentage of the total budget allocated to primary education increased steadily from 1995/96 to 1998/99, as shown in figure 3. Most of this increase has gone to classroom construction and procurement of instruction materials.

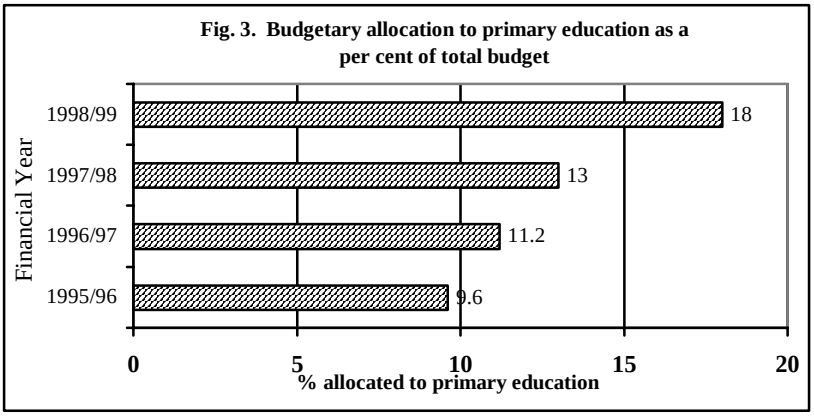


Table 2

Ministry of Education and Sports recurrent and development expenditures

	Budget estimates as percentage of total MoES budget		
	1998/99	1999/2000	2000/01 (Planned)
MoES recurrent expenditure			
Primary education	54	45.3	52.2
Secondary education	12	11.1	11.1
Tertiary institutions	10.3	9.1	8.7
Others	2.7	2.1	2.0
MoES development expenditure			
Primary education	20.4	26.2	20.7
Secondary education	0.6	0.4	0.8
Tertiary institutions	0.5	0.6	0.6
Classroom construction	5.6	9.7	12.8
Textbooks	2.4	4.0	5.5
Teachers	33.4	28.8	32.4
Others	0.2	0.8	1.0

Source: MoES Statistical Abstracts, 1999.

81. Expenditure on water and sanitation is one of the high priorities. The childcare- and protection-related interventions continue to receive paltry budgetary allocations and releases from both Government and donors compared to the other social sectors. For instance, a survey conducted by MGL&SD revealed that districts allocate on average 0.38 per cent of their total budget to childcare and protection activities. Table 3 shows the budgetary trends/out-turns for the three years 1996/97 to 1998/99.

Table 3

Functional analysis of central government recurrent expenditure

Description	Expenditure (million shillings)			Expenditure (% of total)		
	1996/97	1997/98	1998/99	1996/97	1997/98	1998/99 2000/01
Education affairs and services	60 836	69 437	107 395	9.9	10.6	12.5
Health affairs and services	40 321	29 592	23 197	6.6	4.5	2.7
Other community affairs and services	8 871	6 786	9 491	1.4	1.0	1.1
Other economic affairs and services	11 783	9 924	9 492	1.9	1.5	1.1
Grand total	612 933	652 281	857 974	100	100	100

Source: Background to the Budget 1999/2000, MFPED.

82. Through the HIPC and other donor support, Government has mobilized a significant amount of resources, which are being channelled to the poorest people through the Poverty Action Fund (PAF). The donor/credit contribution to the development budget for basic social services therefore is high, raising the issue of sustainability in the medium and long term. There is a need to mobilize and tap additional resources from the communities and individuals to support the social services and also a need for Government to increase the allocation of resources to the social sector. Table 4 shows the sources and uses of the PAF.

Table 4

Sources and uses of the Poverty Action Fund (PAF) in 1998/99 (billion shillings)

A. Sources	Amount			
HIPC Debt Initiative	44.64			
Debt buyback (Austria)	4.26			
Additional donor financing	20.89			
Netherlands	8.78			
Sweden	8.31			
United Kingdom	3.80			
Total PAF	69.79			
B. Uses	Additional expenditures			
	GoU budget 1997/98	From PAF 1998/99	GoU budget 1998/99	% increase
Donor supported				
Primary school construction	0.00	6.22	6.22	n.a
Primary health care conditional grant	1.70	4.66	6.36	274
Monitoring activities	0.00	0.37	0.37	n.a
Subtotal donor	1.70	11.25	12.95	662

Table 4 (*continued*)

B. Uses (*cont'd*)	Additional expenditures			
	GoU budget 1997/98	From PAF 1998/99	GoU budget 1998/99	% increase
GoU/HIPC-supported				
Primary education conditional grant	21.99	8.01	30.00	36
Primary education development budget	4.52	2.39	6.91	53
Rural roads conditional grant for maintenance	4.99	7.00	11.99	140
Rural roads development budget	6.44	6.86	13.30	107
Agriculture extension conditional grant	0.00	4.00	4.00	n.a
District water supply and sanitation development budget	3.88	8.10	11.98	209
NGO primary health care	0.00	3.00	3.00	n.a
Primary health care development budget	2.77	2.88	5.65	104
District health units - lunch allowance	0.50	4.73	5.23	946
Inspector General of Government	1.00	0.82	1.82	82
Provision for enhanced monitoring of expenditures	1.52	2.63	4.15	173
Subtotal GoU/HIPC	47.61	50.42	98.03	106
Total gross expenditure	49.31	61.67	110.98	125

Source: Ministry of Finance, Planning and Economic Development.

Table 5

Revenue transfers to districts and other local governments (million shillings)

Description	1995/96	1996/97	1997/98	1998/99
Transfers to primary education	0	14 000	22 000	30 000
Transfers to secondary education	3 987.8	4 290	4 300	4 320
School construction	0	0	0	6 221

Source: Background to the Budget 1999/2000, MFPED (all figures are budget estimates).

Table 6

Budgetary trends/out-turns

Description	1996/97	1997/98	1998/99
Education	(21.8%)	(24.1%)	(26.4%)
Education and sports (including primary education)	35.31	36.68	68.98
Primary education including school facilities grant	81.11	115.54	151.09
Secondary education	28.81	30.0	39.6
Tertiary institutions	0.00	0.00	7.46
Subtotal	174.18	212.57	297.32
Health	(7.4%)	(6.8%)	(6.3%)
Health	23.63	19.19	20.96
NGO hospitals/primary health care	0.00	0.76	2.91
District primary health care	0.00	1.14	6.27
District medical services	8.32	5.95	6.17
District health training schools	0.87	1.42	1.73
District referral hospitals	12.26	8.67	13.28
Subtotal	59.34	60.24	71.29
Economic functions and social services	(6.5%)	(5.7%)	(4.0%)
Labour and social welfare	3.84	1.88	0.00
Gender, labour and social development	2.79	2.39	3.40
Subtotal	51.74	50.46	44.65
Grand total	798.44	882.00	1 127.13

Source: Background to the Budget 1999/2000, MFEPD.

Notes:

1. Subtotals include expenditures on other services for each of the sectors and grand totals are the total budget out-turns in each financial year.

2. Nominal totals in billion shillings, all figures include appropriation-in-aid and include arrears and promissory notes.

IV. DEFINITION OF A CHILD

83. The age of majority in Uganda is 18 years. At the time of submission of the initial report, there was a lot of ambiguity as regards the definition of a child in Uganda. The Children Statute 1996 dispelled all that ambiguity and all other statutes accordingly recognize the child as any person below the age of 18 years.

84. The law on the age of sexual consent is skewed in favour of the girl child. The law sets out to protect the girl child. A boy below the age of 18 who has sexual relations with a girl of the same age is considered to have broken the law and the girl is considered a victim. In recognition of article 21 of the Convention, this anomaly is being addressed and a proposal is included in the sexual offences bill to review this section of the law.

V. GENERAL PRINCIPLES

85. The Constitution of the Republic of Uganda (art. 21) provides equality before the law and protects all persons against discrimination on grounds of sex, race, colour, ethnic origin, tribe, creed, religion, social or economic standing or political opinion. However, Government is aware that discrimination against certain groups of children in practice still exists. The bases for discrimination include: gender biases within the family and community such as son preference; overworking girls and putting a low priority on girls' education; geographical location (rural areas and some remote districts/locations have less access to resources and services); religion; ethnicity; poverty; disability; and refugees status.

86. General attitudes towards children in society at large are sometimes negative and authoritarian. For example, children are expected to show respect and obey parents, elders and those in authority. Children are sometimes seen as the property of the family and subordinated to families and clans. According to a baseline survey on girl child sexual abuse (FIDA, 1999, p. 1): "children have no voice and keep quiet when their rights are infringed upon".

87. Some of the causes of discrimination are deep-seated for example, in cultural beliefs. Actions taken in this regard include: the development of gender policy, which has now been translated to the National Action Plan on Women; the implementation of UPE; the development and implementation of the PEAP; and the development and implementation of the Plan of Action to Fight Corruption.

88. To address the discrimination that is inherent in the education sector as a result of geographical and cultural factors, Government introduced interventions for complementary education for street children, children in the nomadic pastoral areas of Karamoja, and the disadvantaged children in Kamuli.

89. The principle of the best interest of the child is reflected in the Constitution and the Children Statute 1996.

90. Children, especially in schools, have opportunities to express their views through songs, drama, debates, clubs and story telling. Children's ages and the types of significant adults they relate to limit participation in decision-making. A major information, education and communication (IEC) campaign, the Sara initiative, is being implemented to promote the development of the girl child. While the rights of children to express their views are recognized by the law, in practice many adults, including parents, expect that children will listen and obey. Children's upbringing emphasized parental power, obedience and long hours of work (FIDA, 1997).

91. The right to life, survival and development is reflected in the Uganda National Plan of Action for Children, whose goal is to establish and achieve survival, protection and development targets related to children and women that build on existing government policies, structures and sectoral plans.

92. To ensure child survival, measures have been taken to improve the quality of and accessibility to health-care services. Health units have been rehabilitated and new ones have been constructed. There is an improvement in the supply of drugs and medical equipment to government health units.

93. Government has set the following targets in relation to the health and well-being of children, to ensure their survival: maintenance of high levels of immunization coverage (at least 85 per cent of infants under 1 year) against six immunizable diseases and against tetanus for women of childbearing age; elimination of neonatal tetanus cases; elimination of poliomyelitis cases; reduction of 95 per cent of mortality due to measles; reduction by 30 per cent of the deaths caused by acute respiratory infections in children under 5 years; reduction of malaria-caused mortality in children under 5 years from 20 per cent to 10 per cent and morbidity by 30 per cent; reduction of malaria in pregnant mothers by 60 per cent; reduction of deaths due to diarrhoea by 50 per cent and reduce the incidence of diarrhoea by 20 per cent in children under 5 years; reduction of mother-to-child transmissions of HIV by reducing conception among HIV-positive women; reduction of transmission of HIV through reduction of STDs and changed sexual behaviour; reduction of transmission of HIV in the health-care setting and through sociocultural practices; and reduction of the socio-economic impact of HIV-infected parents on children through reducing suffering and prolonging the useful life of their parents and through assisting communities and care for orphans.

94. In addition, Government has made an effort to coordinate and integrate primary health-care programmes in all health centres. These include the integrated management of childhood illness treatment programmes, safe motherhood promotion through mother-baby packages and the development and use of an essential health package.

95. To overcome inadequate knowledge, negative attitudes and practices that promote poor health among children and thereby threaten their survival, Government, through the Ministry of Health, has embarked on a nationwide IEC campaign to create awareness on various health aspects.

VI. CIVIL RIGHTS AND FREEDOMS

Name and nationality (art. 7)

96. Article 18 of the Constitution provides for registration of every birth. The Birth and Death Registration Act (1970) amended by Decree No. 3 of 1974 also provides for the registration of births and deaths within six months. During the years of political turmoil and mismanagement, mechanisms for registration of births and deaths were run down. The practice of and requirement for registration is lax. However, today efforts are being made to revitalize the process of registration of births and deaths. A project for the same is being piloted in two selected districts of the country.

97. Issues of name and identity are provided for in the Constitution and the Children Statute. The Constitution specifies who a citizen of Uganda is by birth and by registration. Article 11 of the Constitution provides that a child of not more than 5 years of age found in Uganda whose parents are not known shall be presumed to be a citizen of Uganda by birth. It also provides for adoption of children born to non-Ugandan citizens. It says that a child under the age of 18 years neither of whose parents is a citizen of Uganda who is adopted by a citizen of Uganda shall on application be recognized as a citizen of Uganda.

98. Section 5 of the Children Statute 1996 clearly specifies the child's right to live with his or her parents. All parents are responsible for their children and where they are deceased the Children Statute provides that parental responsibility may be passed on to the relatives of either parent or to a foster parent. The Statute provides that if a competent authority determines in accordance with the laws that it is in the best interest of the child to separate the child from his or her parents, the best substitute care shall be provided for the child.

Preservation of identity (art. 8)

99. The Children Statute 1996 provides for the right of a child to know the identity of both parents. Where the child is deprived of his identity through denial of parentage by one of his parents, the Children Statute provides measures for the proof of parentage (Part IX). If evidence of parentage is established, this ensures that the child belongs to the clan and can inherit the property of a declared parent.

Freedom of expression (art. 13)

100. The Constitution in article 29 provides for the right of every person to freedom of speech and expression. Article 41 provides all citizens with the right of access to information.

101. The liberalization of the media also provides an opportunity for children to express their views beyond the confines of the family. The media have provided children with an opportunity to express their views on various issues of interest to them. Almost all the print and electronic media have provision for children to express their views. Leading newspapers have weekly columns specially reserved for children. Radio and television stations also have programmes for children; these are presented by the children. The government newspaper, the *New Vision*, runs a monthly pullout entitled "Young Talk" in which children discuss issues that are of interest and relevance to them. "Young Talk" is widely distributed all over the country. However, the variety, quality and appropriateness of media programmes available to children is still poor. There are no effective mechanisms in place to protect children from harmful influence through the media.

102. Children are free to join associations and participate in peaceful assemblies. Many schools in Uganda today have established debating clubs and child rights clubs, which provides children with an opportunity to access information and to discuss issues of interest to them. Unfortunately, such opportunities are limited to children in schools, especially within urban areas.

Freedom of thought, conscience and religion (art. 14)

103. The Constitution, in articles 29 and 37, provide that every person has a right to belong to and profess any religion in community with others that is consistent with the manner of the Constitution. No specific reference is made to children.

104. There is freedom of worship in Uganda. Children in Uganda normally practise the religion of their parents.

Freedom of association and peaceful assembly (art. 15)

105. Freedom of assembly is provided in article 29 of the Constitution. Government encourages co-curricular activities in schools, which enables children to develop their capacity and enhance their character formation. Many schools have a number of clubs and associations to which membership for children is open.

Protection of privacy (art. 16)

106. The right to privacy, home and other property is provided for in article 27 of the Constitution. The Children Statute 1996 provides for the child's right to privacy in judicial proceedings (sect. 103). It emphasizes the need to respect the child's privacy to avoid potential harm that may be caused to the child by undue publicity.

Access to appropriate information (art. 17)

107. Government has made an effort to increase the availability of and access to information materials for children for academic instruction, general information and entertainment. The Government has approved the use of materials produced and published locally for the school curriculum; these are more relevant, cheaper and accessible to more people than the traditionally used books that were imported from outside the country.

Right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment (art. 37 (a))

108. Uganda has the legal framework to protect children from torture and inhuman treatment. Article 24 of the Constitution provides that no person shall be subjected to any form of torture, cruel, inhuman or degrading treatment or punishment. The Children Statute (sect. 6) also provides for the protection of children from violence and abuse.

109. Awareness campaigns have been undertaken in the media to advocate against physical violence against children. The Ministry of Education in conjunction with the African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN), a child-rights NGO, held a stakeholder consultative meeting in October 1999 in a bid to generate alternatives to corporal punishment as a means of disciplining children in Uganda. There is an ongoing public debate on the issue of corporal punishment in Uganda.

110. There are a number of cases of children in Uganda who have been tortured and subjected to inhuman treatment. The most recent is the case of 12-year-old Enocha.

> Enocha's case was made public on 8 August 2000 by the press. Enocha had for months been tortured and starved by his father and his stepmother. He was discovered near death by his paternal aunt in his parents' house on the outskirts of Kampala on 5 August 2000.
>
> The pictures of the child published in the papers raised a public outcry. Enocha had been denied food and he was tied up inside the house. He was admitted to Mulago main hospital suffering from chronic starvation and a broken left arm.
>
> His parents were arrested and charged with attempted murder. During the court proceedings Enocha testified that his father and stepmother collaborated to kill him, and that he was tied with a rope to a bed in his father's bedroom. They did this to him because the stepmother claimed that he had stolen his sibling's food. Enocha also went on to testify that his father was also very abusive towards him.
>
> Both parents denied the charges, claiming that the child had malaria and had run away from the home when he was already sick and that is why he lost a lot of weight. However, doctors proved that Enocha had been starved and would have died if he had not been discovered.
>
> The court refuted the defence of the accused persons and found both of them guilty. They were sentenced to 14 years in prison. When asked what he thought of the verdict, Enocha said that he was glad that his parents were arrested because they had really tortured him.

111. In Uganda measures have been developed to assist the physical and psychological recovery and reintegration of children who have been tortured. There are psychosocial services, which are provided by hospitals and community workers. Tortured children also receive medical treatment from the hospitals to help them recover physically.

VII. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

Parental guidance (art. 5)

112. There are two major kinds of family structures in Uganda, i.e. the nuclear family, which comprises the husband, wife and their children, and the extended family, which consists of the nuclear family plus the near or distant relations of the husband and wife. In addition, there are also polygamous families, single-parent families and, of late, there are child-headed families as a result of the impact of HIV/AIDS. The responsibility of parents and their rights to take care of their children are expressed in section 6 of the Children Statute. The welfare principle, which embodies the principle of the best interest of the child, underlies the responsibilities of parents towards their children.

113. The Government of Uganda is implementing a national early childhood development project with the objective of teaching parents how to prepare a firm foundation for their children. This project is being implemented in 25 districts through various NGOs.

Parental responsibilities (art. 18, paras. 1-2)

114. The law in Uganda adequately endows parents with the responsibility for their children. The Constitution, in article 31 (4), provides that it is the right and duty of parents to care for and bring up their children. The Children Statute, section 7, emphasizes the responsibility of parents towards their children. It states that "every parent shall have the responsibility for his/her children". The Children Statute also provides that in the upbringing of the child, any decision made on behalf of the child shall be in line with the best interest of the child.

115. The Children Statute provides for support of children by the local authorities in case the parents or guardians are unable to take proper care of their children (Part III, sects. 11-13). The local authorities are required to provide assistance to the children in need in their areas of jurisdiction. The Government of Uganda is unable to provide direct assistance to children of single-parent families and those from the disadvantaged groups, but it has created an enabling environment that has led to the emergence of organizations that focus on such children. Specifically, there is the Single Mothers Association of Uganda, which helps single mothers.

Separation from parents (art. 9)

116. The Constitution of the Republic of Uganda, article 31 (5), provides that children may not be separated from their families or the persons entitled to bring them up against the will of their families or those persons, except in accordance with the law. Section 5 of the Children Statute provides that where a competent authority determines in accordance with the applicable laws and procedures that it is in the best interests of the child to separate him or her from his or her parents or parent, the best substitute care shall be made available for the child.

117. The Probation and Social Welfare Officer is responsible for ensuring that a child whose best interests are at stake is provided with appropriate care. The supervision order is provided for placing such a child under the care of a Probation and Social Welfare Officer while leaving the child under the care of the parents.

118. A care order is provided for children who are suffering significant harm or are likely to suffer under their parents, and for children in danger. Under the care order, the Probation and Social Welfare Officer or an authorized person makes an application for a care order which places the child under the care of the warden of an approved home or with foster parents. During the period of separation from the parents, the warden of the approved home or the foster parent has parental responsibility for the child.

119. The child's contact with the parents while in the approved home or with the foster parents is encouraged, unless it is not in the best interests of the child. The warden (where the child is placed in an approved home) or the Probation and Social Welfare Officer (where the child is placed in a foster home) has the responsibility of ensuring that communication is maintained with the parents of the child.

120. The Children Statute gives the Probation and Social Welfare Officer the duty to work with the parents, guardians or relatives to whom the child is expected to return after the termination of the care order. In this respect, the Probation and Social Welfare Officer is required to provide child and family counselling before, during and after the child's return and to gain the assistance of those in the community who can help to resolve the problems that caused the care order to be made.

Family reunification (art. 10)

121. No specific legislation exists to address the right to reunification as provided for in the Convention. The Immigration Act 1969 regulates immigration in Uganda.

Illicit transfer and non-return (art. 11)

122. A number of children in northern Uganda have been abducted by the LRA and taken to the Sudan to fight as child soldiers. Measures have been taken to ensure that these children are returned and resettled with their families.

Recovery and maintenance for the child (art. 27, para. 4)

123. The Children Statute (sects. 78-88) provides for the maintenance of a child where one or both parents neglects to provide for maintenance irrespective of whether the parents are married, staying together, separated or divorced. The Statute provides that any person who has the custody of a child may make an application for a maintenance order to the family and children court having jurisdiction in the place where the applicant resides, against the mother or father of the child, as the case may be. A child may also make an application for a maintenance order through a friend. The application for maintenance may be made at any time during pregnancy or before the child attains 18 years of age.

124. The family and children court is responsible for hearing the evidence of the applicant and the evidence of the father or mother and making a decision to proceed to have an order against the father or mother for payment to the applicant. The mother or father may be required to pay a monthly sum of money as may be determined by the court, having regard to the circumstances of the case and the financial means of the parent for the maintenance of the child. The costs for placing the order are also imposed on the parent. Maintenance includes feeding, clothing, education and general welfare of the child. The court may also opt for a lump sum payment, which is paid to court and expended to meet the maintenance of the child. An order for maintenance may be made against the estate of a deceased person who has been declared the parent of the child. If the parent against whom the order is made neglects or refuses to pay the sum due to him or her under the order, the court may attach his or her earnings or property to meet the maintenance costs.

125. The amount of money provided for in the maintenance order may be changed upon application by either the applicant or the parent against whom the order was made. The money payable under the maintenance order is paid to the applicant unless a custodian has been appointed, in which case the money is paid to the custodian. The maintenance order ceases to have effect if custody of the child is granted to the parent that the order was made against.

126. The Children Statute protects the interests of the child in the award of maintenance orders. It provides that misapplying of money paid for the maintenance of a child by the person who has custody is a crime. In such instances, the Statute provides for changing custody in the best interests of the child.

Children deprived of their family environment (art. 20)

127. Social norms as regards the position of the child within the family relate to protection, care and providing for their well-being. But with increased poverty, urbanization and modernization, children are increasingly being considered as burdens. They are being neglected and there is an increase in child abandonment cases. The Children Statute provides the legal framework regarding adoption, and inter-country adoption is allowed but with stringent conditions. Placement of children in institutions is considered as a last resort as the family unit is the best environment for a child.

128. Violence within the family is common, especially between parents and against women and children. Society recognizes violence against women and children within the family as a problem but accepts that it is a prerogative of men, especially to keep discipline and order in the home. It is difficult to tell whether reported cases of child abuse, neglect and mistreatment reflect actual levels because of lack of data and limited research. Government, through the law, sensitization of the general public and counselling, has taken steps to prevent abuse, rehabilitate victims and punish perpetrators. Such efforts are, however, limited by resource constraints, lack of trained manpower, widespread ignorance and poverty among the people.

129. Sexual abuse within the family is recognized as a problem by Government and NGOs. Some of the steps taken by NGOs to address the problem include: sensitizing and educating parents/guardians, educating children and giving them live skills, sensitizing the public. Social workers and other professionals dealing with children and families have also received training on how to handle the problem.

VIII. BASIC HEALTH AND WELFARE

A. Health and health services

Recommendations of the Committee:

(a) Government should take all appropriate measures, including through international cooperation, to prevent and combat infant and maternal mortality and malnutrition;

(b) Government should strengthen its information and prevention programmes to combat HIV/AIDS, particularly to prevent the transmission to children of HIV/AIDS and other sexually transmitted diseases and to eliminate discriminatory attitudes towards children affected by or infected with HIV/AIDS;

(c) Government should pursue and strengthen family planning and reproductive health educational programmes, including for adolescents.

130. Article 34 (3) of the 1996 Constitution of the Republic of Uganda states, "No child shall be deprived by any person of medical treatment, education or any other social benefits by reason of religious beliefs or other beliefs". Furthermore clause (4) of the same article states, "Children are to be entitled to be protected from social exploitation and shall not be employed or required to perform work that is likely to be hazardous or to interfere with their health or physical, mental, spiritual, moral or social development".

131. The 1998 Annual Report of the Uganda Human Rights Commission stated that many Ugandans do not enjoy the right to health. The Commission pointed out that many people seem not to be aware that they have a duty to protect and care for children and vulnerable people within the society.

132. The state of health in Uganda is still among the lowest in sub-Saharan Africa. The infant mortality rate is estimated at 97/1,000 live births, the child mortality rate at 147/1,000 live births and the maternal mortality rate at 506/100,000 live births (UDHS 1995). In Uganda, 38.3 per cent of children are stunted, 25.5 per cent are underweight and 5.3 per cent are wasted.

133. The underlying causes of the above health problems are socio-economic in nature and cut across different sectors. Poverty and the high illiteracy rate (about 54 per cent among females) influence the health-seeking behaviour, utilization of available services/information and, above all, affect the levels of morbidity/mortality and malnutrition.

134. The health targets set by Government are outlined in paragraph 93 above.

1. Health-care delivery system

135. The availability of health-care services and their quality vary dramatically among different parts of the country. Addressing this imbalance is a key priority and needs to be combined with a general improvement in service quality. The health-care service delivery system has been restructured and decentralized. The MoH headquarters has been restructured to enable it respond effectively to the challenges of a decentralized system. The introduction of health subdistricts has improved supervision and utilization of lower-level facilities. The policy encourages strengthening of partnership between NGOs, Government and the private sector. The responsibility for service delivery in districts is vested in the local authorities. In many districts, ownership and accountability of the health services have not yet been taken up. Management capacity in a number of districts is still low and requires strengthening. The framework of cooperation between Government and the private sector needs to be formalized.

The Health Sector Strategic Plan

136. The Health Sector Strategic Plan (HSSP) is a core component of PEAP. The development objective of the HSSP is to contribute to national economic growth and social development through reduction of the causes of ill-health and premature deaths and removal of inequalities. The HSSP has five major outputs: (i) implementing the Uganda National Minimum Health Care Package (UNMHCP); (ii) strengthening the health-care delivery system; (iii) operationalizing a strengthened legal and regulatory framework; (iv) providing an integrated support system; and (v) strengthening the management system.

137. Only a third of the established positions are staffed by qualified health workers. It is projected that 75 per cent of established positions will be filled. Districts have been provided with funds for recruitment of personnel. Some of the issues that need to be addressed include: equitable distribution of health workers throughout the country; review of remuneration of workers; payroll management; better management and accountability.

Integrated support system

138. Many particular problems had been dealt with in isolation from other primary health-care problems through vertical programmes. The effective use of scarce resources would be improved if these overlapping programmes integrated their service delivery. An integrated support system, which covers human resources for health, health-care financing, health infrastructure, and procurement and control of drugs and supplies, is being implemented. The system aims at improving access by the poor to health care through: improving quality through human resource development; providing an efficient drug supply system; reducing walking distance to a health service point; and reducing cost through elaboration of appropriate health financing mechanisms, with protection of the poor.

Budgetary allocations

139. The current per capita health expenditure is US$ 12, of which Government and donors contribute US$ 5. This level of expenditure is far below the amount required to provide the minimum package. Over the last five years, government budgetary allocations to the sector increased from 2 to 9 per cent. Government plans to increase funding of PHC by 27 per cent per annum. Development partners have agreed to support the sector through the HSSP. However, absorption capacity in districts is still low mainly because of inadequate human resources for health and weak management. Implementation of a "pro-poor" user-fee charges and strengthening capacity for proper accountability are the other challenges that need to be addressed.

Table 7

Analysis of health sector expenditure 1995/96-1998/99 (billion shillings)

	1995/96		1996/97		1997/98		1998/99
	Budget	Actual	Budget	Actual	Budget	Actual	Budget
Total GoU expenditure	473.6	558.0	597.1	675.2	647.8	775.7	843.4
Total health expenditure	32.9	34.57	35.69	41.17	51.45	50.58	54.53
of which:							
PHC (shillings)	12.8	13.51	7.2	8.32	14.5	14.28	25.33
PHC (%)		39.0		20.2		28.2	46.4
Total GoU domestic development	64.5	73.9	99.07	123.2	107.1	107.1	152.2
Total health domestic development	6.37	6.05	9.12	10.91	7.77	7.84	12.55

Source: Ministry of Finance, Planning and Economic Development.

140. The percentage of households within walking distance of a health facility ranges from 9 per cent in Kitgum district to 100 per cent in Kampala district. There is a massive backlog of dilapidated infrastructure, which compromises the efficiency of service delivery. The health subdistrict strategy is expected to improve geographical access to essential referral services, and in particular the management of obstetric emergencies. In order to reduce walking distances to health units, Government plans to rehabilitate/build at least one health unit per parish. The Health Infrastructure Development Plan is being prepared.

141. Government has set up a Drug Management Task Force, which has reviewed all aspects of drug policy and management. A draft national drug policy has been produced and the National Drug Authority Act has been reviewed. Government has taken a decision to partially privatize the National Medical Stores. There is need to harmonize procurement, control and stock management at all levels, including health-unit level. A demand-driven approach to drug distribution will be adopted, where users will be involved through health unit management committees to determine and provide for their own needs.

2. Measures taken to develop primary health care and diminish infant and child mortality

142. The status of early childhood survival and nutrition (ECSN) in Uganda is still poor. Death rates among children are still high, with the probability of death before 5 at 14.3 per cent. Moreover, these deaths are mainly due to preventable causes such as malaria, pneumonia, diarrhoea and malnutrition. The level of stunting among children under 5 is one of the highest in Africa. Nearly 40 per cent of children below 4 are stunted reflecting chronic malnutrition, which is 17 times the level expected in a healthy, well-nourished population (Dr. Sempangi, 1999).

143. The Ministry of Health has spearheaded interventions in ECSN. Interventions in the health sector that are concerned with early childhood include: interventions to reduce infant and child mortality; nutrition programmes targeting children; immunization of children against six major killer diseases (see figure 4 below); control of major diseases such as malaria, HIV/AIDS, intestinal worms, chest infections and diarrhoea; promoting positive health behaviours among parents; improving sanitation and promoting use of safe drinking water; providing curative and preventive health services as a primary health-care focus; and implementation of the minimum health-care package.

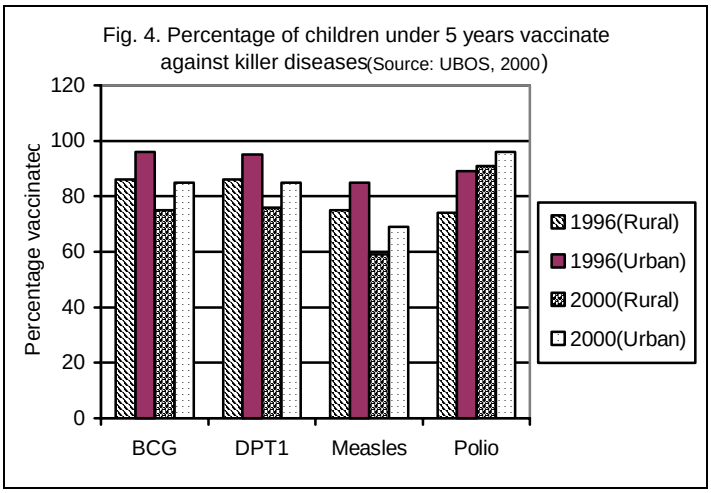
144. Some of the constraints and challenges to ECSN are: declining national immunization coverage from 80 per cent in the mid-1990s to about 50 per cent now; high levels of malnutrition despite relatively good food production; emerging and re-emerging communicable diseases such as HIV/AIDS, cholera, dysentery and tuberculosis; and the low literacy rate in the population, particularly among women.

Access to medical assistance and health care

145. Nevertheless, there are still a number of challenges. Access to quality health care is still poor. IMR (97/1,000), U5MR (147/1,000), MMR (506/100,000) are still high and antenatal care attendance is low. The HIV prevalence rate is still high (about 9.5 per cent); teenage pregnancy and illegal abortions are still common. Immunization coverage is low and has shown a declining

trend over the last three years. Figure 4 shows that the trend in immunization declined between 1996 and 2000, except for polio because of the mass campaign. There is high malaria morbidity and mortality, high incidence of diarrhoeal diseases and acute respiratory infections and regular measles outbreaks. The nutritional status of children is still poor: stunting and wasting stands at 28 and 5 per cent respectively, while 23 per cent and 50 per cent of children are underweight and have inadequate vitamin A intake respectively. The percentage of mothers who received antenatal care from trained staff (doctors, nurses, midwives) declined from 80 per cent in 1996 to 69 per cent in 2000 (UBOS, 2000).

Fig. 4. Percentage of children under 5 years vaccinate against killer diseases (Source: UBOS, 2000)



Integrated management of childhood illnesses (IMCI)

146. The general objective of IMCI in Uganda is to improve the quality of care provided to children under 5 years of age. The objectives of IMCI in Uganda are to: improve the performance of health workers in IMCI; improve the case management of children seen at first-level health facilities; strengthen the district capacity for implementation of IMCI; strengthen the central-level capacity for implementation of IMCI; improve the availability of drugs and supplies needed for IMCI; improve facility support for IMCI.

147. Other general measures being implemented include: improving quality of and accessibility of health services; integration of service delivery to minimize duplications and overlaps; improving information, education and communication on health; conducting research on health status at household levels; monitoring and evaluating of progress in health status relating to children; improving safe water and sanitation through community mobilization and development of water supply in rural areas and small towns.

Measures adopted to ensure a universal immunization system

148. Improvements in immunization rates in the early 1980s succeeded in removing measles from its position as the single largest cause of infant and child deaths in Uganda. Neonatal tetanus, however, still remains a serious problem (6 deaths per 1,000 live births) because

vaccination coverage has been low. Immunization coverage for DPT3, measles and OPV has been declining since 1996. Immunization against the six killer diseases needs to be improved upon if the progress made in the last 10 years is to be sustained.

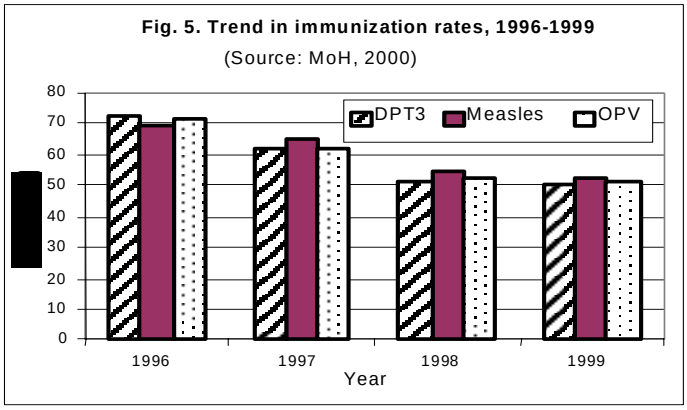


Table 8

National immunization rates against major diseases (%)

	1996/97	1997/98[1]	1998/99[2]
BCG vaccine against TB	102	88	69
Diphtheria	72	61	46
Polio	71	62	47
Measles	70	64	49
Tetanus shots among pregnant women	58	48	38

Source: MoH, UNICEF.

[1] Coverage of 40 districts.

[2] Coverage of 26 districts.

Measures taken to combat disease and malnutrition

149. Interventions in the Health Sector Strategic Plan that aim at improving the status of ECSN include: emphasizing promotive, preventive and essential curative health care (PHC); promoting breastfeeding and good weaning practices; sensitization and counselling for good parenting; promoting simple hygiene starting with the family to ensure a safe environment; and growing and providing nutritious foods for expectant mothers. A multisectoral Early Childhood and Nutrition Project is currently being implemented with the main focus on attitudes, practice and behaviour change in matters of early childhood.

150. A number of obstacles still hinder children's access to primary health-care services. These include: poverty; uneven geographical distribution of health units; limited knowledge of the population of preventive measures; negative cultural practices and beliefs concerning health services and treatment of diseases; distance; cost of care; inadequate supply of drugs and logistics; poor staffing levels in rural health units; less qualified staff in rural areas; conflict situation; attitudes of care providers; ignorance and lack of awareness among the community.

Most common diseases and their impact on children

151. According to the 1995 Burden of Disease Study in Uganda, about 75 per cent of life years lost are due to premature deaths caused by 10 well-known preventable diseases.

Table 9

Major causes of morbidity and mortality in Uganda by age group

Disease	Under 5		Over 5		All ages	
	Morbidity	Mortality	Morbidity	Mortality	Morbidity	Mortality
Malaria	25.4	25.8	26.3	19.2	19.2	22.8
Acute respiratory infections	26.5	14.7	23.4	7.8	18.2	11.6
Intestinal infestations	9.1	14.1	10.6	4.9	7.4	10.3
Diarrhoea	8.8		5.8		5.2	
Trauma	5.5		7.7	5.5	5.0	3.5
Skin diseases	5.0		3.8		3.1	
Eye diseases	4.7		3.8		3.1	
Dental	3.6		1.8		1.8	
Genital diseases			2.8		1.5	
Anaemia	1.5	8.4		4.5	0.9	6.6
Malnutrition	2.3	3.1				
Maternal complications			1.6			

Source: Ministry of Health, HMIS, 1997.

152. Malaria causes about 25 per cent of morbidity among children aged 5 years and below. Malaria is also the leading cause of anaemia in pregnancy. Malaria infection leads to high rates of spontaneous abortions, stillbirths, low birthweight and premature deliveries. Low levels of awareness, poor service availability and lack of resources at the household level explain part of the increasing impact of malaria in Uganda. Other factors include the spreading resistance, which persists due to lack of safer and cheaper drugs, poor vector control and poor case management.

153. Acute and chronic respiratory tract infections are major causes of morbidity for children aged below 5 and a cause of mortality for infants. The MoH has introduced the IMCI strategy to reduce the disease burden due to this condition.

154. Diarrhoea is a major cause of mortality and morbidity among children aged below 5. Diarrhoea is most common at the time of weaning children, and as they start to become more mobile. The Control of Diarrhoeal Diseases Programme in the MoH started off by trying to reduce morbidity from diarrhoea through the use of oral rehydration salts (ORS), and is now moving on to address the root causes of the problem, which include poor water supply, sanitation and hygiene. IMCI is intended to reduce the disease burden.

Malnutrition, and lack of clean drinking water

155. According to the 1995 Uganda Demographic and Health Survey 1995, 38.3 per cent of children in Uganda are stunted, 25.5 per cent are underweight and 5.3 per cent are wasted. The following are the underlying causes: the high incidence of low birthweight; the fact that 55 per cent of households consume less than 80 per cent of the daily recommended energy intake; poor weaning practices and care when the baby is between 6 and 18 months old; the low level of energy intake and inadequate knowledge concerning the nutrition-disease cycle. The high level of malnutrition, 38.3 per cent, is one of the highest levels in Africa. Specific problems of malnutrition result in the incidence of goitre, vitamin A deficiency and nutritional anaemia at levels that require remedial action. Maternal malnutrition causes 19 per cent of "reproductive wastage" (abortions, neonatal deaths and stillbirths) and low birthweights in a further 20 per cent of new babies.

156. To promote household food security and improve the nutritional status of the population with a focus on young children and pregnant and lactating mothers, a food and nutrition programme has been developed with the following specific policy objectives: promotion of breastfeeding and optimum utilization of locally available foods, including weaning foods; rehabilitation and strengthening of the existing nutrition units; setting up new nutrition units in each health subdistrict where they do not exist; formulating and widely using nutrition education guidelines with a special focus on feeding young children, pregnant and lactating mothers and other groups with special needs; establishing effective multisectoral collaboration between the relevant organizations to promote food security and nutrition at household level; developing and maintaining an effective nutrition surveillance and monitoring system; strengthening the National Nutrition Centre for service, training and research; developing and promoting appropriate programmes for the speedy control or elimination of micronutrient deficiencies, especially iron, vitamin A and iodine deficiency; strengthening the activities of the National Food and Nutrition Council and district capacity for community nutrition improvement; and promoting gender-sensitive operational and applied research in food and nutrition.

Perinatal and maternal morbidity/mortality

157. The neonatal death rate in Uganda is estimated at 41/1,000 live births. Abortion-related deaths account for 30 per cent of all maternal deaths in Uganda. The birth rate is also high. All these factors are related to poor access to antenatal, delivery and post-natal care. In fact, a trained and skilled health worker at delivery attends to only 38 per cent of mothers in Uganda. Thirty-five per cent of women deliver unattended to at home, and traditional birth attendants attend to 15 per cent. The main causes of maternal mortality in Uganda are haemorrhage,

infections (sepsis), pre-eclampsia and eclampsia; obstructed labour and abortions. The maternal mortality risk is compounded by high levels of HIV/AIDS, malaria, anaemia, malnutrition, high fertility levels, poor child spacing, poverty and low literacy rates among women.

158. The target is to reduce maternal mortality to half the 1990 level by the year 2000 and to reduce maternal morbidity substantially; to reduce the perinatal and neonatal mortality rates by 30 to 40 per cent from 1990 levels; and to improve newborn health substantially.

159. Interventions being implemented to ensure safe motherhood include: providing family planning services such as information and services to plan the timing, number and spacing of pregnancies; providing antenatal care to prevent complications where possible and ensure that pregnancy complications are detected early and treated appropriately; training and equipping birth attendants (with mother kits) to ensure clean and safe delivery and ensure that all women have access to basic maternity care during delivery; and providing essential obstetric care. It is estimated that about 15 per cent of all normal pregnancies end up with complications, hence the need to always be prepared.

3. Campaigns, programmes, services, strategies and other mechanisms to support child health and nutrition

160. Government and other stakeholders have been implementing health-promoting services such as breastfeeding, nutrition programmes, health education, increasing access to safe water and sanitation, safe motherhood and school health programmes. The health promotion programmes implemented include immunization, salt iodization, vitamin A supplementation and diarrhoeal disease control. Curative services provided are the IMCI package and adolescent health and development. Other actions taken include provision of medical rehabilitation services, corrective surgery for disabled children, and establishment of the National Immunization Days aimed at the eradication of polio in the country.

161. Government, in collaboration with development partners, have completed the development of a 10-year Health Policy and a 5-year Health Sector Strategic Plan. It is the implementation strategy for the 1999 Health Policy and the health component of the Poverty Eradication Action Plan (PEAP). The plan has prioritized areas of action, set targets and defined organization and management approaches for the health sector over the plan period 2000/01-2004/05 and is based on the MTEF, donor and other funding projections. One intervention is the National Minimum Health Care Package, which aims at addressing the major causes of the burden of disease in Uganda. The components are: prevention and control of communicable diseases, especially malaria, STD/HIV and TB; integrated management of childhood illness; sexual and reproductive health (antenatal care and delivery, family planning, and adolescent health).

162. The Programme for Enhancing Adolescent Reproductive Life aims at creating a more conducive environment and providing adolescents with appropriate reproductive health counselling services.

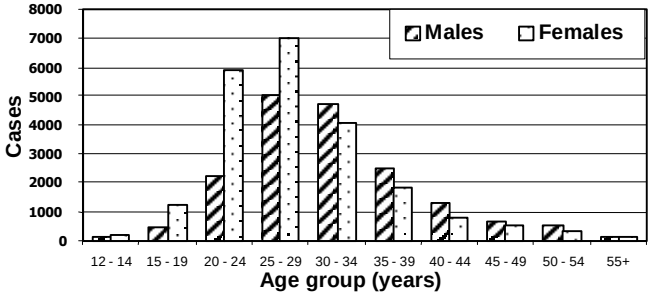
HIV/AIDS

163. Government, through the Uganda AIDS Commission, has developed a five-year national strategic framework for HIV/AIDS activities in Uganda 2000/01-2005/06 with the following three goals: reduction of HIV prevalence by 25 per cent by the year 2005/06; mitigation of health and socio-economic effects of HIV/AIDS at individual, household and community levels; and strengthening the national capacity to respond to the epidemic.

164. It is estimated that about 9.5 per cent of the country's population of 21 million are infected with HIV. Of the estimated 2 million people infected with HIV, about a quarter are women of childbearing age (15-49). About 1.1 million children (below 15) have lost one or both parents to AIDS. The HIV infection rate also varies significantly with age. HIV prevalence is very low between ages 0-5 and 5-14, but begins to rise in the age group 15-19, particularly among girls. Young people's increased vulnerability to HIV infection is attributed to the fact that a number of them initiate sex early (15.6 years for girls and 17.6 years for boys), and with older partners. Most of the sexual encounters are without the benefit of consistent and correct condom use. Rape and defilement are becoming common though most cases go unreported. Young women aged 15-24 are at a higher risk of HIV infection than men. Overall, about 54 per cent of the reported AIDS cases are females. AIDS is the fourth leading cause of death among children under 5 and is expected to increase the mortality rate significantly. Mother-to-child transmission of HIV is responsible for the HIV prevalence among children. About 15 per cent of the children fed on breastmilk of infected mothers acquire the virus (UAC, 1999).

Fig 6: Age/sex distribution of adult AIDS cases in Uganda, December 1998

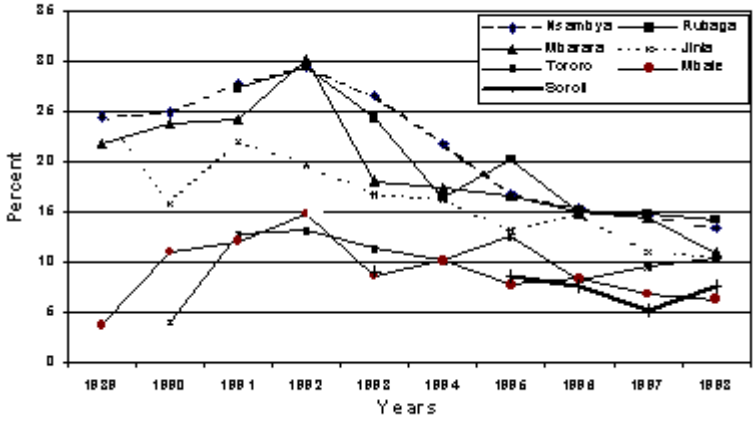
(Source: HIV/AIDS Surveillance Report, March 1999)



165. HIV prevalence amongst women attending antenatal clinics in selected sites has declined from 1992 till 1996 when the rates stabilized at about 10 per cent. Data from sentinel sites indicate that the decline is particularly pronounced among urban pregnant women aged 15-19, followed by women aged 20-24. Studies on knowledge, attitudes, beliefs and practices

conducted by the Ministry of Health also indicate an increase in the age at first sex, a reduction in number of casual sexual partners, and an increase in general condom use, especially between casual sexual partners.

Fig. 7. Sero-prevalence rates (%) among antenatal clinic attenders, 1989-1998
(Source: A CP/MoH surveillance report, 1999)



166. The predisposing factors include: inadequate access to relevant information and education on the dynamics of HIV infection and prevention; inadequate life and negotiation skills; poverty; negative cultural practices such as widow inheritance, polygamy, and female genital mutilation; consumption of alcohol and other intoxicants leading to irresponsible and/or unprotected sex; child abuse; extensive sexual network; civil strife and armed conflict and war in parts of the country.

167. The HIV/AIDS problem has clear adverse implications for the attainment of national goals for socio-economic development. For some sectors, HIV/AIDS threatens to erode the achievements already made. At the individual level, the failure to access prompt treatment for opportunistic infections prevents affected persons from full participation in social and economic activities.

B. Standard of living

168. Government identified poverty as the main constraint to development and the improvement of the quality of life of the population in general and the vulnerable groups such as children in particular as a priority. To ensure that every Ugandan has access to the basic necessities, Government, with the support of development partners, prepared and operationalized the Vision 2025 strategy and the Poverty Eradication Action Plan 1997-2017(PEAP).

Vision 2025

169. Vision 2025 is a strategic framework for national development. It outlines the national aspirations in the long term and provides the context in which shorter-term plans are drawn up. The national vision as stated in the document is to have a Uganda which is prosperous,

harmonious and beautiful, popularly stated as "Prosperous People, Harmonious Nation, Beautiful Country". The national aspirations for Uganda's future development are to: (i) attain high and sustainable economic growth in a competitive global environment, with export diversification and competitiveness as critical factors; (ii) evolve a society that is healthy and well educated, with a high quality of life; (iii) achieve sustainable socio-economic development that ensures environmental quality and the resilience of the ecosystem; and (iv) establish fully decentralized and democratic governance at all levels, and a peaceful and secure country with a united, patriotic and nationalistic people. The process of developing Vision 2025 began in May 1997 and was concluded in February 1999.

The Poverty Eradication Action Plan (1997-2017)

170. The PEAP is the principal guide for all developmental activities of the central and local governments in the medium term. The PEAP and Vision 2025 set out the commitment of Government to reduce the incidence of absolute poverty from 44 per cent to 10 per cent and relative poverty to 30 per cent of the total population by the year 2017. The priority social sector interventions of the PEAP that directly address the needs of children are primary education, primary health care and rural water supply and sanitation. The 1997 PEAP is currently being revised into the 2000 PEAP.

IX. EDUCATION, LEISURE AND CULTURAL ACTIVITIES

171. Government is committed to the fulfilment of the right to education and learning of the children of Uganda. The national goal is the achievement of universal primary education (UPE) for all children of Uganda of ages 6-12 years by the year 2003. Primary school enrolment increased by over 2 million between December 1996 and 1997 owing to the implementation of UPE. Enrolment in primary schools is presently at more than 6.2 million children. The current (1999) high gross enrolment ratio of 116 per cent is due to over-aged and under-aged children drawn in by the UPE programme. The overall primary school net enrolment ratio in 1997 was 87 per cent with the ratio for males and females being 92 and 83 per cent respectively. The net intake rate in 1998 was 92 per cent. There is no significant difference in net intake rate by gender although there are fewer females than males.

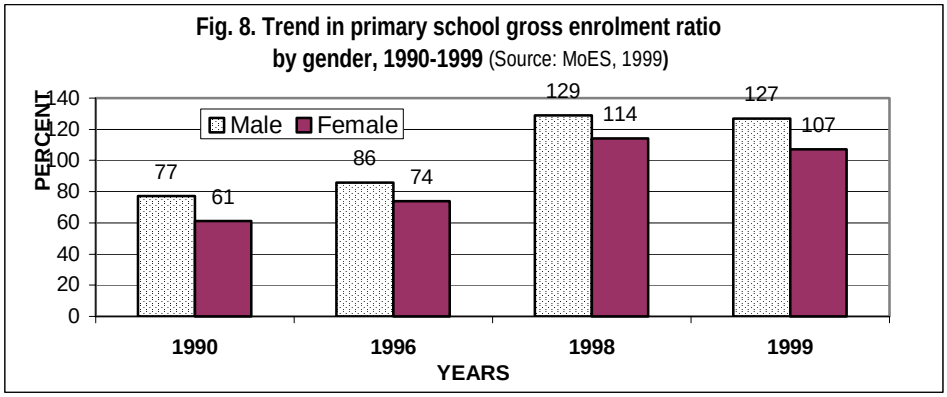
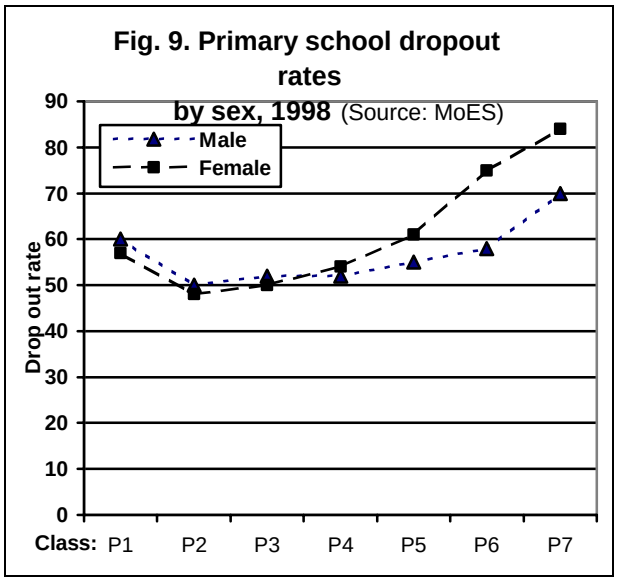


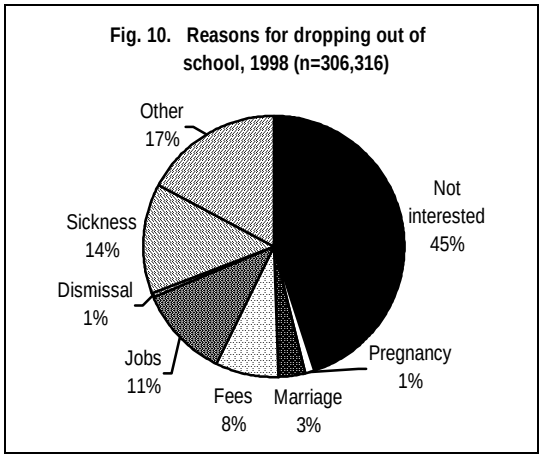
Fig. 8. Trend in primary school gross enrolment ratio by gender, 1990-1999 (Source: MoES, 1999)

172. Not all children currently have access to primary and secondary education. The categories of children who have difficulty accessing education include: the over-aged, street children, children from semi-nomadic populations, physically and mentally challenged children,

juvenile offenders, children from geographically marginalized populations, domestic workers, working children, orphans, the girl child and children affected by armed conflict such as refugees, internally displaced children and the abducted. These children lack basic educational provisions owing mainly to the unfavourable environment within which they live. For example, in Gulu district a total of 75 schools were reported destroyed in 1997 alone, with over 215 primary teachers killed (Barton & Mutiti, 1998). In areas affected by conflict, people generally lack sufficient money to pay school fees and other dues. Some children are orphaned as a result of the conflict and drop out of school owing to lack of sponsorship.



173. Although Uganda has made significant progress in achieving education for all, especially primary one enrolment, the survival rates are still low. The proportion of girls who drop out is higher than that of boys especially after primary five. Girls also tend to repeat less often than boys. Most of the children drop out because they are not interested in study. Sickness, search for jobs/child labour and inability to pay school fees are some of the main reasons for dropping out.



174. Some parents and community members still consider education of girls a waste of time. There is reluctance to pay for school costs related to hygienic conditions. Schools are particularly unable to protect girls from abuse. Teacher attitudes and practices are sometimes discriminatory. The curriculum was characterized by stereotyped teaching methods and absence of relevant life skills or guidance on reproductive health. Children in rural areas walk long distances to reach schools.

175. Forty-six per cent of primary schools have temporary sanitary facilities. Most primary schools (97 per cent) do not have separate facilities for children with disabilities. Attempts are being made to create "girl-friendly" school environments, e.g. improving on sanitation, having trained senior women teachers to act as counsellors, providing life skills training, etc. Other challenges that require urgent attention include the high pupil-teacher ratio, large class sizes, high pupil-textbook ratios, the low percentage of trained teachers and poor motivation of teachers.

Table 10

Status of sanitary facilities in primary schools (%)

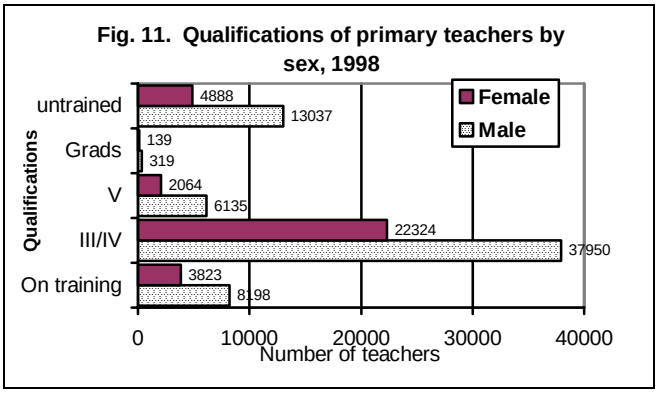
Sanitary facilities	No	Yes	Unspecified
Facilities reserved for disabled	97	2	1
Flushing toilets	95	3	2
Separate flushing (m/f)	86	3	11
Teachers share block	71	28	1
Availability of water and soap	40	57	3
Separate teachers' latrine	36	60	3
Blocks separate	35	63	1

Source: School mapping, 1999.

176. Government and development partners are implementing a number of strategies to ensure access to and quality of education for the children of Uganda as outlined below.

Primary teacher development

177. A Teacher Development and Management System (TDMS) has been developed in a participatory process involving a variety of stakeholders. The plan aims at improving the quality of instruction of primary and secondary school teachers and ensures an equitable distribution of teachers throughout the country. An evaluation of TDMS is under way. Under the TDMS, a network of 18 core primary teachers' colleges and 539 coordinating centres have been established and are providing: in-service teacher training for unqualified teachers; continuous professional development for trained teachers; financial management training for head teachers; and, a number of outreach activities of support to primary schools in the country.



Primary school classroom construction programme

178. The National Classroom Construction Plan for the expansion of school facilities has been developed and is being implemented. A total of UShs 186 billion have been allocated to decreasing the pupil-classroom ratio by 2003. By February 2000, 2,029 classrooms had been completed, a performance level of 70 per cent. A decentralized, community-based approach has been adopted as the main delivery modality for classroom construction in the context of the Poverty Action Plan. A total of 75,881 classrooms are required, of which a deficit of 20,000 will remain by the year 2003. There are two main challenges under this programme: mobilizing UShs 150 billion to put up the required number of classrooms by the year 2003 and strengthening the capacity to supervise the project. There is currently no budget for teacher accommodation.

Provision of instructional materials

179. A plan for investment in and replacement of instructional materials is being implemented. The aim is to maintain a ratio of one textbook for every three pupils for all four core subjects. Provision of UShs 33.7 billion has been made for procurement of textbooks over the plan period. The Ministry of Education and Sports has procured textbooks for four core subjects in primary schools. By February 2000, the pupil-textbook ratio was 1:7 and 1:5 for Science/Social Studies and Maths/English respectively. In order to improve on the performance of this programme, a strategy for decentralized textbook procurement is scheduled to begin from 2001/02. The main challenge here is to obtain resources for additional textbooks when the new curriculum is implemented.

Primary curriculum

180. Government has developed a new primary school curriculum and has started phasing it in. The Uganda Primary School Curriculum (Volume 1) was introduced in all primary schools in January 2000 starting with primary 1 to 4. The other classes still follow the 1990 syllabus. The new syllabus has four core subjects; English, Mathematics, Social Studies and Science. A total of 710,256 copies of the syllabus are required, of which 40,000 have been

produced. Volume 2 of the curriculum, with an additional six subjects, is being developed. The MoES plans to systematically phase in the six subjects in the education system during 2001-2003. The main challenge is the mobilization of the huge educational resource requirements of implementing both syllabuses.

Education of the girl child

181. Government, through the Ministry of Education and Sports, other line ministries, NGOs and donors, has been active in implementing initiatives in girls' education. Over 127 broad activities/interventions are currently devoted to improving the education and welfare of the girl child.

182. Four shortcomings were identified with regard to the implementation of activities devoted to improving the education and welfare of the girl child. These are: little coordination among the players; the critical areas of sociocultural constraints to girls' education were not sufficiently tackled; access to education by destitute and disabled children continues to cause concern; and limited access to gender-disaggregated data to effectively identify problems and solutions.

183. A national strategy and plan of action for girls' education has been developed and was launched in June 2000, with support from UNICEF. The overall goal of the strategy is: "All girls in Uganda (including the destitute and girls with disabilities) will have full access to education opportunities and will be supported by their families, schools, communities, Government and the private sector to participate fully in gender-balanced education programmes in order to attain their maximum potential as equal and effective citizens." The strategy shall guide Government and other stakeholders in removing the numerous barriers to education of the girl child. The sub-goal states as follows: "The social-psychological environment will be conducive to the full participation of all girls in education. The physical environment countrywide in educational settings will be easily accessible to persons, especially girls, with disabilities."

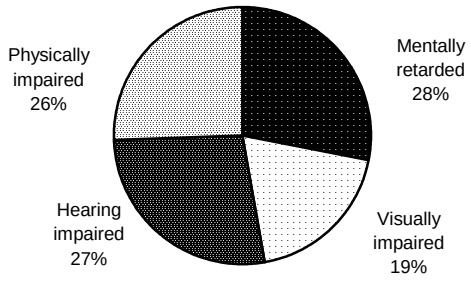
184. Districts with high dropout rates and low retention and pass rates for girls are supported with grants of between UShs 0.5-1 million through the Promotion of Girls' Education Scheme.

Education for children with special learning needs

185. Government is implementing the Educational Assessment and Resource Services (EARS) countrywide to support children with various impairments. According to the UPE policy, priority must be given to children with special needs. In 1998, there were a total of 150,589 children with physical or mental impairments who were distributed as shown in the pie chart in figure 12. A working group on special education has been created within the framework of ESIP. The working group is expected to develop policy guidelines for special needs education by June 2000. Assessment and identification of children with disabilities and

other special needs such as street children, traumatized children and gifted/talented children is under way. The Commissioner, Special Needs Education/Counselling, Career Guidance is the coordinator of all the activities.

Fig. 12. Distribution of children in primary schools with special needs, 1998 (n=150,589)



Alternative strategies for provision of basic education

186. Three specific alternative programmes with a flexible approach and curriculum are worth mentioning: the Complementary Opportunity for Primary Education (COPE), the Alternative Basic Education for Karamoja (ABEK), and Basic Education for Urban Poor Areas (BEUPA). COPE targets children who have never attended school or have dropped out of school before acquiring basic skills. Learning takes place for between three and four hours. The programme is running in four districts and is expected to extend to four more districts. Current beneficiaries of ABEK are children and adolescents in the nomadic society in Karamoja region. The programme focuses on simple numeric and literacy skills.

Early childhood development

187. About 5.7 million children (26.5 per cent) are aged 0-6. Three quarters of these children live in rural areas. Whereas Government does not have a policy on ECD, several ministries and development partners have developed policies that cater for some of the ECD issues. Key sectoral interventions include: early childhood survival and nutrition; early childhood care and protection; and early childhood education and learning.

Early childhood care and protection

188. Early childhood care and protection (ECCP) is defined in this context to include: proper feeding; providing clothing, shelter and supervision; preventing and attending to illness; engaging a child in interaction; providing a stimulating and safe environment for play and exploration; providing guidance, love, affection, security and legal protection; enabling and developing self-esteem and self-confidence; and providing emotional support. Therefore, lack of provision of these elements is tantamount to lack of care and protection for the child.

189. Although there is no uniform pattern of care, ECCP in Uganda is mainly provided at household level. Mothers, grandmothers, older children and neighbours care for the children. Working mothers in urban centres do not have facilities in the workplace to care for their children. The practice has been for the mothers to collect young girls from rural areas to care for their children. This trend is changing due to the introduction of UPE. This has prompted working mothers to employ maids to take their children to the few day-care centres (ECD Taskforce, 1997).

190. The ability of caregivers to provide adequate ECCP is limited. Some of the reasons for this are that the resources available at the household level for caregivers are inadequate due to biting poverty in the country and the stress associated with it, and that caregivers lack the requisite skills, knowledge, physical capacity, consistency and responsiveness to children's needs. The quality of childcare and protection in Uganda is, therefore, characterized by poor feeding practices; poor health-care practices; inadequate household food; lack of psychosocial stimulation; and child abuse, including defilement.

191. Key challenges in ECCD include: inadequate resource allocation by Government to ECCD activities; poverty in households; high illiteracy among parents; poor childcare practices; and insecurity and armed conflict in some parts of the country, which creates unfavourable conditions for ECCD.

Early childhood education and learning

192. Access to ECCD education is very low in Uganda. Most of the 770 registered pre-primary schools are privately owned and located in urban centres. Only about 2.6 per cent of primary entrants attend some form of organized ECCD programme.

193. While Government became aware and concerned about the need for quality ECCD in 1973, it is only recently that concrete action has been taken in this area. Since then, government response has been limited to gaining control of the quality of pre-primary schools. The Government White Paper on Education contains ECCD policy. This has, however, not been fully implemented due to lack of funds. Some of the interventions include training of 454 ECCD tutors by the Institute of Teacher Education Kyambogo and training in education of 3,272 ECCD providers. A few NGOs have been involved in providing ECE services. Little has so far been achieved at the family level.

194. The following challenges have been identified with regard to provision of quality ECE: training institutions are mainly located in urban centres; play and instructional materials are inadequate; tuition for teachers and school fees for pre-school are not affordable by the majority of the population; understaffing in most training institutions; inadequate community initiative; and poverty and lack of awareness among parents regarding the importance of ECE.

195. ECCD is still a new concept to many people in Uganda, including policy makers and planners. There is still no specific policy strategy to guide and direct ECCD interventions. There is a lack of data on ECCD issues; actors in ECCD are not adequately coordinated and conscious planning for ECCD at all levels is lacking. Government has, therefore, established an ECCD technical forum to provide policy and strategic guidelines, strengthen capacity for ECCD planning; promote advocacy for ECCD and monitor and evaluate ECCD activities.

196. There has been a tremendous response from the donor community, mainly centred on supporting learning in the form of the provision of textbooks, teacher training and classroom construction. The donors include the World Bank, the Department for International Development of the United Kingdom (DFID), UNICEF, USAID, the Governments of the Netherlands and Ireland, the European Union (EU), the Danish International Development Agency (DANIDA), the World Food Programme, Redd Barna (Save the Children Norway) and the Adventist Development Relief Agency (ADRA). Despite the above interventions and achievements, there are still a number of tasks to be undertaken and challenges to be addressed. These include: maintenance of TDMS operations, particularly the recruitment, deployment (especially to remote parts of the country) and training of teachers to meet the current urgent teacher demand, and improvement in the conditions of service of teachers; establishing the Education Standards Agency; management of the sectorwide approach; capacity-building at district level (especially in utilization of UPE funds, accountability, inspection and supervision); information management for the education sector; management and control of private sector institutions and minimum quality standards; prioritizing ESIP activities and the rolling plan for the whole education sector; implementation and monitoring of double shift and multigrade teaching; and development of an ECE curriculum.

X. SPECIAL PROTECTION MEASURES

197. Government has instituted a number of policies, programmes and activities for the protection of the rights of all children in Uganda. Nevertheless, the environment within which a number of children still live makes them vulnerable. The most vulnerable groups of children in Uganda are orphans, children with disabilities; street children, the girl child, children in rural areas and poor urban areas, and children affected by armed conflict (refugees and internally displaced children - most of them in temporary camps) and the abducted. The districts that are currently most affected by the influx of refugees or internal displacement are Adjumani, Apac, Arua, Bundibugyo, Gulu, Kabarole, Kasese, Kitgum, Masindi and Moyo.

Orphans

198. The problem of orphans in Uganda is big. Nearly 2 million children have lost one or both parents, mainly due to war and AIDS. Given the high number of orphans and the fact that many of the people killed in war or by AIDS are able-bodied people who can engage in productive activities, the capacity of extended families and the community to cater for the orphans has been greatly diminished. The situation of insecurity in the north and parts of western Uganda and poverty make it difficult to care for orphans. Government is paying school fees for all orphans in primary schools. In 1999, a total of 884,957 children were registered in primary schools as orphans. Of these, 312,807 had lost both parents. The problem of orphans is too big for Government to handle alone. A number of NGOs are also involved in the care and protection of orphans. Interventions include support to orphans' education through school fees sponsorship or vocational and artisan training, and provision of basic needs such as shelter, food and clothing.

Street children

199. The problem of street children is on the increase in spite of the high number of NGOs working with street children, especially in Kampala and other major urban centres. No recent

national study has been done on the problem. The last study done on street children showed that there were 3,800 of them in Uganda, of whom 810 were in Kampala alone. According to a follow-up study by an NGO working with street children in Kampala, the number of street children in Kampala alone is now estimated to be 2,000.

200. In the study, the children mentioned six main reasons for moving to the street: mistreatment by relatives and step-parents at home; lack of care at home following the death of parents; failure to get employment in urban centres, having moved from rural areas; poverty in homes; being born on the streets; and the search for adventure. The problems faced by street children include: drug addiction/abuse (mainly cannabis sativa, calta edylin, organic solvents and inhalants); sexual exploitation of street girls; health problems such as fever, wounds, skin diseases and STDs; lack of shelter; harassment and victimization by the police and local defence forces; lack of food; fights; and pregnancy. The children survive mainly by working in markets, begging and pick pocketing. The street girls depend on selected street boys for protection. The community view street children as dangerous people and a burden to society.

201. Over 70 NGOs are involved in addressing the problem of street children through: counselling; drop-in-centre; street work; public awareness and community sensitization; provision of accommodation; recreational activities; vocational skill development; resettlement; and health facilities.

Sexual abuse and exploitation of children

202. Few studies have been conducted on the sexual abuse and exploitation of children in Uganda especially in Kampala, Mukono, Masaka, Mpigi and Lira districts. Although no national statistics exist, the phenomenon is beginning to raise concern with Government and NGOs. According to the Uganda Demographic and Health Survey 1995, 30.4 per cent of women (20-49 years) had their first sexual intercourse by the age of 15. The median age at first marriage for women (20-49 years) in Uganda is 17.5 years, while the median age at first intercourse is 16.1 years (UDHS, 1995). The main sources of information have been the mass media, probation and welfare officers and the police.

203. Sexual abuse has been reported from all districts in Uganda. Although children of all ages are abused, most reports cite younger children (4-15 years). A number of defilement cases go unreported or are not concluded (withdrawn or mishandled). According to a survey conducted by FIDA in eight primary and eight secondary schools covering four districts in 1997, 67 per cent and 54 per cent of girls in primary and secondary schools said they had never had sex. About two thirds (63 per cent) of the students who had sex (with or without their consent) said they kept quiet about it. Reasons for not reporting include fear, shame, and relationship to offender. Primary school respondents were pupils from primary 4 to 7, with an age range of 8 to 16, while the secondary respondents were girls in senior 1 to 6, with an age range of 11 to 20. Categories of children most at risk are children dwelling in slums, children living in armed conflict areas, children from poor families and street children.

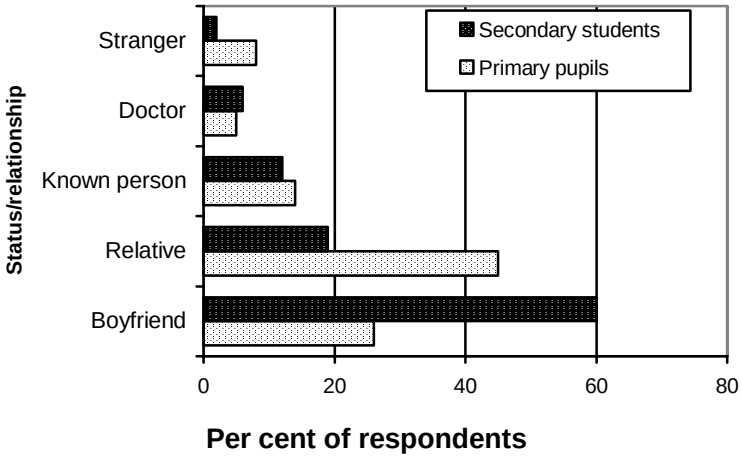
204. The common places where children are sexually abused include homes (of abuser or child), neighbourhoods, schools, places of entertainment, war/conflict zones, ceremonies, and places of custody. Abusers of children are adults of all ages (19-85 years), with the highest proportion being youths aged 18-30. Children too defile fellow children. The abusers are

mainly people known to the child, such as relatives, neighbours/friends, teachers and doctors. Other categories of abusers include strangers, particularly abductors, clients of child prostitutes, bar/hotel owners, alcohol brewers/sellers.

205. Quite a high percentage of girls were defiled not only by people they trust by reason of closeness and blood ties, but even those with whom they enjoy a relationship of trust. Offenders include boyfriends, stepfathers, uncles, brothers, stepbrothers, teachers, neighbours, houseboys, cousins, gatekeepers, schoolmates, strangers, best friends, fathers, brothers-in-law and doctors (FIDA, 1997).

206. The main factors contributing to child sexual abuse are: child left alone with abuser; child sent on errand; child in care of child-minder or teacher; children found in risky environment such as streets, river paths, brewing/selling alcohol and in entertainment spots. Armed conflict and the HIV/AIDS scare have of late been blamed for the increased rate of defilement. Other causes of child sexual abuse include early marriages, poor enforcement of the laws on sexual offences, experiments in sex by children, and orphanhood.

Fig. 13. Per cent of repondents and status/ relationship with whom they had sex
(Source: Baseline Survey on Girl Child, FIDA 1997)



207. Efforts taken by Government, NGOs and other partners to prevent sexual exploitation and promote the recovery of those who have been abused include amendment of the Penal Code (law on defilement) and law reform to bring the relevant laws into line with the Constitution, CRC and the Children Statute. A number of NGOs have undertaken advocacy, sensitization and counselling on the problem of sexual abuse and exploitation. Other interventions undertaken include providing vocational training and life skills, health service provision and creation of a child labour unit in the MGL&SD.

208. As a result of this collective effort, a number of achievements have been recorded. These include: increased awareness by the community of the problem and as a result more crimes are now being reported to the police and LCs; more arrests of violators; children and families

becoming more aware of the dangers of child sexual abuse; reporting of early marriages (sometimes by children themselves); and a successful network and collaboration between NGOs and Government. The following NGOs have been key in tackling the problem of child sexual exploitation and abuse: Slum Aid Project, Reproductive Health Care Initiative, Family Protection Unit of the Uganda Police, Uganda Association of Women Lawyers, Friends of Children Association, Uganda Muslim Supreme Council, ANPPCAN, UCRNN, National Association of Women's Organization, African Centre for Treatment and Rehabilitation of Torture Victims, Uganda Youth Development Link, and Hope After Rape.

209. Given the causes and magnitude of sexual abuse and exploitation in Uganda, a multisectoral approach is required, covering social, economic, political, cultural and health (physical and psychological) aspects of the population. Interventions that can be undertaken to address this problem should include: more sensitization campaigns against these crimes; intensifying networking among implementers; conducting comprehensive research into the problem; providing psychosocial support to defilement victims; empowering children through skills development; ensuring political will at all levels; improving the economic well-being of the population; and carrying out a comprehensive legal reform.

Child labour

210. No comprehensive study has so far been done to establish the number of working children in Uganda. However, it is still widely believed that a large number of children are subjected to hazardous work. They carry loads that are too heavy for their age. Many children are still employed in large agricultural farms to minimize costs, in households as domestic servants, on commercial farms, fishing and herding where they are subjected to abuse and exploitation. The minimum age for employment is 16, though this is not strictly followed.

Juvenile justice

211. The Uganda Prisons Service has taken action to implement the provision of the Children Statute that require children to be kept separately from adults. According to the prisons headquarters, all persons admitted on remand found to be below 18 years are sent back to court to decide where the offender should be kept. There are still some cases of unnecessary detention and juvenile offenders being remanded with adults. There are also cases of children imprisoned with their mothers. Out of the prisons verified, 10 were found to hold 40 babies with their mothers, as detailed in the table. Ten other prisons were not verified.

Table 11. Number of babies held with their mothers, by prison

Prison	No. of babies
Bushenyi Prison	7
Fort Portal Prison	7
Gulu Prison	7
Women Prison Luzira	7
Kakiika Prison	4
Masindi Prison	4
Jinja Main Prison	3
Mubuku Prison	3
Soroti Prison	3

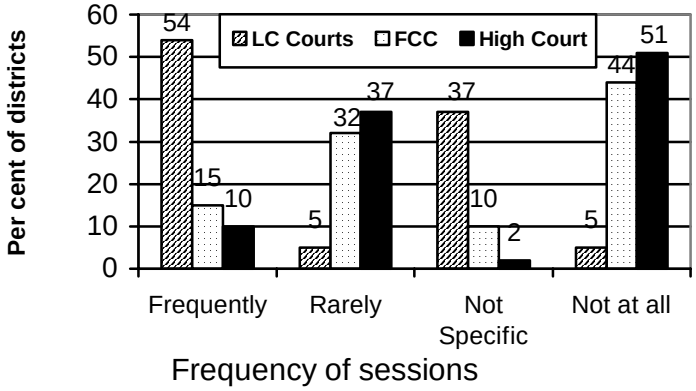
Source: Prisons Headquarters, 2000.

212. Children are mainly charged with minor offences. Theft is the predominant offence committed by children. Defilement constitutes the major offence. Note that it is difficult to know the exact magnitude of offences committed by children due to the problem of poor record-keeping systems, especially at the village level. However, the juvenile justice system in Uganda is "child friendly" if effectively implemented. Consideration is given to children's dignity and human rights, especially in the family and children's court. Practice, however, shows that there are still cases where children are deprived of their liberty and held together with adults due to limited facilities. A survey conducted in 1998 by the MGL&SD in all the districts of Uganda revealed that juvenile offenders are handled in a number of ways. These include being released on bond, sent to administrative prisons (i.e. mixed with adults in cells), set free and monitored in the community by LCs and probation staff, tried in courts of law if charged with adults, committed to remand homes, released and handed over to parents, sent to the National Rehabilitation Centre.

213. Government gazetted the FCC in all districts in April 1998. Although the above structure has been established, most FCCs are not functioning due to unavailability of magistrates. Only 54 per cent of districts reported that the LC courts sit frequently to hear children's cases (see figure 14).

Fig. 14. Frequency of court sessions to hear children's cases, as reported by districts

(Source: Report on analysis of the situation of CCP, 1999)



214. Professionals working in the juvenile justice system have been trained or sensitized on the provisions of the CRC. These include the SCAs (although over 50 per cent lost their posts after local elections), police personnel, magistrates, prison wardens and community development assistants. A significant improvement in collaboration between the key actors, the probation office, the police and the courts has been realized in areas where there have been focused project interventions.

215. Some of the obstacles to the implementation of the juvenile justice reforms include: inadequate funding; understaffing (for example, 46 per cent of the districts reported that the probation and welfare officers do not have capacity to supervise all courts in the district); lack

of awareness by LCs; generally poor community transport and communications; negative attitudes of the communities and other actors in regard to children in conflict with the law and poor record-keeping, which generally makes follow-up and monitoring difficult.

Children affected by armed conflict

216. Children continue to be victims of the armed conflict in the country. Many people have been forced by the armed conflict to leave their home villages and stay somewhere else as displaced persons. It is difficult to provide the number of refugees and internally displaced persons (IDPs) because of the difficulties involved in registering them. The main cause of internal displacement has been the periodic raids by the LRA, ADF, the Karimajong cattle raiders, and remnants of the West Nile Bank Front. Rural areas are the most affected by the displacement. A number of the IDPs moved to camps guarded by government soldiers, while others moved and settled in the more peaceful areas.

217. In response to this new area of abuse, Government, external support agencies and NGOs have put in place a psychosocial support programme to care for these children and their families, as described earlier.

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Statistical annexes

I. COUNTRY ECONOMIC INDICATORS

Indicator	Year									
	1970	1975	1980	1985	1990	1995	1996	1997	1998	1999
Population growth rate	3.4	2.6	2.3	2.0	2.9	2.6	2.7	2.8	2.6	
GDP growth rate (%)	1.7	-5.1	-5.2	-1.9	6.4	10.5	8.1	5.2	5.5	5.1
Per capita GDP (US$)	225	199	136	187	200	270	285	290	296	
Debt-export ratio (%)	51.1	83.9	212.3	305.3	1 084.6	638.0	575.0	599.7	733.9	
Fixed investment (million US$)	295.0	169.0	104.0	260.2	661.4	768.2	764.5	904.0	1 016.6	
Exports (million US$)	297	308	415	424	246	560	639	619	496	450
GDP (million US$)	2 220	2 428	2 195	2 628	4 213	4 365	4 719	4 967	5 240	
Population (million)	9.40	10.84	12.30	13.79	16.21	18.20	19.1	19.6	20.2	21.6
Total external debt (million US$)	152	238	568	1 030	2 663	3 573	3 674	3 712	3 640	
Current account balance (million US$)	20.3	-56.1	-83.2	-25.0	-276.4	-332.3	-250.6	-252.3	-445.0	
Share of agriculture in GDP (%)	48.5	66.6	70.5	50.5	53.8	45.7	44.1	43.3	42.9	
Average inflation rate (%)	…	…	…	156	33.1	8.6	7.2	7.0	8.0	
Average exchange rate: U Sh to US$	…	…	…	…	698.0	968.9	1 046.1	1 083	1 250	

Source: Vision 2025.

II. HEALTH SECTOR

A. Major causes of mortality by age group, 1995

Disease	Percentage mortality rate		
	Under 5 years	5 years and above	All age groups
Malaria	25.8	19.2	22.8
Anaemia	8.4	4.5	6.6
Malnutrition	3.1		
Respiratory infection	14.7	7.8	11.6
Measles	12.1	2.0	7.5
Pneumonia	12.4	4.9	9.2
HIV/AIDS		13.8	7.3
Meningitis	2.1	5.1	3.4
Tuberculosis		4.1	2.9
Tetanus	2.8		

Source: Ministry of Health, HMIS, 1997.

B. Percentage of women aged 15-19 years of age who have ever borne a child, and received antenatal and delivery care

Age	No. of women	Began child-bearing (%)	Antenatal care	%	Delivery assistance (%)	Place of delivery	%
15	290	7.7	Doctor	10	4	Health facility	35
16	340	22.1	Nurse/Midwife	82	34	Home	64
17	281	43.3	No one	8	12		
18	391	64.7	Relative	-	35		
19	304	70.8	TBA	-	15		

Source: UDHS, 1995.

TBA - Traditional birth attendants.

C. Mortality rates per 1,000 population disaggregated by age group and sex

Age group	Male	Female
15-19	3	4
20-24	5	7
25-29	11	8
30-34	15	11
35-39	13	10
40-44	18	10
45-49	19	15

Source: Statistics Department, UDHS: 137, 1995.

D. Cumulative reported AIDS cases by year

	1994	1995	1996	1997	1998
Number of AIDS cases	46 120	48 312	51 344	53 306	54 712

Source: STD/AIDS Control Programme, March 1999.

Note: As of 31 December 1998, a cumulative total of 54,712 AIDS cases had been reported to the Surveillance Unit of the STD/AIDS Control Programme. 50,757 (92.8%) were adults and 3,955 (7.2%) were children aged 12 years and below.

III. EDUCATIONAL STATISTICS

A. Enrolment and GER of pupils in primary schools by sex, 1995-1998

Year	Male	Female	Total	GER (%)		
				M	F	T
1995	1 587 216	1 325 257	2 912 473	86	72	72
1996	1 647 742	1 420 883	3 068 625	86	74	80
1997	2 855 093	2 315 813	5 170 886	137	112	124
1998	2 868 564	2 595 289	5 591 000	129	114	122
1999	3 301 888	2 986 351	6 288 239	127	107	116

Source: Education Statistical Abstract, 1998 and school mapping census.

B. Selected indicators for TDMS

Indicator	Original target	Status (Feb 2000)	Target (Dec 2000)
Core PTCs established and operating	10	18	18
Coordinating centre established and operating	250	539	539
In-service training enrolment			
Upgrading of untrained teachers	5 000	1 388	13 186
Head teacher training	8 000	17 451	
In-service training completions			
Upgrading of untrained teachers (3-year course)	5 000	2 023	3 023
Head teacher training (1-year course)	4 152	3 863	
Education managers (PTCs, districts)	330	108	330

Source: Third ESIP Review, MoES.

C. Availability of primary schools by region

	Central region (excluding Kampala)	Eastern region	Northern region	Western region	Uganda
Number of schools	392	2 502	1 849	3 197	10 940
Status (%)					
Permanent	49%	44%	38%	27%	40%
Not permanent	51%	56%	62%	73%	60%
With safe water	48%	54%	64%	46%	52%
With sanitation	90%	92%	92%	98%	93%
Number of classrooms	19 814	16 022	13 664	21 518	71 018

Source: UBOS, 1997.

D. Percentage of primary schoolteachers having the required academic qualifications, 1998

	With academic qualification		Certified to teach		Total
Male	65 346	55.5%	52 309	44.5%	117 655
Female	33 163	54.0%	28 275	46.0%	61 438
Total	98 509	55%	80 584	45%	179 093

Source: Educational Statistical Abstracts.

E. Enrolment by education levels (sex distribution percentages)

Education attainment	1993		1994		1995		1996		1997	
	M	F	M	F	M	F	M	F	M	F
Primary	57	43	54	46	55	45	54	46	55	45
Secondary	61	39	61	39	62	38	61	39		
University	71	29	66	34	65	35	66	34	65	35

Source: Planning Department, MoES, 1997.

F. Enrolment by age 1998

Age group	Male	Female	Total
5 or less	115 744	110 702	226 446
6-12	2 150 939	1 958 996	4 109 935
13-16	525 740	385 291	911 031
17 and above	20 664	8 133	28 797
Total	2 813 087	2 463 122	5 276 209

Source: Education Census 1998, MoES.

G. Enrolment: P7 leavers and S1 enrolment

	1995	1996	1997	1998
P7	173 996	200 271	242 816	250 720
S1	68 333	79 131	93 684	110 000
Enrolment (%)	61%	55%	53%	55%

Source: Education Planning Department, MoES.

H. Age specific enrolment rates among males and females aged 6-12 years by region

Age of child	Eastern		Central		Western		Northern	
	M	F	M	F	M	F	M	F
6	127 (48%)	133 (54%)	113 (53%)	126 (56%)	245 (55%)	225 (49%)	87 (43%)	67 (35%)
7	127 (68%)	133 (75%)	134 (72%)	138 (79%)	236 (70%)	266 (73%)	110 (63%)	69 (46%)
8	167 (78%)	156 (77%)	133 (82%)	180 (81%)	323 (82%)	317 (81%)	136 (77%)	115 (65%)
9	122 (82%)	129 (88%)	131 (89%)	111 (85%)	244 (82%)	236 (85%)	109 (78%)	89 (69%)
10	195 (90%)	140 (83%)	186 (85%)	157 (84%)	286 (84%)	323 (86%)	128 (73%)	98 (68%)
11	105 (90%)	87 (94%)	103 (89%)	80 (83%)	199 (89%)	184 (89%)	78 (84%)	60 (75%)
12	164 (88%)	132 (80%)	145 (84%)	146 (89%)	305 (88%)	314 (87%)	147 (87%)	104 (71%)
Total	1 007 (76%)	910 (76%)	945 (76%)	938 (78%)	1 838 (77%)	1 865 (77%)	795 (69%)	602 (59%)

Source: The Sentinel Community Surveillance Fifth Study Cycle on the Status and Community Opinions About the Quality of Basic Education in Uganda, I.S.A.E, UNICEF 1996-1997. The study was based on nine districts selected from each region by a weighting procedure. In the Central region the districts were Mpigi and Rakai, Eastern region (Tororo and Kapchorwa), Northern (Lira and Moroto), and Western region (Mbarara, Rukungiri and Kibaale).

I. Primary dropout rates by class and sex (P1-P7) 1998

	Male	Female	Total	Dropouts (%)	
				M	F
P1	49 192	45 160	94 352	52	48
P2	31 410	29 442	60 852	52	48
P3	22 300	19 819	42 119	53	47
P4	18 945	16 745	35 691	53	47
P5	16 259	14 690	30 949	53	47
P6	14 064	13 210	27 274	52	48
P7	11 928	10 788	22 716	53	47
Total	169 099	151 698	315 725	54	46

Source: Education Census 1998.

Note: The main reasons for primary school dropout were pregnancy (96% female, 4% male), early marriage (77% female, 33% male), lack of fees (48% female, 52% male), work related (50% female, 50% male), family problems, dismissed (indiscipline), and others.

J. Functional literacy rates

Indicators	1986	1989	1992	1995	1998
Illiteracy rates of percentage population aged 15+	58	52	49	40	38.2
Illiteracy rates of percentage female group aged 15+	73	66	63	53	52

Source: Human development report 1998, Vision 2025, p. 20.

K. Adult literacy programmes for selected districts (19) in Uganda (1992-1997)

Number of literacy supervisors trained	Number of instructors trained	FAL classes registered	Learners enrolled		Total learners
			F	M	
251	1 783	2 158	74 703	18 571	93 274
			80.1%	19.1%	100%

Source: MGLSD, FAL Programme in Uganda 1992-1997.

FAL - Functional adult literacy.

L. Secondary school enrolment by class (S1-S6) and gender 1998

Class	Male	Female	Total	M (%)	F (%)
S1	42 039	29 124	71 213	59	41
S2	37 103	29 182	66 285	56	44
S3	30 694	20 850	51 344	60	40
S4	24 725	16 362	41 087	60	40
S5	10 486	7 704	18 190	58	42
S6	12 865	4 692	17 557	73	27
Total	157 962	107 714	265 676	59	41

Source: Education Census 1998, MoES.