

EVERY LAST CHILD

Reaching children living in the remote areas of Uganda



Policy Brief

LUMIERE INTERNATIONALE





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Introduction



Chances of surviving, learning and being protected as a child in Uganda vary significantly **according to where you live**. Deprivation rates¹ amongst children are higher in rural areas (58%) than in urban areas (31%), are highest in the North (particularly in Karamoja and West Nile regions) and are lowest in Central Uganda (UNICEF, 2015).

If Uganda is to achieve its 'Vision 2040' to become a middle-income country and achieve its ambitions set out in the National Development Plan II, as well as meet the Sustainable Development Goal targets by 2030, investment in the health, education and protection of the children who have been left behind will be crucial.

Uganda has a very young population: 60% are under the age of 18 and 19% are under five years old (United Nations, 2012). Under the UN Convention on the Rights of the Child; the African Charter on the Rights and Welfare of the Child, to which Uganda is a signatory; and under the country's Constitution and the Children Act; children in Uganda have certain rights. These include the rights to survival, learning and protection.

Despite significant progress in upholding these rights in Uganda, more than one in ten children die before their fifth birthday (UNICEF, 2013). Almost seven in ten children drop out of school before completing primary education (UNESCO, 2012). Four in ten girls are married before they reach 18 (UNICEF, 2014).

Children living in remote areas in Uganda, i.e. rural areas with poor transport infrastructure, in which both access to and quality of services is extremely poor, have some of the highest levels of deprivation.

These remote areas include the Rwenzori region, in Western Uganda, where some pregnant women cannot get to health centres without walking for up to 40 kilometers through mountainous terrain. The Western region has the highest estimated number of deaths of both under-five and under-one year olds in the country (UBOS and ICF International, 2012).

Remote areas also include the West Nile region, where children can walk for hours to get to school and when they get there, too often, teaching is inadequate. Just 5% of children attend pre-primary school in the West Nile region (UBOS and ICF International, 2012).

These areas also include Karamoja. In Karamoja, the effects of 20 years of armed conflicts are reflected in the destruction of infrastructure, including schools, and the repercussions of lack of access to education can be seen through high levels of early marriage and pregnancy among young adolescents. Over half of Karamajong girls are considered vulnerable.

This Policy Brief focuses on children living in the remote areas of Uganda and looks at the challenges these children face in attaining their rights to survival, learning and protection.

Crucially, this Policy Brief also sets out what the Government can do to help overcome these challenges- to reach Every Last Child in Uganda.

Methodology

In the development of this Policy Brief, Lumière Uganda asked almost 70 children living in remote areas what was worrying them and what needed to happen to stop their worries.

¹ Deprivation as measured in seven dimensions: nutrition, health, water, education, shelter, sanitation, and information (MoGLSD et al., 2014)

OVERVIEW OF EXCLUSION

1. Survival

What children tell us...

Many children living in remote areas told us that they feared sickness, their own or that of relatives, saying “sometimes when I am sick and there is no money for treating me, I feel I will die.”

“I am worried about sickness, like malaria.” “I worry when my siblings are sick.”

When asked what needs to happen to prevent this, they told us; “Hospitals should be near each other so children can be taken to hospital.” “A health centre needs to be built and first aid kits in all places.” “Doctors should give better treatment.”

We also asked the children if they had been ill in the last 6 months. Over 90% said “yes.”

1.1. The problem

Survival in remote areas

There are significant disparities in survival figures across the different regions in Uganda, with remote areas faring the worst. Karamoja for instance, has the highest under one and under five mortality rates, with 87 deaths in every one thousand live births and 153 deaths in every thousand respectively. Karamoja’s under five mortality rate is more than twice as high as that of Kampala (65/1,000) (UNICEF, 2015).

Maternal, child and infant mortality

Although nationally, maternal, infant and under five mortality rates are declining in Uganda, they are not declining fast enough. In every one hundred thousand mothers, 438 are dying, compared to 527 in every one hundred thousand in 2006. In every one thousand children under five, 90 are dying compared to 137 in 2006. In every one thousand children under one year old, 54 die compared to 76 in 2006.

Those living in remote areas are particularly at risk. The Western region has the estimated highest number of deaths of both under one and under five year olds annually (with 14,000 and 23,000 respectively) (UBOS and ICF International, 2012; UNICEF 2015).

Agenda 2030

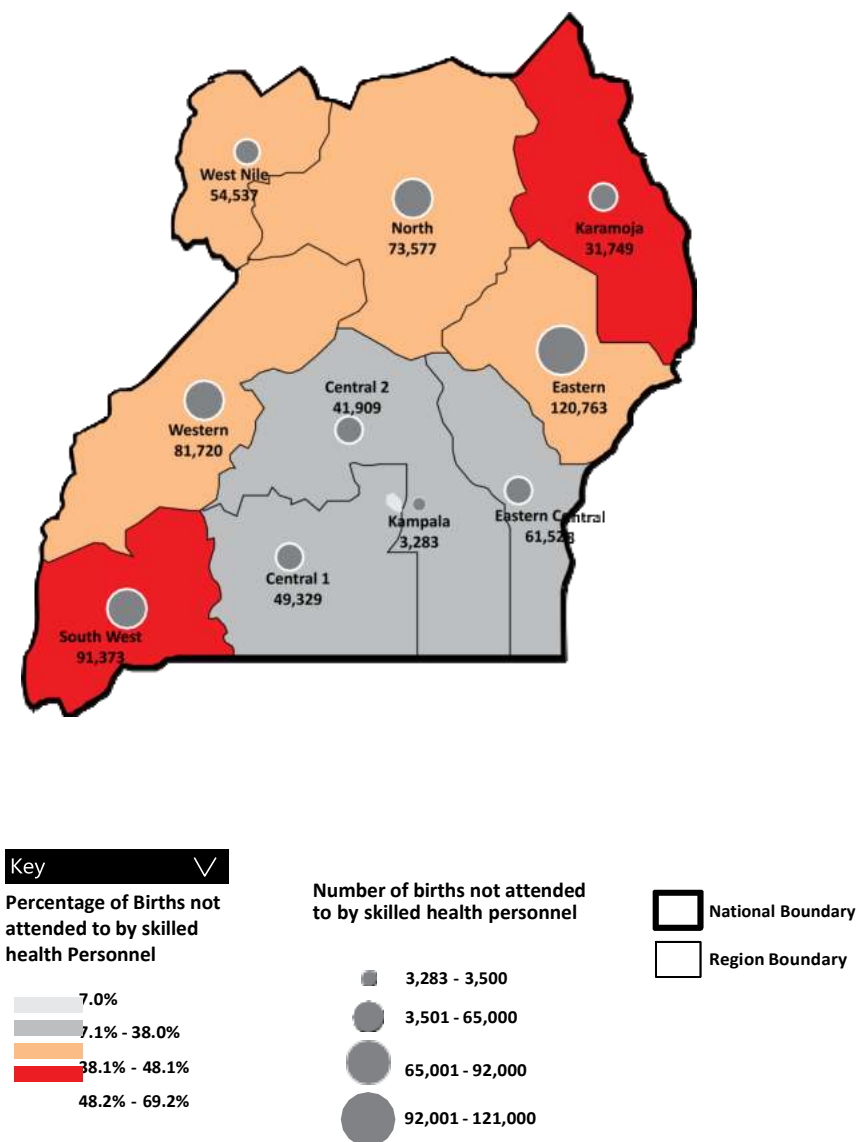
Uganda is still far from reaching the Sustainable Development Goal targets of reducing the global maternal mortality ratio to less than 70 per one hundred thousand live births by 2030; reducing neonatal mortality to at least as low as 12 per one thousand live births by 2030; and reducing under-five mortality to at least as low as 25 per one thousand live births, by 2030. If Uganda does not start to reach the children left behind, those children living in the remote areas in Uganda, it will be impossible to achieve these goals.

1.2. Challenges

Health workforce shortage

Severe human resource deficits pose a major obstacle to accessing quality health care in remote areas in Uganda (UAC, 2014). Over 80% of doctors and 60% of nurses are located in hospitals and hospitals primarily serve urban populations (MoH, 2013). Absenteeism amongst health workers is also high in remote areas. This is due to a lack of accommodation for those that have to travel long distances to work, as well as poor work conditions, low pay and delayed payment of salaries. The Government’s national target for births attended by a skilled health service provider is 70%. Only Kampala, at 93%, achieves the national target. In rural areas, only 53% of births are assisted by a skilled provider compared with 89% in urban areas overall. Karamoja has the lowest rate at just 31% (UBOS and ICF International, 2012).

Births attended by skilled health personnel by region



Source: Births attended by skilled health personnel prevalence rates: UBOS and ICF International, 2012; Number of births not attended by skilled health personnel estimates: UNICEF calculations (UNICEF, 2015)



Naome is 13, she lives in a village in Ntoroko district, Western Uganda.

Naome's home is over 20 kilometres away from the nearest health centre.

During the rainy season, the streams in the small path that leads to her home get water logged and the only way of getting to the health centre is via motorcycle, which costs 30,000 shillings. Naome's family cannot afford to pay this fare when she or one of her eight siblings get sick.

Naome has had Malaria for two weeks now but hasn't received any medical attention.

Poor infrastructure

Poor infrastructure is also a major challenge in remote areas. Too often, health clinics in Uganda are found in inadequate buildings, with too few skilled workers, limited equipment, and frequent medicine stock-outs. In remote areas, supply is often further restricted because of poor rural transportation infrastructure which impedes access to antenatal care and emergency obstetrics care. While the Central and Kampala regions have a high percentage of facilities offering antenatal care, in the North-Eastern, Western and South-Western regions, the number of antenatal care facilities is much lower (MoH and Macro International, 2008). Women in the Central and Kampala regions are more likely to receive antenatal care from a doctor, whereas women in the Eastern, Karamoja and West Nile regions are least likely. Urban women are more likely to have attended four or more antenatal care visits than rural women (57% compared to 46%). Babies born in rural areas are half as likely as those in urban areas to get a postnatal check-up within 48 hours (UBOS and ICF International, 2012).

Best Practice

Korean Innovative Maternal and Child Health Initiative (KIMCHI)

KIMCHI aims to reduce child deaths and the deaths of mothers from pregnancy-related causes, in Ntoroko district, Rwenzori region, Western Uganda. Ntoroko has remote and high-burden populations. The under-five mortality rates in the Western region are higher than the national average. Only 15% of the women in the district deliver in health facilities.

KIMCHI is improving the health infrastructure in the district through renovating health centres and building maternity wards where they did not exist. It also provides emergency transport for expectant mothers in remote areas to access health centres, using village motorcycle ambulances.

The initiative is expected to benefit at least 42,781 people comprising 19,958 children under five, 22,823 women age 15 – 49 years and 17,000 pregnant women and newborns.

Out of pocket expenses

Health care financing is heavily dependent on household resources (43%) and donors (34%), with the Government and employers providing just 23%. Households bear an even greater percentage of costs for child health care, with households making up 61% of total health expenditure on child health in 2009/10 (MoH, 2013).

Although the Government abolished user fees in 2001, people are still often charged informally for health services and frequent medicine stock-outs cause families to make out-of-pocket payments to pharmacies to obtain treatment. These informal expenses remain a key barrier to service use, particularly for income-poor households. The Northern region of Uganda has the largest number of children (47%) living in income poverty (UBOS and ICF International, 2012), compounding existing disadvantage in this area.

1.3. Policy analysis

Health budget

The allocation to health as a percentage of the total national budget reduced from 9.6% in 2003/04 to 8.6% and then further to 8% in 2014/15. This budget reduction has taken place in the midst of rising health care demand and costs due to high population growth in Uganda.

Distribution of resources

A crucial factor in the inequitable survival outcomes in Uganda, is the distribution formula used nationally to distribute health resources to districts. The distribution formula is based on population levels alone and this leads to a highly inequitable distribution of resources. Population levels alone do not reflect the level of need of a population. The remote areas, which have high needs in terms of geographical, economic and social and cultural barriers to accessing health services, often, are not the most populated. This formula, therefore, continues to leave these areas without access to vital services.

Health policies

The Government's new Health Sector Development Plan 2015/16 – 2020/21, which draws on the National Development Plan II, aims for Universal Health Coverage (UHC).

The World Health Organisation defines UHC as: “Ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services.”

The Government's 2013 Reproductive Maternal, Newborn and Child Health Sharpened Plan includes planning guidance to help districts focus on those areas that are in most need of intervention. One of the key strategic objectives in the plan is “to accelerate greater coverage in high-burden districts and populations”. These plans, however, are not yet accompanied by tools, nor additional resources, to help districts to implement this guidance.



2. Learning

What children tell us...

When children in remote regions were asked what was worrying them, over 80% mentioned education.

Their worries included failing to complete their education; lack of school fees; no school uniform; failing exams; being slow at learning to read and write; lack of school books; and protection issues including being beaten at school, parents not letting them go to school and being late for school due to fetching water.

2.1. The problem

Learning in remote areas

Like survival, learning outcomes are far worse in some areas of Uganda than in others. The number, accessibility and quality of schools varies significantly between regions and is particularly low in the North. Correspondingly, the Northern region also has the highest levels of educational deprivation (20% of children had not attended school in 2011) (Ministry of Gender, Labour and Social Development (MoGLSD, 2014).

Agenda 2030

With both the highest rates of non-attendance and the lowest levels of completion in remote areas, the Government must target these areas if it is to achieve the Sustainable Development Goal targets to ensure that all girls and boys have access to quality early childhood development by 2030; and all girls and boys complete free, equitable and quality primary and secondary education, leading to effective learning outcomes, by 2030.

Attendance

Nationally, the Ministry of Education, Science, Technology and Sports (MoESTS, 2014) estimates the net enrolment ratio in pre-primary education or Early Childhood Care and Development (ECCD) to be just 9.5%.

The introduction of universal primary education (UPE) in Uganda in 1997 increased access to primary education enormously, with total enrolment almost tripling from around 3.1 million in 1996 to 8.5 million in 2014. Only 32% of children who enroll in Primary 1, however, reach Primary 7, with only 67.4% of these completing the Primary Leaving Examinations (PLE). Of these, only 56% leave having acquired the competencies they ought to in numeracy and literacy.

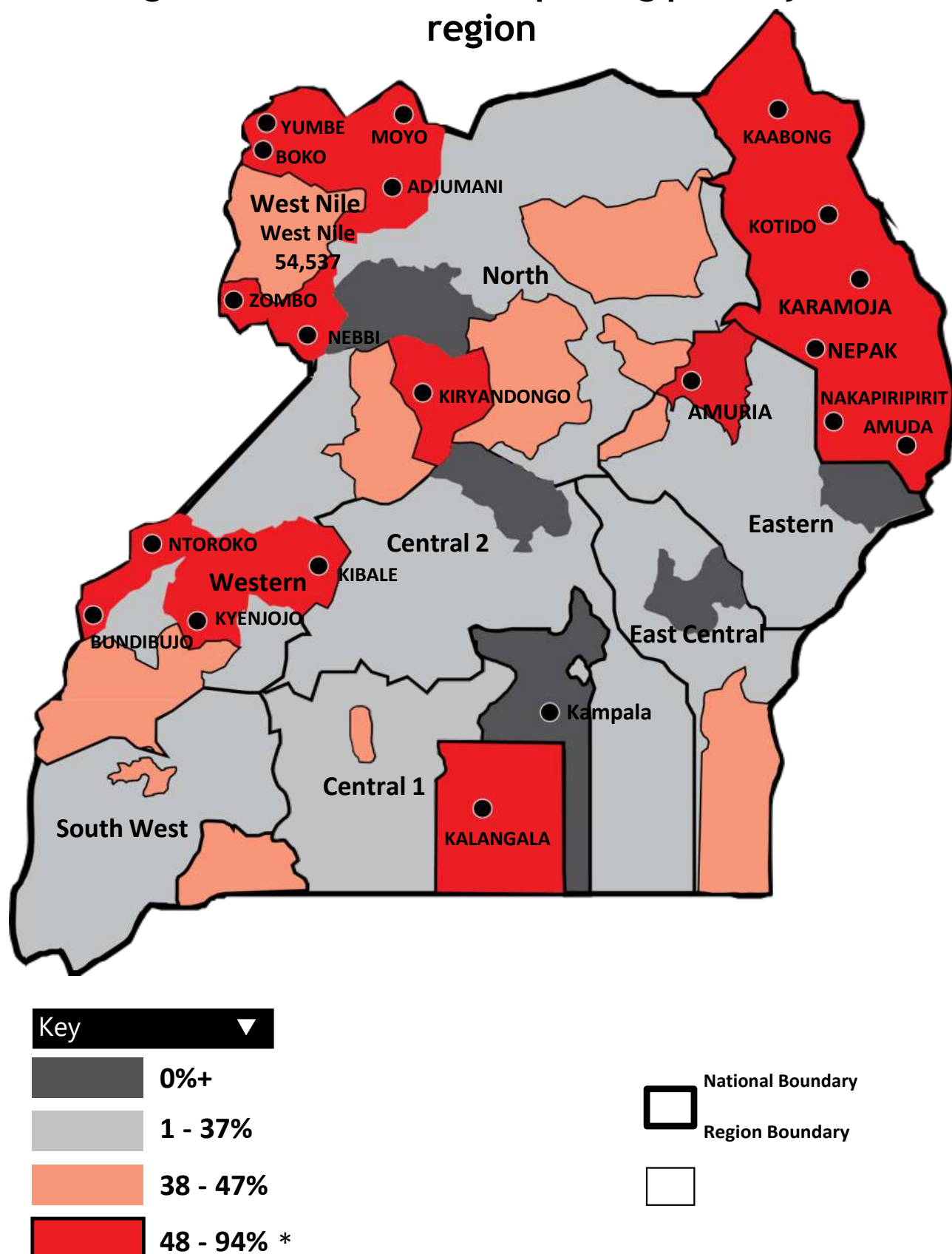
Despite the introduction of universal secondary education in 2008, secondary school enrolment rates are lower than primary, with a net enrollment ratio in secondary of just 24.1% (MoESTS, 2014).

These startling national statistics are even more worrying for the remote areas of Uganda. The attendance rate of three to five-year-olds in pre-primary schools is lowest for children living in rural areas and in the West Nile, Karamoja and North regions. The net attendance ratio for children in pre-primary education in Kampala is 62%, while in West Nile it is just 5% and in Karamoja, 6% (UBOS and ICF International, 2012).

At primary level, in Karamoja, only half of children of primary school age are attending school. In terms of completion of primary school education, the majority of those not completing primary school are in Karamoja, West Nile and Western Uganda.

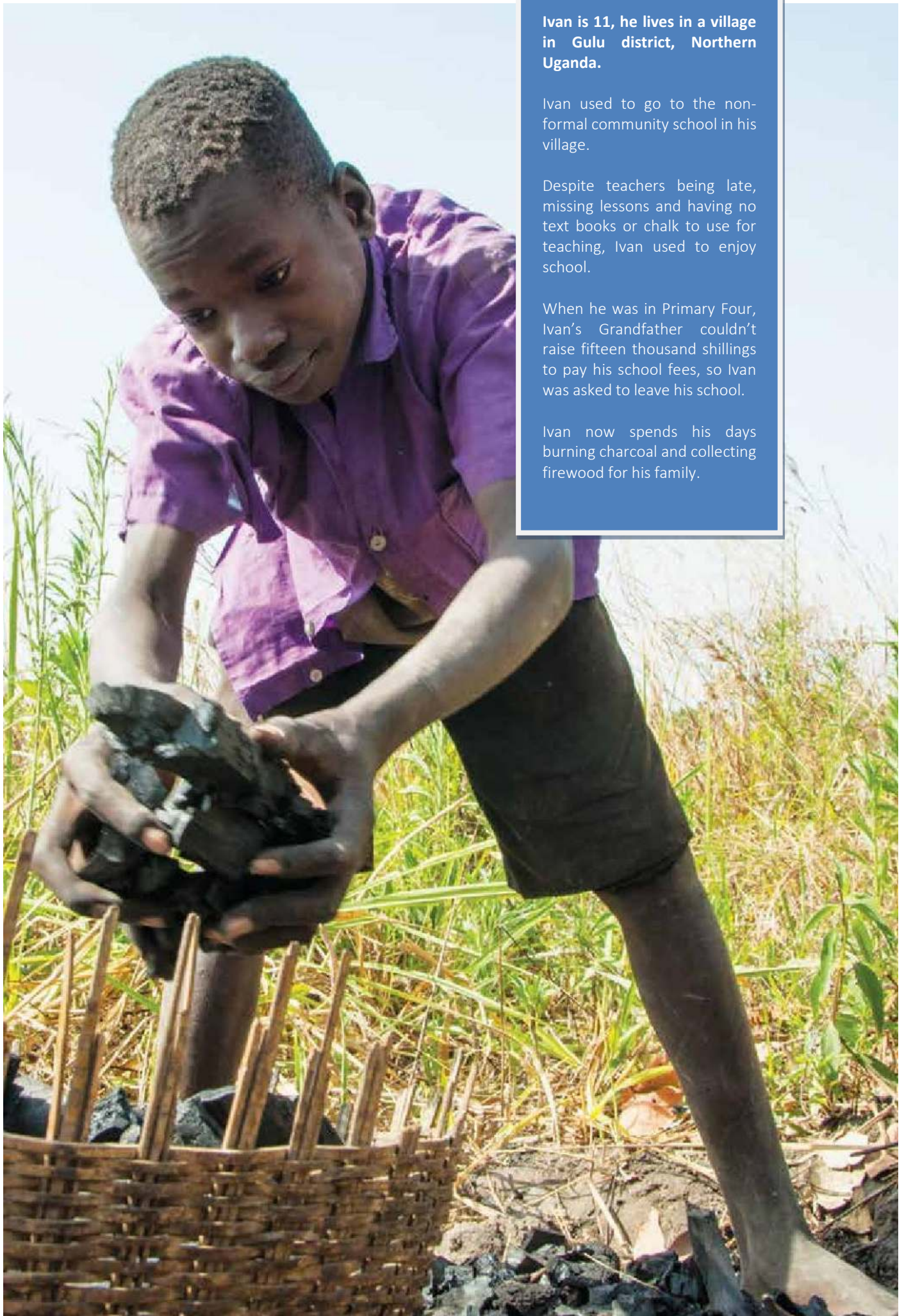
At secondary level, a child living in an urban area is more than twice as likely to attend school as one in a rural area. In Karamoja and the North, less than one in every ten children are attending secondary school (UBOS and ICF International, 2012).

Percentage of children not completing primary school by region



*20 districts with highest percentage of children not completing primary school are labelled.

Source: Percentage of children not completing primary school, MoESTS, 2014; Numbers of children not completing primary school, UNICEF calculations (UNICEF 2015)



Ivan is 11, he lives in a village in Gulu district, Northern Uganda.

Ivan used to go to the non-formal community school in his village.

Despite teachers being late, missing lessons and having no text books or chalk to use for teaching, Ivan used to enjoy school.

When he was in Primary Four, Ivan's Grandfather couldn't raise fifteen thousand shillings to pay his school fees, so Ivan was asked to leave his school.

Ivan now spends his days burning charcoal and collecting firewood for his family.

2.2. Challenges

Quality

The low quality of education provided in primary schools is playing a key role in low completion rates (UNICEF, 2015). According to the 2013 Service Delivery Indicators report, only one in five primary school teachers had achieved competency in English and Mathematics, and in more than half of the country's public schools over 60% of teachers were not in the classroom teaching (World Bank, 2013). Among those not teaching, 24% were absent from school, 29% were in school but not in class, and 6% were in class but not teaching (World Bank, 2013). Absenteeism of teachers is particularly prevalent in remote areas due to lack of staff housing and the subsequent long journeys to and from school.

Out of pocket expenses

With the majority of ECCD schools owned privately, they are entirely out of reach for the majority of the population. Access to ECCD, therefore, is a particular challenge for low-income households.

Despite fees having been abolished at primary level, parents are still asked to contribute Parent Teacher Association (PTA) costs and examination fees, as well as other costs. This can be prohibitive for low-income households.

The challenge posed by school fees and other school-related expenses is even more problematic in secondary school than in primary school as expenses are higher and there is a greater opportunity cost to families. As children get older, many families consider their time would be better spent working than studying.

In 2011, the share of children who had never attended school was more than twice as high in the bottom wealth quintile (22%) than it was in the top quintile (11%). Similarly, secondary school enrolment rates rise from 3.3% for the poorest quintile to 32% for the richest (MoGLSD et al., 2014). The Northern region has both the highest numbers of children living in income poverty as well as the highest rates of educational deprivation (UNICEF, 2015).

2.3. Policy analysis

Education budget

The 2008 Education Act stipulates that financing of ECCD is not the mandate of Government. As a result, just 0.1% of the overall education budget is spent on ECCD and that 0.1% goes to monitoring and inspection. When looking at the potential gains of investing in ECCD in Uganda, even by the most modest estimate, the cost - benefit ratio is 1:6 due to higher incomes, productivity gains, better health and less crime (Behrman and van Ravens, 2013).

Since the introduction of UPE in 1997, education sector expenditure has increased at an average of 17% annually in real terms. Despite this increase, over the last 12 years, education spending declined as a share of total Government expenditure from 24% in 1997/98 to 15% (projected) in 2015/16.

Teacher salaries account for over 82% of the total expenditures in the primary sub-sector (MoESTS, 2014). This means that Uganda cannot adequately meet other primary education costs. For instance, the budget for primary school supplies through the capitation grant has stagnated at UGX 7,000 per enrolled UPE child.

Distribution of resources

A key barrier to overcoming inequality in education outcomes between regions, however, is not overall budget allocation but the way national education funding is allocated. National education funding is currently allocated to districts according to how many formal Government-owned schools currently exist in the area. Those districts with few schools, therefore, are allocated proportionately less funding, thereby furthering existing inequities.

Non-formal schools

Non-formal, community schools (which often exist in remote areas) are not eligible for Government funding. These schools, therefore, often offer lower quality education due to a shortage of scholastic materials and poorly trained teachers. So even if schools do exist in remote areas, the quality of education offered is often poor.

These non-formal schools are entitled to apply to the Government, via local government, to be 'coded'. If a non-formal school is coded, although it is not recognized for full Government education funding, it will receive some support from the Government, sometimes in the form of a single qualified teacher, for example. In order to be coded, however, the Government requires schools to meet minimum standards, a standard that is unobtainable by many of these schools. An additional hurdle here is that the Government of Uganda has now put a ban on the coding of non-formal schools.

Best Practice

Alternative Basic Education for Karamoja (ABEK) and Child-Centred Alternative for Non-formal Community Based Education (CHANCE)

ABEK program offers learning opportunities to the Karamojong, the majority of whom had missed the chance of being in formal education. ABEK involves ten learning areas, including livestock education, crop production, peace and security, health and other relevant subjects integrated with basic reading, writing, and arithmetic.

The CHANCE program, implemented by Lumière, has increased access to basic education and benefitted 5,000 children in remote areas through non-formal schools. The program is challenged, however, by the lack of recognition of such schools by the Government, which means it is staffed by under-qualified teachers, who, despite the capacity building provided, cannot perform at the level of fully qualified teachers.



3. Protection

What children tell us...

Children's fears included:

"My friends are married, yet they are young." "Being raped."

"Early sex will give me diseases."

"Being defiled on my way home from school."

3.1. The problem

Protection in remote areas

Girls in rural areas are more likely to get married earlier, less likely to have access to family planning services and have, on average, at least three more children than those who live in urban areas. Women living in the North are most likely to have experienced sexual violence. Both boys and girls living in rural areas are more likely to engage in child labour.

Agenda 2030

If Uganda is to achieve Sustainable Development Goal number five, to achieve gender equality and empower all women and girls, we must end gender based violence and child marriage across the country.

Child marriage

Nationally, almost half of all women aged 20–49 years were married before the age of 18 (UDHS, 2011). Arranged marriages for adolescent girls without their consent are common in Uganda, especially in rural areas (FIDH and FHRI 2012; Benschop 2002; Bantebya, Muhanguzi, and Watson 2013, 2014; MGLSD, 2011). Women aged 25–49 living in urban areas marry over two years later than rural women (20 years compared with 17.6 years). In the Northern region, the median age of marriage is just 16.7 (UDHS, 2011). Prevalence of child marriage is also highest in Northern Uganda, at 59%, followed by the Western region at 58% (UNFPA, 2013). Whilst there was a downward regional trend in percentages of children marrying between ages 15 to 17, in the Northern region there was an increase from 40% to 45% of children marrying between ages 15 to 17.

Child bearing

By the age of 19, 24% of girls have begun child bearing in Uganda (UDHS, 2011). A significant factor affecting the likelihood of early child bearing, is education. Of those aged 15–19 years who have no education, 45% give birth in their teens (UNICEF, 2015), placing those living in areas with poor access to education at greater risk.

Violence

Of all 15 to 19 year olds in Uganda, 58% have experienced physical or sexual violence (UDHS, 2011). 32.4% of women in the North said they had first experienced sexual violence during their childhood (MoGLSD, 2009). Of women in Eastern and West Nile regions, 25% and 23% respectively had experienced violence during their pregnancies (UBOS and ICF International, 2012).

Female Genital Mutilation (FGM)

FGM is practised by certain ethnic groups living in different geographic areas in Uganda. These groups include the Sabinu in Eastern Uganda and the Pokot, Tepeth and Kadama in Karamoja. Among the Pokot group, FGM is nearly universal (95%). The overall rate of FGM in Uganda actually increased overall from 0.6% in 2006 to 1.4%

in 2011. In the Eastern region, where there has been a longer history of intervention against FGM, the rate has decreased from 2.4% in 2006 to 2.3%, whereas in Karamoja it remains at 4.8% (UBOS and ICF International, 2012).

Child labour

It is estimated that about 2.4 million children are engaged in exploitative child labour across Uganda (MoGLSD, 2012). The percentage of children working varies significantly between regions and is much higher (55%) in the Western region than in Kampala (25.3%), for example. Almost 93% of children in rural areas are estimated to be engaged in commercial or subsistence agriculture and fishing (Walakira and Nyanzi, 2012).

3.2. Challenges

Social and economic

Child marriages can be the result of cultural beliefs regarding the role of women and attitudes to girls' education, resulting in children being pressured to marry by family members (Walakira and Nyanzi, 2012). Economic motives such as using marriage as an escape from poverty, as an opportunity for parents or guardians to discharge care, or to provide for the protection of children can also play a part in child marriage.

Female Genital Mutilation (FGM) has a direct relationship to early marriage and teenage pregnancy. Among the Pokot, for example, adulthood is marked by both FGM and marriage. This means girls as young as nine are at risk (28 Too Many, 2013).

Best Practice

Gender Roles Equality and Transformation (GREAT) and Fertility Awareness for Community Transformation (FACT)

Lumière's GREAT and FACT projects raise awareness of gender equality, improve adolescent sexual and reproductive health and reduce gender-based violence in Northern Uganda. The projects increase male engagement for better maternal, newborn and child health outcomes and increase the adoption of family planning.

In Lumière NGO supported adolescent sexual and reproductive health and sexual and reproductive health project areas, there has been a 20% increase in adolescents and parents of children under-five who have improved attitudes towards gender role equity.

Birth registration

A key challenge in child protection in Uganda, that is more pronounced in remote areas, is birth registration. Birth registration provides a record of a child's age, a central piece of information for child protection, as it can serve for timely enrolment in school as well as for the enforcement of minimum age of employment and eligibility for marriage. It also plays a key role in ensuring adequate access to and provision of key social protection services.

In the last few years there has been good progress in some areas, with 45% of children under five registered in Kampala. This is largely the result of the introduction of electronic registration in all referral hospitals. In remote areas such as Karamoja, however, just 11% of children under five have been registered (UBOS and ICF International, 2012). This may be due, in remote areas in particular, to inaccessible registration centres; prohibitive registration fees and other hidden costs; as well as low user demand due to limited awareness.

Percentage of births registered by region



Key



Up to 17.8



17.9 to 26.4



26.5 to 35.5



35.6 and higher

Anita* is 15, she lives with her husband in a village in Northern Uganda.

Anita was thrown out of home by her alcoholic father when she was thirteen.

She left school and had nowhere to go. So when Anita was approached by a man who asked for her hand in marriage, she accepted.

Anita now works every day, without rest, for her husband and his family. With no one to guide her, Anita regularly makes mistakes and is punished by her husband's family.

Anita is now seven months pregnant with her first child.

***name changed to protect identity.**



3.3. Policy analysis

Policies

The Uganda Constitution (1995) sets the age of marriage at 18 years. The 2007 Uganda Gender policy sets out a number of strategic approaches to addressing social norms that impact negatively on girls. Uganda's 1973 Birth and Death Registration Act made it mandatory for babies to be registered within three months of birth. Yet, the challenges set out here remain significant, particularly in remote areas.

Recognising that one of the major challenges to child protection is gaps in the enforcement and implementation of laws and policies, the Government has devised a strategy to strengthen the child protection system in Uganda. This has not yet been finalized, however.

Budget

A major barrier to effective social protection in Uganda is poor budget allocation to key protection areas. The social development sector budget in Uganda has declined from just 0.1% of GDP in 2011/2012 to 0.04% in 2013/14. The Ministry of Gender, Labour and Social Development (MGLSD) has been allocated UGX 6.2 billion, compared to UGX 1,271 billion for child survival, and UGX 1,940 billion for education. A mapping of Uganda's child protection system was undertaken by the MGLSD in 2012. As discussed there, the key challenge for the child protection system is the inadequate public resourcing of child protection structures, compounded by the lack of a specific grant to districts.

With decentralisation in Uganda, central Government allocates money to local governments. Of the total allocated budget, however, 35% remains at the higher local government level and 65% is transferred to lower local governments (MTEF FY 2014/15-17/18). This affects effective service delivery for children at the local levels. For most districts, the sub-county or parish levels have extremely minimal or no budget for child protection and child rights interventions and programmes.



Reaching Every Last Child

OUR RECOMMENDATIONS

To overcome the issues and challenges set out here, Lumière Uganda recommend that the Government take the following actions:

1. Survival

Consider local needs and challenges when allocating health resources.

2. Learning

Allocate adequate education resources to non-formal schools.

3. Protection

Develop a comprehensive and appropriately funded Child Protection Strategy.



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