



THE STATE OF UGANDA POPULATION REPORT 2013



Population and Social Transformation: Addressing the needs of Special Interest Groups

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Theme:

Population and Social Transformation: Addressing the needs of Special Interest Groups



The Republic of Uganda



UNFPA Uganda

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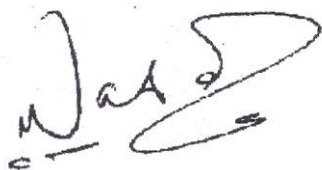
FOREWORD

It is my great pleasure to present the *State of Uganda Population Report 2013*. The events of 2013 emphasize the importance of broadening Government's efforts to reach the Special Interest Groups which include women, youth, the elderly, persons with disabilities (PWDs), persons living with HIV/AIDS (PLWHA), orphans and vulnerable children (OVC) to ensure that they are assisted to realize their full potentials.

The *State of Uganda Population Report 2013* significantly deepened implementation of Governments' equity agenda by building on the principle that we must put the rights of Special Interest Groups who are the most marginalized and most in need of Government support. It is in this context that I welcome this report, the *State of Uganda of Population Report* with the theme, "*Population and Social Transformation: Addressing the needs of Special Interest Groups*" as valuable contribution to the national development process.

This report highlights how we can put into practice the principle of equity especially for the Special Interest Groups. We need to devise innovative ways to reach the Special Interest Groups in the most remote communities with lifesaving and livelihood enhancing interventions to improve their quality of life. At national level, Government, Development partners and Civil Society have supported the efforts of Local Governments to improve the quality of education; mitigate the long-term impact of climate change on the survival, security and livelihood of special interest groups. They also have supported efforts to strengthen resilience of the affected population; expand access and response to vital health services and sexual and gender-based violence, including measures to prevent transmission of HIV from mother to child. Government has further advocated at every level for policies and programmes that can save lives and enhance livelihoods of the Special Interest Groups.

The report draws together information from a wide range of sources in order to raise issues for policy-makers and contribute to the public debate about Uganda's future. I therefore wish to recommend this report to all policy and decision makers, community leaders, researchers and academia and to all those who in one way or another contribute to the improvement of the quality of life of the people of Uganda.



Hon. Matia Kasaija, M.P.

Minister of State for Finance, Planning and Economic Development (Planning)

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Population Secretariat is particularly grateful to the United Nations Population Fund (UNFPA), and the Government of Uganda for the financial support that enabled them to develop and produce the *State of Uganda Population Report 2013* with the theme “*Population and Social Transformation: Addressing the needs of the Special Interest Groups*” .

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Charles Zirarema
Acting Director, Population Secretariat

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ACRONYMS

ACDO	-	Assistant Community Development Officer
ACODE	-	Advocate Coalition for Environment and Development
AIDS	-	Acquired Immune Deficiency Syndrome
AMREF	-	African Medical Research Foundation
ANC	-	Ante Natal Clinic
ART	-	Anti Retroviral Therapy
ARV	-	Anti Retroviral Drugs
ASRH	-	Adolescent Sexual Reproductive Health
BTC	-	Belgian Technical Organization
BTVET	-	Business, Technical, Vocational Education and Training
BUEPA	-	Basic Education for Urban Poor
CARE	-	Carry American Relief Every where
CBSD	-	Community Based Service Delivery
CCU	-	Climate Change Unit
CDD	-	Community Driven Development
CDO	-	Community Development Officer
CDW	-	Community Development Worker
CEEWA	-	Centre for Economic Empowerment for Women in Africa
CFPU	-	Child and Family Protection Unit
COMESA	-	Common Market for Eastern and Southern Africa
CPAs	-	Core Programme Areas
CPR	-	Contraceptive Prevalence Rate
CRPD	-	Convention on the Rights of Persons with Disabilities
CSO	-	Civil Society Organization
DDP	-	District Development Plan
DDSP	-	District Development Support Programme
DFCU	-	Development Finance Company of Uganda
DFID	-	Department for International Development
DHS	-	Uganda Demographic Health Survey
DLG	-	District Local Government
DOVCC	-	District Orphans and Other Vulnerable Children Coordination Committee
DPOs	-	District Population Officers
DRC	-	Democratic Republic of Congo
EAC	-	East African Community
ECD	-	Early Child Development
ECDC	-	Early Child Development Education
EMTCT	-	Elimination Mother-to-Child Transmission
ENR	-	Environment and Natural Resources
EPRC	-	Economic Policy Research Centre
FAL	-	Functional Adult Literacy
FAO	-	Food and Agricultural Organization
FBO	-	Faith Based Organization
FCC	-	Family and Child Court
FIDA	-	Federation of Uganda Women Lawyers

FINCA	-	Charitable Microfinance Organization
FGM	-	Female Genital Mutilation
FOWODE	-	Forum for Women Democracy
GBV	-	Gender-Based Violence
GDP	-	Gross Domestic Product
GEF	-	Global Environment Fund
GNI	-	Gini Coefficient
GPS	-	Gender Productivity Survey
GOU	-	Government of Uganda
HC	-	Health Centre
HEP	-	Hydro Electric Power
HIV	-	Human Immuno-Virus
HSSP	-	Health Sector Strategic Plan
ICESCR	-	International Convention on Economic, Social and Cultural Rights
ICRC	-	International Committee of Red Cross
ICT	-	Information and Communication Technology
IFAD	-	International Fund for Agricultural Development
IFC	-	International Finance Council
IGA	-	Income Generating Activities
IGAD	-	Inter-Governmental Authority on Development
IIED	-	International Institute for Environment and Development
IK	-	Indigenous Knowledge
IPCC	-	International Panel on Climate Change
IPV	-	Intimate Partner Violence
IUCN	-	World Conservation Union
KCCA	-	Kampala Capital City Authority
KNSPWD	-	Kenya National Secretariat for Persons with Disabilities
KWH	-	Kilo Watt Hour
KP	-	Kyoto Protocol
LDCs	-	Least Developed Countries
LG	-	Local Government
LGDP	-	Local Government Development Programme
MDAs	-	Ministries, Departments and Agencies
MDG	-	Millennium Development Goals
MAAIF	-	Ministry of Agriculture, Animal Industry and Fisheries
M&E	-	Monitoring and Evaluation
MIS	-	Management Information System
MMR	-	Maternal Mortality Ratio
MoES	-	Ministry of Education and Sports
MoFPED	-	Ministry of Finance, Planning and Economic Development
MoGLSD	-	Ministry of Gender, Labour and Social Development
MoH	-	Ministry of Health
MoLG	-	Ministry of Local Government
MoWE	-	Ministry of Water and Environment
MTEF	-	Medium-Term Expenditure Framework
NAADS	-	National Agricultural and Advisory Services
NAMAs	-	National Appropriate Mitigation Action
NAPA	-	National Adaptation Plan for Action
NAWOU	-	National Women Organization of Uganda
NBSAP	-	National Biodiversity Strategy Action Plan
NCC	-	National Council for Children
NCD	-	National Council of Disability

NDP	-	National Development Plan
NEMA	-	National Environment Management Authority
NEPAD	-	New Partnership for African Development
NGO	-	Non Governmental Organization
NGP	-	National Gender Policy
NHS	-	National Household Survey
NIU	-	National Implementation Unit
NOP	-	National Orphan and Other Vulnerable Children Policy
NOSCH	-	National Orphan and Other Vulnerable Children Policy Steering Committee
NPA	-	National Planning Authority
NPP	-	National Population Policy
NPPAP	-	National Population Policy Action Plan
NRC	-	National Resistance Council
NRM	-	National Resistance Movement
NSARWU	-	National Strategy for the Advancement of Rural Women in Uganda
NSPPI	-	National Strategic Programme Plan of Intervention
NUDIPU	-	National Union of Disabled Person in Uganda
NUSAF	-	Northern Uganda Social Action Fund
NUSU	-	National Union of Students of Uganda
NUWODU	-	National Union of Women with Disability in Uganda
NUYO	-	National Union of Youth Organization
OPM	-	Office of the Prime Minister
OVC	-	Orphaned and Venerable Children
OVC	-	Orphan and Vulnerable Children
COPE	-	Complementary Learning Opportunities Education
PACE	-	Program for Accessible health, Communication and Education
PEAP	-	Poverty Eradication Action Plan
PFP	-	Private for Profit
PLHIV	-	Persons Living with HIV
PLWHA	-	Persons Living with HIV/AIDS
PMA	-	Plan for Modernization of Agriculture
PMTCT	-	Prevention of Mother- to- Child Transmission
PNFP	-	Private not for Profit
POPSEC	-	Population Secretariat
PPP	-	Public-Private Partnership
PRB	-	Population Reference Bureau
PSS	-	Psycho-Social Support
PSWO	-	Probation and Social Welfare Officer
STEI	-	Science, Technology, Engineering and Innovations
PWDs	-	Persons with Disabilities
RH	-	Reproductive Health
RHCS	-	Reproductive Health Commodity Security
SDIP	-	Social Development Strategic Investment Plan
SDS	-	Social Development Services
SGBV	-	Sexual and Gender-Based Violence
SIG	-	Special Interest Groups
SOVCC	-	Sub-County Orphans and Other Vulnerable Children Coordination Committee
SRH	-	Sexual and Reproductive Health
STD	-	Sexual Transmitted Disease

STI	-	Sexual Transmitted Infection
SWAps	-	Sector Wide Approaches
SWEP	-	Strengthening Women Entrepreneurs Programme
TACC	-	Territorial Approach to Climate Change
TAFU	-	The Aged Family of Uganda
TASO	-	The AIDS Support Organization
TFR	-	Total Fertility Rate
TK	-	Traditional Knowledge
TSO	-	Technical Service Organization
UAC	-	Uganda AIDS Commission
UBOS	-	Uganda Bureau of Statistics
UDHS	-	Uganda Demographic Health Survey
UN	-	United Nations
UNAIDS	-	United Nations Agency on HIV/AIDS
UNCRC	-	United Nations Convention on the Rights of Children
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNFCCC	-	United Nations Framework Convention on Climate Change
UNICEF	-	United Nations Children Fund
UNDP	-	United Nations Development Programme
UNEP	-	United Nations Environment Programme
UNFPA	-	United Nations Population Fund
UNHCR	-	United Nations High Commissioner for Refugees
UNHS	-	Uganda National Household Survey
UNISE	-	Uganda National Institute for Special Education
UPE	-	Universal Primary Education
UPFC	-	Uganda Parliamentary Forum of the Children
URCS	-	Uganda Red Cross Society
US	-	United States
USAID	-	United States Agency for International Development
USD	-	United States Dollar
USE	-	Universal Secondary Education
USHS	-	Uganda Shillings
UWEAL	-	Uganda Women Entrepreneurs Association
UWESO	-	Uganda Women Effort to Support Organization
UYDO	-	Uganda Youth Development Organization
VHT	-	Village Health Team
VSLAs	-	Village Saving and Loan Associations
WB	-	World Bank
WWD	-	Women with Disabilities
WFP	-	World Food Programme
WHO	-	World Health Organization
WICCE	-	Women International Cross Cultural Exchange
YFU	-	Youth Farmers Union
YPLHIV	-	Young People Living with HIV

CHAPTER 1

SPECIAL INTEREST GROUPS IN UGANDA: INTRODUCING THE ISSUE



POPSEC File Photo: Photograph of a vulnerable child selling collected scrap metals to a Scrap Metal Dealer in Kawempe

1.1 Introduction

Perhaps the most disadvantaged groups in all societies tend to be those on the socio-economic and cultural-linguistic periphery of any national population. This refers to them as special Interest Groups. Special Interest group populations may be considered to be those that are beyond issues of gender and age (which also can be marginalizing), such marginalized populations usually have one or more of the following kinds of characteristics:

- Belong to an indigenous people or special caste or race that has a pattern of historical social discrimination;
- Speak a language (or dialect) other than a major regional or national (or international) language;
- Have a history of little or no education, and likely to be illiterate or low-literate;
- Reside in, or migrate from, a historically deprived (usually rural) geographical region.

Being a member of the Special Interest Group, usually an ethno-linguistic minority group often has a broad set of deleterious social and economic consequences. In the development process of any country such factors must be taken into account directly, especially the issue of gender

discrimination. As yet, however, most development projects have, for a number of (often political) reasons, chosen to focus on ‘majority’ divide issues, rather than ‘minority’ group issues. This chapter is a contribution towards an important role in focusing attention on problem of Special Interest Groups in Uganda, as well as providing a better targeting of economic transformation agenda implementation process.

1.2 Background

1.2.1 Concept of Special Interest Groups in Uganda

The National Population Policy contends that Uganda’s special interest groups include; Young people; the Elderly; Internally Displaced Persons and Refugees; Women and People with Disabilities.

The Uganda National Household Survey 2010/11 reported on special interest groups as related to vulnerability to include; orphans, widows, older persons and Persons with Disabilities (PWDs).

The Social Development Sector Strategic Investment Plan for Uganda report (2003) considers Special Interest Groups as they relate to vulnerability to include; asset-less widows, female-headed households, child-headed households, older persons, child laborers, and persons with disabilities.

The Uganda National Population and Housing Census, 2002 analytical report categorizes special interest groups to include; children, young population, older Persons, women and People with Disabilities which were contained as chapters in the monograph series (UBOS, 2002).

From the above definition, it is evident that there exists a glaring gap regarding the conceptualization of Special Interest Groups. This has certainly paused a challenge in terms of facts and figures about special interest groups as well as targeted programmes for them. This chapter therefore contends that the concept of special interest groups is not a static concept but rather a fragile and flexible concept that is liable to socio-economic, political and demographic abuse by different institutions, governments as well as individuals.

The concept of Special Interest Groups has been used interchangeably with the vulnerability. It also relates to concepts of marginalized populations, minority groups and disadvantaged populations. It therefore calls for various users of each concept to contextualize each of the concepts under use. Perhaps, and most importantly, whatever concept is adopted or used ought to have an overarching goal in relation to respect for human rights, and pro-equity approach to achieve inclusive development. Thus for the purpose of this chapter and report, Special Interest Groups embraces all conceptual definitions presented and extended the definitions to emerging vulnerability issues which include People Living With HIV/AIDS and Internally Displaced Persons and Refugees.

1.2.2 Rationale for the Focus on Special Interest Groups in Uganda

Within the context of the Constitution of Uganda, 1995, objective six under the National Objectives and Directive Principles of State Policy asserts that, “The State shall ensure gender balance and fair representation of marginalized groups on all constitutional and other bodies”. Article 32 (1) of the Constitution is very instrumental on affirmative action in favor of formerly marginalized groups. It states that, “Notwithstanding anything in this Constitution, the State shall take affirmative action in favor of groups marginalized on the basis of gender, age, disability or any other reason created by history, tradition or custom, for the purpose of redressing imbalances which exist against them”. Sub-section (2), states that Parliament shall

make relevant laws, including laws for the establishment of an equal opportunities commission, for the purpose of giving full effect to clause 28.

In addition, under the National Resistance Council (NRC) system that has now been incorporated in the Local Government Act, it is provided that all Ugandans, men and women, young and old, professionals and non-professionals, handicapped, the soldiers, employed and unemployed participate fully in the political and administrative affairs of their country right from the village level up to the national Parliament. Groups such as women, youths, the army, workers and Persons with Disability were identified as constituencies that needed to be politically enfranchised and were specifically given special seats at every level of decision making in the country.

Further constitutional guarantees are provided for in Article 36 under the protection of minorities. The article states that, "Minorities have a right to participate in decision making processes, and their views and interests shall be taken into account in the making of national plans and programmes". Other provisions for protection and representation of interest groups can be found in article 21, which guarantees equality of all and provides for freedom from discrimination and article 35 on the rights of Persons with Disabilities.

Article 78 on Composition of Parliament is very instrumental on representation of Special Interest Groups in Parliament. Section (a) of article 78 provides for one-woman representative for every district while subsection (b) provides for such numbers of representatives of the army, youth, workers, and persons with disabilities and other groups as Parliament may determine.

Uganda's women make up more than 50 percent of the population and make an enormous contribution to the society but they continue to be systematically constrained and marginalized by a number of factors such as customs and cultural practices, discriminatory laws and other biases.

According to the UNHS 2009/2010, youths constituted 48 percent (7,310,386 people) of the population. This huge percentage of Ugandans plays vital roles in our society, but is seldom given a hearing as to their needs and problems. Youth play a current and future crucial role in creating wealth and the basis for the economic development of our society yet they have little voice in shaping the nation's future. The potential, talents and wisdom possessed by special interest groups is such that it is essential to ensure they are properly mobilized and integrated in the development process of the nation.

Special mechanisms are believed to be necessary through which the attention of other sections of society is focused on the problems and needs of such groups so that slowly the society at large is educated to change their attitudes. For example their representation in Parliament and extension of credit facilities is some of such mechanisms.

1.3 Institutional Framework for Special Interest Groups in Uganda

The Uganda Vision 2025 document aspires for positive cultural values for the promotion of socio-economic development and equal opportunities for all, and for freedom from negative cultural values, practices and traditions.

The MoGLSD is a lead agency and has a role to develop policies, procedures, guidelines and standards. It also coordinates the activities of the various sub sectors. In this regard, a number of autonomous bodies complement other government agencies in regulating, promoting and coordinating the delivery of social development services and answer to government through the MoGLSD.

The MoGLSD at the centre works closely with local governments that will largely be responsible for implementation of the special interest group's activities. In recognition of the crucial role to be played by social mobilization in improving access to services, GoU is supporting activities to revitalize the community development function at district and sub-county levels in local governments. Currently, out of 927 vacancies for Community Development Workers (one CDW per sub-county), only 661 Community Development Worker positions are filled and, of those, 407 do not meet the necessary qualification standard set for the post in the current context. Presently efforts are underway to fill posts, devise an upgrading training plan and clarify roles and functions. It is expected that this will re-organize the SDS to catalyze and mobilize communities to participate and demand better services.

There are also other Government Social Development initiatives such as NUSAF, coordinated by Office of the Prime Minister (OPM). In addition, there is a wide diversity of civil society groups within the Social Development Services, including numerous NGOs that provide advocacy and deliver services, and faith-based organizations that continue to play a significant role in delivering services to special interest groups in Uganda.

There are many development partners supporting special interest groups, but there is limited centralized information available on their activities and plans. Furthermore, there is a lot of fragmentation and overlap of activities among the range of agencies in the sector, leading to wastage of resources, inefficiency and diminution of impact. As an example, it is pointed out in the Situational Analysis of Orphans (2002) that there is no overview of interventions carried out by different stakeholders and no attempts to co-ordinate various efforts to address orphan needs. Problems also manifest in the inadequate staffing, mentoring and support from the center, funding and dissemination of guidelines at district and sub county levels. This situation continues to stifle activities aimed at service delivery for special interest groups.

1.4 Situation Analysis of Special Interest Groups in Uganda

It should perhaps not go without mention that affirmative action is not an invention of the current Uganda Government but has been applied in the Western World in the areas of education and economics. In Africa, Ghana was the first country to introduce affirmative action in favor of women when in 1960 a law was passed allowing nomination and election of women to the National Assembly.

To date, several African countries have replicated the practice. It is worth noting that Uganda has taken the affirmative action agenda further both at legislation, as a constitutional matter, and at implementation level with impressive results. What perhaps is not certain is whether a country like Uganda will consolidate the achievements of affirmative action and scales them up to irreversible levels and further translate them to meaningful development.

According to UNHS 2009/10, 38 percent of the children in Uganda are vulnerable. In addition there are about 1.3 million older persons of which only 7.1 percent have access to pension with 60 per cent being male. Overall, 7 per cent of the population in Uganda has disabilities of which 47.6 per cent have permanent disability.

The Government of Uganda is committed to implementing the National Population Policy (NPP), 2008 through the National Population Policy Action Plan (NPPAP) 2011-2015 in order to improve the quality of life of the people of Uganda. Efforts are being made by government to ensure increased household incomes, planned urban and rural human settlement, environmental conservation, improved health seeking behavior to meet family planning needs and social welfare programmes that take recognition of special interest groups. Government is also

focusing on ensuring that the population of Uganda is educated, skilled and healthy with opportunities for gainful employment.

Therefore, Government of Uganda’s achievement on bringing special interest groups on board in national development process needs to continuously assessed and evaluated by independent analysis, so that it is not politically hijacked and misused to boost support of certain political interests at the expense of the intended beneficiaries and national development.

1.4.1 People with Disabilities (PWD)

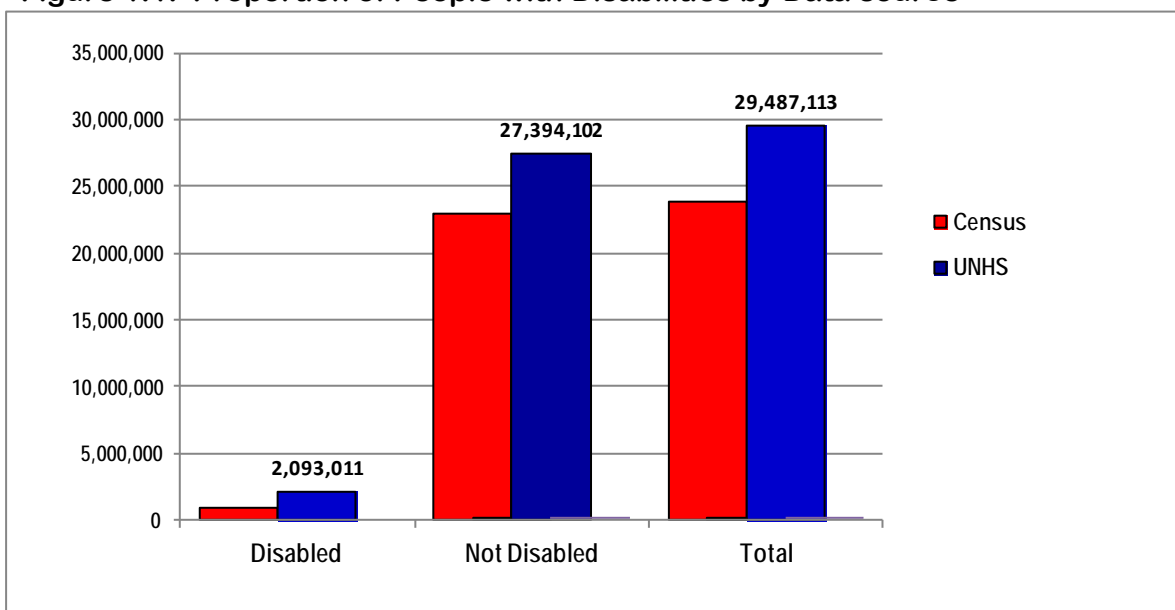
Disability is defined as permanent and substantial functional limitation of daily life activities caused by physical, mental or sensory impairment and environmental barriers resulting in limited participations. Over the years definitions of categories have changed from the impairments approach to limitation in participation (MoGLSD, 2006).

Uganda Bureau of Statistics (UBOS) has produced various estimates of prevalence rates of disability, which significantly contrast with each other. The 2002 Population and Housing Census estimated that 4% of the total population, (equivalent to less than one million people), are considered to have a disability. However, the 2005/06 Uganda National Household Survey has estimated that 7.1% of Uganda's total population has a disability, this being equivalent to approximately 2.1 million people.

The social and economic status of people with disabilities in Uganda is particularly precarious, with there being a high correlation between the incidence of poverty and disability. The Northern Uganda Survey of 2004 estimated that 72% of people with disabilities in the Northern Region of Uganda are living in a state of chronic poverty, with men far more likely to be poor than women.

Figure 1.1 below shows that the proportion of the population that was disabled in 2002. There was an increase of the people which were disabled from 838,000 (2002 census) to 2,093,011 in 2009/10 (UNHS).

Figure 1.1: Proportion of People with Disabilities by Data source



Source: UNHS 2009/10, UPHC 2002

1.4.1.1 Specific Policy and Legislation Synopsis of Disability in Uganda

The fundamental human rights of People with Disabilities are explicitly recognized within the 1995 Constitution of Uganda, and in progressive rights based legislation, (for example, the People with Disabilities Act 2006). The Government of Uganda also published its National Policy on Disability in February 2006. Furthermore, in September 2008, the Government of Uganda ratified the UN Convention on the Rights of Persons with Disabilities.

Parliament has passed progressive; human rights based legislation in this field. The Government published its National Policy on Disability in February 2006. Its strategic objective is "promoting equal opportunities and enhanced empowerment, participation and protection of rights of persons with disabilities irrespective of gender, age and type of disability" (MoGLSD, 2006:1). This policy paper delineates the major concerns faced by people with disabilities being poverty, education and skills, employment, conflicts and emergencies, health, HIV/AIDS and accessibility.

In addition, the Ugandan Parliament enacted the Persons with Disabilities Act (2006), which attempts to provide the legal basis for the implementation of the National Policy on Disability described above. According to the preamble of this Act, its objective is to "provide a comprehensive legal protection for persons with disabilities in accordance with Article 32 and 35 of the Constitution; to make provision for the elimination of all forms of discrimination against persons with disabilities towards equalization of opportunity and for related matters".

Commenting on the inadequacy of existing disability legislation, the National Union of Disabled Persons in Uganda (NUDIPU) candidly states that: The National Council for Disability (NCD) Act 2002 was enacted by Parliament to promote the rights of persons with disabilities as delineated in existing international conventions and legal instruments and the 1995 Constitution. The overall strategic goal of the NCD is to promote equalization of opportunities for people with disabilities through empowerment, participation and monitoring of services, which again is underpinned by the principles of human rights.

Box 1: An Extract of Persons with Disability Act 2006

The Persons with Disabilities Act, 2006, provide a comprehensive legal protection for the disabled in accordance with Article 32 and 35 of the Constitution, which aims at including all forms of discrimination against people with disabilities as well as ensuring equal opportunities for people with disabilities. This Act provides a good basis for the actors in the disability fraternity to promote a human rights approach in their work.

The law can also be used by the disability fraternity to undertake public litigation as recourse for promoting and protecting the rights of people with disabilities. Although the law looks comprehensive in addressing disability issues, it has not been translated into concrete programmes for people with disabilities. There are huge gaps that still require robust advocacy and network at implementation level, which NUDIPU seeks to address. These gaps are in the area of popularizing and disseminating the laws and policies, resources to implement these laws and policies where NUDIPU has an advocacy role to play in influencing budgetary allocations" (NUDIPU, 2008: 11).

People with Disabilities are also covered within the Local Government Act 1997, the Communications Act 1997; the Universal Primary Education Act 1997; the UNISE Act (1998); The Land Act (1998); the National Council for Disability Act (2003); Equal Opportunities Act, (2006) and the National Policy on Disability (2006).

1.4.2 Women

In the past, and to a lesser extent up to date, society has been male dominated (patriarchal) where males controlled all powers, resources and decision-making. This led to marginalizing of the women in aspects like education, employment, property ownership, politics as well as other productive resources.

Uganda has made efforts to mainstream gender into policy and planning as provided for by the National Gender Policy of 2007. This has led to positive outcomes such as women's participation in governance, girl-child education, increased uptake of health services and agricultural extension. Women represent not less than 33 per cent of national legislature, 28 per cent of the executive and have continued to occupy key positions in the judiciary. Gender gaps in education have also been lowered through Universal Primary and Secondary Education Programmes, with an enrolment rate of 84 per cent for both sexes at primary level (MoGLSD, 2007).

Uganda has further registered increased use of public health services, with 46 per cent of the female and 42 per cent of the male population reporting ill health for treatment at Government-run health centers (EPRC, 2010). In the area of agriculture, women have participated in the promotion of appropriate technologies as well as the formation of farmer groups for increased access to credit and extension services.

However, the conditions that depict gender inequality are still salient in Uganda's economy and these mainly include: gender disparities in access and control over productive resources; sexual and gender-based violence; and unequal sharing of household decision-making in the use of social services provided by Government.

A study by EPRC in 2010 reported that only 30 per cent and 41 per cent of the couples in Uganda jointly make decisions about a child's education and health respectively. This partly contributes to women's low rate of return to school after unplanned pregnancy or other related circumstances, which lessens the chances of reducing the gender gaps in employment. Although women comprise 53 per cent of Uganda's labor force, 42 per cent are taken on as unpaid family workers, according to the 2008 Gender and Productivity Survey (GPS). Furthermore, the GPS 2008 showed that women receive an averagely lower pay than men in the private sector with a male to female wage gap that stands at about 39 per cent.

These labour market conditions are worsened by the disparities in access and control over resources like land. According to the UNHS (2005/06), male-headed households hold more than twice the land size held by female-headed households. This is a disadvantage to women who are interested in producing high-value agricultural commodities for export, or using the land as collateral to access financial capital for investment in other formal business ventures. These unequal gender patterns in ownership of productive resources have made women vulnerable to income poverty. Such income poverty is partly responsible for their dependence on male counterparts for financial support. This, in many cases, exposes women to sexual and gender-based violence (SGBV), which usually occurs in form of abuse by an intimate partner, cross-generational sex, marital rape and sex trafficking.

Data from UNFPA (2011) shows that 60 per cent of women in Uganda have experienced SGBV compared to 53 per cent of men, with one in four women reporting that their first sexual intercourse was forced against their will. This implies that the increased presence of women in education programmes and governance structures has not completely altered the conditions that bring about gender inequality in Uganda's economy. And yet reducing gender inequality is a

pre-requisite for accelerating economic development, as stated by the World Bank (2005). What is required is to inquire into the detailed situation of women both from their own perspective and society perspective?

Women and men are partners in Uganda's socio-economic transformation and thus all effort will be made to ensure gender responsive policies, programmes and actions. Because of our history of women being left behind in the development process due to socio-cultural factors, deliberate effort will be made to enable women to equally participate in education and skills development, business, agriculture and industry as well as their equal political representation at all levels among other development aspects. Furthermore, because of women's unique biological and gender roles especially of child bearing and rearing, the state will put in place deliberate policies and programmes to facilitate them to play these roles as well as participating in the development process. Such means will include among others; policies for flexible working conditions to enable women with young children to work from home or have flexible working hours.

The challenges faced by women, the minority groups and other marginalized groups in accessing and using land for production will also be addressed through land redistribution and domestic relations laws and programmes. This way, women and other marginalized groups will effectively use land to support the agriculture production and productivity goals in this vision.

The total elimination of harmful and non-progressive socio-cultural practices that affect the health, wellbeing and progress of both men and women will be tackled during the 30 year period to allow and give opportunity to every Ugandan to fulfill their desired potential and live a life of dignity. These include among others; the elimination of practices such as female genital mutilation (FGM), gender based violence, early marriages, child sacrifice, denial of the right to education and participation in employment.

The root causes of the gender divide against females have generally been perceived (by policy makers) to relate to issues such as lack of a safe place of access, limited literacy, and little in the way of useful outcomes. Another interpretation has been that men's access to economic resources outside home environment simply put them in greater proximity to more opportunities than their female counterparts.

Gender-based violence (GBV), that has been reported to be on the increase in Uganda, is a result of an unequal balance of power between women and men; it cuts across cultures, ethnic groups, socio-economic status, and religions. It is the most common type of violence that women experience worldwide, and it has serious consequences for women's mental and physical wellbeing, including their reproductive and sexual health (WHO, 1999). Gender-based violence was declared to be a violation of human rights by the United Nations General Assembly in 1993 in its declaration on the elimination of violence against women (United Nations, 1993). GBV continues to occur despite various efforts to stop it. It remains a complex problem that requires examination from many different perspectives.

According to the UDHS 2011, only 38 percent of currently married women reported to have participated in decisions pertaining to their own health care, major household purchases, and visits to their family or relatives.

The UDHS 2011 reported that 58 percent of the women aged 15-49 -supported wife beating and reported that they believed that wife beating was justified for various reasons. It was also found out that contraceptive use increases with women's empowerment; this has an implication on women's health as it allows them space births, which in turn positively impacts on their health.

A woman's ability to control her fertility and the method of contraception she uses are likely to be affected by her self-image and sense of empowerment. A woman who feels that she is unable to control other aspects of her life may be less likely to feel she can make decisions regarding fertility. She may also feel the need to choose methods that are easier to conceal from her husband or partner. The 2011 UDHS supports this assertion whereby the most common method used by married women is injectable which are easy to conceal from partners. Additionally, Women who agree with all of the reasons justifying wife beating were less likely to seek reproductive health care services than women who do not justify wife beating at all. We therefore conclude that empowering women directly impacts on their health as they get an opportunity to make either independent or joint decisions with their husbands especially regarding their health.

In the field of employment, especially for cash and control over how earnings are used have traditionally been used as yardsticks to measure the extent to which women are empowered which also becomes an indicator for consideration of women as special interest groups in Uganda. Whereas general participation in the cash only economy increased over the last five years, more than doubling among women and almost doubling among men. In 2006 less than 20 percent of women were paid in cash only, compared with 49 percent in 2011; the increase for men was from 34 percent in 2006 to 62 percent in 2011(UBOS, 2011).

The UDHS, 2011 reports that 79 percent of currently married women and 99 percent of currently married men age 15-49 were employed at some time in the year prior to the survey. This evidence is another clear divide in terms of opportunities in favor of men compared to women. This divide is further worsened by the traditional role of men as breadwinners and the differences in employable skills between women and men are a clear demonstration of the gender differential in the rate of employment.

Indeed there has been general decline in the level of employment from 2006 to 2011, with women affected more than men. Employment among currently married women declined by more than 10 percent from the 2006 level (92 percent in 2006 and 79 percent in 2011) compared with men where the decline was less than 1 percent (100 percent in 2006 and 99 percent in 2011).

Additionally, even within those who are employed, women continue to be disadvantaged compared to men. The survey further reported that women and men who were employed differ in the type of earnings they receive for their work, with married men being more likely to be paid for their work than women. A quarter of the women were not paid for the work they performed (25 percent) compared with only a tenth of the men (12 percent).

Women and men can as well assess participation in the development process of the country at various levels through ownership and control of assets. When women are left without assets, it increases their vulnerability to various forms of violence and lessens their decision-making power from the household level and in the public sphere.

In Uganda, traditional norms, cultures and low economic status limit women's ownership of productive assets such as land and housing. Ownership of assets confers additional economic value, status, and bargaining power for both women and men. The Demographic Health Survey reported that owning a house was more common among women than owning land and 44 percent of women owned a house while 39 percent owned land (UBOS, 2011). An overwhelming 90 percent of young women age 15-19 did not own land or a house. Most of these women (78 %) were urban residents while 72 percent of them were reported not to own

land (UBOS, 2011)

1.4.2.1 Specific Policy and Legislation Synopsis of Women in Uganda

Government of Uganda continues to be committed to improvement in gender development amidst persistent gender inequality. Available evidence from the 2007 Uganda Gender Policy (MoGLSD, 2007) and the National Development Plan 2010/11-2014/15 (Republic of Uganda, 2010) attest to Government's strategic endeavors to improve the status of women in Uganda.

The goal of the gender policy is to achieve gender equality and women's empowerment as an integral part of Uganda's socio-economic development. The National Development Plan observes that discrimination against women in Uganda results from traditional rules and practices that explicitly exclude women or give preference to men serves as a key constraint on women's empowerment and economic progress. The development plan has strategies to address gender-related constraints to development and suggests how to mainstream gender-neutral policies, plans, and programmes.

The National Objectives and Directive Principles of State Policy of the Constitution section (vi) state that, "The State shall ensure gender balance and fair representation of marginalized groups on all constitutional and other bodies. Further section (xv) states that, The State shall recognize the significant role that women play in society. Article 78 (1) (b) provides one-woman representative for every district. The Chicago Tribune highlighted the progressive gender provisions and described the 1995 Constitution as a 'Women's Constitution'.

The Gender policy pronounces government commitment to address within the policy framework gender issues at all levels, promoting a Gender and Development approach as well as the Women in Development approach, ensures that gender responsive development planning at all levels, promoting and carrying gender responsive research, establishing gender responsive monitoring and evaluation mechanisms, and advocating for gender equity at all levels in the development process. Furthermore, the policy mainly targets gender integration in all policies, programmes and projects at all levels and sensitization of the communities in order to understand gender issues and concerns in development and poverty eradication.

While to some extent gender mainstreaming has been achieved through some national policies of ministries as well as some lower local government settings, the country still grapples with challenges in regard to personnel constraints, limited resources and mainstreaming gender in government programme strategies to address the multiplicity of complex gender issues.

1.4.3 The Youth

The 2011 UDHS reported that nearly 78% of Uganda's population is youthful and this presents a challenge in terms of high dependency and high consumption yet with low productivity. Inherent in this large youthful structure is also an opportunity of a demographic gift to the country. It is therefore important that Uganda should be able to harness the potential energy, creativity and abundant resources presented in bulging youth population and turn them into a vehicle for her social and economic development.

In order to harness a demographic gift presented in this bulging youthful structure, it is vital that this population is provided with quality education with particular focus on retention, especially for girls up to tertiary education with focus on development of employable skills, create opportunities for youth employment and labor productivity and ensure increased access of young people to sexuality education and reproductive health information and services that empower and help them prevent common health conditions that reduce their levels of active

engagement in socio-economic activity e.g. HIV infections, unplanned pregnancy with associated squeals of maternal deaths.

Empowering young people and giving them responsibilities and obligations to participate in decision making that affect their individual lives as well as that of Uganda, including decisions on when to start a family and in deciding on the number and spacing of children they plan to have is an important aspect of harnessing the potential of the youthful population in Uganda.

Currently about 6.5 million (21.3%) Ugandans are between 18 – 30 years. The number of young people in Uganda is projected to grow to 7.7 million by 2015 (Source). Most of Uganda's young population aspires for various forms of services in terms of education, employment and family formation. This is the challenge for the country to address immediately.

Uganda has the world's youngest population with over 78 percent of its population below the age of 30. With about 8 million youth aged between 15-30, the country also has one of the highest youth unemployment rates in Sub-Saharan Africa. Although Uganda is making strides economically, it faces significant challenges in meeting its young people's needs today and their challenges tomorrow as its population continues to grow at a rate of 3.2% annually.

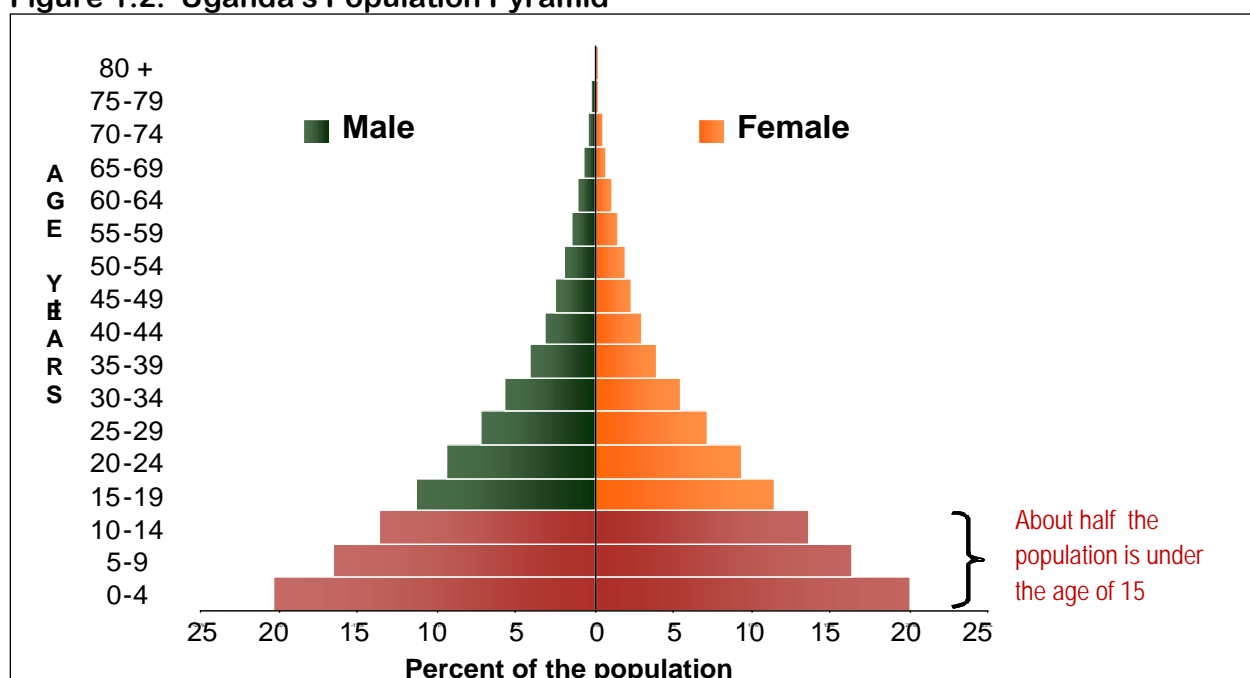
Coupled with the high level of fertility in the country 6.2 children and the youthfulness of the population bring a very high youth dependency ratio (World Bank, 2011). This is illustrated in the figure 1.2 below. Figure 1. 2 below shows Uganda's population pyramid that is broad based, with majority of the population in the young age bracket and the minority in the older age bracket. This implies a youthful population.

Youth are disproportionately affected by unemployment in Uganda. The Government of Uganda recognizes the challenges associated with its rising population and youth unemployment rate and has put in place some policies and programmes to address these challenges. However, the GoU has not yet developed comprehensive policies on youth employment. The revised National Youth Policy (2011-16) calls for the development of a national youth employment policy and emphasizes employment creation through youth-led enterprise development. It also calls on the state and the private sector to play greater roles in creating internship and job opportunities for youth and protecting them against labor exploitation.

1.4.3.1 Specific Policy and Legislation Synopsis of Youth in Uganda

Since independence, Uganda has lacked an explicit, coherent, and comprehensive National Youth Policy (NYP) to guide and ensure sustainable youth development. Youth planning has largely been non-government organization-based and reactive to prevailing circumstances. However, the dire need for National Planning for youth development dates back to the 1960s when Government established a section of Youth within the Ministry of Culture and Community Development. The Government established three Youth Organizations without a comprehensive policy namely: National Union of Youth Organization (NUYO), which was replaced by Uganda Youth Development Organization (UYDO) in the 1970s.

Figure 1.2: Uganda's Population Pyramid



Source: POPSEC RAPID Booklet 2009

National Union of Students of Uganda (NUSU) and Youth Farmers Union (YFU). NUYO targeted out-of-school youth between the ages 13-30 years, Young Farmers Union (YFU) targeted in and out-of-school youth between 10-25 years while National Union of Students of Uganda (NUSU) targeted youth in Secondary and tertiary Institutions.

In November 1997 a Youth Policy Committee was inaugurated that prepared a framework to guide the process of the Youth Policy formulation that would address the developmental needs of the youth in a comprehensive manner. It should be noted that there was no extensive participation of youth oriented stakeholders, which should have contributed to the policy.

The National Youth Policy (2001) that is now in place seeks to initiate, strengthen, streamline and mobilize resources for all programmes and services targeting the youth. The main strategy is to attain the policy objective by promoting capacity building, enterprise development, and youth involvement

The policy aims at mobilizing resources to promote youth participation in national development and create awareness on the youth concerns and needs. The designed delivery standards of the policy include instituting a resource mobilization programme, mobilization and sensitization of youth, and coordinating and guiding all key actors.

The National Development Plan (2010/11 – 2014/15) envisages to transform the Ugandan society from a peasant to a modern and prosperous country within 30 years; reaching middle-income status by the year 2017. Acknowledging the National Development Plan, the National Employment Policy, the National Education Policy, the National Population Policy the National Population Policy Action Plan – all accord high importance to skills development as a means to raise productivity and incomes and enhance competitiveness of the economy especially for the youth.

Skills development in Uganda is hinged on the Business, Technical, Vocational Education and Training (BTVET) Act of 2008 and the National Education Policy in which the major theme

behind the various education and training instruments is that; skilling and training policies must be informed by a prudent functional labour market information system.

However, it should be noted that youth and young people are still faced with a number of challenges that urgently demand Government attention as well as other stakeholders. These challenges include; inappropriate educational training skills, youth unemployment, an increased number of mothers with children on the streets, the need for young mothers to return to school and an alarming increase of teenage pregnancies among others.

On the other hand, there are mushrooming institutions/schools/orphanages claiming to be taking care of HIV/AIDS orphans and other vulnerable children but instead are abusing the rights of orphans. There are currently no coordinated efforts to respond to the needs of young people in Uganda.

1.4.4 Persons Living With HIV/ AIDS

The pioneering work of PLWHA and their spirited fight, both against the stigma of HIV/AIDS and for the right to care and treatment, have shaped the Uganda HIV/AIDS agenda. By late 1986, the stigma of HIV/AIDS was rife and reportedly even higher among health care workers than the general public (Kaleeba et al. 2000). As a result, The AIDS Support Organization (TASO) was founded in 1987 by a group of 15 volunteer PLWHA and caregivers to expand services for psycho-social and medical support to help overcome the secrecy associated with HIV/AIDS.

To date, according to the Uganda AIDS Indicator Survey, 2011, there are about 1,500,000 Ugandans living with HIV/AIDS. Of this population, 7.2 % of them are in their reproductive age (15-49), which has a direct implication on the future children who will be born if nothing is done to save children from HIV AIDS at birth as well as contributing to the number of orphaned children in the country. Those aged 15 years and above are about 1,200,000 of whom 670,000 are women and 190,000 are children below 15 years.

In 2011, Uganda had lost an average of 62,000 people to HIV/AIDS and the same disease has to date left about 1,100,000 orphans aged 0-17 years. The situation above indisputably demonstrates that HIV infection remains a significant public health problem for Uganda and directly impedes development and this calls for action for all stakeholders in the development arena.

1.4.4.1 Specific Policy and Legislation Synopsis of People Living With HIV AIDS in Uganda

In 1993, the Uganda AIDS Commission (UAC) drafted guidelines for an HIV/AIDS policy. In 1996, the process of review of the 1993 policy guidelines was started. The completed draft was sent to the president's office in 1999 for completion of the legislative process. It was not until July 2007 that the –HIV/AIDS policy was put in place. The current present policy guidance on HIV/AIDS is missing in areas that need further attention to cater for the needs of special interest groups such as:

1. Departmental guidelines, implementation mechanisms and resource allocation to HIV/AIDS activities;
2. Protection of employee's rights to HIV/AIDS treatment and respect, and community level protection; and
3. Social security for widows and orphans from property grabbers.

Box 2: Collecting Scrap metals for a Living

Collecting Scrap metals for a Living

On a daily basis, more than 20 boys aged between 8 and 14 years swarm different scrap business centres in Kibe Zone along Mambule Road in Kawempe Division, Kampala Capital City Authority (KCCA).

The main source of livelihood for these boys is collecting scrap metals and selling it to willing buyers. A kilogramme of scrap goes for Ushs.700. These children have resisted attempts by their parents and relatives to take them back home.

The area Local Council Chairman who is also a mechanic, Charles Kadali, says that at first many garage owners were hostile to the children fearing that they would steal their items. But Kadali saw no harm in allowing the children to eke a living from the obsolete vehicles parked in front of his shop. Later, other members of the community allowed these children to stay around provided they shower and wash regularly.

Twelve-year-old Ceasar came from Arua district with his mother to enroll in school. However, he dropped out in Primary Two and ran away from home. Ceasar's troubles started when his father sent him to a drug shop. The boy bought the wrong drugs and to escape his father's wrath, Caesar ran away from home.

Like the other boys in this area, Ceasar wakes up before 6.00 a.m. every day to comb every corner of the village picking whatever is considered useless. On average, the boys pick scrap metals worth Ushs. 4,000 - 8,000/= daily. From this, those who can afford pay rent and buy supper which is mainly fried rice. Sometimes the older boys steal the earnings of the weaklings.

Eric, 14 is the oldest in the group and therefore the leader. He came from Jjandira village in Mpigi district. Eric dropped out in Primary Five after losing interest in school. He resorted to picking scrap metals for a living. Unlike his colleagues who sleep in abandoned old cars, Eric stays with his mother in Kyebando. He wakes up very early to join the group to search for scrap metals. With an average daily income of Ushs. 8,000/=, Eric hopes to save some money to train as a mechanic which costs about Ushs. 500,000. For the time being, Eric has bought a goat and seven chickens which he hopes to sell later to boost his income.

Deus, 13 is from Hoima and dropped out of school in Primary Six, claiming harassment from the parents. He has been sleeping in an old car for one-and half years. Deus occasionally suffers from malaria, headache and stomach upsets. He shares the car with Yusuf 13, who says he just felt bored staying at home in Mityana and decided to find his way to the city.

Apart from selling scrap metals , the boys do petty jobs in the garages like helping the mechanics to cut out spare parts or lift machines. However, some people don't want to pay the boys or pay less than what is agreed upon before doing the assignment.

On a bad day, the boys may earn as little as Ushs. 4,000. They also have to contend with some hostile residents. Some boys get knocked down by boda boda riders while others get pierced by sharp object especially those without shoes. Extreme weather conditions are also another challenge to contend with. Some boys have got used to the harsh conditions and never fall sick.

The outstanding challenge with the policy guidelines like most policy documents is that they cannot be traced to the different departments, implying inadequate implementation. Others merely mention HIV/AIDS without outlining practical strategies or identifying resources for implementing the HIV/AIDS component.

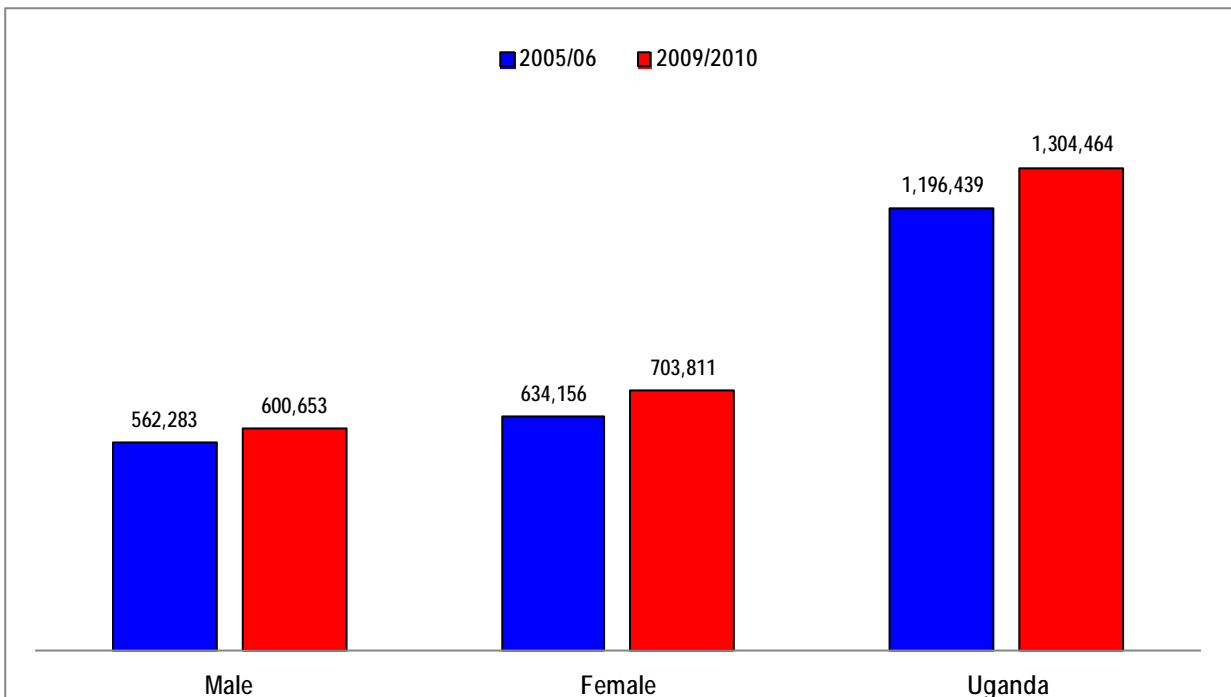
1.4.5 The Elderly

Older persons of today were the younger persons of yesterday, while the younger persons of today shall be the older persons of tomorrow. According to UN, an older person is one who is aged 60 years and above. The Uganda National Population and Housing Census indicate that 4.5% of Uganda’s population is made up of older persons (approximately 1,101,039 persons). It was projected to be 6.5% by 2006 and 20% by 2020. Further, publications show that 85% of the older persons in rural areas are living in absolute chronic poverty (TAFU 2008). In Uganda like in the rest of Africa, the family is still the most central institution for caring for older persons, supplemented by kinship networks and mutual aid societies.

Older persons are generally too weak to perform productive work and are economically dependent on others, i.e. children, relatives and neighbors among others to survive. Some of them are faced with challenges of isolation, elder abuse (rape and property grabbing), looking after grandchildren especially orphans. Nearly, 50% of orphaned grandchildren are staying with their grandparents (TAFU, 2008) and these forces them to sell their property, do casual labour, and avoid hospital admissions, scavenging on garbage or begging to meet their needs. This condition leaves the elderly in Uganda in a precarious condition and therefore need to be protected by Government against adverse shocks of life so that they can live meaningful lives and **equally contribute to development.**

Programmes and policies for older persons are enshrined in the 1995 Constitution of the Republic of Uganda (Article 32), which states, “The state shall make reasonable provision for the welfare and maintenance of the elderly”. Older persons in Uganda are also catered for in the Equal Opportunities Act, 2006 and the National Policy for Older Persons.

Figure 1.3: Characteristics of Older Persons in Uganda, 2005/2010



Source: UNHS 2005/6, 2009/10

Figure 1.3 above shows that the number of older males increased from 562,283 in 2005/06 to 600,653 in 2009/10, while that of older females increased from 634,156 in 2005/06 to 703,811 in 2009/10. The total number of older persons increased from 1,196,439 in 2005/06 to 1,304,464 in 2009/10. The increase in older persons in Uganda can be explained by the increase in life

expectancy as well as the general improvements in standards of living for the population. This is a result of various Government programmes that have been implemented aimed at improving the welfare of the population.

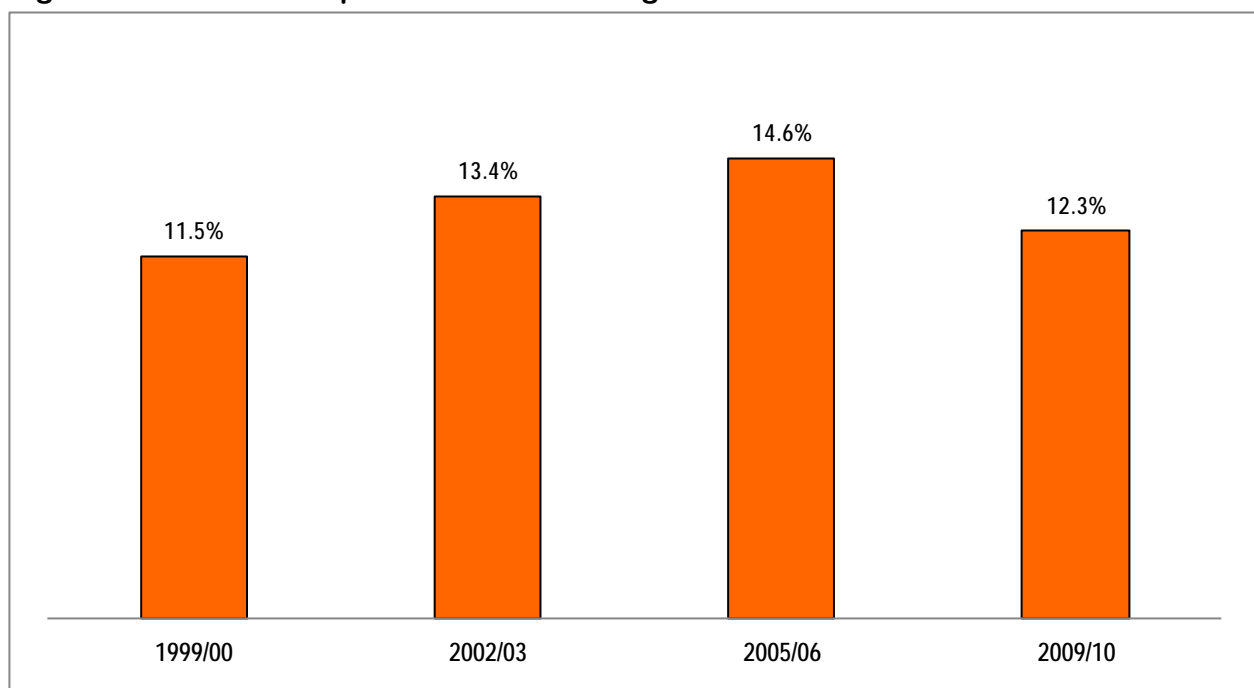
1.4.6 Orphans and Vulnerable Children

The most vulnerable children in Uganda include those without families and may not be orphans. Vulnerability of children is also evidenced in households of adults and children that may or may not contain an orphan. This precarious condition is a clear impact of vulnerability in Uganda’s current context of HIV/AIDS, poverty and gender.

With the population of Uganda estimated at 35.4 million persons and population growth rate of 3.2 percent per annum and more than half below 18 years, the country is immensely affected by overdependence, which stifles development (UBOS, 2007). As a result the well being of such a population is affected through problems of poverty, low resource base that puts significant pressure on the delivery of basic social services, particularly to children; demand for health services is growing while access to health services at the community level remains limited.

Figure 1.4 below shows that the proportion of orphans increased from 11.5 % in 1999/00 to 13.4 % in 2002/03 and peaked at 14.6% in 2005/06 before declining to 12.3% in 2009/10.

Figure 1.4: Percent Orphanhood Rates in Uganda



Source: UNHS, 2009/2010

Primary school retention remains a challenge for the Government due to high dropout rates. Consequently, the transition rate from primary to post-primary and tertiary levels has been low and very few children are now likely to complete primary and continue to higher levels of education.

The Orphans and Vulnerable Children Situation Analysis Report, 2009 estimated that nearly half (48%) of all Ugandan orphans are a result of HIV/AIDS. Up to 43% of all children (7.3 million) live in moderately vulnerable situation, while 8 % (1.3 million) live in critically vulnerable situation. Approximately 14 percent of children in Uganda below 18 years of age are orphans,

among those, 20 percent of children 6–17 years are orphans. Even if the fresh HIV infections ceased today, the population already infected constitutes a massive potential for swelling the number of orphans in the country.

Ugandan communities have traditionally absorbed orphans within the extended family system. One in four households in Uganda fosters at least one orphan by providing for health, shelter, nutrition, education and other needs. However, many of these care-givers are overburdened and often lack the socio-economic capacity to provide adequate care and support for these children. Community organizations, religious bodies and other civil society members have stepped in by providing information, vocational skills training, basic education, medical care, and counseling and micro-credit services. These groups too, often lack the human and financial resources to adequately respond to the problem.

Many children who are orphaned are forced to live on the streets or under exploitative conditions of labour, sexual abuse, prostitution and other forms of abuse. Many live in child-headed households where they have to fend for themselves and support their younger siblings. Some of these children are infected with HIV either through mother-to-child transmission or through defilement.

1.4.6.1 Specific Policy and Legislation Synopsis of Orphans and Vulnerable Children

Uganda has shown its commitment to the welfare of children through adoption and implementation of both national and international policy and legal instruments that concern children. Two key legal instruments in this regard are the Constitution of the Republic of Uganda (1995) and the Children's Act (2003).

The Constitution of the Republic of Uganda (1995) is the overriding national legal framework for ensuring that the rights of children and the general population are protected. The Constitution provides special protection to children in general and vulnerable children in particular. It makes specific mention of the rights of children to know and to be cared for by their parents or guardians, access medical treatment, and be protected from all forms of exploitation and abuse.

The Children's Act (2003) operationalized constitutional issues concerning children in Uganda. Other relevant legislations include the National Council for Children Statute (1996), the National Youth Council Act (2003), the Penal Code Act (Cap.160), the Local Governments Act (1997), and the Succession Act (1964).

The Government of Uganda through the Ministry of Gender, Labour and Social Development (MoGLSD) is mandated to promote social protection of poor and vulnerable children. Such children include orphans, those who leave on the streets, those that toil under exploitative conditions of labour as well as those that suffer sexual abuse and other forms of discrimination. The National Orphans and Other Vulnerable Children Policy (NOP), was developed to contribute to the improvement of the quality of life of such children and their families.



Source: POPSEC File Photo of a vulnerable child surviving by gathering and selling scrap metals in Kawempe

1.5 Conclusion

This chapter set out to highlight issues of Special Interest Groups in Uganda and their contribution to socio-economic transformation of the country. Many of the current development efforts, even if deemed to have been successful in Uganda, have not included a sufficiently pro-equity perspective. This is obvious from a variety of perspectives as evidenced by the facts presented regarding special interest groups in Uganda. Providing tools and developing the human resources capacity to support the local and inclusive development and distribution of relevant content is one important way to help initiate a positive spiral of sustainable development.

1.6 Policy Recommendations

A pro-equity approach to achieve inclusive development is needed and this could be achieved through the following ways;

1. A twin-track approach in the overall strategy for special interest groups is recommended. The first approach is mainstreaming social development concerns through working with and supporting policy and programme formulation and delivery of services by government, individual ministries, civil and private sector actors. The intention is to support these sectors to integrate and address the needs and concerns of special interest groups such as equality, rights and participation of the poor and vulnerable. The second approach is targeted direct interventions to ensure that the interests and needs of special interest groups are addressed and that those not currently benefiting from development are given the opportunity to do so.
2. There is need to transparently collecting data on who comprises the special Interest groups' population target, and where this population fits into the national fabric and policy of poverty reduction. For example, what is the demographic breakdown of the Special Interest Groups by gender, language, ethnicity, age, location, and income relative to the rest of the national population?
3. It is important to draw from any conclusions about both policy formation and program implementation that can address pro-equity issues. Government needs to keep in mind the fundamental reality that effective programmes can be found well coordinated and supported to address the needs of special interest groups. Policy makers need to be encouraged to advocate strongly for interventions towards special interest groups using empirical data from anecdote and observation which are worth greater investments to meet the needs of special interest groups as well as sustainable.
4. Much can and needs to be done to support pro-equity and pro-inclusive national development efforts that will benefit and be inclusive to all citizens of Uganda. As Margaret Mead famously said: "Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has." In a parallel fashion, it is only through a small set of credible studies aligned with policy prerogatives (such as the MDGs) that national policy change can take place in a guided fashion to be inclusive of the voiceless citizens like the special interest groups. This is the pro-equity challenge, a core component of what Government of Uganda should be striving to achieve.
5. In regard to PLWHA, more focused and prioritized attention to key geographic areas and communities, based on appropriate surveys, can strengthen both national and local responses to the HIV/AIDS epidemic.
6. Sensitization of the wider community, besides PLWHA and PWDs among other special interest groups and institutions that have a stake in their welfare, will reduce stigma and increase their being appreciated and valued as people who can contribute to socio-economic development when given chance.
7. Government needs to develop and implement social protection systems to respond to the specific needs of these vulnerable groups. For the vulnerable youth and other able bodied persons, social protection interventions could be channeled through public works schemes.

CHAPTER 2

DISABILITY AND VULNERABILITY IN UGANDA



Source: Disability Art Project File Photo showing Persons with Disabilities producing pieces of Art and Craft Products for Sale in Uganda

2.1 Introduction:

Disability is part of the human condition. Almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning. Disability is complex and the interventions required to overcome disability disadvantage are multiple, systemic, and will vary depending on context.

The United Nations *Convention on the Rights of Persons with Disabilities* (CRPD), adopted in 2006, aims to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity” It reflects the major shift in global understanding and responses towards disability. Many people with disabilities do not have equal access to health care, education, and employment opportunities, do not receive the disability-related services that they require, and experience exclusion from everyday life activities. Following the entry into force of the United Nations *Convention on the Rights of Persons with Disabilities* (CRPD), disability is increasingly understood as a human rights issue. Disability is also an important development issue with an increasing body of evidence showing that persons with disabilities experience worse socio-economic outcomes and poverty than persons without disabilities.

Despite the magnitude of the issue, both awareness of and scientific information on disability issues are lacking. There is no agreement on definitions and little internationally comparable information on the incidence, distribution and trends of disability. There are few documents providing a compilation and analysis of the ways countries have developed policies and responses to address the needs of people with disabilities.

2.2 Understanding Disability

Disability is part of the human condition. Almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning. Most extended families have a disabled member, and many non-disabled people take responsibility for supporting and caring for their relatives and friends with disabilities. Every epoch has faced the moral and political issue of how best to include and support people with disabilities. This issue will become more acute as the demographics of societies change and more people live to an old age.

Responses to disability have changed since the 1970s, prompted largely by the self-organization of people with disabilities and by the growing tendency to see disability as a human rights issue. Historically, people with disabilities have largely been provided for through solutions that segregate them, such as residential institutions and special schools. Policy has now shifted towards community and educational inclusion, and medically-focused solutions have given way to more interactive approaches recognizing that people are disabled by environmental factors as well as by their bodies. National and international initiatives such as the United Nations *Standard Rules on the Equalization of Opportunities of Persons with Disabilities* have incorporated the human rights of people with disabilities, culminating in 2006 with the adoption of the United Nations *Convention on the Rights of Persons with Disabilities* (CRPD).

2.3 Defining Disability

Disability is complex, dynamic, multidimensional, and contested. Over recent decades, the disabled people's movement together with numerous researchers from the social and health sciences has identified the role of social and physical barriers in disability. The transition from an individual, medical perspective to a structural, social perspective has been described as the shift from a "medical model" to a "social model" in which people are viewed as being disabled by society rather than by their bodies.

The medical model and the social model are often presented as dichotomous, but disability should be viewed neither as purely medical nor as purely social: persons with disabilities can often experience problems arising from their health condition. A balanced approach is needed, giving appropriate weight to the different aspects of disability.

The International Classification of Functioning, Disability and Health (ICF), adopted as the conceptual framework for the *World report on Disability*, understands functioning and disability as a dynamic interaction between health conditions and contextual factors, both personal and environmental. Promoted as a "bio-psycho-social model", it represents a workable compromise between medical and social models. Disability is the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors).

The Preamble to the CRPD acknowledges that disability is "an evolving concept", but also stresses that "disability results from the interaction between persons with impairments and

attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others”. Defining disability as an interaction means that “disability” is not an attribute of the person. Progress on improving social participation can be made by addressing the barriers which hinder persons with disabilities in their day to day lives.

2.4 Environment and Disability

A person’s environment has a huge impact on the experience and extent of disability. Inaccessible environments create disability by creating barriers to participation and inclusion. Examples of the possible negative impact of the environment include:

- A deaf individual without a sign language interpreter
- A wheelchair user in a building without an accessible bathroom or elevator
- A blind person using a computer without screen-reading software.

Health is also affected by environmental factors, such as safe water and sanitation, nutrition, poverty, working conditions, climate, or access to health care. As the World Health Organization (WHO) Commission on Social Determinants of Health has argued, inequality is a major cause of poor health, and hence of disability.

The environment may be changed to improve health conditions, prevent impairments, and improve outcomes for persons with disabilities. Such changes can be brought about by legislation, policy changes, capacity building, or technological developments leading to, for instance:

- Accessible design of the built environment and transport;
- Signage to benefit people with sensory impairments;
- More accessible health, rehabilitation, education, and support services;
- More opportunities for work and employment for persons with disabilities.

Environmental factors include a wider set of issues than simply physical and information access. Policies and service delivery systems, including the rules underlying service provision, can also be obstacles.

2.5 The Diversity of Disability

The disability experience resulting from the interaction of health conditions, personal factors, and environmental factors varies greatly. With severe arthritis, or the older person with dementia, among many others. Health conditions can be visible or invisible; temporary or long term; static, episodic, or degenerating; painful or inconsequential. Note that many people with disabilities do not consider themselves to be unhealthy. For example, 40% of people with severe or profound disability who responded to the 2007–2008 Australian National Health Survey rated their health as good, very good, or excellent.

Generalizations about “disability” or “people with disabilities” can mislead. Persons with disabilities have diverse personal factors with differences in gender, age, socio-economic status, sexuality, ethnicity, or cultural heritage. Each has his or her personal preferences and responses to disability. Also while disability correlates with disadvantage, not all people with disabilities are equally disadvantaged. Women with disabilities experience the combined disadvantages associated with gender as well as disability, and may be less likely to marry than non-disabled women. People who experience mental health conditions or intellectual impairments appear to be more disadvantaged in many settings than those who experience physical or sensory impairments. People with more severe impairments often experience greater disadvantage, as

shown by evidence ranging from rural Guatemala to employment data from Europe. Conversely, wealth and status can help overcome activity limitations and participation restrictions.

2.6 Disability and Human Rights

Disability is a human rights issue because:

- People with disabilities experience inequalities for example, when they are denied equal access to health care, employment, education, or political participation because of their disability.
- People with disabilities are subject to violations of dignity for example, when they are subjected to violence, abuse, prejudice, or disrespect because of their disability.
- Some people with disability are denied autonomy – for example, when they are subjected to involuntary sterilization, or when they are confined in institutions against their will, or when they are regarded as legally incompetent because of their disability.

A range of international documents have highlighted that disability is a human rights issue, including the World Programme of Action Concerning Disabled People (1982), the Convention on the Rights of the Child (1989), and the Standard Rules on the Equalization of Opportunities for People with Disabilities (1993). More than 40 nations adopted disability discrimination legislation during the 1990s. The CRPD the most recent and the most extensive recognition of the human rights of persons with disabilities outlines the civil, cultural, political, social, and economic rights of persons with disabilities . Its purpose is to “promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by people with disabilities and to promote respect for their inherent dignity”.

The CRPD applies human rights to disability, thus making general human rights specific to persons with disabilities, and clarifying existing international law regarding disability. Even if a state does not ratify the CRPD, it helps interpret other human rights conventions to which the state is party. Article 3 of the CRPD outlines the following general principles:

1. Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons;
2. Non discrimination;
3. Full and effective participation and inclusion in society;
4. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
5. Equality of opportunity;
6. Accessibility;
7. Equality between men and women; respect for the evolving capacities of children with disabilities and
8. Respect for the right of children with disabilities to preserve their identities.

States ratifying the CRPD have a range of general obligations. Among other things, they undertake to:

1. Adopt legislation and other appropriate administrative measures where needed;
2. Modify or repeal laws, customs, or practices that discriminate directly or indirectly;
3. Include disability in all relevant policies and programmes;
4. Refrain from any act or practice inconsistent with the CRPD;
5. Take all appropriate measures to eliminate discrimination against persons with disabilities by any person, organization, or private enterprise.

2.7 Disability and Development

Disability is a development issue, because of its bidirectional link to poverty: disability may increase the risk of poverty, and poverty may increase the risk of disability. A growing body of empirical evidence from across the world indicates that people with disabilities and their families are more likely to experience economic and social disadvantage than those without disability.

The onset of disability may lead to the worsening of social and economic well-being and poverty through a multitude of channels including the adverse impact on education, employment, earnings, and increased expenditures related to disability. Children with disabilities are less likely to attend school, thus experiencing limited opportunities for human capital formation and facing reduced employment opportunities and decreased productivity in adulthood. People with disabilities are more likely to be unemployed and generally earn less even when employed. Both employment and income outcomes appear to worsen with the severity of the disability. It is harder for people with disabilities to benefit from development and escape from poverty due to discrimination in employment, limited access to transport, and lack of access to resources to promote self-employment and livelihood activities.

People with disabilities may have extra costs resulting from disability such as costs associated with medical care or assistive devices, or the need for personal support and assistance and thus often require more resources to achieve the same outcomes as non-disabled people. This is what Amartya Sen has called “conversion handicap”. Because of higher costs, people with disabilities and their households are likely to be poorer than non-disabled people with similar incomes.

Households with a disabled member are more likely to experience material hardship including food insecurity, poor housing, lack of access to safe water and sanitation, and inadequate access to health care. Poverty may increase the risk of disability. A study of 56 developing countries found that the poor experienced worse health than the better off. Poverty may lead to the onset of a health conditions associated with disability including through: low birth weight, malnutrition, lack of clean water or adequate sanitation, unsafe work and living conditions, and injuries. Poverty may increase the likelihood that a person with an existing health condition becomes disabled, for example, by an inaccessible environment or lack of access to appropriate health and rehabilitation services.

Amartya Sen’s capabilities approach offers a helpful theoretical underpinning to understanding development, which can be of particular value for the disability human rights field and is compatible with the International Classification of Functioning, Disability and Health (ICF) and the social model of disability. It moves beyond traditional economic measures such as GDP, or concepts of utility, to emphasize human rights and “development as freedom”, promoting the understanding that the poverty of people with disabilities and other disadvantaged peoples comprises social exclusion and disempowerment, not just lack of material resources. It emphasizes the diversity of aspirations and choices that different people with disabilities might hold in different cultures. It also resolves the paradox that many people with disabilities express that they have a good quality of life, perhaps because they have succeeded in adapting to their situation. As Sen has argued, this does not mean that it is not necessary to address what can be objectively assessed as their unmet needs.

The capabilities approach also helps in understanding the obligations that states owe to individuals to ensure that they flourish, exercise agency, and reach their potential as human beings. The CRPD specifies these obligations to persons with disabilities, emphasizing development and measures to promote the participation and well-being of people with

disabilities worldwide. It stresses the need to address disability in all programming rather than as a stand-alone thematic issue. Moreover, its Article 32 is the only international human rights treaty article promoting measures for international cooperation that include, and are accessible to, persons with disabilities.

2.8 The Millennium Development Goals and Disability

The Millennium Development Goals (MDGs) agreed on by the international community in 2000 and endorsed by 189 countries are a unified set of development objectives addressing the needs of the world's poorest and most marginalized people, and are supposed to be achieved by 2015.

The goals are:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development.

The MDGs are a contract between developing and developed nations. They recognize the efforts that must be taken by developing countries themselves, as well as the contribution that developed countries need to make through trade, development assistance, debt relief, access to essential medicines, and technology transfer. While some of the background documents explicitly mention people with disabilities, they are not referred to in the MDGs, or in the material generated as part of the process to achieve them. The 2010 MDG report is the first to mention disabilities, noting the limited opportunities facing children with disabilities, and the link between disability and marginalization in education. The Ministerial Declaration of July 2010 recognizes disability as a cross-cutting issue essential for the attainment of the MDGs, emphasizing the need to ensure that women and girls with disabilities are not subject to multiple or aggravated forms of discrimination, or excluded from participation in the implementation of the MDGs. The United Nations General Assembly has highlighted the invisibility of persons with disabilities in official statistics. The General Assembly concluded its High Level Meeting on the MDGs in September 2010 by adopting the resolution "Keeping the promise: united to achieve the Millennium Development Goals," which recognizes that "policies and actions must also focus on persons with disabilities, so that they benefit from progress towards achieving the MDGs"

2.9 Conclusion

The number of people with disabilities is growing. There is a higher risk of disability at older ages, and national populations are growing older at unprecedented rates. There is also a global increase in chronic health conditions, such as diabetes, cardiovascular diseases, and mental disorders, which will influence the nature and prevalence of disability. Patterns of disability in a particular country Uganda inclusive are influenced by trends in health conditions and trends in environmental and other factors such as road traffic crashes, natural disasters, conflict, diet, and substance abuse. Disability disproportionately affects vulnerable populations. According to the World report on disability there is higher disability prevalence in lower-income countries than in higher income countries. People from the poorest wealth quintile, women, and older people have a higher prevalence of disability. People who have a low income, are out of work, or have low educational qualifications are at an increased risk of disability. Data from selected countries show that children from poorer households and those in ethnic minority groups are at significantly higher risk of disability than other children (*World Report on Disability 2011*).

2.10 Policy Recommendations

1. Government should enable and strengthen access to all mainstream policies, systems and services.
2. Government and other stakeholders should invest in specific programmes and services for people with disabilities.
3. Government should operationalize the National Disability Strategy and Plan of Action
4. Involve people with disabilities.
5. The Government and other stakeholders should provide adequate funding and improve affordability.
6. Government should improve disability data collection so that a clear picture of the extent of the problem is appreciated and dealt with.

CHAPTER 3

ORPHANS AND OTHER VULNERABLE CHILDREN



Source: Global Giving Foundation file Photo – Photograph showing Orphan and Vulnerable Children in Kayunga District, Uganda

3.1 Introduction

This chapter discusses the issues related to Orphans and other Vulnerable (OVC) which is one of the special interest groups that need special attention. It defines OVC, categories of OVC, drivers of vulnerability, and the current situation of OVC in Uganda. It also looks at different policies, guidelines and plans/interventions for protecting and helping OVC and their families out of their vulnerable situation. The chapter ends by discussing coping strategies for OVC and their households and gives policy recommendation for improving on the situation of OVC and their households

3.2 Background

The 1995 constitution of Republic of Uganda defines a child as someone below the age of 18 years. The National Orphans and Vulnerable Children (OVC) Policy (NOP-2004) defines an orphan as someone below age of 18 years who has lost one or both parents. The National Strategic Programme Plan of Interventions for Orphaned and Other Vulnerable Children (NSPPI) defines a vulnerable child as one who is suffering and/or is likely to suffer any form of abuse or deprivation and is therefore in need of care and protection.

According to the Social Development Sector Strategic Investment Plan (SDIP)¹ vulnerability relates to lack of security, susceptibility to risk and/or exploitation. It is a measure of resilience

¹ MGLSD, Social Development Sector Strategic Investment Plan for Development (SDIP), 2011/12-2015/16

of individuals, households and communities to withstand any shock that might result in increased poverty. The SDIP further categorizes vulnerable groups among others to include asset-less widows, female-headed households, child-headed households, older persons, child labourers, and persons with disabilities. Vulnerability refers to the risk of falling into poverty and perpetually living in a condition of impoverishment (NDP)².

3.3 Categories of Orphans and other Vulnerable

The Situation Analysis 2010 categorized Orphans and other Vulnerable (OVC) into three broad groups namely; i) the critically vulnerable ii) the moderately vulnerable and iii) the generally vulnerable. The NSPPI-2 is designed to target particularly the critically and moderately vulnerable children who constitute 51% of children’s population in Uganda. The criteria currently used in Uganda by the National OVC Policy (NOP) and National Strategic Programme Plan of Interventions for Orphaned and Other Vulnerable Children (NSPPI) to identify vulnerable children are table 1 below.

3.4 Rationale for focus on Orphans and other Vulnerable

One of the principles of the National Population Policy (2008) is “Recognition of the rights and responsibilities of the young people, the children, women, the elderly, people with disabilities and the displaced persons and their special needs”. According to the UNHS (2009/2010), children constituted 57.4% of Uganda’s total population of 30.7 million which is about 17.1 million. The Situation Analysis (2010) found out that 51% (8.1 million) of the children are either critically or moderately vulnerable. UNICEF/UNAIDS report (2004) stresses that without adequate collective action, the burden of OVC is likely to diminish development prospects, reduce school enrolment and increase social inequity and instability. This calls for urgent attention of the category of our population.

Table 1: Categories of Orphans and other Vulnerable

Critically Vulnerable	Moderately Vulnerable
<ul style="list-style-type: none"> • Orphans whose rights are not fulfilled • Children infected and/or affected by HIV/AIDS • Children with disabilities • Street children/abandoned children and/or neglected children • Children in contact with the law • Children in child headed households • Children in worst forms of child labour (commercial sex exploitation, illicit activities, paid domestic work, work that interferes with school attendance) • Children in armed conflict (captives or child soldiers, internally displaced, ex combatants) • Children experiencing various forms of abuse and violence (survivors of sexual violence, children in abusive homes or institutions) 	<ul style="list-style-type: none"> • Children out of school • Child mothers • Children in poverty stricken (impoverished) households • Children living with the elderly, and/or parents/guardians with severe disabilities • Children in hard to reach areas (fishing communities, mountainous areas, nomadic communities)

Source: NSPPI2 (2011-2016)

3.5 Drivers of Child Vulnerability

According to the Situation analysis 2010, the major causes of child vulnerability include poverty, armed conflict, HIV/AIDS and other diseases. In most situations where parents pass on, children have no fallback positions thus increasing their vulnerability.

² National Development plan (2010/2011-2014/2015)

In some communities, some aspects of culture are identified as contributory factors to child vulnerability. For example, cultures that promote early marriages exacerbate the problem of child-mothers who apart from being vulnerable, give birth to children who become vulnerable to various threats, sustaining a vulnerability cycle through generations. Inadequate adoption of modern family planning methods, coupled with the high fertility rate of 6.2 percent, has led to a high population growth rate of 3.2 percent which reinforces poverty and vulnerability as available resources are overstretched. NSPPI2 (2011-2016)

Social conditions related to housing; employment; health and sanitation; family relations, the care for the vulnerable and disadvantaged, especially the elderly, people with disabilities, women, children and orphans; are constrained by insufficient resources to significantly improve household incomes to meet basic needs³.

3.5.1 Linkage between HIV/AIDS and Orphans and other Vulnerable

The spread of HIV today constitutes the most serious public health and social problem in Sub-Saharan Africa, as well as being one of the leading causes of death. It is a phenomenon that has not only perpetuated the poverty cycle but also left a generation of children and young people highly exposed and vulnerable. When the family breadwinner falls ill or dies of an AIDS related illness, the equilibrium of the household is destroyed as household income and security are suddenly taken away. As the poverty level becomes more acute, health and nutrition deteriorate and children are forced to drop out of school early in order to care for family members or contribute financially to the household. This is an escalating reality for millions of children around the world, especially in Sub-Saharan Africa, who become vulnerable to exploitation and abuse⁴. HIV/AIDS can affect children in the following way:

1. Those who become orphans when parents die of to AIDS.
2. Those whose parents are HIV positive and weak to work may drop out of school due to lack of school fees.
3. Children may also drop out of school to provide care to their loved ones.
4. In other cases children are born with HIV and have to cope with the reality of ART, stigma and chronic opportunistic infections.
5. Some children get to be persons with disability due to the effects of HIV and AIDS.
6. Girl children are vulnerable targets by HIV positive men who believe that virgins heal AIDS.
7. Children providing care to their loved ones are often not provided with protective gear while handling the highly infectious body fluids of their loved ones such as in sanitary towels, vomit and diarrhea.
8. Poor girl children left to care for their siblings as household heads after the death of both parents often get the temptation to engage in promiscuity to raise support for their siblings and soon fall prey to HIV infection.

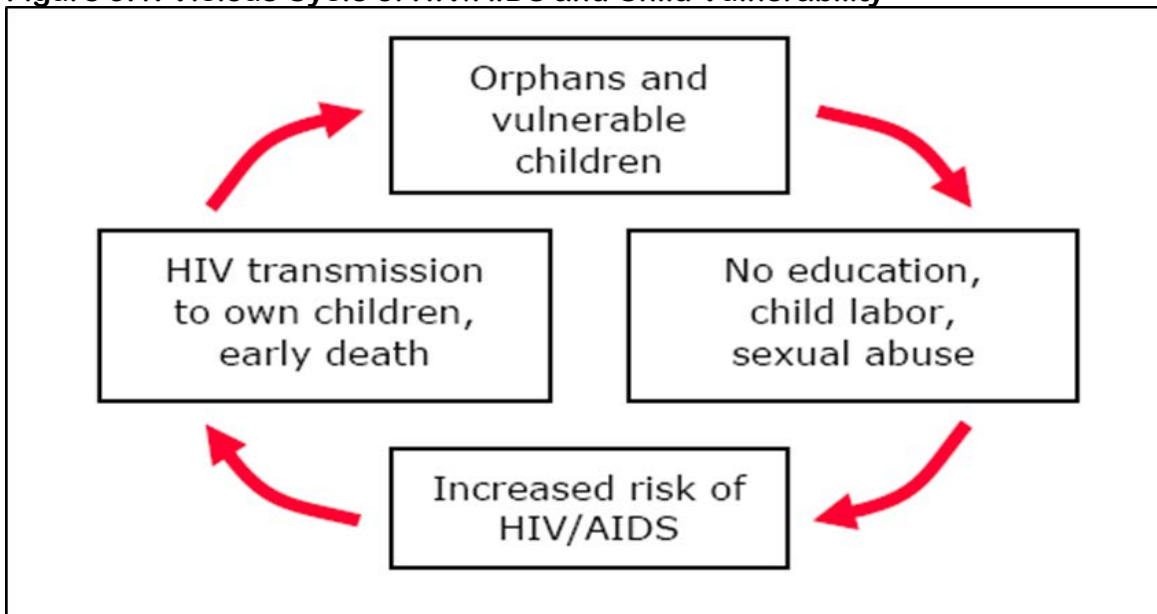
The loss of parents and guardians, financial difficulties and severe stigma related to HIV can push girls and boys into the world of work where, due to their vulnerable position, they can find themselves in dangerous, hazardous or illicit activities such as street-work, petty crime and commercial sexual exploitation, and at risk of falling victim to trafficking and abuse. These vulnerable boys and girls are at a heightened risk of contracting HIV themselves and completing the vicious cycle of HIV/AIDS and child vulnerability⁵ as indicated in Figures 3.1 and 3.2 below.

³ National Population Policy, 2008

⁴ MGLSD, Status of OVC Report, 2010

⁵ Vicious Circle of Vulnerability - OVC and Youth in relation to HIV and AIDS, 2009

Figure 3.1: Vicious Cycle of HIV/AIDS and Child Vulnerability



Adopted from a Vicious Circle of Vulnerability - OVC and Youth in relation to HIV and AIDS, 2009

3.5.2 Other drivers of Child Vulnerability

Rapid Population Growth and Children’s Vulnerability: Uganda’s population is currently growing at 3.2% per annum buttressed with fertility rate at 6.2 children per woman of reproductive age. As a result, the dependence ratio is above 110% which is one of the highest in the world. The phenomenon of teenage mothers has grown and evidence of poor childcare practices is manifested in high levels of morbidity and mortality, child abuse and neglect among others⁶

Declining Agricultural Productivity and Accelerated Vulnerability: Despite the sector share in Gross Domestic Production (GDP) of only 15% and reduced productivity, the share of employment in agriculture increased to 75.1 in 2005/06. This directly exacerbates children’s vulnerability since the highest proportion of vulnerable children live in rural areas that are predominantly dependent on agriculture. It is estimated that 52% (critically and moderately vulnerable), are in rural areas compared to 43% in urban areas⁷.

3.6 Situation of OVC in Uganda

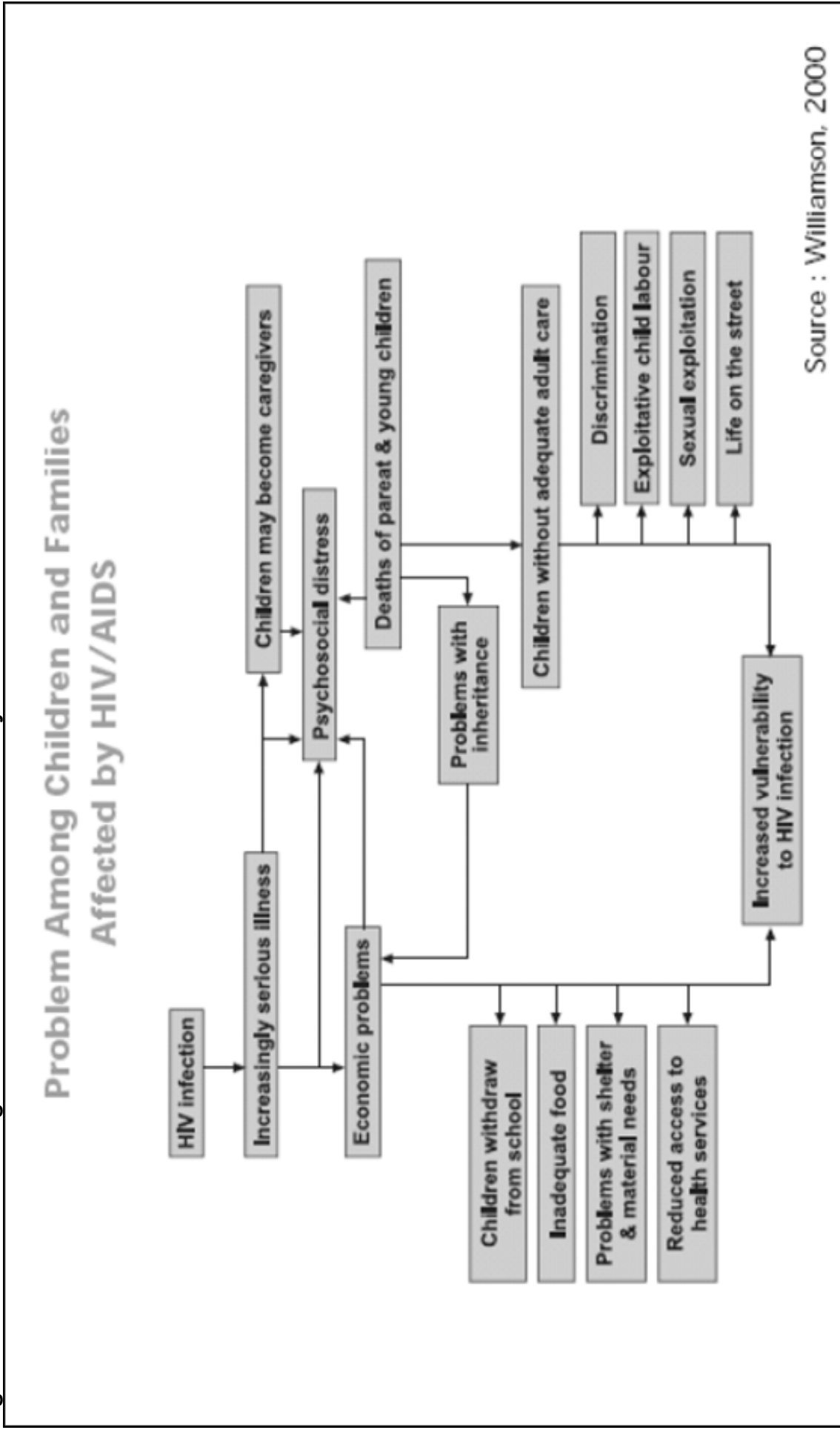
According to UNHS, 2009/2010, children constituted an estimated number of 17.1 million children below the age of 18 years which is about 57.4% of Uganda’s total population of 30.7 million people. Of these, 14% (2.43 million) are orphans of which 45.6% (1,108,080) of the orphans are due to HIV and AIDS. Approximately 51 percent (8.1 million children) are either critically or moderately vulnerable, while 63% live with caregivers other than their biological parents. Currently, at least one in every four households has an orphan and 3 million children live below the poverty line (OVC Situation Analysis 2010).

Although children’s vulnerability is widespread in all regions of Uganda, the magnitude is highest in post-conflict areas. Variations in vulnerability also tend to be associated with wealth distribution. There is more vulnerability in poorer regions of the north compared to the relatively stable parts of the country such as the central region. See Table 2 below.

⁶ MoGLSD, Status of OVC Report, 2010

⁷ MoGLSD, Status of OVC Report, 2010

Figure 3.2: Problems among Children and Families Affected by HIV/AIDS



Adopted from a *Vicious Circle of Vulnerability OVC and Youth in relation to HIV and AIDS*, 2009

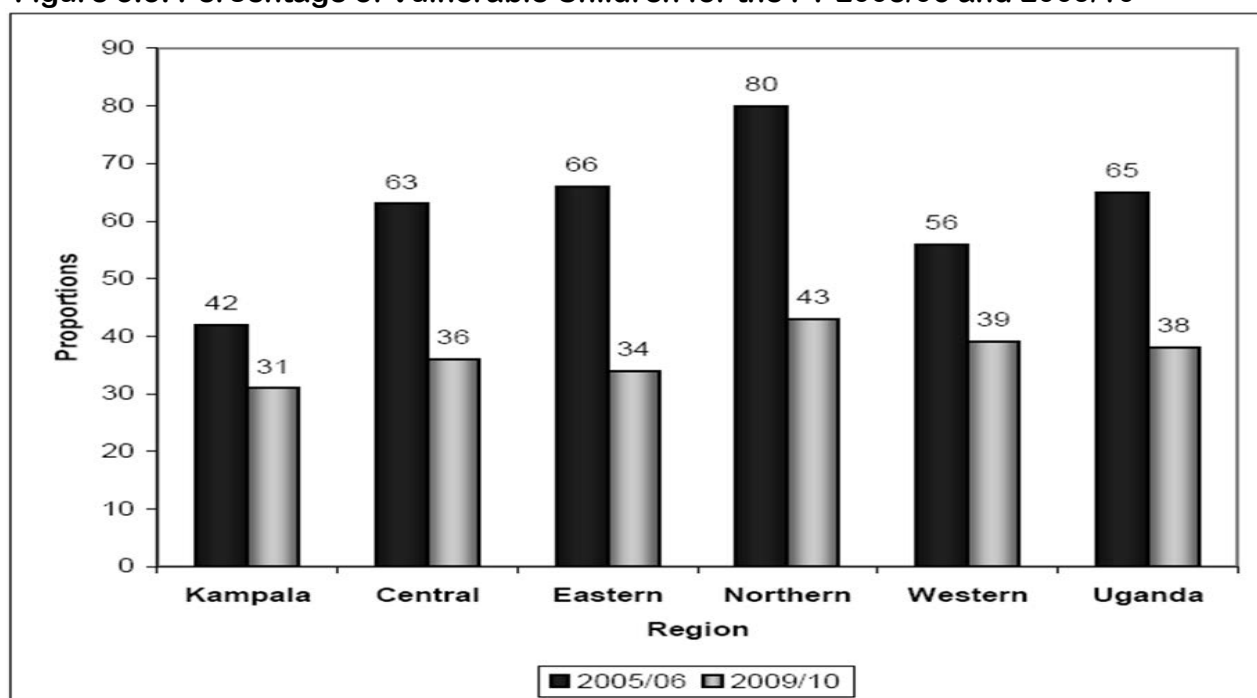
Table 2: Percent Regional Distribution of Vulnerable Children in Uganda

Region	Critically Vulnerable	Moderately Vulnerable	Generally Vulnerable	Total Vulnerability
Central	7.8	33.6	52.7	94.1
Eastern	7.5	45.5	43.8	96.8
North	9.3	53.6	35.9	98.8
Western	8.1	41.1	45.9	96.1
Average	8.1	42.9	45.1	96.1

Source: OVC Situational Analysis Report: MGLSD, 2010

According to Uganda National Household Survey 2009/10, 38% of the children aged 0-17 years were vulnerable. The Northern region registered the highest proportion (43%) of vulnerable children, while Kampala had the lowest (31%). It is worth noting that there were significant reductions in the proportions of vulnerable children across the two survey periods. Figure 3.3 was adopted from the Uganda National Household Survey 2009/10 and it shows percent of OVC per region for Financial Years 2005/06 and 2009/10

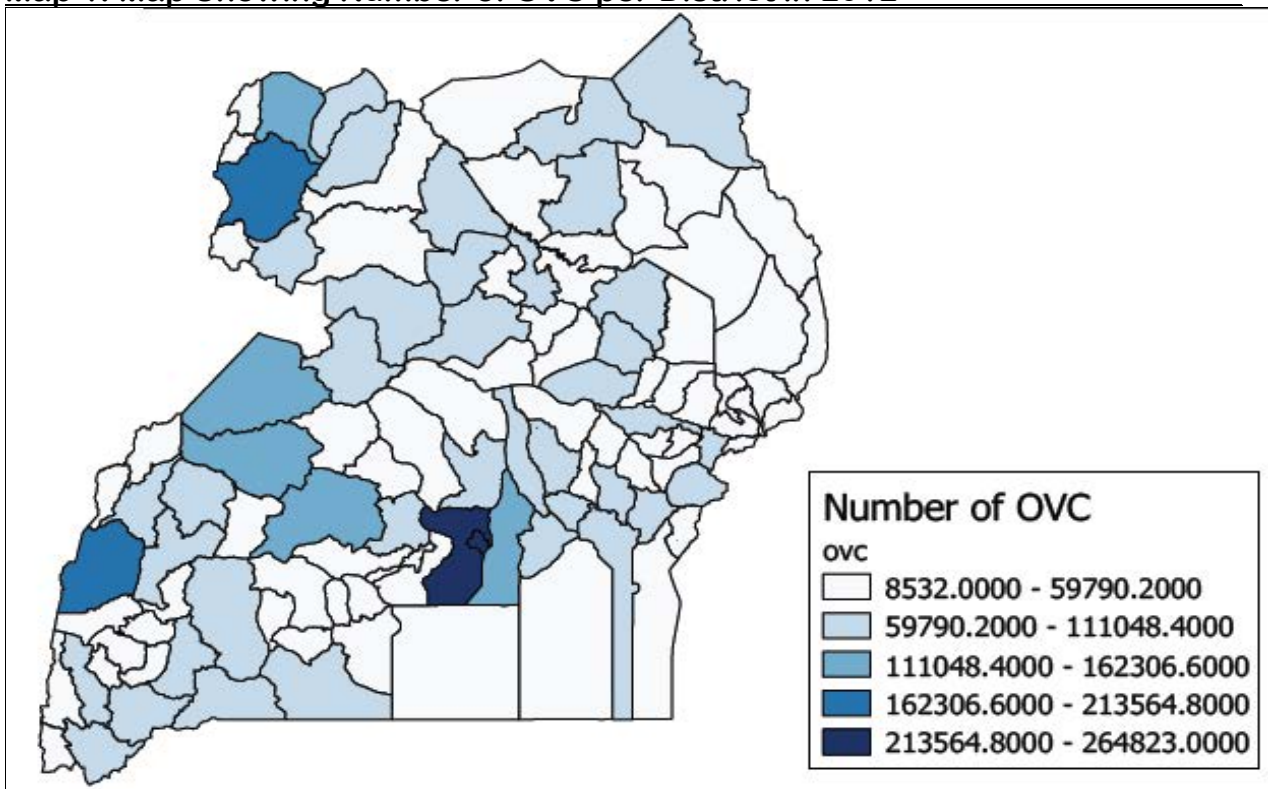
Figure 3.3: Percentage of Vulnerable Children for the FY 2005/06 and 2009/10



Adopted from Uganda National Household Survey 2009/10

Based on the above results and UBOS projections for 2012, the MoGLSD calculated working figures for OVC per district to help in planning process. Map 1 below shows distribution of OVC per district.

Map 1: Map Showing Number of OVC per District in 2012



Source: Author's calculated figures using 2012 UBOS projections and UNHS 2010 OVC prevalence rates

In October 2012, MoGLSD with support from UNICEF conducted a detailed OVC mapping exercise using the 3-factor criteria⁸ in the 32 new districts⁹. Table 3 above gives a summary of results from this mapping exercise.

3.7 Response to Address OVC Issues

3.7.1 International Commitments

Uganda has ratified a number of international and regional frameworks for the protection of children. These include among others:-

- a) The United Nations Conventions on the Rights of the Child and its Optional Protocols and Declarations on children;
- b) African Charter on the Rights and Welfare of the Child (1990);
- c) The UN General Assembly Special Session on HIV and AIDS (2000);
- d) The United Nations Millennium Declaration (2000); and
- e) The UN Convention on the Rights of Persons with Disability (2008)¹⁰.

The ratification of these frameworks obligates Uganda to initiate actions to achieve the targets on issues that affect children. Uganda has domesticated these frameworks into National policies, legislations and programmes.

3.7.2 National Commitments

The Uganda Constitution 1995 sets the space for the development of other legislations and policies for addressing the rights of children. Provisions in the Constitution have been entrenched in the Children's Act Cap 59¹¹; the Local Government Act (1997); the Prevention in

⁸ The 3-factor criteria is an OVC identification process based on vulnerability three factors; orphan-hood, out of school and disability. This criteria was found to identify 92% of OVC

⁹ Districts established in July 2010

¹⁰ NSPPI2, 2012

¹¹ The Children's Act Cap 59 is currently under final stages of revision

Trafficking of Persons Act (2009); the Police Act (2000); the Education Act (2008); the National Population Policy (2008); and the Employment Act (2006). Other key policies that have been passed which cover OVCs are the Child Labour Policy (2006); UPE and USE Policies; the Draft Employment Policy which will buttress the implementation of the National Child labour policy; and the National IDP Policy 2004¹².

In 1996 the GoU established the Child Statute, which provides a legal framework for the protection of children, stating that “children have a right to education, immunization, adequate diet, clothing, shelter, medical attention and not to be discriminated against, subjected to violence, abuse or neglect.” The Government also began encouraging communities to take orphaned children in their homes and care for them. In 1997, the GoU introduced free, Universal Primary Education (UPE)¹³.

The OVC national response in the country dates back to the years 2001/2002 when the Ministry of Gender, Labour and Social Development commissioned a study into the situation of Orphans in the country. The study found among other things that there were other categories of vulnerable children other than orphans as was presumed by the country before the study, these include: Children affected by conflict, Children abused or neglected, Children in conflict with the law, Children affected by HIV and other diseases, Children in need of alternative family care, Children affected by disability, Children in “hard to reach areas”, Children living in the worst forms of child labour, and Children Living on the streets

The Government of Uganda has prioritized the problem of orphaned and other vulnerable children by enacting policies and regulations, attempting to register vulnerable children, and undertaking various efforts to promote community support and fostering and to re-unite children in orphanages with their extended family.

3.8 OVC Response Coordination and Implementation

3.8.1 Coordination

The Ministry of Gender, Labour and Social Development (MoGLSD) is mandated to promote social protection of poor and vulnerable children. In fulfilling its mandate, MoGLSD works with other relevant Government Ministries¹⁴, Local Governments, Development partners, Civil Society Organizations, and the Private Sector. Apart from the Ministry of Gender, Labour and Social Development and its Local Government departments comprising the Community Development Department and more specifically the Probation and Social Welfare Office; there are other key structures such as the FCC, CFPU, and UPFC that have recently been put in place to improve services delivery for children.

In 2004, the MoGLSD developed the National OVC Policy (NOP), aimed at improving the quality of life for poor and vulnerable children, such as orphaned children, street children, abused children, and children in situations of armed conflict. In the same year, an OVC secretariat was created in the department of youth and children affairs to coordinate the OVC response including;

- a) Development of policies, guidelines and other resource material,
- b) Coordinating all OVC implementing partners
- c) Advocacy and resource mobilisation

¹² MoGLSD, *OVC Status Report, 2010*

¹³ MoGLSD, *OVC Status Report, 2010*

¹⁴ Ministry of Education and Sports, Ministry of Health, Ministry of Agriculture Animal Industry and Fisheries, Ministry of Justice, Ministry of Local governments, Ministry of Internal Affairs, Office of the Prime Minister, Ministry of Finance and Ministry of Defence

d) Monitoring and Evaluation of the National OVC response

The OVC secretariat was in 2008 changed to the National OVC implementation Unit but with similar mandate.

The National Council for Children (NCC) a semi-autonomous Government institution established by an Act of Parliament (the NCC Act, Cap 60) mandated to carry out advocacy for children and monitor compliance with international and national standards for the protection of their rights. Under this plan the Council shall conduct research on key issues concerning vulnerable children in Uganda and monitor government and CSO interventions that address rights of vulnerable children in the country.

In 2008, MoGLSD adopted the Zonal Technical Services Organizations (TSOs) approach by contracting CSOs to work in close partnership with Local Government and CBOs to develop comprehensive response for Service Delivery. There are currently 8 TSO zones and they are currently working under the USAID SUNRISE-OVC project until 2015. The TSOs are supposed to perform the following roles:

- a) Assisting Local Governments to roll out OVC related national policies, strategies, standards, principles, guidelines, quality assurance systems, and data collection systems at district, sub county and community levels
- b) Providing technical support to Local Governments and community based service providers for strengthening systems including structures and facilities; implementation mechanisms; strategies, programmes and plans; human resources; institutional, policy and legal frameworks that will ensure OVC and their households access and utilize holistic quality essential services.

3.8.2 Implementation

In order to implement the NOP, the MoGLSD and its partners developed the first National Strategic Programme Plan of Interventions (NSPPI1 – 2004/05 -2009/10) for Orphans and Vulnerable Children, the NSPPI1 identified 10 core program areas (CPAs) essential to the wellbeing of vulnerable children;

- a) Socio-economic security,
- b) Food and nutrition security,
- c) Care and support
- d) Mitigating the impact of conflict,
- e) Education,
- f) Psychosocial support,
- g) Health,
- h) Child protection,
- i) Legal support; and
- j) Strengthening capacity

The above core areas are shown in table 4 below. The NSPPI1 expired in 2010 and, a second five years National Strategic Programme Plan of Interventions for OVC (NSPPI2) 2011/12 – 2015/16 was developed and launched. NSPPI2 is aligned with the international, regional and national frameworks (the National Development Plan and specific plans and objectives of line ministries) for the protection of the rights of the child. The plan also positions OVC response within the national social protection agenda and directs significant resources to service delivery for OVC, a significant diversion from the previous plan which focused attention on system

development¹⁵. NSPPI2 puts emphasis on economic strengthening of OVC households instead of giving them “hand-outs”. The NSPPI2 is based on four objectives, 7 CPAs and 10 key outcome indicators as shown in table 5.

The Ministry of Gender, Labour and Social Development with support from USAID, UNICEF and other partners has also developed many other resource materials¹⁶ that include; the National OVC Quality Standards, 2008; Support Supervision Guidelines, 2008; the National OVC M&E Framework/Plan, 2012; the Resource Mobilization Strategy, 2012; the Advocacy and Communication Strategy, 2012; the National Harmonized Coordination Guidelines, 2012 and the National Referral Guidelines, 2012.

A National web based OVC Management Information System¹⁷ (OVC MIS) to monitor OVC implementation, measure progress and evaluate performance to ensure effective implementation of National OVC Policy (NOP) and NSPPI was developed in 2008 to and is currently being used by all implementing partners to report and share their data/information.

3.9 Implementation Challenges

- a) Without discounting the utility of aforementioned laws, legislations and policies, the situation of OVC in Uganda is still far from the desired situation. There is a mismatch between the availability of laws and policies on one hand, and their implementation on the other. Personnel inadequacies both in quantity and quality terms, financial, weaknesses in coordination, limited scale of interventions and resource leakages at various levels remain key challenges that undermine the efficacy of the policy, legal and institutional frameworks to address the adverse socio-economic and political environment that children and OVC in particular live.
- b) The core causes of the OVC problem comprise incapacitation and death of parents or caregivers—caused by such ailments such as malaria and HIV and AIDS related illnesses, among others, excruciating poverty at the household level that undercuts adequate care and fulfillment of children’s rights (24.5 percent of the population is living below the poverty line) ; rapid population growth that contributes to a high dependence ratio and which is not marched with increases in income per capita (e.g. the case of the agriculture sector which employs 75 percent of the population, but experiencing only 1.1% growth and negative growth of -1.8 percent in 2006) ; and other man-made and natural causes including conflicts and natural disasters. Thus, the problem of OVC and the attendant problems appear to be on the increase rather than decreasing.
- c) Weak response mechanisms coupled with measures that depict a mismatch between the level and strength of the response vis-à-vis the magnitude of the problem;
- d) Failure to eliminate, reverse or fundamentally alter in a positive direction, the core causes of vulnerability (such as disease and poverty) at the primary care unit (household).
- e) The perpetually poor quality of education (primary) and health services that would play the greatest role in reducing vulnerabilities that children (particularly girl child) and care givers experience, such as the costs of disease, ignorance, and risks children out of school experience.
- f) Failure to deliver an adequate and integrated package of services at the household level which does not only aim to transform livelihoods, but also aims to address other multiple causes of vulnerability including a lack of family planning, prevention of malaria, STIs and other preventable diseases and a focus on issues of parenting.

¹⁵ NSPP2, 2011-2016

¹⁶ These materials and others can be accessed from the Ministry website www.mglsd.go.ug

¹⁷ OVC MIS can be accessed by logging into the OVC MIS www.mglsd.go.ug/ovcmis

Table 3: OVC by Category and Sex for Mapped Districts

District	Orphans			Out of School			Disability			Total OVC		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Agago	2,489	3,192	5,681	1,029	1,408	2,437	833	1,115	1,948	3,151	4,075	7,226
Alebong	6,005	7,263	13,268	1,621	2,174	3,795	1,389	1,823	3,212	7,380	9,059	16,439
Amudat	985	1,237	2,222	375	486	861	288	371	659	1,388	1,759	3,147
Buikwe	5,828	6,560	12,388	1,331	1,791	3,122	665	887	1,552	6,507	7,550	14,057
Bukomansimbi	2,417	2,732	5,149	642	1,017	1,659	410	434	844	2,859	3,394	6,253
Buhweju	2,361	2,556	4,917	1,043	1,524	2,567	374	563	937	3,195	3,772	6,967
Bulambuli	6,724	7,836	14,560	1,097	1,496	2,593	660	880	1,540	7,421	8,783	16,204
Butamabala	2,707	2,794	5,501	291	530	821	353	459	812	3,042	3,302	6,344
Buvuma	1,716	1,993	3,709	778	989	1,767	207	264	471	2,133	2,517	4,650
Buyende	4,116	4,974	9,090	1,850	2,517	4,367	1,028	1,456	2,484	4,939	6,171	11,110
Gomba	1,603	2,106	3,709	395	664	1,059	282	349	631	1,872	2,479	4,351
Kalungu	4,156	3,812	7,968	839	504	1,343	564	458	1,022	4,896	4,347	9,243
Kibuuku	3,401	3,969	7,370	656	1,006	1,662	1,417	1,904	3,321	4,952	6,110	11,062
Kiryandongo	3,269	4,646	7,915	1,087	1,655	2,742	537	889	1,426	3,708	5,309	9,017
Kole	3,281	4,030	7,311	1,078	1,506	2,584	437	571	1,008	3,712	4,607	8,319
Kween	1,534	1,612	3,146	286	407	693	282	404	686	1,904	2,121	4,025
Kyankwanzi	1,802	2,072	3,874	275	399	674	168	231	399	1,932	2,274	4,206
Kyegegwa	2,728	2,994	5,722	1,045	1,367	2,412	439	620	1,059	3,332	3,867	7,199
Lamwo	2,202	2,709	4,911	452	739	1,191	611	799	1,410	2,852	3,648	6,500
Luuka	3,197	3,480	6,677	645	1,012	1,657	686	873	1,559	3,802	4,466	8,268
Lwengo	8,098	8,720	16,818	1,170	1,778	2,948	1,080	1,399	2,479	9,146	10,162	19,308
Mitooma	5,073	5,278	10,351	1,185	1,843	3,028	609	911	1,520	5,950	6,647	12,597
Namayingo	3,607	4,454	8,061	2,583	3,207	5,790	240	361	601	3,751	4,662	8,413
Napak	3,412	3,825	7,237	3,673	4,042	7,715	758	872	1,630	5,656	6,313	11,969
Ngora	2,155	2,380	4,535	206	275	481	218	290	508	2,437	2,712	5,149
Ntoroko	1,690	1,878	3,568	2,106	2,415	4,521	263	338	601	2,107	2,418	4,525
Nwoya	3,118	3,553	6,671	712	864	1,576	655	760	1,415	3,583	4,123	7,706
Otuke	2,665	3,320	5,985	553	764	1,317	199	292	491	2,765	3,420	6,185
Rubirizi	3,005	3,230	6,235	2,491	2,493	4,984	410	556	966	3,876	4,317	8,193
Serere	5,429	6,260	11,689	869	1,344	2,213	847	1,326	2,173	6,246	7,648	13,894
Sheema	3,343	3,414	6,757	864	1,145	2,009	285	425	710	3,790	4,084	7,874
Zombo	5,137	6,340	11,477	816	1,074	1,890	851	1,186	2,037	5,730	7,116	12,846
Total	109,253	125,219	234,472	34,043	44,435	78,478	18,045	4,066	42,111	130,014	153,232	283,246

Source: OVC mapping reports for new districts, 2012

Table 4: Areas and Nature of Government Social Protection Schemes by Sector for Vulnerable Children, Uganda

Education sector	Health sector	Social sector	Legal and policy sector	Economic sector
<ul style="list-style-type: none"> • Universal primary education (UPE) • Basic education for urban poor (BUEPA) • Complementary learning education opportunities programmes (COPE) • Providing lunch allowance • Constructing schools • Promoting vocational schools. 	<ul style="list-style-type: none"> • Abolishing cost sharing fees • Awareness raising on HIV/AIDS • Providing free Anti-Retroviral Treatment (ART) • Constructing more health centres • Training health workers • Promoting village health committees • Providing nutritional education • Promoting condom availability • Providing health-care • Immunisation drives • Providing youth friendly centres and services. 	<ul style="list-style-type: none"> • OVC strategy, The Social Development Sector Strategic Investment Plan (SPID) • Providing funds for orphans • Establishing probation and community development workers • Promoting Children's Rights • Construction/ Maintenance of Orphanages • Providing foster care • Food distribution • Providing childcare relief, shelter, clothes. • Vocational skills training. 	<ul style="list-style-type: none"> • 1995 Constitutional Reform • Children's Act 2000 • OVC policy • HIV/AIDS policy • Youth policy • Health Policy • Gender policy (1997) • Poverty Eradication Action Plan (PEAP) • Human Rights Commission • Police. • National Child Labour Policy (November 2006) 	<ul style="list-style-type: none"> • Micro-finance schemes. • Self-help groups • Cooperatives • Social security funds • Pension provision of Community Driven Development (CDD)

Source: OVC Situation report, 2010

Table 5: NSPPI2 Objectives, Core Program Areas and Outcome Indicators

Core Program Area	Outcomes
Objective 1: Strengthen the capacity of families, caregivers and other service providers to protect and care for orphans and other vulnerable children	
CPA1: Economic Strengthening	1. OVC and their households meet their short and long term needs through economic strengthening
Objective 2: Expand access to essential services for orphans and other vulnerable children, their caregivers and families/households	
Food and Nutrition Security	2. Households of OVC are food secure and have proper nutrition
CPA3: Health, Water, Sanitation and Shelter	3. Increased access to and utilization of preventive and curative health services including antiretroviral therapy for OVC and their caregivers 4. Increased access to and utilization of safe water and sanitation facilities for OVC at household, community and institutional levels especially in schools, children's and remand homes. 5. Increased percentage of OVC living in decent houses
CPA4: Education	6. Increased enrollment and retention of OVC of school going age to attain quality education within the primary, secondary and vocational education cycles
CPA5: Psychosocial Support and Basic Care	7. Improved physical, social and emotional wellbeing of OVC through provision of quality psychosocial support services 8. Increased access to and utilization of basic care services by OVC and their caregivers
Objective 3: Increase access to protection and legal services for orphans and other vulnerable children, their caregivers and families/households	
CPA6: Child Protection and Legal Support	9. Increased access to child protection and justice for OVC, their caregivers and families/households
Objective 4: Strengthen the institutional, policy, legal and other mechanisms that provide supportive environment for a coordinated OVC response	
CPA7: Legal, Policy and Institutional Mechanisms	10. Effective legal, policy and other institutional mechanisms in place at national and sub national levels and able to deliver, coordinate and monitor provision of quality services and programmes for OVC.

Adopted from the National OVC M&E Framework/plan, 2012

- g) Rampant resource leakages committed towards improving education and health services (particularly by government),
- h) Weak capacity of CSOs, community structures and Government institutions to implement appropriate initiatives.
- i) Poor resource mobilization at sub national and community levels.
- j) Lack of awareness by care givers in communities (especially parents) and other duty bearers of their responsibilities in addressing the plight of OVCs.
- k) Lack of evidence based advocacy in championing OVC issues - need to link research, advocacy and communication.
- l) Failure to make use of indigenous knowledge and home-grown resources in addressing OVC problems.
- m) There are insufficient resources to provide dedicated local government level support and coordination.
- n) Lacks of adequate human resources to provide technical support.
- o) Resourcing Civil Society Organizations and not ministries responsible for OVC undermines ability to monitor and ensure quality of services.

3.10 Coping Mechanisms for OVC and their Households

The National OVC Response guided by the National Strategic Programme Plan of Interventions (NSPPI2) that was developed with the purpose of strengthening OVCs resilience to a broad range of issues that affect their day to day life; reducing child vulnerability; and meeting the needs of OVCs and their households. The plan's major focus is on scaling up Direct Service Delivery to OVC and their households

As noted earlier, the NSPPI2 is based on seven CPAs; 1) Economic Strengthening, 2) Food and Nutrition Security, 3) Health, Water, Sanitation and Shelter, 4) Education 5) Psychosocial Support and Basic Care 6) Child Protection and Legal Support and 7) Legal, Policy and Institutional Mechanisms, agreed upon by OVC stakeholders to graduate the OVC and their households from the vulnerability situations. The NSPPI2 has come up with a detailed framework of strategic interventions that were identified as key for coping mechanisms for OVC and their households.

In 2012, MoGLSD with support from USAID and UNICEF commissioned a study to assess the effectiveness of approaches, models of care and interventions for OVC and their households¹⁸. The assessment found out that OVC resilience and coping mechanisms have been enhanced by a continuum of services under the National OVC response programs indicating a progressive growth in resilience and coping mechanisms for OVC and their households. Each of the Core programme areas for OVC response has made a contribution in strengthening OVC coping mechanisms although the scale varies. The next section presents the OVC coping strategies as identified by the study.

3.11 Coping Strategies under each Core Programme Area

1. **Economic Strengthening:** The major approaches to economic strengthening identified include support towards income generating activities – implemented through both individual/household targeted and group-based IGAs, micro-credit and loans support through Village Savings and Loan Associations (VSLAs), business skills training, and apprenticeship skills training for out-of-school OVC. Group-based approaches to economic strengthening such as group IGAs and VSLAs are the most appreciated interventions and approaches to economic strengthening of OVC and their households. Amongst the individual-targeted forms of support, skills-training for out-of-school OVC is also considered an important strategy for OVC economic empowerment. These economic strengthening interventions were found to be promising, especially to beneficiary households that were supported over a relatively long time. Vocational and apprenticeship training support interventions are lauded for the employment opportunities they created for the beneficiaries who were able to earn a living on their own. Nevertheless, not all trainees are able to join work and make a living after this training, due to multiple factors, including lack of premises, lack of start-up capital and materials, and breakdowns of machines. Those who got vocational/apprenticeship skills and were also given start-up kits were found to perform better than those who only got vocational/apprenticeship skills.
2. **Food and Nutrition Security:** Three common approaches were used, namely, direct food/nutrition support, nutrition education, and support for food production. Food security and nutrition related interventions are well appreciated by the target beneficiaries. Kitchen gardens in particular stand out as a very attractive intervention because it is managed by the households and produces quick benefits in form vegetables. The realization of outcomes from other food production interventions was constrained by factors such as limited land acreage and bad weather conditions which negatively affected crop yields. These problems become fatal in absence of a reliable system of extension support and advice.
3. **Health, Water, Sanitation and Shelter:** The key models and approaches to the provision of services under this CPA include direct medical support, vouchers, health

¹⁸ Muhangi D & Begumisa A: assess the effectiveness of approaches, models of care and interventions for OVC and their households, 2012, A report to MoGLSD

insurance, referral, disease prevention, and health infrastructure development, capacity building of health workers, shelter provision, and construction of protected water sources. Direct medical support and other approaches that enable access to medical care (such as vouchers and health insurance) were the most appreciated forms of health care support. Preventive health interventions seem to be substantially appreciated if they deliver tangibles such as mosquito nets and water sources, and not just hygiene education. The success of health interventions depends hugely both on the functionality of the Government health care system as well as effective referral and collaborative mechanisms with other providers of health services.

4. **Education:** The identified common approaches used to provide education support included individual sponsorship, block grants mechanisms, school infrastructure development, early learning centers, and capacity building of teachers. Individual sponsorship was the most common and most popular approach, its key advantage being that of clearly directing the support to the intended beneficiary, and making it easy for the implementer to monitor the progression and performance of the supported child in school. A key limitation of this approach; however, is that if one child out of many in a family is supported, this may create a sense of discrimination and inequity amongst siblings or children living in one household. Individual sponsorship interventions can also have limited benefits for OVC in cases in which sponsorship organizations operate a short time, not long enough to enable the supported child to complete a level for education or to obtain a qualification.

Block grants have the advantage in that they are paid in a lump sum, and schools that receive it are able to invest in infrastructure development, to a level that they would otherwise not afford if they were to rely on piece meal payments by caregivers/children. Block grants also, though directly linked to a specified number of children, they ultimately benefit the whole school. The payment of funds directly to the school also offsets the risk of caregivers diverting funds meant for children's education. It should also be noted that the introduction of free education by Government of Uganda has greatly helped many OVC to enroll in schools.

5. **Psychosocial Support (PSS) and Basic Care:** All OVC organizations are supposed to integrate psycho-social support into their work. The key approaches and interventions under PSS included play, recreation and drama; formation and support to children's clubs; early childhood development centers (ECDCs), counseling, life skills training, and referral. Psycho social support interventions appear to have had the intended effect of building positive attitudes and imparting life skills. Psycho-social support also reveals the potential to improve social relations between OVC and their household members including caregivers, as well as those between OVC, their households and their communities. These improved relations may provide a basis for wider and long-term improvements that will make a better social environment for the OVC.
6. **Child Protection and Legal Support:** The common approaches used to deliver child protection and legal services were found to include awareness creation about children's rights, case handling, referral, building community structures, school-based activities, stakeholder dialogues and advocacy, home visits, and birth registration. The approach of supporting the formation and building the capacity of community based structures that spearhead OVC support activities was found to have contributed greatly to the realization of some of the OVC welfare outcomes. It is revealed however that the

success of child protection and legal support interventions depends heavily on the effective and harmonious collaboration between different actors both in and outside of Government especially sub-county CDOs and PSWOs. The key challenges facing downstream interventions in child protection and legal support such as case handling appears to be the accessibility and availability of key professionals such as the police, lawyers and doctors, and the absence of viable justice systems at community levels.

7. **Legal, Policy and Institutional Mechanisms:** This CPA aims at creating a good environment for the OVC and their households to enjoy their rights by strengthening community, Government structures like CBSD, police, LCs and courts of law. Key activities under this CPA include;
- a) Review and update of policies, institutional and legislative frameworks;
 - b) Strengthening of the capacity of the legal justice agencies and community mechanisms for protection of children;
 - c) Enhancing effective implementation, coordination and referral systems; and
 - d) Advocacy and communication for issues that affect OVC and their households.

3.12 Conclusion

Poverty reduction begins with children, when poverty strikes a family; the youngest and most innocent members become vulnerable victims. Damage to children due to malnutrition, ill-health and inadequate care at an early stage of life impedes realization of their full potential in life. Giving children access to an integrated package of basic social services of good quality is one of the most effective and efficient steps in combating poverty, UNICEF/UNAIDS/USAID Report (2004). Different interventions have been put in place to graduate OVC and their households from their vulnerable situation and for preventing others from falling into the same situation. Uganda has come up with different policies, laws, plans and guidelines for working with OVC and their household and has also ratified many international conventions for protecting children. All these efforts should be put into actions in order to graduate OVC and their households from their vulnerability situation and prevent others from sliding into this situation.

3.13 Policy Recommendations

1. **Local Governments Funding and Staffing:** According to the Local government Act 1997 Cap. 243 Schedule II, Local Governments are entrusted with the responsibility of the welfare of children and the elderly. According to the National OVC Policy (2004), the role of local governments in implementation of the policy include; coordination; supervision, monitoring, and resource mobilization. It should however be noted that the Community Services Department (CBSD) which is directly responsible for providing children related services has always suffered perennial under funding and under staffing. On average, the CBSD gets 1.4% of local revenue budget allocations which is sometimes not actually released; there are also high vacancy rates among child protection frontline workers. Only 59% of total approved CDO/ACDO positions in the Local Government are filled and 44% of district assessed had no substantive Probation and Social Welfare Officer (the position mandated to promote implementation of the Children's Act¹⁹). This has greatly affected the delivery of services for OVC at local government level yet they are the ones who deal with children issues on a daily basis. *The Ministry of Finance Planning and Economic Development should increase funding to Local Government to enable them hire key staff (PSWO, CDOs) so as to facilitate delivery of quality child care and protection services. There is also need for Government to institute a conditional grant to all local governments*

¹⁹ MoGLSD, OVC Advocacy Issues Paper, 2012

to enable them to deliver social welfare services including care and protection of children who are victims of violence and abuse. In addition, Care for and protection of children should be included in the local government performance assessment minimum conditions.

2. **Government Funding to the Social Development Sector:** The Ministry of Gender Labour and Social Development which handles children issues is among the least underfunded ministries. Resource allocation for the Social Development Sector averages to 0.5% of the overall national budget. Currently there is 90% reliance on donor funding for social sector²⁰. Most OVC interventions are run on a project basis and this is a sustainability risk to the OVC response given the current economic crisis the world over. *There is therefore need for Government to commit substantive resources to the Social Development Sector and in particular the children sector if the OVC issues were to be addressed comprehensively.*
3. **Vocational/Apprenticeship Skills:** Vocational/Apprenticeship Skills stand out as one of the key and successful coping strategies for OVC. This has however been affected by limited coverage. This lack of vocational training institutions where these skills can be obtained negatively affects the Government plans of retooling Ugandans by giving them hands on skills. *Government therefore should deliver on its policy of having a vocational training institute in each district to enable OVC acquire these skills. In line with the National Population Policy, (2008) there is need for making vocational training more practical and relevant, and revision of the education curriculum to focus on entrepreneurship skills and competitive skills development at all levels.*
4. **UPE/USE:** Whereas UPE and USE have been lauded for increasing school enrolment especially for OVC, there have been some issues raised about the inability of UPE and USE to produce graduates to utilize knowledge acquired to improve their life and environment. This somehow waters down the UPE/USE achievements. *Government should therefore work on issues affecting the quality of education services under UPE and USE notably early release of capitation grant and other school fees, motivate the teaching staff to boost their performance and construct classroom where they do not exist. There is also need to revise the school curriculum to make it responsive to national challenges and produce job creator rather than job seekers. Still in line with the National Population Policy (2008), there is need for promotion of school feeding programmes to reduce hunger at school and improve nutrition status, development and school performance of children.*
5. **OVC Targeting:** In line with Government policy, programmes should support all children in a selected household, rather than supporting one or a few children. *The OVC response interventions should target an entire household rather than individual child; so that the resilience and coping capabilities developed by individual children are reinforced from within the household to counter risk of negative attitude and resource diversion by non-targeted household members.*
6. **Coordination and Monitoring:** *There is need for increased coordination and monitoring of on-going OVC interventions by OVC service providers at national, district and community level. Context analysis involving all duty bearers should be undertaken to guide the nature of interventions at individual, household and community levels. OVC service providers should engage in continuous, coordinated planning and implementation that include strategies for sustainability. All child-focused CSOs and CBOs and Government departments at the district level should be involved in inception meetings to share the roles to be played during implementation phases.*

²⁰ MoGLSD, OVC Advocacy Issues Paper, 2012

7. **Community Structures:** Existing local government systems for service delivery, including community level structures such as OVC committees at parish, sub-county and district levels, should be strengthened. Governments should recognize the various OVC community structures such as Para-Social Workers, Child Protection Committees (CPCs), Village Health Teams (VHTs) as important service providers to implement Government and other development partner programmes. In-kind forms of motivation like bicycles and uniforms should be provided to such volunteers, this support should be communicated as coming from a consolidated fund of local government so that the volunteers do not ask for bicycles from every new OVC promoter in the area. There should also be strong emphasis on involvement of OVC caregivers in targeting interventions that promote healthy relationships and bonding between OVC and their kith and kin.
8. **Government Programmes:** All Government programmes should be designed in such a way that they include OVC and their households. Programmes like National Agriculture Advisory Services (NAADS) are designed to target progressive farmers; this excludes OVC households since most of them are just struggling households.
9. **Partnerships:** As noted earlier, most of the National response has been largely contributed to by the donor community especially USAID and UNICEF. Since the government adopted the Public Private Partnership (PPP), there is need to bring on-board more partners to contribute to the OVC response, although some of these companies are already contributing to the community in form of social responsibility.

CHAPTER 4

ADDRESSING REPRODUCTIVE HEALTH NEEDS OF SPECIAL INTEREST GROUPS



POPSEC File Photo showing a Teenage Girl being examined at Naguru Teenage Information and Health Centre

4.1 Introduction

This chapter gives an insight into the reproductive health needs of categories of Special Interest Groups. A comprehensive and critical analysis of the reproductive health (RH) status of women, young people, persons with disability, women in humanitarian settings and orphans and vulnerable children is done. The purpose is to elicit action to address the identified and reproductive health gaps from relevant actors and players so that these special interest groups (SIGs) enjoy fully their RH Rights. The chapter explores the extent to which Uganda has addressed the needs of the special interest groups, identify the gaps and propose the ways to bridge the gaps.

Reproductive Health is a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. It deals with the reproductive processes, functions and system at all stages of life, it therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (WHO, 2012). Reproductive health care covers a wide range of services, these include the following: safe motherhood, family-planning, prevention and treatment of reproductive tract infections and sexually transmitted diseases, including HIV/AIDS and prevention and management of sexual gender based violence.

4.2 Background

Uganda as a country recognizes that sound population and development policies depend on improving the status of women and protecting their rights. The rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law is a very critical aspect of reproductive health. Everyone should have the right to access appropriate healthcare services that will enable women to safely go through pregnancy and childbirth and provide couples with the best chance of having healthy children (UNFPA, 2012).

It is worth noting that reproductive health contributes to the physical, mental and social wellbeing and entails peoples' satisfying and safe sex life, peoples' reproductive capability and the freedom to make decisions about it. Information and access to safe, affordable and acceptable methods of contraceptives are essential for both men and women for decision making. Access to reproductive health care services enable women to go safely through pregnancy and child birth and provide couples with the best chance of having healthy infants and family (POPSEC, 2010).

Therefore, the chapter analyses the extent to which special interest groups have been able to access the above mentioned services and the factors that account for limited accessibility and utilization to acceptable and appropriate reproductive healthcare services. Within the chapter, analysis is done with mention of the specific SIGs affected by the RH issues and needs.

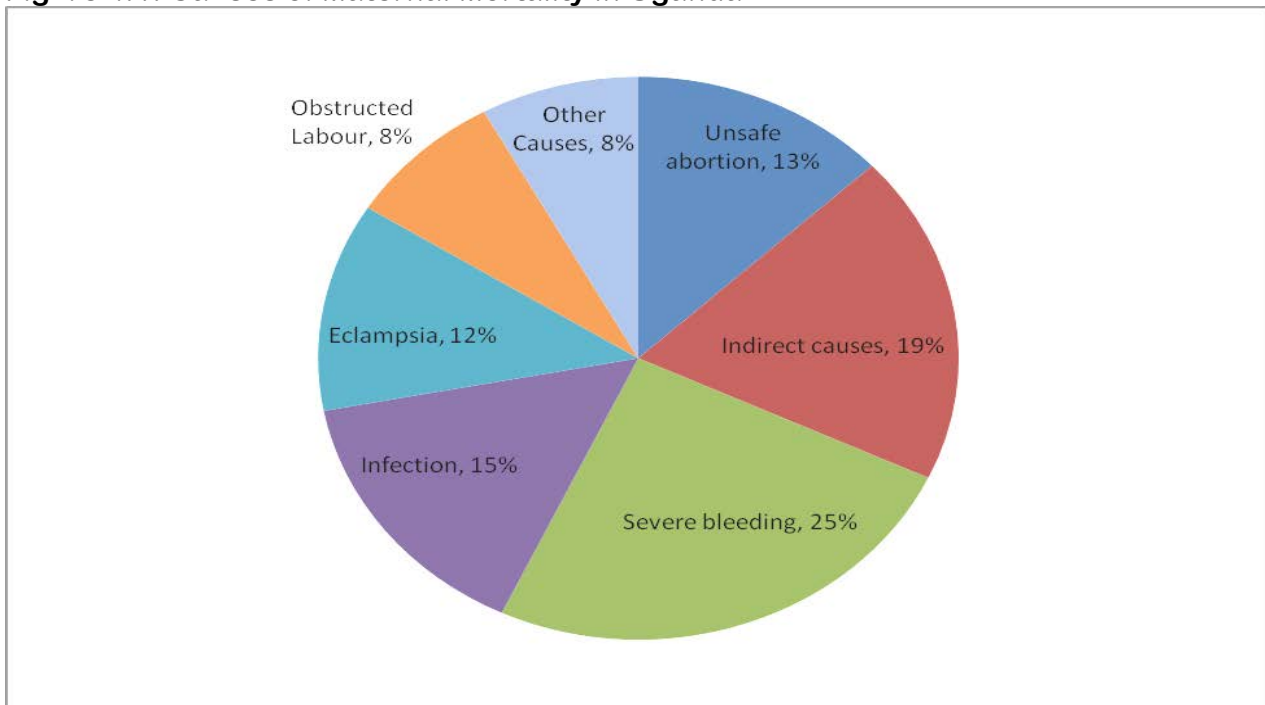
4.3 Status of Reproductive Health of Special Interest Groups

Jeffrey Berry defines an interest group as an organized body of individuals who share some goals and who try to influence public policy (Hays, 2011). Therefore the special interest groups are those groups within a population that are recognized as a special segment of its population that have needs that tend to be unique. Understanding and acknowledging the specific reproductive health needs of these populations is critical to providing the answers to their challenges and enable them fulfill a healthy reproductive life. Therefore, in the context of this chapter, the special interest groups analyzed include women, persons with disabilities, people in humanitarian settings, persons living with HIV (PLHIV), young people, orphaned and vulnerable children (OVCs).

4.3.1 Women Reproductive Health Status

Women constitute 51 percent of the population in Uganda (UBOS, 2012) and yet research shows that women are the most affected by reproductive health problems. Reproductive health problems are the leading cause of women's ill health and death worldwide. Social and economic disparities between sexes translate into power relations at household levels which then impact on the decisions made on sexual and reproductive health issues. This often translates to women bearing much of the reproductive health burden. The ability of women to take charge of the reproductive health decision making is constrained by strong cultural and weak economic power which often results into lack of information and freedom to choose equally with men the reproductive health services. Therefore, defining and making clear the reproductive health services for both men and women, and providing appropriate information on the framework for the realization of these rights and freedoms, as well as advocating for a change are key for a better reproductive health status for the population.

Figure 4.1: Causes of Maternal Mortality in Uganda



Source: (Ssenkooba, 2007)

All pregnant women face some level of maternal risk. According to the WHO, about 40 percent of pregnant women will experience delivery complications, while about 15 percent need obstetric care to manage complications which are potentially life threatening to the mother or infant. Despite the importance of antenatal care to predict and prevent some complications, many are sudden in onset and unpredictable. The prevailing high rates of fertility (6.2 births per woman), in an environment of poor access to quality maternal and neonatal care, have continued to expose mothers and infants to a high risk of death from pregnancy related causes, with an estimated 1 woman in 10 dying from maternal causes in Uganda. See figure 4.1 above.

Women are at risk of complications from pregnancy and child birth; unplanned pregnancy risks; unsafe abortion complications; exposed to contracting sexually transmitted diseases (STDs). It is worth noting that for women in reproductive age (15-45 years), 36 percent of their healthy life is lost due to reproductive health problems as opposed to only 11 percent years lost by men (POPSEC, 2011). This is even worse if a woman has multiple vulnerability such as disability, young or child. Unintended pregnancies in many cases lead to unsafe abortions that could in turn lead to ill health and death among women. Early childbearing, short birth intervals and potential adverse health effects hamper the socio-economic development of women by denying them opportunities to education and higher incomes. In addition, fistula is an outcome of poor reproductive health which accounts for 2 percent of mothers in Uganda.

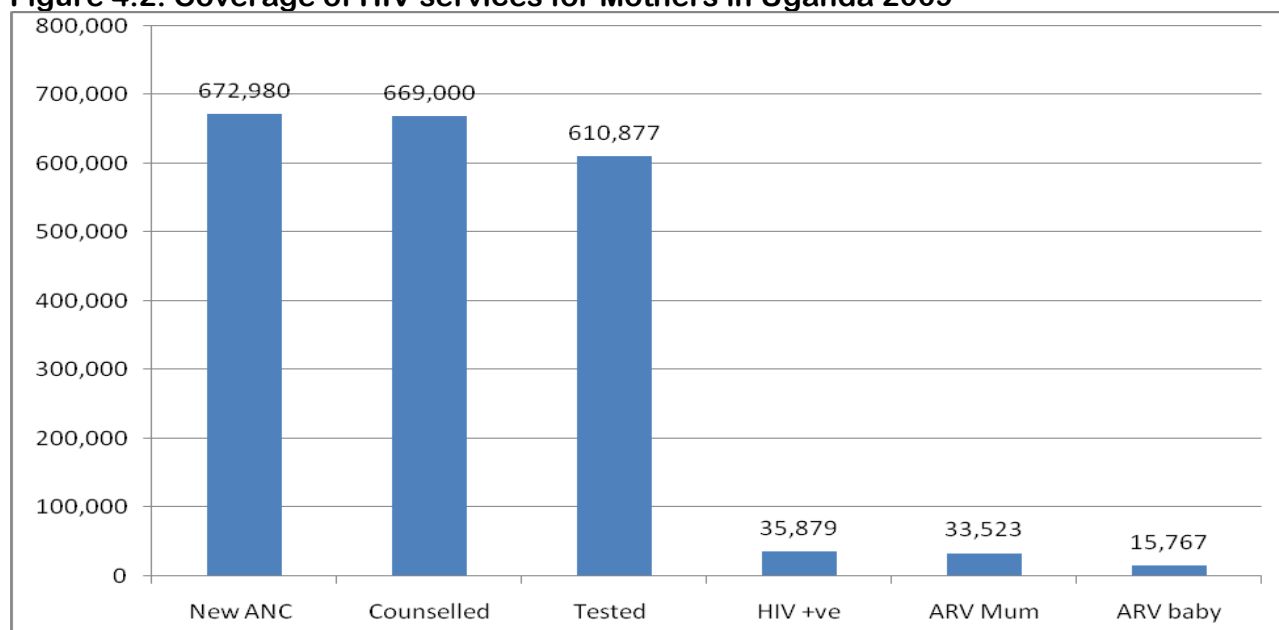
One in three sexually active women in Uganda (*both married and unmarried*) wants to avoid pregnancy, but are not using any method of contraception. The RH status of adolescent girls is particularly dismal as a result of inadequate information on sexual and reproductive health, lack of adolescent-friendly services, early marriage, early sexual activity and low contraceptive use. HIV/AIDS infection rates among young women (aged 15 to 24 years) are more than double those of their male counterparts (UBOS, 2012). Some of the contributing factors to the high maternal mortality rate (438 per 100,000 live births) in Uganda have been found to include: poor fertility regulation of early pregnancy in adolescents, short pregnancy intervals and a generally high total fertility level. This has been in part due to an overall low use of contraceptives and

limited capacity of health facilities to manage complications, despite it being a major contributor to maternal morbidity and mortality.

4.3.2 HIV/AIDs in Mothers

Prevalence of HIV/AIDS among pregnant women has also been a factor in poor maternal outcomes. Although AIDS continues to be a major public health problem in Uganda, HIV incidence does seem to be declining in the country. Malaria is one of the leading causes of morbidity in pregnant women but prevention and prophylaxis services are still not well established. It is estimated that 1.4 million pregnancies occur every year in Uganda and of these mothers 91,000 (6.5 percent) are HIV positive while 30 percent of these transmit HIV to their babies if there is no intervention. These results into 27,300 babies infected through mother to child transmission.

Figure 4.2: Coverage of HIV services for Mothers in Uganda 2009



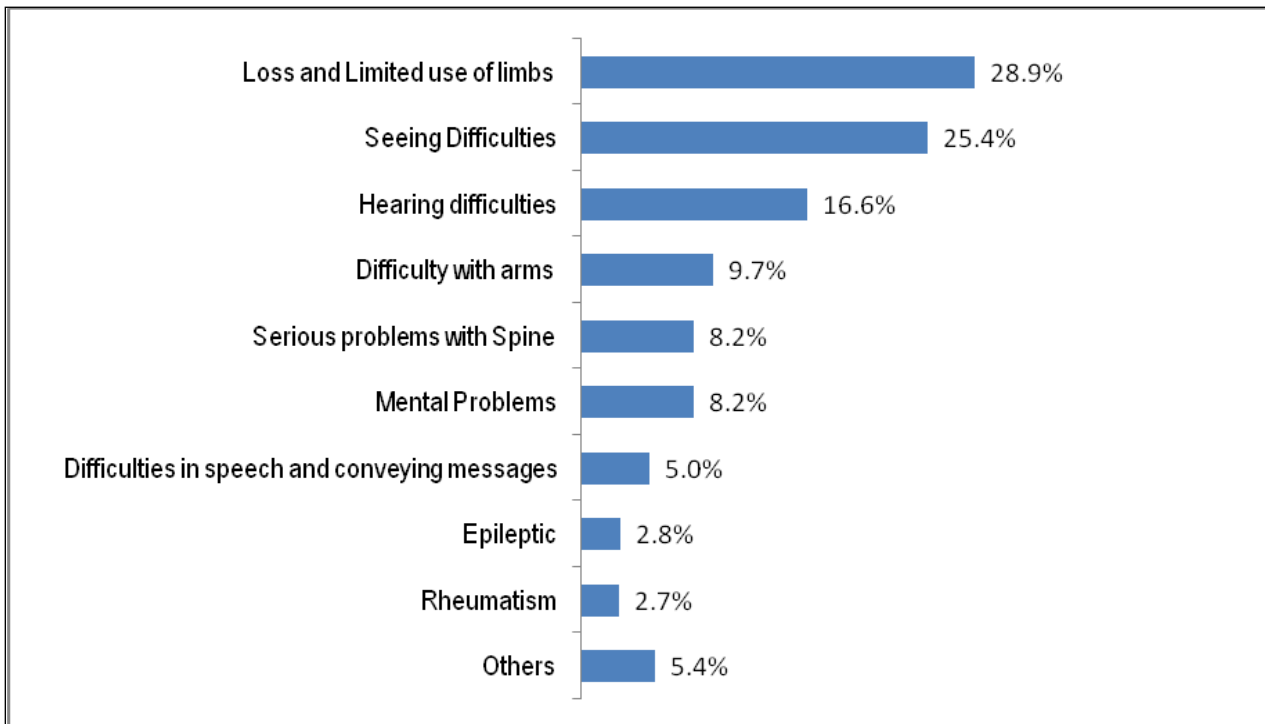
Source: AID Control Programme-MoH, 2013

4.3.3 Persons with Disability Reproductive Health Status

Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations (WHO, 2013). Persons with disabilities are identified in the new Convention on the Rights of Persons with Disabilities as “those who have long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others”. In the 2002 Census report, disability was defined as any condition which prevents a person from living a normal social and working life. See figure 4.3 below.

“When you give me condoms to go and use to protect myself from pregnancy or HIV/AIDS and you can see I have no hands, do you ever imagine how I’m going to use them...? A woman with physical disability wondered aloud.

Figure 4.3: Proportions of Disabilities by Type in Uganda



Source: Uganda Bureau of Statistics, 2002

About 15 percent of the world’s population, (One billion people) live with some form of disability, and their reproductive health has been neglected. The total population of Uganda is 35.4 million people according to the population projections (UBoS 2007), out of which 51 percent are female. The total population of people with disabilities in Uganda is 16 percent. Statistics from UBOS (2006) indicates that women with disability constitute 58 per cent of the Uganda population living with disability. These are women have the same basic needs as others, but with greater difficulty in meeting them. The RH of persons with disabilities has been overlooked by both the disability community and those working on RH services. This leaves persons with disabilities among the most marginalized groups when it comes to RH services. Yet persons with disabilities have needs for RH services as everyone else. In fact, persons with disabilities may actually have greater needs for RH education and care than persons without disabilities due to their increased vulnerability to abuse.

“Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

(Convention on the Rights of Persons with Disabilities, Article 1)

Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person’s body and features of the society in which he or she lives. People with disabilities have the same health needs as other people may also experience a narrower margin of health, both because of poverty and social exclusion, and also because they may be vulnerable to secondary conditions, such as pressure sores or urinary tract infections. Evidence suggests that people with disabilities face barriers in accessing the health and rehabilitation services they need in many settings.

Disability disproportionately affects the poor. Hoogeveen (2003) demonstrates through his analysis of Ugandan data that poverty rates among households where the head is disabled are higher than among those with a non-disabled head. Disability is both a cause and a consequence of poor reproductive health. While it is widely believed that women with disabilities are neither sexually active nor capable for bearing children, in fact, the majority of them are both sexually active and capable of pregnancy and childbirth, and thus have reproductive health needs. Fertility rates have been examined in only few types of disabilities, but where such evidence exists, the results indicate that these rates are similar to rates for women without disabilities.

I think you need to have health providers who can educate the PWDs on how to use family planning methods for them to be effective....” (KNSPWD)

The challenges to RH faced by persons with disabilities are not necessarily part of having a disability, but instead often reflect lack of social attention, legal protection, understanding and support. Persons with disabilities often cannot obtain even the most basic information about SRH. Thus they remain ignorant of basic facts about themselves, their bodies, and their rights to define what they do and do not want. They may have little experience in relating to and negotiating with potential partners. Persons with disabilities are often denied the right to establish relationships, or they may be forced into unwanted marriages, where they may be treated more as housekeepers or objects of abuse than as a member of the family. As a group, persons with disabilities fit the common pattern of structural risks for HIV/AIDS and other sexually transmitted infections – e.g. high rates of poverty, high rates of illiteracy, lack of access to health resources, and lack of power when persons with disabilities face many barriers to care and information about RH, GBV and other violence, and abuse. The assumption that, persons with disabilities are not sexually active and therefore do not need RH services needs to be corrected. Research shows, that persons with disabilities are as sexually active as persons without disabilities. Despite this, too often their sexuality has been ignored and their reproductive rights, denied. At best, most existing policies and programmes concentrate on the prevention of pregnancy but ignore the fact that many persons with disabilities will eventually have children of their own.

Many mentally handicapped people are sexually abused because of local and traditional beliefs in some communities. The understanding, that if one has sex with a mentally handicapped person, all his/her problems will be solved is one of the cultural myths fueling sexual abuse of PWDs.

A PWD representative in the 2011 International FP Conference in Senegal commented: “PWDs are forcefully sterilized in Uganda by their relatives without their knowledge. Why are people with disabilities denied a chance to sexual reproductive health services?” While Uganda has policies demanding inclusion of PWDs in sexual and reproductive health services (SRHs), Government has not ensured that these policies are implemented in the communities and health workers in health centres look at them as aliens when they demand contraceptives or seek maternal health services”. Kasule (Observer Newspaper, 07/12/2011).

4.3.4 Persons in Humanitarian settings and Reproductive Health

Reproductive health is a human right, and like all other human rights, it applies to refugees, internally displaced persons and others living in humanitarian settings. To realize this right, affected populations must have access to comprehensive reproductive health information and services so that they are free to make informed choices about their health and well-being.

“The need for RH care including FP does not diminish during or after crises rather the need grows while supply diminishes. Yet the health delivery system, including health care providers, donors and NGOs, often relegates family planning to a second or third tier intervention after the more “urgent” needs of a population are met” 2013 CARE.

There are over 65 million refugees, asylum seekers, stateless and internally displaced persons currently uprooted from their homes. Approximately 75 percent are women and children. It is essential to meet reproductive health needs in humanitarian settings. A humanitarian setting is one in which an event or series of events have resulted in a critical threat to the health, safety, security or well-being of a community or other large group of people. The coping capacity of the affected community is overwhelmed and external assistance is required. This can be the result of events such as armed conflicts, natural disasters, epidemics or famine, and often involves population displacement. The loss of livelihood, security and protection provided by the family and community places adolescents at risk of poverty, violence, and sexual exploitation and abuse. These include but not limited to RH information and services, infrastructure, human resources, consumables like contraceptives, etc.

In humanitarian settings, it is critical to provide RH services for various reasons. Access to RH care is a right. Morbidity and mortality related to the reproductive system is a significant public health issue. Persons affected by conflict or disaster are entitled to protection and assistance. The timely provision of RH services can prevent death, disease and disability related to unwanted pregnancy, obstetric complications, sexual and other forms of gender-based violence, HIV infection and a range of reproductive disorders.

4.3.5 Young people and their Reproductive Health Status

Young persons are defined as those who are in the stage of transition from childhood to adulthood. Uganda’s National Adolescent Reproductive Health Policy defines adolescents as people between the ages of 10 and 19 years while young people are defined as between the ages of 10 and 24 years.

Following the 1994 International Conference on Population and Development held in Cairo, Egypt, Governments have become increasingly inclined to identify adolescents and young people as a distinct group for public health attention and as one in need of gender-sensitive reproductive health programmes, education, counseling and services; provided within a framework of respect for their rights and responsibilities as individuals, partners, spouses and parents, as well as members of families, communities and nations (UNFPA, 2010).

Uganda’s National Youth Policy identifies priority target youth groups for special attention due to their vulnerability and living circumstances. They include: youth in conflict; youth with disabilities; youth in the informal sector; orphans, rural/female/unemployed youth; youth addicted to alcohol or drugs; and youth affected by HIV/AIDS. This is a serious concern as supported by magnitude of Uganda’s at-risk youth population.

Uganda has the world's youngest population with over 78 percent of its population below the age of 30. Although Uganda is making strides economically, it faces significant challenges in meeting its young people's needs today and their challenges tomorrow as its population continues to grow at a rate of 3.2 percent annually. About 25 percent of Uganda's population is comprised of adolescents (aged 10-24 years). A 24 percent teenage pregnancy rate among adolescents in a population of 35.4 million people is therefore a worrying issue for the Government of Uganda. Current statistics also reveals that 18 percent of adolescents have had a live birth and 6 percent are carrying their first child.

Young people face a lot of pressure to engage in sexual activity and some studies indicate that poverty conditions increases their vulnerability to risky sexual behaviour. Sexually active adolescents of both sexes are increasingly at high risk of contracting and transmitting sexually transmitted diseases including HIV/AIDS and they are typically poorly informed about how to protect themselves (UNFPA, 2012).

Very often, young pregnant women face severe social problems. Women who become mothers during their teens generally end up with less education and fewer job opportunities. This, in turn, exposes them to greater risk of poverty. But it is also argued that this may also work the other way around: getting pregnant and being supported by a man can be a survival mechanism for a poor, uneducated woman.

To the young mother, pregnancy can be a high health risk since she is usually not ready for childbirth until she is at least 18 years old. Yet about 15 million young women aged 15 to 19 years give birth every year, accounting for more than 10 per cent of all babies born worldwide. Pregnancy is much more dangerous for teens (*four times riskier*) than for 25 to 29 year olds. For girls ages 10 to 14, maternal mortality rates may be five times higher than for women in their early twenties, and their children are also more likely to fall sick or die in infancy (UNFPA, 2013). "Teenage pregnancy in Ngora is a reality; I have often delivered girls as young as 13 years in the health unit" Midwife Majeri Among in Ngora district.



Source: POPSEC File Photo showing a Teenage mother being assisted to breast feed her baby in Ngora District

Biological and socio-economic factors, including physical immaturity, poverty, lack of education and lack of access to appropriate medical care, increase an adolescent's risk of pregnancy-related complications. Adequate pre-natal care and nutrition are of particular importance for young mothers. The child of a teenage mother faces greater risks than a child born to a mother in her twenties. The child is more likely to have low birth weight and the pregnancy can have adverse impact on the mother's life opportunities. The child is more likely to suffer from poor nutrition, as well as late physical and cognitive development.

An analysis done by Guttmacher Institute (2005) revealed that, although more than three-quarters of 15–19-year-olds approve of family planning, a much smaller proportion of sexually active teenagers use contraceptives: Among sexually active adolescents in this age-group, only 19% of females and 42% of males currently use any modern method. However, 35 percent of sexually experienced 15–19-year-old women and 44 percent of sexually experienced men in the same age have ever used a modern method of contraception. The condom is the most commonly used method among both young men and young women. More than half of all 15–19 year-olds (53 percent of women and 63 percent of men) know where to obtain a condom.

Box 3: The Challenges of an Orphaned Teenage Mother

The Challenges of an Orphaned Teenage Mother

Seventeen-year old Jessica Anyumero walks around with a baby strapped on her back. Although she looks young, Jessica's countenance suggests there is something troubling her. The mother of a nine-month-old baby girl is a former student of Ngora Parents School in Ngora district.

Jessica dropped out of school in 2012 after getting pregnant. The man responsible for the pregnancy used to lure her into having unprotected sex with small gifts and some little money. The culprit was later arrested and remanded at Kumi Government prisons on charges of defilement.

Her father, a peasant farmer, died in 1989 when Jessica was aged five years. Since then, Jessica's mother has been struggling to pay school fees for Jessica and her three siblings until Jessica dropped out. Jessica delivered her baby by C-section. The teenage mother confesses she was ignorant on issues of family planning and reproductive health generally. Jessica says her school did not have sex education on the syllabus.

Now a single mother, Jessica and her baby live at her mother's home. Jessica's mother is a 50-year old widow with no stable source of income. Instead, Jessica helps her mother with domestic chores coupled with looking after her 70-year-old grandmother. Sometimes, Jessica escorts her mother to the garden. The small piece of land that Jessica's father left behind is not enough for even growing food for the family. Jessica's mother has now resorted to hiring land from neighbors to grow more food for the home and sale in case of a good harvest. She pays between Ushs 40,000 and Ushs. 50,000 for half an acre per season to grow some food for domestic consumption while the surplus is sold to raise money to buy paraffin, salt and soap among other domestic needs.

Jessica's mother had sacrificed to pay fees for her daughter hoping that Jessica would complete school and get a job to look after the family. But the pregnancy changed the family's destiny. After what she has gone through, Jessica says she wants to go back to school, study hard and become a teacher.

Jessica's story is one of many experiences of teenage pregnancy, most of which results from defilement. Many teenagers from poor families are lured into unprotected sex by their fellow teenagers or by mature men who entice them with little money. As a result, poor parents settle the matters at home after getting some material rewards from the culprits or marry off their young girls to rich elderly men.



POPSEC File Photo showing a Teenage Mother reporting for Post Natal Care at Naguru Teenage Information Centre

4.3.6 Young People Living with HIV

In Uganda some policies that relate to adolescence health are in place though most of them lack specific reference to adolescents with parentally acquired HIV. However, if reflected upon in programme design and service provision, these policies would provide a supportive and conducive environment for addressing sexual and reproductive health needs of YPLHIV. Some of the policies include the National Policy Guidelines and Service Standards for Sexual and Reproductive Health Rights by the Ministry of Health (2006), National Health Policy, National Adolescent Reproductive Health Policy and the Sexual and Reproductive Health Minimum Package for Uganda.

Despite the Adolescent Reproductive Health Policy and others having clauses that clearly pertain to adolescent sexual and reproductive health, they rarely inform programmes or services that are aimed at addressing the needs of young people in general more so those living with HIV. The divide between policies and programmes is mainly attributed to bureaucracies that hinder swift dissemination of these policy guidelines to all stakeholders. YPLHIV are often discriminated against on prejudices of immorality commonly associated with the HIV epidemic. Likewise, sexual and reproductive health needs of YPLHIV are not the same like those of older PLHIV. For example, older people are much more likely to have initiated sex, most likely to have long term sexual partners and may have children of their own.

4.3.7 Orphans and Vulnerable Children Reproductive Health Status

In Uganda, an orphan is defined as a child below the age 18 years with one or both parents deceased. A vulnerable child is defined as a child below the age 18 years who has a chronically ill parent or who lives in a household where an adult has been chronically ill or has died in the 12 months preceding the survey (UBOS, 2012). Currently, there are 1.7 million orphans and vulnerable children in Uganda.

Teenage orphans and vulnerable children may be at a comparatively higher risk of early sexual activity because they may lack adult guidance to help them to protect themselves (UBOS, 2012). Among those in the 15-17 age group, male OVCs are more likely than male non-OVCs to have initiated sexual activity before the age 15 years, which accounts for 18 and 12 percent respectively. The impacts of HIV and AIDS on children continue to evolve and the incidence of AIDS related orphans and its associated vulnerabilities.

4.4 Sexual Gender Based Violence and Reproductive Health among Special Interest Groups

Gender-based violence (GBV) is “violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately (PRB, 2010). Gender based violence accounts for as much death and disability among women aged 15 to 44 as cancer; and more than malaria, motor vehicle accidents and war combined.

Without addressing GBV, health experts and policymakers have little chance of lowering maternal mortality, improving child survival, and combating HIV/AIDS and other sexually transmitted infections (STIs) and improving overall reproductive health status. According to the 2011 UDHS, 6 percent of women reported to have experienced sexual violence from current or most recent husband/partner, with over 51 percent of married women experiencing sexual violence, 16 percent of women (aged 15-49 years) had experienced violence during pregnancy.

4.4.1 Pregnancy and SGBV in Women

Women who experience intimate partner violence (IPV) have difficulty using family planning effectively. They are more likely to use contraceptive methods in secret, be stopped by their abusive partner from using family planning, and have a partner who refuses to use a condom. These women also experience a higher rate of unintended pregnancies, have more unsafe abortions, and are more likely to become pregnant as adolescents. Recent data have shown a strong correlation also between SGBV and HIV. Married women who have experienced both physical and sexual intimate partner violence (IPV) have HIV infection prevalence four times greater than non abused women, (PRB, 2010).

Abuse during pregnancy also poses immediate risks to the mother and unborn child, and also increases chronic problems such as depression, substance abuse, bleeding, lack of access to prenatal care, and poor maternal weight gain. Children of abused women have a higher risk of death before reaching age five and violence during pregnancy is associated with low birth weight of babies. Forced and unprotected sex and related trauma increase the risk that women will be infected by STIs and HIV. According to UDHS data, the prevalence of STIs among women who have experienced violence is at least twice as high as in women who have not.

4.4.2 Sexual Gender Based Violence and Reproductive Health among PWDs

According to NUWODU (Guzu, 2013), the key major gender based violence experienced by women and girls with disabilities include sexual abuse such as rape and defilement, forced marriages, psychological torture, forced family planning, discrimination in accessing justice etc. In a study done by NUWODU, 8 percent of the respondents (PWDs) confessed that they have sexually been abused mainly through rape that has resulted into unwanted pregnancies and infections with STIs. The large majority of them were visually impaired women whom men took advantage of their blindness because the men knew that the visually impaired woman would not identify them and will not be able to report the case due to lack of evidence.

Ironically, while women and girls with disabilities are highly vulnerable to sexual violence and society is aware of these, there is minimal legal assistance redress provided to bring the perpetrators to justice. Furthermore, women and girls with disabilities find difficulties in accessing justice because of the inaccessible physical structures of the court premises which cannot allow women with physical disabilities to report cases of gender based violence in courts. They also face communication difficulties between the court officials and deaf women including women and girls with intellectual disabilities. This is because there are no sign language interpreters in courts.

Women with intellectual disabilities, (epileptic and the deaf/blind) are denied the right to produce by using modern contraceptive methods of family planning without their consent. This is to avoid the burden of children born out of rape or defilement by the parents/relatives of the women and girls with disabilities.

4.4.3 Sexual Gender Based Violence and Reproductive Health in Humanitarian Settings

Displaced young adolescents (10-14 years), especially girls, are at risk of sexual exploitation and abuse. Because of their limited life experience, they may not recognize the sexual nature of abusive or exploitative actions in strange settings. Survivors of sexual and gender-based violence are at risk of unwanted pregnancy, unsafe abortion, STIs including HIV, as well as mental health; psycho-social problems and social stigmatization. Children associated with armed forces and armed groups, both boys and girls, are often sexually active at a much earlier age and face increased risk of sexual violence and abuse, mental health and psychosocial problems, unwanted pregnancy, unsafe abortion, STIs and HIV infection.

4.5 Special Interest Groups and Reproductive Health Services

The attainment of better reproductive health outcomes especially for SIGs is not limited to interventions by the health sector, but rather requires a multi pronged approach to address the reproductive health and development concerns (POPSEC, 2011).

4.5.1 Safe Motherhood

Obstetric care from a health professional during delivery is recognized as critical for reduction of maternal and neonatal mortality. It is estimated that 438 women out of 100,000 die from pregnancy related complications annually in Uganda. Obstructed labour is principally responsible for obstetric fistula, a devastating injury sustained by women during childbirth (POPSEC, 2011). With a total fertility rate of 6.2 per woman, on average, Ugandan women give birth to nearly two more children than they want. Only 26 percent of married women and 38 percent of unmarried women in the country use a modern method, and more than half of all pregnancies are unintended. The high rates of unintended pregnancy takes a devastating toll on women, families and communities; it leads to nearly 700,000 unplanned births a year and extremely high levels of unsafe abortion, maternal morbidity and illness. Approximately 26 percent of all maternal deaths are attributed to unsafe abortion, and for every woman who dies many more are injured.

According to a study conducted by Freddie Ssenooba et al. (2007), of the 97 health units studied, only 40 percent were able to manage the complications of abortion. There is also poor service availability for post abortion care, ranging from inadequate skills to lack of equipment, supplies and drugs in most health units. In Uganda, it's impressive that 95 percent of mothers receive antenatal care from a skilled provider and only 48 percent make 4 or more ANC visits. The delivery of women by skilled attendance is still at 59 percent (UBOS, 2012).

4.5.2 Family Planning

Government is committed towards improving FP use and access as reflected in its National Development Plan 2010/11-2014/15 and other policies and strategies. It acknowledges that limited access to FP services hinders development of the country especially women. The National Population Policy (2008) also argues special emphasis on FP and RH Commodities including contraceptives. Although there is universal awareness on contraceptives in Uganda today, only 26 percent of the married women are using modern FP methods. It is noted that 43 percent of contraceptive users discontinued the method within 12 months of starting its use for fear of side effects. The pill had the highest discontinuation rate (54 percent). Currently, 34 percent married of women have an unmet need for family planning services, with 21 percent in need of spacing and 14 percent in need of limiting birth (UBOS, 2012).

4.5.3 HIV/AIDS and Maternal Health

HIV/AIDS is also a concern for maternal and child health in Uganda since it is the second major mode of HIV transmission and is the main route by which children get infected. The prevention of mother to child transmission of HIV is now priority. Every mother attending ANC is screened for HIV and if found positive is treated to prevent transmission of HIV to the unborn baby. Uganda has recently adopted a new policy called Option B+ for the elimination of mother to child transmission of HIV (EMTCT). According to the Ministry of Health the new policy guidelines focus not only on eliminating HIV transmission by mother to child, but also reducing mortality and morbidity among HIV positive women, and HIV exposed and infected infants. It was adopted from the WHO 2010 guidelines on use of ARVs in pregnant women irrespective of their CD4 count (MOH, 2013).

In 2009, 64 percent of all pregnant women were tested for HIV in Uganda and about 51 percent of ANC sites offered HIV-testing services, suggesting strong utilization. An estimated 53 percent of HIV-positive pregnant women received ARVs for PMTCT in 2009, as compared to 28 percent of HIV-exposed infants. With continued efforts to reach women with PMTCT services, and renewed commitment to reach more HIV-exposed infants with ARVs national targets for PMTCT.

4.6 Reproductive Health Services for Special Interest Groups

There is a well established policy mechanism in Ministry of Health to provide RH services to all persons including the SIGs, however, there are still gaps identified. Government has developed various interventions to deal with undesired situations. Some of the responses include: development and implementation of the National HIV/AIDS Strategic Plan (2007/8 – 2011/12); Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda (2007 – 2015); the Strategy to Improve Reproductive Health in Uganda (2005 -2010); National Family Planning Advocacy Strategy 2005 – 2010; Health Sector Strategic Plan III with their successor documents: National Population Policy and Action Plan and Reproductive Health Commodity Security 2009/10- 2013/14; and the Policy on Disability. Various advocacy groups and institutions have been established to improve on the glaring RH indicators of SIGs such institutions include NUDIPU, NUWODU, etc.

The design of RH needs and concerns, programmes and policies to address the RH needs vary according to the special Interest groups. For example adolescents (10-24 years) require ASRH friendly services, women with disability access to the health facilities is a problem due to the lack of ramps in health facilities and contraceptives, the blind and deaf require health personnel knowledgeable in sign language.

4.6.1 Availability of Reproductive Health Services

The delivery of health services in Uganda is done by both the public and private sectors with Government being the owner of most facilities. Government owns 2,242 health centres and 59 hospitals compared to 613 health facilities and 46 hospitals by PNFPs and 269 health centres and 8 hospitals by the PHPs (HSSP III). Emergency Obstetric care is a priority, 5.3 percent of deliveries conducted by skilled providers were through caesarian section or C-section (UBOS, 2012).

Fistula is a RH issue that has raised concern in Uganda. It is a medical condition deeply rooted in a woman's social, cultural and economic vulnerability (POPSEC, 2011). This condition can be repaired through surgery; however, the cost of repair can hardly be afforded by an ordinary woman and the effects can be very devastation.

4.6.2 Youth Friendly Services

Youths require youth friendly RH services if they are to use them. The design of most of the health services does not provide privacy. Policy also emphasizes establishment of youth corners in health facilities to cater for these barriers to access and utilization of health facilities. Much more needs to be done to expand services, improve staff attitudes, staff attitudes; reduce cost, and waiting time and the ability to obtain all services at one site (the 'one-stop shop' approach) is one of the critical issues for youth. In regard to information services, Naguru Teenage Information Centre and Bonita (DSW), Reproductive Health Uganda in Kampala are example of such organizations. However, these services are disproportionately distributed in the country.

4.6.3 Maternal services for HIV Positive Mothers

Government has put in place an environment conducive for the intervention so HIV prevention and control through the Policy for reduction of mother-to-child HIV transmission (2003) and National PMTCT guidelines (2010). Uganda has been using Option A for PMTCT, which involves single-dose antiretroviral (ARV) drugs for the mother. Option B+ has recently been added by WHO to its range; it involves providing the same triple ARV drugs to all HIV-infected pregnant women beginning in the antenatal clinic setting, and continuing this therapy for the rest of their lives. Some of the benefits of the new option include PMTCT for future pregnancies, protection of a woman's HIV-negative sexual partner from infection, and enabling continuity in ARV regimens, which reduces the chances of resistance. The introduction of this new option is expected to go a long way in reducing the estimated 20,000-25,000 mother-to-child HIV infections that occur in Uganda annually. All health facilities offering ANC are supposed to offer HIV screening however this is not the case. Only 68.7 percent of health facilities (up to HC III) are offering PMTCT services.

4.6.4 Accessibility and Affordability of Reproductive Health Services

ANC visits for the fourth time have remained the same (47 percent) according to the 2011 UDHS and yet they are important to detect possible complications in pregnancy. ANC is a supposed to be free in public health facilities but clients may have to pay in private facilities. How effective is ANC in improving safe motherhood if only a few visits the health provider 4 times. RH services are often inaccessible to persons with disabilities for many reasons, including physical barriers, the lack of disability-related clinical services, and stigma and discrimination. In many situations barriers to health services include; lack of physical access, including transportation and/or proximity to clinics and, within clinics, lack of ramps, adapted examination tables, lack of information and communication materials like Braille, sign language interpreters); health-care providers' negative attitudes; providers' lack of knowledge and skills about persons with disabilities; lack of coordination among health care providers; lack of funding and health-care insurance.

Box 4: Meeting the ASRH needs of Young People

Meeting the ASRH needs of Young People

A group of adolescents sits on a wooden bench with anxiety written on their faces. They keenly watch whichever peer comes out of the consultation room. One by one, they make their way into the room once their names are called out.

The young men and women whisper to each other once in. It is obvious there is little happiness to be waiting here, since no one can ever know the outcome. This is the HIV testing and counseling section at Naguru Teenage Information and Health Centre located at Kiswa Health Centre III in Nakawa Division, Kampala district. The young people are waiting for their results.

About 130 adolescents turn up every day seeking various services ranging from post and antenatal services, HIV counseling and testing, post-abortion care and treatment, sexually transmitted infections diagnosis and treatment, pregnancy testing, family planning and treatment of other ailments like malaria. The services are provided free of charge. Most of those who turn up here have issues related to their growing up-change in size and appearance of their body parts, relationships, menstruation, pregnancy and substance abuse among others. It is here that they find answers.

A counselor conducting a session on contraceptives is given undivided attention as she takes a group of adolescents through condom use. After the session, a number of sexually-active youth pick and pocket some packets from a shelf. Other young ladies, with babies, sit at the extreme end, waiting in turns to enter the doctor's room. Expectant mothers also have their section.

Set up in 1994, Naguru Teenage Information and Health Centre has the pioneer programme in providing adolescent sexual and reproductive health services in Uganda. It currently serves over 300,000 teenagers between the ages of 10 to 24 in Kampala and other neighboring districts. Henry Ntale, the Advocacy Manager says the Centre, under the management of Kampala Capital City Authority, provides education and information to the youth to enable them make informed decisions.

Health education talks are conducted every day. Here peer educators, supported by counselors and nurses sensitize the youth. The participatory approach allows everyone to contribute and discuss issues in an open way.

The adolescents also watch video clips, some of which are translated in Luganda, conveying information about different adolescent and sexual and reproductive health issues.

Posters are printed and pinned on the walls at the centre while leaflets are distributed to the youth to take home and share with peers. The Centre also carries out school outreaches. Other outreaches are done in markets, communities, bodaboda stages, churches and other places frequented by young people. An open live phone in- Talk show, '*Muvubuka weyogerere*' (*Youth, express yourself*), airs every Sunday between 8-9 p.m. on Simba FM.

Since not every youth or adolescent can pick the courage to visit Naguru, a toll free helpline, 0800112222 is operational to enable them talk to a counselor. It is open from Monday to Saturday from 8-5 p.m..

Naguru Teenage Information and Health Centre is funded by the Government of Uganda through KCCA, the Swedish International Development Agency (SIDA) and UNFPA.

The Centre faces the challenge of space amidst an overwhelming demand for services. To solve this, management is collaborating with KCCA Health centres to establish teenage centres. These include Kawaala, Kawempe, Kisenyi, Komamboga, Kitebi and Kiruddu. Management is also implementing a project called, 'Strengthening Youth Friendly Services' in 24 Health facilities in the districts of Mukono, Nakaseke, Butambala, Kayunga, Wakiso, Gomba, Luwero and Mpigi. The Facilities are supported with drugs, services providers and peer educators. The project came up after realizing that several youth from other districts than Kampala were turning up for services.

Another programme is done with the Uganda Red Cross Society where they provide youth friendly services in the districts of Mubende, Kanungu, Moroto, Yumbe and Kaabong. Other services include behavioral change communication and advocacy, training research for NGOs and Ministry of Health interns.

For the future, the centre is aiming at consolidating its success and strengthening its partnerships with different stakeholders like donors and other organizations. They also want to expand and reach out to more youths from about 300,000 to 500,000. According to Ntale, about 60% of those seeking services at Naguru are females. He says that by expanding space and services, the Centre will reach out to more of their targeted clients.

People who are blind, deaf, or have intellectual or cognitive impairments find that information on sexual and reproductive health is often inaccessible to them. Moreover, because of the lack of physical access, the lack of disability-related technical and human support, stigma and discrimination, sexual and reproductive health services are often inaccessible as well. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers. The challenges are not necessarily part of having a disability, but instead often reflect lack of social attention, legal protection, understanding, and support.

Availability of RH services during conflict is usually a big challenge. Government is usually slow to respond. National Policy for Disaster Preparedness and Management Policy (2010) implemented under the Office of the Prime Minister identifies provision of health services as critical and priority for persons in humanitarian settings.

4.7 Implications of the Unmet RH needs of SIGs to Uganda's Development

1. Failure to provide family planning services to the various SIGs will lead to loss of resources and life. Investment is needed to expand the scope of RH services available to special interest groups. They must have appropriate counseling as well as a choice of affordable contraceptive methods that meet their needs. But as long as women have unwanted pregnancies, they will continue to resort to unsafe abortion. This calls for the provision of post abortion care and the existing legal framework must be implemented.
2. Poor maternal health indicators will continue to be seen in Uganda where a very high proportion of women visit health facilities for antenatal care (over 90% make at least one

visit), but skilled attendance at delivery is about one third of this level (UBOS, 2012). The difference reflects in part barriers to physical access to the facilities and if labour begins at night it may be difficult to travel. This is influenced by perceptions of need and risk, with Ugandan women believing a home delivery should be possible if they were told the pregnancy was normal during antenatal care.

4.8 Major Challenges faced in providing RH Needs for Special Interest Groups

1. Resources for health are still inadequate irrespective of special needs of the needs of special population groups. Only 5 percent of health facilities have a vacuum extractor for assisted vaginal delivery. Providing human resources for SIGs such as deaf has also never been fully implemented although the policy stipulates that such human resources must be in place.
2. There are still institutional weaknesses in providing RH services especially to SIGs.
3. Coordination efforts among different stakeholders to address RH challenges are still a looming one.
4. Socio-cultural and financial barriers. The 2011 UDHS revealed that 65 percent of the women expressed they had faced a barrier in accessing RH services, almost half of them said getting money for treatment was a problem in accessing health care, and only 6 percent of women perceived getting permission to go for treatment as a problem. Cultural barriers therefore are causing couples to shun the use contraceptives.
5. There is slow progress in integrating reproductive health care services for special interest groups and this undermines the ability of health programme to effectively address reproductive health needs of special interest groups such as youth friendly services for YPLHIV. This has hindered efforts towards ensuring universal access to care and support.
6. Despite the existence of enabling policy framework at national level, there still exists the major challenge of poor dissemination, implementation and enforcement of the key policies with regards to provision of health to SIGs. These policy provisions have not effectively mainstreamed in the Health Sector Strategic Plans and Health Facility work plans.
7. The attitude of health workers is very poor thereby making SIGs to shun using the available facilities and services.
8. Geographical and physical barriers remain a key constraint to SIGs' access to existing services.

4.9 Conclusion

Overall, it is important to acknowledge that as a country different categories of special interest groups exist and that some groups have more reproductive health needs than others. Therefore having an in-depth understanding of these RH needs is critical if a country has to meet their special RH needs. Good policy framework for SIGs exists in Uganda and therefore ensuring an integrated approach towards delivering the required RH services for the different SIGs becomes a pre-requisite for meeting their RH needs. This will enable them enjoy their right and lead a life of fulfilment. Only then can these SIGs contribute to the development and the social transformation of Uganda.

4.10 Policy Recommendations

1. Remove the barriers faced by Special interest groups in terms of environment, infrastructure and information through aggressive and effective public education and implementation of the existing policy framework for RH. Ensure that the existing and

proposed physical infrastructure is universally accessible and friendly to SIGs in all aspects.

2. Make reproductive health and HIV/AIDS information available and tailor it to suit the specific needs of SIGs.
3. Provide specialized services for the different persons with unique RH needs. Train specialized human resources to facilitate provision of RH services to the SIGs. Such as sign language and appropriate family planning methods.
4. Quality of service depends so much on the service providers, it is necessary to ensure they are aware of the special needs of the groups. This calls for integrating SIGs needs into the training institutions curricula for the service providers.
5. Government and other stakeholders should involve SIGs in policy development by policy makers so as to draw priorities in responding to cultural, economic and social-political issues that expose SIGs to SGBV.
6. Government should focus on strengthening family planning services (information and methods) by providing more methods and specifically attend to issues of side effects which is a major cause of user drop out. FP can reduce maternal deaths by up to 20 percent, and also improve on emergency obstetric care services.

CHAPTER 5

THE ROLE OF WOMEN IN UGANDA'S SOCIO-ECONOMIC TRANSFORMATION



POPSEC File Photo showing a Woman crushing stones in an Open Quarry at Muyenga, Makindye Division in Kampala

5.1 Introduction:

Uganda's Vision 2040 states that "the country will exploit its enormous and novelty opportunities including: oil and gas, tourism, minerals, ICT business, abundant youthful labour force, strategic geographical location, fresh water resources, industries and agriculture. These opportunities will be harnessed through strengthening fundamentals including: physical infrastructure (transport, ICT and energy), Science, Technology, Engineering and Innovation (STED); and a globally competitive human resource". Furthermore, the 2008 National Population Policy states that "*the quality of Uganda's population is also of national concern*".

It is a fact that the opportunities that will drive Uganda to upper middle income status will hinge on an able and quality population that is healthy, well educated and fully participates in civic and economic activities. This chapter will examine ways in which the Government of Uganda, with the help of non-governmental and civil society organizations, can ensure that women play their rightful role in the country's development as they are an important driver of the march towards a quality population and social economic transformation. Like many of Africa's females, the Ugandan woman is deprived and impoverished as against the backdrop of her immense contribution – actual and potential – to the socioeconomic development of the country. Unless critical and pertinent gender issues are addressed, it may not be possible to harness the development process in Uganda.

In examining the role of women in social economic transformation, this chapter does not claim that gender relations are the prime determinants of poverty. However it is essential to identify the influence gender imbalances do exert, particularly with regard to their impact on the livelihood strategies of poor rural people, and to work with both women and men to overcome them. Gender equality includes equal access to opportunities and to benefits. Any efforts towards achieving this means that the full potential of both men and women is adequately realized.

5.2 Background

Uganda's population as per the 2002 Population and Housing Census was 24.2 million and it was projected at 34.1 million by mid 2012, with 16.7 million males and 17.4 million females. The overall economic performance of Uganda as measured by Gross Domestic Product (GDP) for the fiscal year 2011/12 reflects a lower growth rate compared to 2010/11. In the fiscal year 2011/12, the preliminary real GDP at market price grew by 3.2 % compared to the 6.7 % growth registered in 2010/11. Nominal Per Capita GDP increased by 21.3 % from Ushs. 1,206,866/= in 2010/11 to Ushs. 1,463,961/= in 2011/12.

Based on 2009/10 UNHS survey data, it was estimated that 24.5% (about 7.5 million persons) of Ugandans were poor. The incidence of poverty remained higher in rural areas (27.2%) compared to urban areas (9.1%). However, the proportion of the population living below the poverty line reduced from 31.1% to 24.5% between the two UNHS survey periods (2005/06 – 2009/10). This represents a 6.6 percentage points decline of the people living in absolute poverty.

In 2009/10, the overall literacy rate was 73% among persons aged 10 years and above. More men were literate (79%) compared to women (66%). The total labour force in Uganda increased from 10.9 million persons in 2005/06 to 13.4 million persons in 2009/10, an increase of 23.0 percent. 79.4% of the working population in 2009/10 was self-employed. Paid employees constituted 21.7% of the work force in 2009/10 compared to 16.3% in 2005/06. The majority of the working population was engaged in agriculture. The agriculture sector employed 66.0% of the working population while by occupation, 60.0% of the working population were agriculture and fishery workers.

The 2002 Census revealed that there were 458,106 businesses in the country. The distribution of businesses by Industry showed that majority (61.1 %) of the businesses were in the Trade sector, followed by Accommodation & Food Services with 14.1% and Recreation and Personal Services with 9.1%. Businesses in the Agriculture sector (including Fishing and Forestry) accounted for only 1.8%. The businesses in Information & Community Services, Finance & Insurance, Transport and Storage, Mining and Quarrying, Construction and Utilities accounted for just 2.2% of the total number of businesses.

The 458,106 establishments in the 2011 Business Register employed about 1,074,000 persons, giving an increase of 142% in the number of persons employed. Out of these, 44.3% were female employees. Businesses in the Trade Sector employed the majority (41.5%) implying that with 4 out of every 10 persons were employed in this sector. Out of the total number of females employed, 44.1% were in the Trade sector followed by 22.5% in the Accommodation and Food Services Sector. Further disaggregation showed that 52.9% of the employees in the Trade sector were male while 47.1% were female. The results also showed that male employees dominated nearly all the industry sectors except Accommodation & Food Services. Notably for the Education, Health & Social Work activities, female employees accounted for 69.7% and 52.3% of the total number of persons employed respectively.

Health units in Uganda are classified into hospitals, health centres IV, III and II. Their number has been increasing in recent years. In 2011 the total number of health units increased to 4,981 (11.9%). The number of health units categorized under private for profit ownership increased by 436 units (43.9%). Delivery in health facilities has continued to improve. In 2008/09, 34% of the deliveries were in health facilities under the supervision of qualified health staff, indicating a two percentage point increment from 2006/07. Although there was a drop in this indicator by 1% in 2009/10, it increased by 6% in 2010/11 to 39%.

Goal 3 of the Millennium Development Goals (MDGs) is to promote gender equality and empower women. According to the last Population census, in 2002/3, the ratio of girls to boys in primary education was 0.95, with subsequent surveys showing an increase to 0.98 to 2009/10. The MDG target for 2015 is 1.0. In secondary education, the ratio of girls to boys was 0.80 in 2002/3, increasing to 0.81 in 2005/6. The share of women in wage employment in the non-agricultural sector was 37% in 2009/10 according to the UBOS Demographic and Health Survey, increasing to 43.7% in 2010/11. The MDG target for 2015 is 50.0%.

5.3 Situation Analysis

The 1995 constitution of Uganda provides the institutional and legal framework for women's participation in all areas including governance and human rights. In the chapter on the national objectives it is stated that:

- VI). The state shall ensure gender balance and fair representation of marginalized groups on all the constitutional and other bodies.
- XV) The state shall recognize the significant role that women play in society.

Under Fundamental Human Rights and Freedoms it is stated that:

1. Women shall be accorded full and equal dignity of the person with men.
2. The state shall provide the facilities and opportunities necessary to enhance the welfare of women to enable them to realize their full potential and advancement.
3. The state shall protect women and their rights, taking into account their unique status and natural maternal functions in society.
4. Women shall have the right to affirmative action for the purpose of redressing the imbalances created by history, tradition or custom.
5. Laws, cultures, customs or traditions which are against the dignity, welfare or interest of women or which undermine their status are prohibited by this Constitution.
6. The employer of every woman shall accord her protection during pregnancy and after birth, in accordance with the law.

With the development of a National Gender Policy (NGP) in 1997, and its revision in 2007, the GoU put in place a framework to ensure that all Government policies and programmes, in all areas and at all levels, are consistent with the long-term goal of eliminating gender inequalities. The aim of this policy is to guide all levels of planning, resource allocation and implementation of development programmes with a gender perspective. The emphasis on gender is based on the recognition that "gender" is a development concept useful in identifying and understanding the social roles and relations of women and men of all ages, and how these impact on development.

The NRM Government has been recognized for promoting women representation in leadership and governance. For example, according to the Inter-Parliamentary Union (IPU) 2011 report out of the 188 countries that were profiled Uganda was ranked 17th in terms of percentage of women in parliament. In the Ugandan Parliament out of the 375 available seats (there are 386 in total if you include Ex-officio members) 131 women have parliamentary seats resulting in 34.9%. This

number surpasses the global average of 19.5%. In Uganda every district (a main unit of political administration at local government level) has a woman member of parliament to mainly articulate issues affecting women. There are 111 districts in Uganda with a mandatory woman legislator. However, there are also women who have defeated male-dominated constituencies to directly represent Ugandans in parliament.

As a matter of policy employers in Uganda are required to maintain slots for female workers and show consideration towards gender-related issues. Affirmative action has also been taken on the education front, for example, all female students joining university education at a public university like Makerere are given an additional 1.5 entry points in order to get as many women enrol for higher education. Government programmes like Universal Primary Education and Universal Secondary Education have increased total enrolment rates of females. The Functional Adult Literacy program has achieved national enrolment percentage figures of 77% female and 23% male.

Great strides have also been achieved in the health sector. Besides providing family planning, safe motherhood and HIV/AIDS counselling to women the maternal mortality (MMR) rate has reduced significantly over the years. In 1990, Uganda's MMR (MMR is maternal deaths per 100,000 live births) was at 600 but by 2010 it had reduced to 310.

In terms of mobilization, women have made achievements and consolidated them through various strategies one of them being building a common ground across individual differences and links between NGOs. These networks include, among others, organizations like Forum for Women in Development (FOWODE), FIDA Uganda, Women's International Cross Cultural Exchange (Isis-WICCE), Action Aid, National Association of Women Organizations in Uganda (NAWOU) etc. Women in Uganda have been able to organize self-help groups and co-operatives in order to obtain equal access to economic opportunities through employment, self-employment and increased participation in all community activities. Access to agricultural credit and loans, marketing facilities, appropriate technology and equal treatment in land and agrarian reform as well as in land resettlement schemes has been improved.

The World Bank's *Little Data Book on Gender 2013* gives a snapshot of Uganda's performance in addressing gender inequalities (see Table 6). It presents gender-disaggregated data on demography, education, health, labour force, political participation, and the Millennium Development Goals. These statistics show the significant achievements in the status of women especially in the past decade, both globally and in Uganda but it remains true that women (and girls) are still a marginalized lot and there is still much to achieve in terms of gender parity.

The plight of the Ugandan woman can be understood in the context of the larger context of life in sub-Saharan Africa, much of it still poor and under resourced. Fundamental to the grasping of the situation of Ugandan women is the fact that they shoulder directly the brunt of the social, economic and political crises that characterize the region. This is manifested in terms of accessibility to production resources and education; division of labour and surplus income; decision making and governance, and employment, to mention but a few.

5.4 Women's Contribution to Uganda's Socio-Economic Transformation

The World Development Report 2012 argues that greater gender equality can enhance productivity, improve development outcomes for the next generation, and make institutions more representative. There are costs to not adequately addressing the needs of women and some researchers have pointed to problems like a population explosion, ineffective agriculture, a deteriorating environment, a generally divided society, and poor quality of life for all. Such

neglect deprives the whole society of the benefits of socioeconomic progress. This chapter does not claim that gender relations are the prime determinants of poverty. But it is essential to identify the influence they do exert, particularly with regard to their impact on the livelihood strategies of poor rural people, and to work with both women and men to overcome them. The following are some of the sectors where gender parity can have an immense positive impact on national growth and development.

5.4.1 Economy

There are considerable differences in women's and men's access to and opportunities to exert power over economic structures in their societies. In most parts of the world, women are virtually absent from or are poorly represented in economic decision-making. There is evidence that economies with greater gender equality have higher economic growth and offer a better quality of life for all. Strengthening gender equality has multiple benefits. Greater gender equality makes a major contribution to improving household food and nutrition security and reducing child malnutrition. It contributes to inclusive economic growth that lifts people out of poverty. It increases household income and assets, and benefits everyone in the household. It develops the skills base of rural communities. It helps protect the natural environment. It increases the impact, relevance and effectiveness of development interventions and makes development projects more sustainable.

With increased income, women are more likely to make joint decisions with their husbands regarding their children's medical care and school attendance as well as food expenditures and home repairs. Needless to say, women also contribute to the economy as consumers thus contributing to the growth of Uganda's GDP.

5.4.2 Agriculture

Women are major players in the agriculture sector, in household food and nutrition security, and in natural resource management. In the agriculture sector, they work along the value chain from the field to the market – in their own enterprises, in family activities and as employees. They also engage in a mix of non-farm and income-generating activities, as part of their strategy to diversify their livelihoods and household nutrition options. Four out of every five women in Uganda are employed in agriculture, according to the 2008 Gender and Productivity Survey. This implies most Ugandan women are employed in subsistence agriculture. Women, therefore, make essential contributions to the economy. African women farmers are estimated to produce 20 per cent more than men from the same access to land and inputs, with only one per cent of the land and seven per cent of extension services. By how much could global, and Uganda's, agricultural production increase if women had the same access to support and services as men?

Box 5: Women working in a Quarry at Muyenga

Women working in a Quarry at Muyenga

Despite the scorching sun, Agnes Awor can afford a smile. At least she can do some work for a living.

Agnes is one of the 22 women who crush stones in an open quarry in Mugalu zone in Muyenga, Makindye Division, a Kampala suburb. She has worked here since 1992 and has been able to look after and pay school fees for her six children. Her husband works in a sand quarry.

On a good day, Awor can crush four to five wheelbarrows of fine stones, each selling at Ushs. 4,000 and a truck at Ushs. 200,000. She buys big stones from others and crushes them into smaller and finer sizes. At times Awor engages a man to help her crush a rock. This is done by first burning it with fire to weaken it. Once the rock develops a crack, the stronger men begin breaking it from which they get huge pieces.

Women who have no capital to buy stones are employed by others to crush stones into smaller sizes. Awor says some women have been working here but cannot raise money to buy their own tools. At least one must have a one-kilogram hammer or a smaller lighter one, which is the major tool. None of these women has any protective gear, and according to Awor, some often get injuries at work. If these women had enough money, they would buy gaggles or eye protecting glasses, gloves, gumboots, and spades.

Millicent Aceng is seven months pregnant but is used to the conditions in this quarry. She climbs almost at the tip of Muyenga hill, collecting stones she heaps in one place and later crushes them.

She settled in Muyenga in 2007 having moved from Kenya following the death of her husband. Millicent first stayed with a relative before deciding to work in this quarry last year. She collects stones for a day and the following day settles down to crush them. On a good day, Millicent says she can crush ten wheelbarrows of stones. Millicent pays her own rent and has managed to buy some household items.

Another woman, Rose Nafuna, 48, has been working here for two years. She was operating a small restaurant in Juba, South Sudan. With the escalating insecurity, Rose decided to come back home where she found her way into the stone quarry. In the beginning Rose was slow but has now gained enough experience to crush five wheelbarrows in a day. At the same time, Rose earns money enough to feed her family and look after her old mother in Mbale. On some days, Rose can wait for customers in vain hence returning home empty-handed. Although Rose is used to the harsh conditions in the stone quarry, she would be happier if conditions normalized in Juba to enable her return or raise enough capital to invest in some other business.

5.4.3 Industry and Services

Women entrepreneurs are a great resource in Sub-Saharan Africa, including Uganda. Their efforts and investments contribute to higher living standards for themselves and their families. However, women are too often operating in the informal sector, in small firms, and in traditional sectors. They are not fully able to realize their potential. Entrepreneurship can reflect choices and the pursuit of opportunities, but it can also reflect necessity and a lack of alternative options. Non agricultural wage employment, often the alternative to entrepreneurship, is lowest in Sub-Saharan Africa—and demonstrates the largest gender gaps of any region. In Uganda male employees dominate nearly all the industry sectors except Accommodation and Food Services, while females dominate in the Education, Health & Social Work fields. Improving the prospects of existing businesses can go a long way in enabling more women to take their entrepreneurship efforts to a higher level. Addressing constraints in the investment climate that burden informal and smaller enterprises will benefit women and provide them with the incentives and abilities to run larger enterprises in the formal sector in higher value added industries.

5.4.4 Education

It is very important for girls to have the same (or, logically, even greater) access to education as boys. Women fend for the family in both good times and in bad. They are often responsible for the economic wellbeing of their families and for primary health care. A woman is a manager and decision-maker of the home. She needs all the skills necessary to make a successful and happy "home enterprise". A household with an educated woman is better off than one with an uneducated wife and mother. The benefits cover a wide range of areas including improved outcomes in health, nutrition, family planning, income generation and financial security. It is also widely acknowledged that the longer a girl stays in school, the later her age of sexual debut and the fewer, better spaced, children she is likely to have. This ultimately leads to a more ideal fertility rate for the country and a more manageable population size that the government can easily provide services for.

5.4.5 Health

Traditional Africa has allocated the role of nurturing, and ensuring the health of the family and the community as a whole to women. From the age of six, girls begin to work with their mothers, cleaning, sweeping, nursing and caring for the younger children, the aged and the sick. Therefore, the female child is customarily socialized as the custodian of family health. Because women are traditionally responsible for health in African countries and their status in society is low, the status of the health sector has received less attention than other sectors. The paradox of entrusting the woman with the responsibility of health and at the same time denying her the opportunities to influence policies remains a major obstacle.

5.4.6 Reproductive Health

In Uganda, lack of resources and skilled staff to improve quality and delivery of maternity services, despite good policies and concerted efforts have not yielded an increase in utilization of those services by women or a significant reduction in the high ratio of maternal deaths. Many rural women use traditional birthing practices and their communities often have the belief that pregnancy is test of endurance and maternal death a sad but normal event. Because of the poor services at health units, many women are unwilling to deliver in health facilities and seek care for complications. Reproductive health, maternal care and access to prenatal services is one of the key indicators of countries progress therefore Uganda cannot hope to reach middle income status unless issues like mothers dying of pregnancy related conditions becomes a rarity.

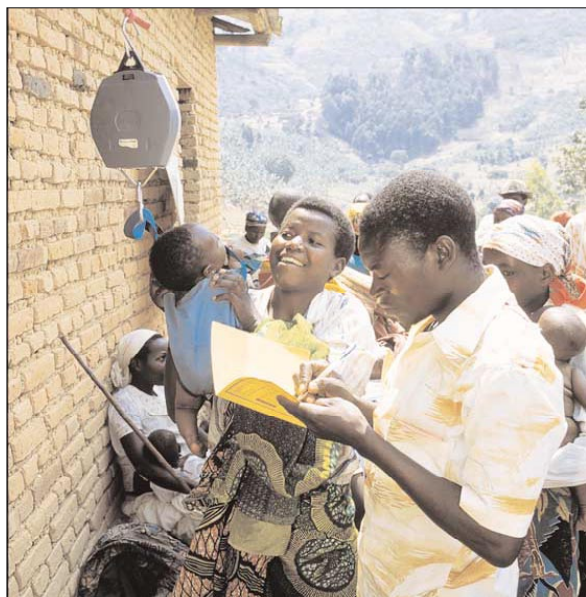
Table 6: Gender Statistics: Uganda vis-à-vis the World²¹

	WORLD		UGANDA			
	Female	Male	Female	Male	Female	Male
Demographic, Health, Social and Economic Development Indicator						
Demography						
Sex ratio at birth (boys per girls)	1.07		1.07		1.03	
Life expectancy at birth (years)	68	63	72	68	49	45
Under-five mortality rate (per 1,000 live births)	85	89	50	53	164	192
Female-headed households (%)						30
Education						
Gross primary enrolment ratio (% of relevant age group)	93	106	105	108	62	77
Gross secondary enrolment ratio (% of relevant age group)	45	54	69	72	8	14
Gross tertiary enrolment ratio (% of relevant age group)	13	14	30	28	1	2
Primary completion rate (% of relevant age group)	76	85	89	91	28	47
Youth literacy rate (% of population ages (15-24))	79	88	87	92	63	77
Health and related services						
Total fertility rate (births per woman)	3.2		2.4		7.1	
Adolescent fertility rate (births per 1,000 women ages 15-19)			53			131
Women first married by age 18 (% of women ages 20-24)					53	40
Contraceptive prevalence (% of women ages 15-49)	58				5	30
Unmet need for contraception (% of women ages 15-49)						41
Pregnant women receiving prenatal care (%)			81		87	93
Births attended by skilled health staff (% of total)	400		66		38	57
Maternal mortality ratio (per 100,000 live births)			210		600	310
Economic structure, participation, and access to resources						
Labour force participation rate (% of population ages 15+)	52	81	51	77	82	83
Wage and salaried workers (% of employed ages 15+)						76
Self-employed workers (% of employed ages 15+)						
Vulnerable employment (% of employed ages 15+)						
Unpaid family workers (% of employed ages 15+)						
Employment in agriculture (% of employed ages 15+)						
Employment in industry (% of employed ages 15+)						
Employment in service (% of employed ages 15+)						

²¹ The World Bank. The Little Data Book on Gender 2013. Washington, DC: World Bank. doi: 10.1596/978-0-8213-9820-3.

	WORLD				UGANDA			
	1990		2011		1990		2011	
	Population (millions)			6,974.2	Population (millions)			34.5
	GNI, Atlas (\$ billions)			66,354.3	GNI, Atlas (\$ billions)			17.5
	GNI per capita, Atlas (\$)			9,514.0	GNI per capita, Atlas (\$)			510.0
	Population living below \$1.25 a day (%)				Population living below \$1.25 a day (%)			38.0
Demographic, Health, Social and Economic Development Indicator	Female	Male	Female	Male	Female	Male	Female	Male
Women in wage employment in the non-agric sector (%)	35			.0				
Women's share of part-time employment (% of total)								
Maternity leave (weeks)					8		9	
Maternal leave benefits (% of wages paid)							100	
Female legislators, senior officials and managers (% of total)								
Employment to population ratio, total (% ages 15+)	49	76	48	73	79	80	72	77
Employment to population ratio, youth (% ages 15-24)	45	59	35	49	63	60	54	57
Children in employment (% of children 7-14)							36.5	39.8
Unemployment rate (% of labour force ages 15+)					0.6	1.3	5.1	3.1
Long-term unemployment rate (% total unemployment)								
Youth unemployment rate (% of labour force ages 15-24)					1	3		
Account at a formal financial institution (% age 15+)			47	54			15	26
Public life and decision making								
Seats held by women in national parliament (%)	13		21		12		35	

Infant and child survival, growth and development cannot be improved without good maternity



Women taking their children for growth monitoring

care. Proper planning of births, including adequate child spacing, is a basic ingredient of any child survival package. STDs, and in particular, HIV infection, unless adequately controlled, can impede further progress in child survival. Fertility regulation is a major element in any safe motherhood strategy. It reduces the number of unwanted pregnancies, with a resultant decrease in the total exposure to the risk as well as a decrease in the number of unsafe abortions. Proper planning of births can also decrease the number of high risk pregnancies. The Ugandan woman's maternal health needs must be addressed in order to achieve a quality population

5.4.7 Food Security and Nutrition

Women play a decisive role in household food security, dietary diversity and children's health. In developing countries, rural women and men play different roles in guaranteeing food security for their households and communities. While men grow mainly field crops, women are usually responsible for growing and preparing most of the food consumed in the home and raising small livestock, which provide protein. Rural women also carry out most home food processing, which ensures a diverse diet, minimizes losses and provides marketable products. Women are more likely to spend their incomes on food and children's needs - research has shown that a child's chances of survival increase by 20% when the mother controls the household budget. Women, therefore, play a decisive role in food security, dietary diversity and children's health.

5.4.8 Environment and Natural Resources Management

Rural women are both stewards and users of natural resources. They possess knowledge that is distinct from that of men and complementary. They also depend on natural resources for water and fuel wood, and use natural products for economic and medicinal purposes. Gender disparities in property rights threaten natural resource management. Rights to property increase women's status and bargaining power within the household and community and provide them with greater incentives to adopt sustainable farming practices and invest in natural resource management. Yet even where women are primarily responsible for food production, such as in Sub-Saharan Africa, land is predominantly owned by men and transferred intergenerationally to males. This means that women must gain access and user rights to land indirectly, through male family members. Insecurity of tenure discourages women from investing time and resources in sustainable farming practices. For example, because women are primarily responsible for household firewood collection, they bear the greatest cost of forest loss, but without control of land they cannot plant their own trees.

5.4.9 Employment

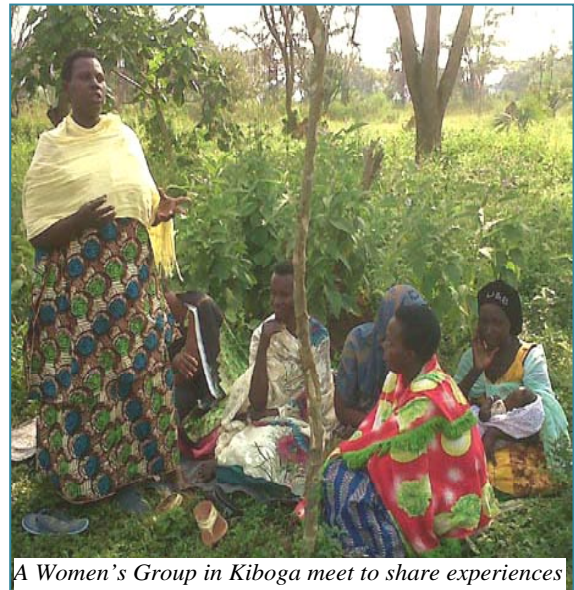
World over, women have always worked. But most of their work has been unrewarded yet women too contribute to economic growth. In Uganda, women work as smallholder farmers, school teachers, domestic workers, chief executives, politicians, nurses, volunteers, doctors, taxi drivers, mothers, carpenters, child care workers, and business owners among others. However,

the challenge is that many Uganda women are engaged in unpaid work especially domestic work. For those who are in paid work, the pay is so little that it can hardly enable them live a decent life. Women's economic potential is largely unrealized when they are left out of employment. Enabling women to access more formal employment opportunities will increase the size of Uganda's human resource base, enlarge its professional class and diversify the pool of talent available to both local and international investors.

5.4.10 Leadership and Governance

The 1995 Constitution provides the institutional and legal framework for women's participation in all areas including governance and human rights and the Local Government Act of 1997 is an instrument that has enhanced the changes on the rights of women, gender equality, non-discrimination on the Local Government scene.

It's important to have more women leaders partly because symbolism counts - a woman at the top does change perceptions about women and leadership. Women leaders do matter. If more women are allowed and encouraged to become leaders, it would create a ripple effect through many sectors of society. Not only would it create a better quality of life for women themselves, but also for their children and the children of future generations to come.



A Women's Group in Kiboga meet to share experiences

Former US Secretary of State Madeline Albright once observed, "If women in government do their jobs, they will improve the lot of women and girls everywhere. They will raise issues that others overlook, pass bills that others oppose, put money into projects others ignore, and seek an end to abuses others accept." Though not all women in power will be concerned about women's issues, it is just more likely. The presence of women in national legislature and other elected offices is closely associated with the adoption of women-friendly policies. Becoming a leader demands for skills and knowledge, therefore women in leadership in local government should continuously be supported to build their capacity to withstand the challenges of leadership.

5.5 Existing Programmes enhancing Women's participation in Social and Economic Transformation

In recent years, Uganda has put in place several programmes that address some of the issues that limit women's participation in the economic growth of the country. For example, in the Plan for Modernization of Agriculture, Government committed itself to finance establishment of rural markets for subsistence farmers, and facilitate establishment of Non-governmental institutions to provide finance and risk insurance to subsistence farmers. Government plans for poverty eradication are focused on transformation of the poor women, from producing predominantly for the household to producing for the market. The focus is to diversify and re-orient subsistence farmers towards commercial agriculture.

Other policy measures and plans in place to enhance the status of poor women include the Social Development Sector Strategic Investment Plan (SDIP), one of whose outcomes is increased equality, equity and respect for rights of the poor and vulnerable; land tenure law reforms guided by the implementation of the 1998 Land Act; and Micro-credit schemes and laws to protect the poor from being exploited.

Entrepreneurs' access to financial services is crucial for three main reasons. It is key for securing access to productive resources (internal resources are rarely sufficient for growth). It can smooth cash flow. And, in the other direction, it matters for savings (particularly if other members of the household may divert resources). This is why the availability of credit facilities for women is key to facilitating their contribution to the country's social and economic growth. In Uganda, microfinance institutions are playing a key role in providing financial services to women entrepreneurs and even banks like DFCU, Standard Chartered, etc have introduced tailor made products for women. Provision of credit to the rural poor is implemented by non traditional financial institutions/NGOs like Uganda Women's Finance Trust, FAULU-Uganda, PRIDE AFRICA, FINCA, CEEWA, ACTION AID, NSARWU, SEND A COW and HEIFER PROJECT INTERNATIONAL. These institutions have contributed to uplifting the quality of life of women, especially in the informal sector.

Entrepreneurs with at least secondary education and some vocational training have significantly higher revenue per worker than those with no education. Although women in general may have less education, those who are educated obtain more benefit from it by running more productive firms than do their male colleagues. Government programmes like UPE and USE will automatically increase the number of girls that can access higher education. Vocational training is gaining prominence as employers continue to demand for a 'work ready' crop of graduates that have the skills needed in today's economic environment. The Business Technical Vocational Education & Training (BTVET) department under the Ministry of Education and Sports regulates and coordinates a varied number of institutions that offer this much needed skills training. With an increased number of girls accessing the education system through UPE and USE, the range of opportunities for skills development is also widened, allowing them to enter the job and entrepreneurship market at all levels.

Initiatives like Enterprise Uganda from which many youth have benefited in business skills and entrepreneurship are making efforts to decrease the burden of unemployment. If more young women are involved in such skill enhancing initiatives, their potential to become major players in the country's economy will be enhanced. Enterprise Uganda under its women economic empowerment program, supported by Government of Norway and Government of Uganda, is in the process of identifying women groups and women entrepreneurs for Phase II of Strengthening Women Entrepreneurs program (SWEP). This follows a successful Phase I (2008-10) which supported 3,862 rural and urban women to increase the household incomes.

Despite the active involvement of women as entrepreneurs in Sub-Saharan Africa, women are rarely at the table when business-related policies are discussed, and the issues facing businesswomen as opposed to businessmen, are rarely debated or addressed in policy-making forums. Women need to be active in business environment reform, not only because they are strongly involved as entrepreneurs—but also because the obstacles and constraints they face, and the perspectives they bring, can be, and often are, quite different from those of their male counterparts. Institutions like the Uganda Women Entrepreneurs Association (UWEAL) are key in addressing this issue.

Box 6: Village Savings and Loan Association Initiative in Katine

Case Story of Village Savings and Loan Associations (VSLAs) Initiative in Katine

Mary has been one of the leading lights of the Village Savings and Loan Associations (VSLAs) initiative in Katine. She was one of a first women to take charge of a group when they were first introduced into the sub-county by CARE International and local NGO the Uganda Women's Efforts to Save Orphans (UWESO). As part of the Katine project in 2008, and has steered her group with admirable vigour. Her VSLA saved up to \$5,000 in its first year and there seemed only one way to go – up.

Then things started to fall apart – from the top. Mary's husband complained that she was spending too much time doing VSLA work. Then he claimed he had information she was having an affair with one of the group members. Moreover, she had gone ahead and opted to take injectable contraception, something he had previously opposed.

The husband's reaction was violent. He severely beat Mary and ordered her to quit the VSLA altogether. The group members were devastated. They became suspicious of each other over who may have spread the rumours that they held were untrue. Savings declined dramatically and it looked as though the group would collapse.

However, AMREF project staff had to mediate between Mary and her husband. After listening to the mediator and the group member suspected of having the affair, the husband said he realized that the rumour was probably untrue and that he had overreacted. He has since allowed his wife to continue with the VSLA leadership work.

"We are trying to get the members saving again, but it is a struggle," an AMREF officer told me. "The group's morale has been badly affected."

The case of Mary is a stark reminder of the challenges facing women who try to play their role in the development of their families and communities. The fact that women need their husbands' permission to participate in a scheme like a VSLA that will eventually help bring more food and other basic necessities into the home is a telling reminder of how much work there is still to do to change attitudes.

Over the years, the argument has been that taking and keeping girls in school would help their future health and improve their families' welfare. Initially, this seems true, when you look at Mary's life. An O-level drop-out, Mary is one of the better educated and progressive women in her village and the sub-county. And when I first visited her there was a modest sense of prosperity about her home.

But with her passionate pursuit of her VSLA work and her belief in family planning, she encountered problems. My understanding of the dynamics of the situation is that the husband relented because of the mediation and the pressure of group members. But that doesn't mean he is happy, so it is doubtful that Mary will feel she can relax and get on with her work in peace.

5.6 Gaps and Challenges facing Women in contributing to Social and Economic Transformation

There remain several obstacles to attaining the level of gender parity that would help the country achieve more of its development goals. Some of these are the social cultural issues that lead to the marginalization of girls right from the family level to the wider community. These include discriminatory cultural practices, harmful traditional practices and attitudes, the traditional division of labour according to sex that exerts greater demands on girls, family instability, certain religious beliefs that reinforce negative cultural practices, an insecure environment in and outside school that interfaces with the physical, social and psychological conditioning of girls, and, lastly, the differential motivational force for boys and girls that is reinforced by parental, societal and school expectations.

However, though some challenges can be located at the community or societal levels, the point of interjection of much gender-biased practices is at family or household level with particular reference to the parents of the child. This is aggravated by conditions of poverty that set the decision parameters in the family, for example, about who will go to school when there is not enough tuition fees for all the children. Some parents do not send girls to school during times of hardship since it is perceived that the girls' educational benefits are enjoyed by the family into which she marries and not by the family of origin.

While there has been an increase in access to education for Uganda's children, the higher the levels of education, the lower the numbers of people attaining that level. Women are disproportionately affected by this trend and they continue to have lower levels representation at the university level. Most of the girls who manage to make it to the top academic levels are those that are able to access high quality lower level schools, leaving many of the rural poor girls out.

Even when they are able to attain some education, women still face challenges in employment. A survey on Gender and Productivity by the Uganda Bureau of Statistics (2008) indicates that 46% of the country's women in the labour force are unpaid while only 18% of men in the labour force are classified as unpaid. This means that women and men have disproportionate access to income. Besides, despite the legal provision, most women who work in the private sector are deprived of their rights to full maternity leave.

In economic terms, most of Uganda's women live in rural areas where there are limited productive roles which have a quick return in business or investment. While women can be very hard working and agriculture is the easiest source of income for a woman, most of them engage in small scale farming or business - activities which normally earn little. Few women know the market dynamics of what they are selling in the market and often under price their produce or products – a clear case of poor returns for the months of labour spent in the fields. Even worse, some women will work in the gardens without any support, selling the produce and then being forced to surrender the money to their husbands who may or may not use them for the benefit of the family. Generally, women are more dependent on farm self-employment than on non-farm and formal employment, compared to men, due to inadequate skills, discrimination in formal labour markets, and difficulties of combining employment with care-giving, particularly, to children and the sick.

Another cause of gender income inequality is the reproductive roles that are very important to a woman. The natural child bearing and nurturing role of women is time consuming and labour intensive and this can prevent their full participation in economic opportunities especially if they do not receive enough spousal support. The issue of reproduction has further impact on

women's participation in economic development if there is limited access to family planning with its benefits for families and communities.

While many women are embracing the opportunities now on offer, key obstacles remain in a traditional patriarchal order, for which men are fairly rigid custodians and fellow women tough gatekeepers. For example, while participation in local governments has given women status, recognition and built self-confidence among the individuals, they have been exposed to a sometimes hostile public sphere and media that can be unsupportive to women in politics and leadership and intrudes on their privacy. Furthermore, the demand for women's labour in domestic/reproductive roles deters some women from participating in council activities. Some council meetings take long, the venues for the meeting are very far and some positions require women to be full time at the headquarters of the Local Government therefore leaving no time for their domestic work.

Uganda has enacted legislation against domestic violence - two major pieces of legislation came into force in 2010: The Domestic Violence Act and the Prohibition of Female Genital Mutilation Act. However implementation remains a major bottleneck, especially in rural communities, where societal cohesion and harmony often override the impersonal, costly criminal justice system. Many cases of violence against women never make it to the local police station. Other obstacles to implementation include the adoption of required implementing regulations and the allocation of an adequate budget.

Land is central to getting finance, especially in Africa's collateral-based banking systems, and is a key resource for enterprise development. Land issues are also where many of the problems associated with multiple legal systems—with customary law and practices for land ownership and access rights, and deep rooted gender biases—come to the fore. Some land laws explicitly give rights to men, some are gender-neutral, and others recognize the rights of women to own land. In many cultures, intestate succession laws exclude customary or lineage land from property that can be inherited by the widow on the death of her husband. Instead, the land follows customary rules of inheritance, usually to a male heir. Customary land comprises a big percentage of land in Uganda so this can be a major impediment to women's land rights.

5.7 Conclusion

The World Development Report on Gender Equality and Development (WDR 2012) identified women's voice, agency and participation as a key dimension of gender equality, alongside endowments and opportunities, and as a major policy priority. Agency, as defined in the WDR 2012, is the ability to use endowments to take advantage of opportunities to achieve desired outcomes. WDR 2012 focused on five of its 'expressions': women's access to and control over resources; freedom of movement; freedom from the risk of violence; decision making over family formation; and having voice in society and influencing policy. Furthermore, without achieving Millennium Development Goal 3 – gender equality and empowerment of women – the other MDGs will not be met by 2015.

Expanding opportunities for women is of intrinsic value. It is also instrumental in fostering development. Realizing the potential of all people is needed to ensure growth, productivity, and a vibrant society. With the above points this chapter has endeavoured to make the case that while the GoU has facilitated great strides in gender equity, there is need to push beyond representation and capitalize on the gains made so far. It is now time to harness the potential of women as a driver for national development, as a key resource for economic growth and the major factor for a quality population.

5.8 Policy Recommendations

In order to increase the participation of women in national growth and development and make use of their full potential, the government of Uganda and its development partners can consider several recommendations.

1. **Gender Mainstreaming:** The practice of gender analysis should become an integral part of policy and decision making in order to realise long-term sustainable development. Program designers should use gender analysis to understand the different roles, interests and priorities of women and men, and tailor policies, programmes and projects accordingly. Baseline data should be collected so that a case can be made for gender-sensitive policy making as well as to document its value. It is important to apply continuous learning and analysis based on field experiences to develop more effective approaches and to generate information for evidence-based advocacy and policy dialogue.

In addition, monitoring and reporting on programmes should include sex disaggregation and implementers should use this data to plan for inclusion of women in development initiatives, as well as address the barriers to their participation. Main streaming gender will lead managers of development initiatives to ask different questions and ask questions differently; to formulate more effective policies and programmes, and to seek solutions in development that are sensitive and responsive to the roles that women and men play in the lives of their communities and the future of their countries.

2. **Increasing access to Economic Opportunities:** Women need to be empowered to make their own choices and respond to increasing economic opportunities. The regulatory requirements for business registration and public tendering differentially affect women and men's capacity to engage in large business activities. Consequently, women's businesses are largely confined to the informal sector, unable to grow and to create jobs. It is critical that growth enhancing and poverty reducing policies take account of these issues and seek to tackle the gender based inequalities not only to promote equity and justice, but also to promote efficiency in economic growth. There is need to address the disparities in income and ensure the enforcement of the labour law.
3. **Property and Legal rights:** Ultimately, a woman's ability to engage in economic activity is shaped by what property rights she enjoys and what legal capacity she possesses. Discriminatory family, marital-property, and inheritance laws are serious barriers that need to be addressed. There is need to improve and update the existing laws that discriminate against women and the government needs to strengthen its efforts to explain the benefits of such laws which are usually misconstrued to be feminist propaganda.
4. **Strengthening women's voices in business environment reforms:** The is need to encourage greater participation of women in business associations and to build the capacity of business associations to provide better services to members and to contribute more to advocacy for policy reforms. The GoU can consider carrying out a systematic, gender-informed analysis of business environment obstacles to highlight issues of concern to businesswomen and then integrate this analysis into dialogue and policy making.
5. **Addressing socio-cultural barriers:** Much more effort needs to be given to speaking to men (and women) about women's empowerment and to push for society's recognition of women's role and place in the development process and decision making

at home and in society. Involving more women in development processes may require special outreach and training for poorer and less educated women and for those who hesitate to voice their needs in front of men for cultural reasons. Because women are not a homogeneous group, particular attention must be given to ensuring that all women can participate effectively in such programs.

To limit the reproduction of gender inequality across generations, it is important to reach their acquisition of skills, future health, economic prospects, and aspirations. This can be done by facilitating the transition from school to work with job and life skills training programs; and exposure to role models such as woman leaders in the political, social and economic spheres who challenge prevailing social norms.

6. **Agricultural policies:** There is need to support smallholder subsistence farmers who, in Africa and Uganda, are mostly women; they need scientific knowledge to improve the quality and yield of their food crops. Government programs to improve agricultural production should take into consideration the barriers that prevent women from accessing this knowledge, and make special considerations to reach them and follow up in a consistent manner. Women must also be included alongside men in the design of agricultural and nutrition programs. One effective way of securing women's participation is through networks or group-based programs. These groups help women access critical support services and strengthen their social capital so that they can engage in other activities. In addition, labour burdens for women and girls may be mitigated by increasing women's access to labour-saving technologies, such as lightweight plows, fuel-efficient stoves, boreholes, etc. Rural electrification would also go a long way in lightening women's burden.
7. **Affirmative action:** An evaluation of the affirmative action initiatives by the GoU should foster implementation in other areas such as managerial positions in public service and the judiciary, where the numbers of women in top level positions remain very low. It should also contribute to designing measures to better accompany affirmative action programs and strengthen their impact. For example, affirmative action for University entry should ensure that girls from underprivileged backgrounds also benefit. For political positions affirmative action should be a temporary measure designed to allow women to be elected initially, then they should be trained to run for competitive elections, thereby freeing affirmative action seats for newcomers. There is also need to involve women more in groups such as trade unions and professional associations.
8. **Tackling violence against women:** A concerted government strategy towards eliminating domestic violence is required. The GoU should take measures to ensure the effective implementation of the Domestic Violence Act. Implementing regulations, the necessary budget, and an implementation strategy must be adopted. Implementation should include the following as priorities: Adoption by government of a training scheme for actors in the justice and law sector; Review of the Local Council Act to include the duties under the law as part of their mandate; Provision of training to local authorities on their new duties under the Law; Launch of a media awareness raising campaign on the Law, including air-time for NGOs; Include awareness raising/training module on the Law in police standard curriculum, and specialized training for community services officers; Improve Ministry of Health/NGO cooperation with a view to enhancing the capacity of health professionals under the law.

9. **Reproductive health:** There is need to develop, implement and evaluate effective policies and strategies related to sexual and reproductive health. Without due attention to gender equality, health services, programmes, laws and policies will have limited effects. Women and men will not achieve their full health potential over the life-course. For reproductive health services to be woman-friendly, they have to recognize and respond to the continuum of reproductive health care needs, they have to see the woman behind the mother, they have to see women as ends and not means, and they have to tailor their services according to women's needs and perceptions. It is of utmost importance that interventions to address the barriers between rural mothers and the formal health care system are developed and implemented. Furthermore, the concept of reproductive health dictates that special attention should be social disadvantage of being a female in societies that discriminate against girls. It is also recognition of the impact of the health and nutrition of the female child on the woman's future reproductive health.

CHAPTER 6

SPECIAL INTEREST GROUP: WEALTH CREATION AND LIVELIHOOD ENHANCEMENT IN UGANDA



POPSEC File Photo showing member of Kampala Disabled Trader's Business Association in Kampala striving to survive

6.1 Introduction

Inclusive participation in livelihood activities and wealth creation by all stakeholders is critical to poverty alleviation, one of the Millennium Development Goals (UNECA, 2005). It is also essential for independent living, freedom to take control of one's life, and improvement of self-esteem. For marginalized groups like persons with disabilities (PWDs), youth and women livelihood issues become all the more important on account of the imbalances and inequalities experienced in society. Poverty alleviation, wealth creation and livelihood enhancement, especially among the poorest people of Uganda, are central to the Government's strategic planning and programmes as articulated in the National Development Plan (Gelsdorf, Maxwell and Mazurana, 2012).

As relevant Government ministries with support from development should undertake periodic study of the social, economic, and demographic developments in the target population to establish whether or not the strategic plans and implementation strategies of Government and other stakeholders are achieving the desired outcomes. In light of the findings, Government could strengthen existing policies and practices or have a shift in strategy and approach.

This chapter presents an overview of the experiences of categories of people who, due to disability, gender, or youthful age, often experience challenges of physical, social, and/or institutional nature that exacerbate their marginalization in society. It further highlights experiences of three special interest groups – PWDs, women and the youth with respect to their engagement in wealth creation and livelihood activities.

6.2 Definitions

A correct definition of a category of people to be served enhances a proper understanding of the nature of their problem and how to appropriately deliver service to them.

Disability

Disability is a functional limitation a person with impairment encounters when he/she interacts with barriers within his/her physical or social environment, and personal factors. It is not an individual's intrinsic feature but rather a functional deficit consequent upon an impaired individual's experience of one or more of the above two factors. The interaction of the same person with impairment may yield different functioning levels in different environments (WHO, 2011). Applying this definition in the context of PWDs' participation in livelihood and economic activities, the intervention effort needs to focus on the three factors (impairment, environmental barriers, and PWDs' individual traits). In this way PWDs' participation in livelihood and wealth creation activities can be enhanced.

The Youth

Divergent views on who a youth is have been expressed. The United Nations (UN) defines the youth as persons between 15-24 years but the Commonwealth Youth Programme slightly differs by widening the defining age bracket from 15 to 29 years (MoGLSD, 2001). The National Youth Policy defines the youth as all young persons, female and male, aged 12 to 30 years. This definition does not look at the youth as a homogeneous group with clear-cut age brackets but rather "as a process of change or a period of time where an individual's potential, vigor, adventurism, experimentation with increased risks and vulnerabilities show themselves in a socially meaningful pattern" (MoGLSD, 2001). The definition considers youth and child to be mutually inclusive at some stage of their lives. On the other hand the legislative definition of the youth given by the 1995 Constitution of the Republic of Uganda indicates the age bracket of 18-30 years. For purposes of this chapter the official legal definition given by the Uganda Constitution will be adopted.

Women

Although a review of related literature does not give any definition of a woman, this chapter assumed the legal as well as the community meaning of a woman, i.e. a female person who is 18 years and above and a female culturally or communally recognized as married.

6.3 Background

Over the 50 years of its existence Uganda has grappled with challenges of a diverse nature. In the 1970s (years of military misrule) there was virtual collapse of the economy and the social service sector (Gelsdorf, Maxwell and Mazurana, 2012). The subsequent years up to 1986 were years of anarchy. While the advent of NRM rule ushered in peace and order, which was enjoyed in the central, southern, western and some parts of the eastern regions, civil wars and insecurity gripped the Teso area (up to the mid-1990s) and for almost two decades in northern Uganda. Cattle rustling and armed banditry was a chronic problem harassing the Karamoja region, and neighboring districts until a disarmament programme by Government pacified the area (Wepundi, Ndung'u and Rynn, 2011). The protracted insecurity coupled with the factors like

poor harvests, inflation, and general deficiency in public health service delivery has led to abject poverty and disability among the population.

Following the end of insurgency in the North and restoration of relative peace, Uganda has registered an impressive economic performance over the past two decades, achieving macroeconomic stability (UBOS, 2002). Nonetheless its high population growth rate of 3.2 percent per annum - one of the highest in the world - has neutralized this achievement. Most of its population estimated at 35.4 (UBOS, 2010) lives in abject poverty with the biggest chunk (87%) located in rural areas (POPSEC & UNFPA, 2012). But the most affected are the north and north-east areas of the country for obvious reasons. The dry and sub-humid climate and extreme variability of rainfall and soil fertility there means that farming presents a challenge (CC DARE Uganda).

Uganda is still donor dependent and grappling with challenges of diverse nature including unemployment, corruption, poor infrastructure, and high inflationary rates. The Government cannot provide adequate and appropriate social services, rendering a significant section of the population especially in rural areas vulnerable to poor health, disease and disability. In all this the most vulnerable are the traditionally marginalised groups especially the disabled, the youth and women.

Notwithstanding, Uganda has been widely seen as a world leader in promoting the social, economic and political empowerment of its marginalized sections of the population. In the 1990s it was a deliberate policy and strategy to promote the largely disadvantaged special interest groups' participation in the economic mainstream of society. Existence of specific legislative provisions and enabling policies in the country intended to safeguard the rights and interests of the special interest groups is a clear demonstration of this fact.

6.4 Legal and Policy Context

Several legal provisions and policies exist to guide service provision for the special interest groups. The 1995 Constitution, as amended 2005, Chapter Four Articles 32, 33, 34 and 35 provide for affirmative action for the special interest groups to make up for the diverse disadvantages and challenges that make them lag behind the rest in society.

6.4.1 Disability related Laws and Policies

A number of enabling laws and policies that seek to promote and protect the rights of PWDs, including those relating to economic empowerment and livelihood exist. Key among these are the National Constitution (1995), the Persons with Disabilities Act (2006), the Local Governments Act (1997), and the Equal Opportunities Commission Act (2007). The Government has also put in place other policies and measures that are considered favorable to the economic empowerment of PWDs, such as the National Policy on Disability in Uganda (2006), Universal Primary and Universal Secondary Education schemes, the Special Needs Education Policy, and a special disability grant that goes to the districts annually to finance projects for PWDs (Ashaba, 2012). In order to promote, protect, mainstream and monitor the rights of PWDs, a National Council for Disability was established in 2003. The council has established Disability Councils at district level, meaning that today about one third of the districts of the country has a council. Furthermore, while disability is the overall responsibility of the Department of Disability and Elderly under the Ministry of Gender, Labour and Social Development, different sector ministries are supposed to mainstream disability issues in all their activities. All these various legal and policy provisions are in essence supposed to enable access and meaningful participation by PWDs in the mainstream of social and economic life.

6.4.2 Youth Legislative and Policy Framework

There are no laws addressing the youth specifically in Uganda but being a cross cutting category, legal provisions and policies meant for other special interest groups also apply to the youth who belong to those groups. In Chapter Four Articles 32, 33, 34 and 35 of the Constitution of Uganda the rights of special interest groups including children, women, PWDs, and the right to education and labour of all Ugandans are enshrined. These provisions also apply to the youth in those groups and seek to promote and protect their rights, including those relating to economic empowerment. The National Youth Policy of 2001 delineates guidelines for meeting the needs and concerns of the youth in Uganda. The document by Ministry of Gender, Labour and Social Development, widens the age bracket of the beneficiaries from 12 to 30 years, although the legal definition of a youth in Uganda is one between 18 to 30 years old.

6.4.3 Gender related Laws and Policies

Besides the Constitution of the Republic of Uganda, relevant legal and policy provisions exist to promote the welfare, dignity and interests of women. The National Development Plan (NDP), the overarching national planning framework, guides public actions to eradicate poverty. The Uganda Gender Policy is an integral part of the national development process. This, therefore, provides a firm foundation for the NDP implementation to be based on gender responsive strategies. Sector Wide Approaches to planning (SWAps) and the Medium Term Expenditure Framework (MTEF) as mechanisms for NDP implementation, have the potential to enhance gender focused programming, gender and equity budgeting so that national and local government interventions, expenditures and services benefit both women and men. The Constitution of Republic of Uganda provides for reservation of one seat for a Woman Member of Parliament for each district and at least one third of local council seats are reserved for women. This has resulted in increased number of women in leadership and decision-making (Kusasira, 2011).

The above laws and policies are purportedly there to promote the human rights of special interest groups but the political will to translate these provisions into tangible actions is lacking. Even the groups' representation in Parliament, in the absence of an implementation plan and resources from government, remains more of a token than an effective representation of the disadvantaged people's interests. Government appears to be too preoccupied with general mainstream challenges to dedicate resources to implement the laws and policies.

6.5 Demographics

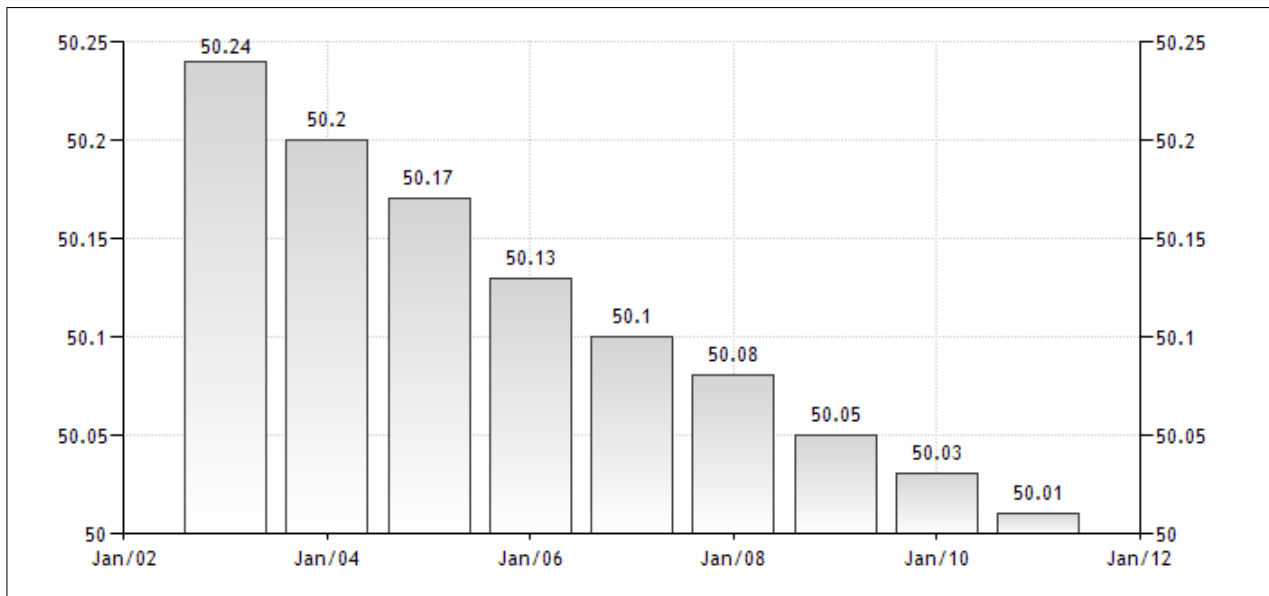
It is estimated 84 percent of the population in Uganda live in rural areas which are associated with abject poverty, poor social service delivery, poor social and physical infrastructure, poor roads, and famine in some areas. Because of the recent history of persistent armed conflict in certain areas, deficiency in basic health care and the abject poverty of the majority of its citizens, a significant number of this population are PWDs in Uganda. The World Disability Report estimates PWDs to be over one billion in the world corresponding to about 15% of the world's population (WHO, 2011). In Uganda it is estimated 7.2% of the population or 2.5 million are PWDs (UDHS, 2005/2006). But northern Uganda is believed to have higher disability rates because of war-related injuries and limited access to treatment or vaccinations for illnesses. Nevertheless, these are mere estimates as difficulties associated with defining disability and lack of knowledge and experience of the nature of disability on the part of census assessors makes it difficult to accurately establish the number of PWDs at a given time and place.

According to the recent the State of Uganda Population Report 2012, Uganda is the leading country with the youngest population in the world. A total of 78% of Ugandans are below the age of 30 years and 52% below 15 years (Bwambale, 2013). There are 6.5 million Ugandans in

the age group 18-30 years and these constitute 21.3% of the population. This age group is projected to grow to 7.7million young people in 2015 (Bwambale, 2013). This implies more pressure on the economy, an increasing dependency burden at the household level, increase in demand for social services (education and health). Government needs to come up with a programme for including the youth in mainstream development programmes to reduce the growing dependency syndrome.

According to Baguma (2012) 50.1% of Uganda’s population estimated at 34.5 million is female. As the bar graph below indicates this ratio has been on a consistent downward trend from 50.24% in 2002 to the 50.1% in 2020.

Figure 6.1: Graph showing of the Trends of Female to Male Ratio from 2002 - 2012



Source: World Bank, 2013

The majority of the three categories of people remain in rural countryside but a small but significant number of mainly male PWDs and the youth migrate to urban areas and trading centres in search of a livelihood.

6.6 Situation Analysis

The demographic variables of disability, youthfulness and gender are cross-cutting; hence the challenges affecting one special interest group will most likely affect the other. The majority of these shares the same location, same challenges e.g. poverty, climatic conditions, being marginalized, low education status, poor social services, and so forth. In addition these special interest groups overlap. While some youth are women others are PWDs, just as some women have disabilities. These intersections in the three special interest groups and the fact that they pass through the same experiences of poverty and difficult economic conditions, makes it justifiable to analyze their situation together.

The three special interest groups have experienced unprecedented social and political recognition due to the positive political environment since 1986. The idea of special interest groupings was conceived by the National Resistance Movement to help the three categories of nationals to overcome challenges affecting them as social groups and also single them out for affirmative action (Larok, Okiring and Mayambala, 2010). The affirmative action Government accorded to these groups has ensured an opportunity for representation of their interests at various levels of governance. However, in spite of the positive climate the three special interest

groups remain at the periphery of decision making and are still largely marginalized. Their representatives in Parliament and at local government levels are no longer as effective in articulating their concerns as before as many of them bear more allegiance to their respective political parties for political survival as serving their constituency (Larok, Okiring, and Mayambala, 2010). The representatives were more united and focused during the movement system of governance. Then their representatives freely and frankly expressed their views at no risk of being misunderstood. With the introduction of the multiparty politics the situation has changed. Unity no longer exists among representatives of a specific group at various levels of governance.

6.7 Poverty and Livelihood among Special Interest Groups

Poverty is defined as a situation in which a person lacks the necessary abilities and entitlements to satisfy his or her basic needs and aspirations (Lalima, 2009). On the other hand, livelihood is a set of, involving securing basic necessities like water, food, medicine, shelter, clothing and the capacity to acquire these necessities working either individually or as a group by using endowments (both human and material) for meeting the requirements of the self and his/her household on a sustainable basis with dignity. Generally, in the rural countryside where the majority of marginalized live, agriculture is the main source of livelihood for most people, notwithstanding the susceptibility of this source to climatic changes and fluctuations in produce price. In urban areas begging and petty trade like shoe mending and tailoring is the bedrock for survival of a small but significant number of PWDs who migrated from rural areas. In most parts of Uganda *bodaboda* riding is the mainstay livelihood activity for the male youth, especially in urban areas. Other activities like fishing, carpentry and charcoal burning are also common in many parts of the country. There is a tendency for the predominant activities in the area to be the major income generating activities for any category of people living there. For example in Busia and Malaba, where cross border trade thrives, even PWDs especially those with physical disability and have tricycles are cross border traders.



Source: POPSEC File Photo: Showing Kampala Disabled Traders' Business Association Company Limited members in Kampala

6.7.1 Persons with Disabilities

The needs and challenges PWDs experience vary with the type and degree of disability. Some disabilities are visible and obvious but others are hidden and hard to detect. The common types of disability in Uganda are motor, visual, and hearing impairments. Because PWDs experience poverty more intensely and suffer widespread discrimination than people without disabilities they have generally poorer health, lower education achievements, and fewer economic opportunities than people without disabilities (WHO, 2011). Their livelihood experiences also vary with location of their residences. Generally poor PWDs in rural settings are concerned with livelihood and survival issues and difficulty of providing for their daily needs of clothing, shelter, food, medical care, school fees and rehabilitation while those in urban places, with relatively better social and economic standing, are more concerned with accessibility and participation challenges.

6.7.2 Women

Traditionally women in Uganda are the keepers and sustainers of the home. They toil on the farm and engage in income generating activities. In the rural countryside the burden of care in the home is almost the sole responsibility of the woman. Her responsibilities include cooking, child care, fetching firewood and water, and caring for sick family members. The harsh economic conditions in Uganda have compelled households to focus more on income generation and women have taken the central role in this. The addition of income-generating responsibilities to their traditional roles has doubled the burden shouldered by women. This burden is intensified for women-headed households, who are forced to manage both responsibilities by themselves because they are divorced, widowed or single, or because their husbands have left rural areas for employment opportunities in cities.

Box 6: Traders with Disabilities strive to survive

Traders with Disabilities strive to survive in Business

A group of persons with disabilities (PWDs) in Kampala decided to put aside the challenges of their disability by coming out to compete with the able-bodied for survival in the unpredictable business terrain.

The Kampala Disabled Traders' Business Association Company Limited has over 200 members. Membership is drawn from PWDs running businesses in the Old Taxi Park, New Taxi Park and Owino Market. The company has 19 directors, nine of whom are board members. The 10-member committee normally handles issues before they are finally referred to the board.

The group started in 1989 with a small number located at the Old Taxi Park but years down the lane, they have gained experience and acquired skills in running several businesses. Members who were originally beggars on the streets now run serious businesses such as dealing in new and used shoes, clothes, household items and other accessories.

Given the different forms of disability, some business people come crawling and may not easily handle businesses. Instead, they employ workers or let their spouses or relatives run the businesses on their behalf while they wait nearby or in the background. The PWDs also employ people to carry their merchandise everyday from the stores or shops where they buy the merchandise to their work stations. Many of them cannot access shops in the busy Kikuubo lane or other shopping arcades because the shops lack special facilities for PWDs.

President Yoweri Museveni, according to association chairman Hamza Nvule, directed that they are allocated Plots 38 to 40 opposite Luwum Street and Plot 7 in the New Taxi Park along Namirembe Road, as a way of boosting their efforts to earn a living. The association is in talks with Kampala Capital City Authority (KCCA) to get a lease title as directed by the President, which is yet to be secured. The association plans to put up an eight storied commercial house in the near future if granted the lease titles.

Association treasurer, Harriet Zawedde says they are worried that with the changing plans and policies of KCCA, they might miss out on the President's offer especially if the authority does not give them their titles in time.

Although the association has many members, it still has the task of promoting services and business ideas to the public to attract business partnerships and convincing other business owners to deal with them on equal standing rather than regarding them as PWDs who cannot run business. Some customers choose to undermine goods sold by the traders with disabilities and therefore want to offer less.

The traders with disabilities also lack adequate capital. They want Government to consider them as a potential group that should benefit from financial schemes that help people through SACCOs and other initiatives. The members also want Government to waive or reduce taxes levied on their goods since they struggle to be on the same footing with people without disabilities.

Most of the traders with disabilities operate from the open and therefore customers want to buy their goods cheaply and yet pay higher prices in shopping malls. This challenge will be overcome by the traders putting up their own commercial premises. These traders also have to endure the harsh weather conditions such as the heavy rains, the scorching sun, dust and noise.

These traders say that despite their disabilities, they have responsibilities back home that at times are more demanding than those of persons without disabilities. Many of them have children to educate, families to look after and house rent to pay while others act as guardians to children of deceased relatives.

In the post conflict Northern Uganda; women grapple with challenges of a more formidable nature. The several years of civil conflict destroyed infrastructure in the communities they had returned to from internally displaced people's camps. Homes, roads, markets, and trading centres were in shambles. Thus in addition to feeding the family women sometimes participate in reconstruction activities. In camps women were often victims of rape or willingly transacted in sex trade to survive. The HIV/AIDS pandemic is therefore a serious problem. Furthermore, due to the violence of the conflict, poverty and lack of adequate health care facilities and services, there is exists, a very high incidence of disability. These health challenges interact with the dilapidated infrastructure to make the challenge of obtaining a livelihood very formidable. And like other areas of the country, women take the lion's share of the burden. Nevertheless it is a burden they shoulder by growing both food and cash crops, selling a variety of items in markets, and brewing local beer. The latter activity is common given the high levels of alcoholism in the region.

There is lack of empirical evidence on the vulnerability of women with disabilities (WWDs) to social and economic exploitation and deprivation in Uganda. However, anecdotal evidence and small scale studies emphasize the fact that they are doubly disadvantaged in society (Disability

Awareness in Action, 1996). Socially and culturally domestic chores like growing food crops, fetching water and looking for firewood are primarily the responsibility of a woman. Disabled women who experience serious limitations in fulfilling these socially and culturally defined gender roles have slim chances of getting married. On the economic front their participation in income generating activities and mainstream developmental initiatives is low due to accessibility challenges as well as attitudinal barriers (MoGLSD, 2006). But at the same time their exclusion may also be attributed to their low self-efficacy.

6.7.3 The Youth

The youth, 18-30 years old, constitute 21.3% of the Uganda's population. With an average national school dropout rate of 13% many youth, especially in the northern region of the country, are out of school (UNESCO, 2010). At least 83% of them have no formal employment (Samira, 2013) partly due to slow economic growth, the small labour market, high population growth rate, the rigid and largely theoretical education system, rural-urban migration and limited access to capital. Together with women and PWDs they are vulnerable to the harsh economic situation prevailing in Uganda. In urban areas joblessness and the desire for material possessions and high standard of living lure them into sports betting, crime and prostitution. Often idleness and frustration drive some youths into drug abuse. Conversely, many young people earn their livelihood constructively in income-generating activities like *bodaboda*, brick making, petty trade, vending, and casual labour. In rural areas the pattern of livelihood does not differ very much from other people. People generally depend on agriculture and therefore vulnerable to the effects of climate.

6.8 Causes of Poverty among PWDs, Youth and Women

Because of their impaired functioning and restricted participation in livelihood and wealth creation activities PWDs are considered the poorest (WHO, 2011). Poverty is both a cause and consequence of disability: poor people are more likely to become disabled, and disabled people are more likely to become poor (WHO, 2011). Persons with disability are often neglected, discriminated against and excluded from mainstream development initiatives. They find it difficult to access health, education, housing and livelihood opportunities. In addition, the costs of medical treatment, physical rehabilitation and assistive devices also contribute to the poverty cycle of many people with disabilities (MoGLSD, 2006). The degree of poverty worsens if an individual is both disabled and female. Even a youth with disability is doubly disadvantaged.

Another factor that aggravates chronic poverty among the three groups is being located in the rural countryside. People who live in remote, scattered areas of the country are impoverished by their inability to access benefits associated with urban life such as market for farm produce and employment, albeit informal. Rampant poverty among the three groups is also caused by other factors including lack of opportunities and access to productive assets such as land, livestock, loan services, and improved road network; absence of formal employment opportunities; rising consumer prices, and poor harvests due to an unfavourable climatic conditions.

6.9 Special Interest Groups and Wealth Creation

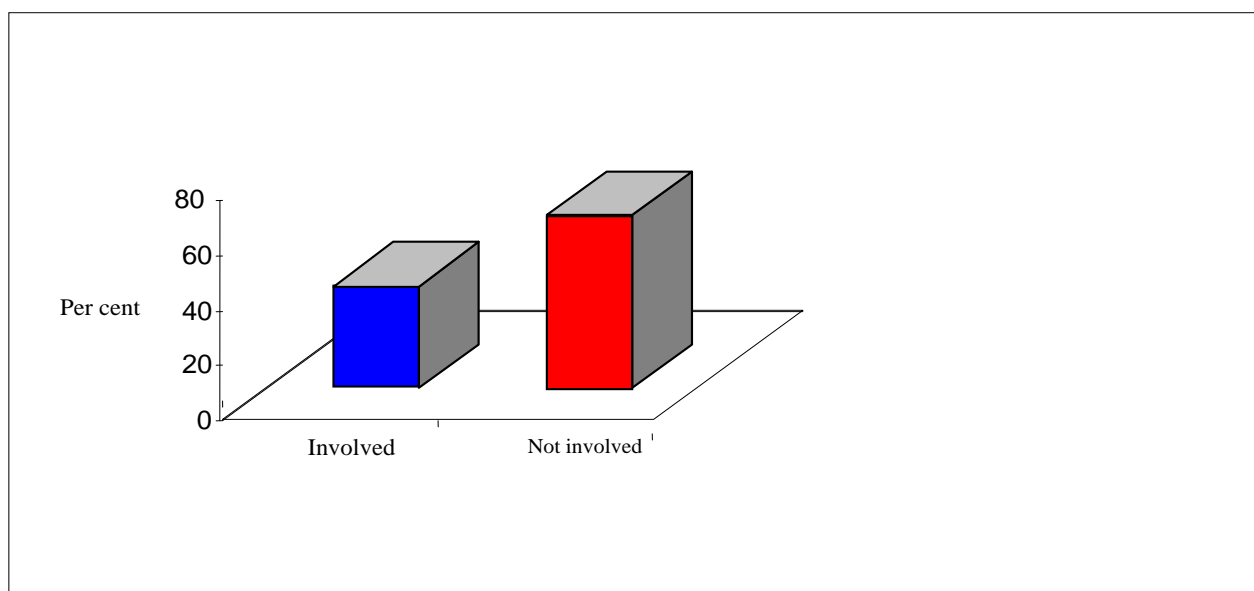
Wealth is the abundance of valuable resources or material possessions, or the control of such assets. Wealth creation involves the building of assets by means of careful investment usually over a long period of time so as to achieve an income stream that will ensure a continuation of a high quality lifestyle. The Government of Uganda in the last two decades has endeavored to create an enabling environment for wealth creation and livelihood enhancement among its disadvantaged population by providing supportive legal, policy, and political frameworks. At a macro-level the Government's effort has been in the area of building infrastructure, power

generation, attracting investors and encouraging work by the civil society, all of which aim at stimulating wealth creation by the people.

6.9.1 Involvement in Developmental Programmes

Generally the Government policy of including special interest groups in the National Development Plan (NDP) and mainstream development programmes has not been effectively implemented. The youth, PWDs and women continue to be at the periphery of mainstream development processes. Challenges that impede poverty alleviation and participation of the special interest groups in mainstream development programmes and projects have not been adequately addressed. Programmes like Plan for Modernization of Agriculture (PMA), NAADS, Local Government Development Programme (LGDP), NUSAF and Functional Adult Literacy (FAL) have had little impact in terms of enhancing marginalized social groups' livelihood. For example a survey carried out in Kayunga District by Ministry of Gender, Labour and Social Development in 2006 with a sample of 150 PWDs established that the majority of PWDs (67%) were not involved in mainstream development programmes and projects (MoGLSD, 2006) as shown in figure 6.2 below.

Figure 6.2: PWDs Involvement in Development Programmes



Source, MoGLSD, 2006

Several reasons for non-involvement emerged. Many PWDs were not aware of the existence of the programmes or projects; they were ignorant about their eligibility and rights to participate in the programmes; they thought mainstream programmes were for non-disabled people – they thought programmes specifically for them would come; for programmes requiring some contribution for an individual to participate, many PWDs were left out because they could not contribute. Other reasons included not being a member of a registered community based organization or group often a prerequisite for financial or material support from the developmental programme; some programmes or projects were not sensitive to accessibility and participation needs of PWDs; and discrimination by able-bodied administrators of the projects or programmes.

These reasons are typical challenges experienced elsewhere in Uganda among PWDs. They can be tackled through specific educational/awareness raising programmes targeting PWDs to

sensitise them on their rights and roles, and project managers/implementers to sensitise them on the special needs and rights of PWDs.

6.9.2 Access to Resources

Wealth creation requires access to resources such as land and funds. Equally crucial are factors like market and employment. While possession of land is crucial for wealth creation and livelihood enhancement, special interest groups are often excluded from ownership of land due to attitudinal barriers. The problem is aggravated by the rampant land selling and land grabbing common nowadays in many parts of Uganda. Without land livelihood is difficult and so is saving for investment.

All people need start-up capital to start suitable income generating activities. Ideally capital should be acquired from the numerous Government and NGO rural micro-finance schemes in the country. However experience shows that rural credit schemes for the poor have not been very successful in Uganda. Most commercial banks are located in urban areas and limit themselves to the urban, formal sector. NGOs funded credit schemes targeted at the poor are sometimes exploited by the not-so-poor. Government mainstream programmes meant for the poor have been undermined by corruption. The situation is worse for PWDs. The survey by MoGLSD reported only 12% of PWDs participants ever obtaining a loan from the numerous microfinance institutions in Kayunga District. It was established that although microfinance institutions are open to all people they were reluctant to extend services to PWDs because they feared the latter would default in repayment. Additionally PWDs lacked collateral for loans and others were discouraged to seek loans due to the high interest charged.

Similarly the youth in most areas of Uganda experience difficulties in accessing finance for investment in income generating activities. Financial service providers are reluctant to extend services to the youth for fear that they may fail to pay back (Larok, Okiring, & Mayambala, 2010). It is also argued that rural youth often lack knowledge on how to draft business plans and thus have difficulties in selling their business ideas to financial institutions.

6.9.3 Access to Microfinance by Women

Government and development partners have of late increasingly recognized the key role women play in household livelihood activities and wealth creation. And it is now a Government and Donor Policy to promote women empowerment as a tool for poverty alleviation among households (Lakwo, 2006). Logically effort and resources should be invested in agriculture (the backbone of rural economy) and where women play a dominant role. Unfortunately there are few opportunities for low-income rural women to access financial services. It is reported that altogether Uganda microfinance institutions reach less than one percent of the women in Uganda (Women's World Banking, 2011). The top five microfinance institutions: BRAC Uganda, Pride, FINCA Uganda, Opportunity Uganda and Finance Trust, have a more pronounced focus on the poor and serve between 50 and 70 percent women, but have yet to reach sufficient scales to make a sizable impact on the rural market (Lakwo, 2006). To effectively target and serve rural women customers in Uganda, it is important for the microfinance sector to have a deeper understanding of the roles men and women play in both the economy and the rural household.

6.9.4 Challenges of Accessing Microfinance

Although microfinance is an important step towards economic empowerment, experience shows there are shortcomings that limit its full potential for the empowerment of special interest groups. Among the challenges:

1. Training in project or business management is vital for loan beneficiaries to utilise the loans appropriately. However often the training given is not sufficient. This fact is made worse by the fact that most rural women are either illiterate or semi-illiterate.
2. The repayment terms given by micro-finance service providers are too oppressive. The repayment period is too short and the interest sometimes too high.
3. The loan sizes are in most cases very small. For most beneficiaries there is a funding gap between the loan received and the capital required and hence they are forced to operate below their expectations.
4. Because the loans are given to needy people part of the loan money is diverted to meeting hard pressing needs like medical care, feeding, and schools fees, thus defeating the purpose of the loan.
5. Married women sometimes experience harassment by their husbands who steals or confiscates the money.

6.10 Other Factors affecting Wealth Creation

Lack of public infrastructure facilities, particularly of roads and market outlets, limit income-generating possibilities not only for the special groups. In rural areas accessibility to markets is hindered by the poor states of the road. For people with moderate to severe physical disabilities the un-adapted transport systems is a hindrance. Consequently, even if potentially profitable activities are promoted, or even if credit facilities exist, people may still be incapable of benefiting from them. Secondly, the majority of PWDs, youth and women are either illiterate or semi illiterate with no employable skills. For that reason they experience extreme difficulty in obtaining employment in the formal or informal sector. Thirdly, accessibility and communication challenges undermine participation of PWDs in economic and livelihood activities. Persons with motor disabilities and those with visual impairments experience mainly physical accessibility difficulties while those with hearing impairment are affected by communication barriers. Assistive devices or compensatory aids minimize the impact of impairment on body functioning and thus enhance participation of PWDs. Most PWDs with moderate to severe physical and sensory impairments need appropriate assistive devices. But the need is mostly felt by those with motor impairment and then, to a lesser extent, those with visual impairments. However in the rural countryside possession of the assistive devices is often not a priority as families are more concerned about survival needs than PWDs' functioning. Most hearing impaired people could benefit from the use of hearing aids but are generally not aware of their use, existence or because they cannot afford them.

6.11 Access to Educational Services

Education is the most important tool for social and economic emancipation. The Government of Uganda's official policy on education is inclusion. However in order for inclusion to succeed and enable all learners (with or without disability) to access learning there is need for trained teachers, as well as appropriate teaching and learning materials. Special needs teachers at the primary school level are available following trainings at Kyambogo University. But there is a glaring gap when it comes to upper levels of education. Learners with special education needs at these levels are not catered for. Besides there are few special schools for disabled children who need separate educational provisions

6.12 Conclusion

Notwithstanding Uganda's impressive economic performance over the past two decades, it still grapples with challenges of a diverse nature including poverty, unemployment, poor infrastructure and inflation. Provision of adequate social services is still poor, rendering a significant section of the population (including persons with disabilities, youth and women), especially in rural areas, vulnerable to poverty and associated social problems.

The Government policy of empowering and involving its disadvantaged and vulnerable sections of the population in mainstream development programmes, as part of its strategic policy planning and implementation of the “*Prosperity for All*” programme, has seen the establishment of a positive legal and political climate for the special interest groups to prosper. However, they remain the poor of the poorest and lag behind in wealth creation and livelihood enhancement.

With the biggest proportion of the population comprising the youth most of whom unemployed, poor and out of school Government needs to come up with a solution soon as the harsh economic situation and joblessness could force them into crime, prostitution and drug abuse. There is need to make education affordable and to strategize on the best way of equalizing participation of the youth in mainstream development programmes. In the same way PWDs and women outside the youth bracket need to be treated in the same way.

While possession of land is crucial for wealth creation and livelihood enhancement special interest groups are often excluded from ownership of land due to attitudinal barriers. The problem is aggravated by the rampant land selling and land grabbing common nowadays especially in many parts of Uganda. Without land livelihood is difficult and so is saving for investment. Moreover special interest groups do not have funds to buy seeds and pesticides to ‘invest’ in land – so yields are poor and enough for household consumption only. There is need for NAADS to extend affirmative action towards PWDs, youth and women to facilitate their utilization of agricultural activities as a source of livelihood and wealth creation.

6.13 Policy Recommendations

1. Information available points out poverty as the main obstacle to empowerment and participation of the youth, PWDs and women in wealth creation and livelihood enhancement. This problem can only be realistically tackled by helping the special interest groups obtain gainful employment. Considering the general lack of employment opportunities in the country, Government and Development partners need to provide an enabling environment for the groups to create self-employment by making it less difficult to access finance from microfinance institutions.
2. Management of income generating activities requires skills. Training of the groups before getting a loan for starting a business is crucial. In the same vein appropriate education for the youth, PWDs and women need to be promoted.
3. Vocational training for the special interest groups should be the way forward for the youth who do not go far in formal education.
4. Government should come up with mechanisms to link and guarantee markets for products produced by the special interest groups.
5. Currently, at least 83% of young people have no formal employment, partly due to slow economic growth, the small labour market, high population growth rate, the rigid education system, rural-urban migration and limited access to capital. There is need for a long-term planning, focusing on the role of the family, the Government, private sector and civil society in nurturing young people to become productive.
6. Another threat to youth productivity is their susceptibility to alcohol and drug abuse, as well as contracting HIV/AIDS given their social-economic vulnerabilities such as ignorance, poverty and unemployment. There is therefore need for sensitization and counseling.
7. Given the patriarchal nature of the Ugandan society, Government need to come up with a legal provision aimed at protecting women against exploitation by men.
8. Women with disabilities should be specially targeted for social and economic empowerment to enable them cope with the challenges associated with social

- exploitation and marginalization. They should be taken as a priority group for IGAs and mainstream development initiatives.
9. Accessibility difficulties greatly undermine PWDs' participation in livelihood and wealth creation. There is need to assess the mobility and functional accessibility needs of individual PWDs so as to make informed decisions on what they need for assistive devices.
 10. Persons with disability should be encouraged to form or join (existing) DPOs which is a prerequisite for support from mainstream development programmes.
 11. Need to train special interest groups in entrepreneurship skills and to motivate them to reach out to existing financial institutions for loan facilities

CHAPTER 7

CLIMATE CHANGE AND THE VULNERABLE POPULATION IN UGANDA



7.1 Introduction

Climate change can be defined as a change in climate attributed directly or indirectly to human activity that alters the composition of the global atmosphere and which is in addition to natural climate variability observed over comparable time periods (Government of Uganda, 2007). Global efforts towards climate change adaptation and mitigation indicate that no country in the world is immune to the impacts of climate change. While climate change is a global phenomenon, its adverse effects are more severely felt by the poor countries and poor people in particular because of their limited capacity to cope and high dependence on natural resources. Indeed one of the injustices of climate change is that those who have contributed least to its causes are suffering most from its effects.

As a result, recently there is increasing attention to the impacts of climate change to the vulnerable population so as to devise ways of empowering them and reducing their degree of vulnerability. Vulnerable people are those susceptible to harm as a result of interaction between resources available to individuals and the life challenges they face (POPSEC 2012). Research has shown that vulnerability to climate change differs across countries, communities and even within households. The International Climate Risk Report identified Uganda as one of the least prepared and most vulnerable countries in the world (CIGI, 2007).

7.2 Background

Although climate change affects Uganda as a whole, the magnitude of its impacts varies across the population with certain sections of society being at the worst end of the continuum. This variance in the severity of climate change is defined by differences in economic status, age, geographical location, gender, social status and identity in society. Individual groups at a higher risk of climate change effects are collectively referred to as the vulnerable population to climate change. The State of Uganda Population Report 2012 identifies vulnerable populations in Uganda to include; women and children, elderly, persons with disability, internally displaced people and refugees. Vulnerable populations may also include ethnic minority groups and peasants. This section of the population is mainly poor and characterized by a high degree of landlessness which positions it at a higher risk of weather vagaries like floods, prolonged and high intense floods, respiratory diseases, low and poorly distributed rains among others.

Against this background, this chapter seeks to explore the basic realities and impacts of climate change to the most vulnerable population of society and devise ways of reducing their plight and degree of vulnerability. The chapter further makes a review of Government programmes and policies aimed at containing climate change effects and analyses opportunities that can be harnessed from climate change to spur socioeconomic transformation for prosperity.

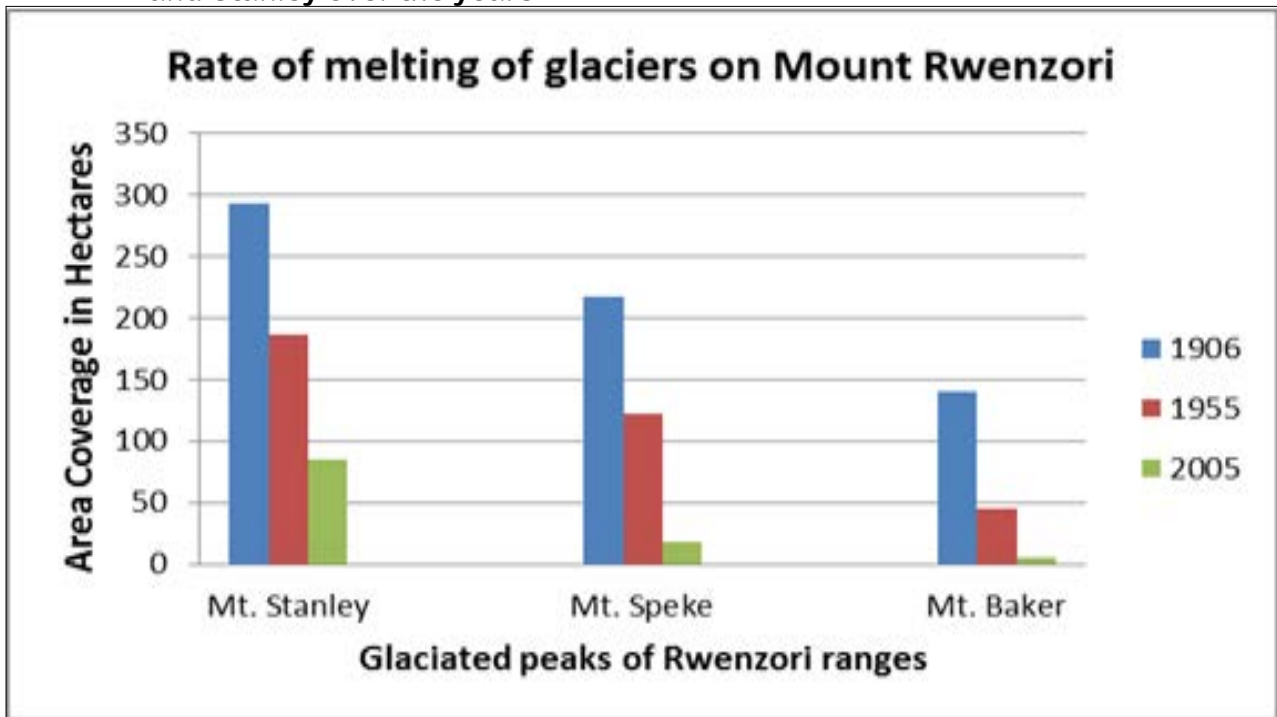
7.3 The Manifestation of Climate Change in Uganda

7.3.1 Rising Temperature

There is now strong evidence that Uganda is experiencing Climate Change effects if the current extreme average weather patterns are anything to go by. Global Climate Change models project that Uganda will experience an increase in average temperatures up by up to 1.5⁰ C in the next 20 years (GOU, 2009). It is also estimated that by 2080, Uganda's temperature will be 4.3⁰ C (4th IPCC Assessment Report). These temperature variations are unprecedented in human history hence a clear indication that Climate Change is having its toll on Uganda. The extreme temperature variations have constrained yields of both food and cash crops that are sensitive to temperature variations see figure 7.2. As a result, the status of Uganda's food security is unclear today. With expected global temperature increases as shown above, the *African Crop Science Journal* warns that Uganda be severely ravaged by climate change given the nature of its economy.

The frequency of hot days in the country has increased significantly while that of cold days has decreased (CCU, 2010). The continued melting of glaciers on the Rwenzori Mountains over the years and now even at an accelerated rate clearly indicates a rise in temperature and consequent climate change. The Rwenzori glaciers occur on only 3 peaks of the range's peaks: Mount Stanley, Baker and Speke (Klein and Kincaid 2007). Research shows that the ice caps on the Rwenzori Mountains have shrunk significantly in the last century. The percentage of ice loss is highest on Mount Baker (96%), followed by Mount Speke (91%) while Mount Stanley has the lowest percentage of ice loss (68%) (UNEP's Global Outlook for Ice and Snow 2007). If they continue to recede as they have since 1906, some experts project that they would be gone in the next few decades (UNEP n.d., Barry, 2006) refer to figure 7.1 below). This glacial recession is attributed to higher air temperatures and less snow accumulation during the 20th century (UNEP n.d.).

Figure 7.1: Rate of melting of glaciers on the Rwenzori Mountains – Mt. Speke, Baker and Stanley over the years



Source: Taylor et al. 2006.

7.3.2 Droughts and Floods

Today like never before, Uganda is experiencing intense, frequent and prolonged droughts in almost all regions. The droughts are characterized by strong winds and subsequent drying of green vegetation which affects food and milk production. For instance the April – August 2013 drought culminated into wide spread famine in Karamoja and some parts of Eastern and Central Uganda. Livestock farmers in central district of Sembabule incurred severe losses as a result of shortage of pasture and water for their animals. A one on one interview with a farmer from Sembabule district revealed that the drought had claimed a big number of their cattle and were coping by selling the rest of the animals at a much lower price to avert total loss. Farmers sold their cattle at paltry Ushs.180,000 far below the normal price of Ushs. 600,000.

Changes in rainfall amounts and patterns are also expected to occur (*Climate Change Unit website*). Of late, Uganda is experiencing frequent flash floods, and poorly distributed torrential rains. For instance the Teso region in 2007 received the heaviest rainfall (*amount per annum in mm*) in 35 years that affected an estimated 50,000 households, leading to harvest loss and food insecurity (*Weekly Observer 2012*). In March 2010, some parts of Eastern Uganda experienced unusually heavy and prolonged rains that resulted into floods and landslides. In addition, Butaleja District floods submerged crop fields and vital infrastructure, including some schools and houses. South Western Uganda has not been exceptional and has suffered heavy floods in the first quarter of 2013. After heavy rains that lasted for six hours on the 1 May 2013, River Nyamwamba burst its banks and flooded 9 sub-counties in Kasese district. The Uganda Red Cross Society (URCS, 2013) reported that 25,445 people were affected by the flood aftermath. There was massive destruction of houses, crops and facilities such as bridges, power lines, two piped water systems, 817 latrines and one sewerage treatment unit. The Kilembe mines hospital buildings were destroyed beyond functioning.

7.3.3 Pests and Diseases

The high intense prolonged droughts accompanied by erratic rains and flash floods inevitably increase the incidence of pests, vectors and diseases in plants, livestock and humans. This has

been evident in the recent past and is still ongoing. There was an outbreak of moths in Eastern and central Uganda in March 2012. This was followed by the invasion of dangerous looper caterpillars in the districts of Masaka, Buikwe, Mukono, Buvuma, Rakai, Wakiso and Bulambuli in April 2012. According to Coffee Research Foundation, looper Caterpillars attack cultivated crops like; ground nuts, sweet potatoes and some tree species like Datura and Eucalyptus. Jinja and neighboring districts also suffered the wrath of black and yellow herbivorous caterpillars that left farmers counting massive loses within one week of infestation in May 2012 (Daily Monitor, June 2012). The Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) attributed the infestation to drought and large movement of moths blown into the forest by strong winds. A study by the Natural Resource Institute of the University of Greenwich asserts that Climate Change is likely to precipitate the migration of Quelea birds. It should be noted that Quelea birds have invaded eastern Uganda and destroyed 1,095 acres of sorghum estimated at 600m in Ngenge sub-county, Kween district in a fort night. .

7.3.4 Landslides

Landslides mainly accelerated by human activity and torrential rains are becoming a norm rather than an exception in Uganda. In March 2010, some parts of eastern Uganda experienced unusually heavy and prolonged rains that triggered landslides and buried three villages in Bududa districts. There have also been reports of landslides in South Western Uganda most notably in Kabale districts. Forecasts from the MoWE indicate eminent landslides in the country in the near future. The aftermath of the Bududa landslides left huge financial implications for instance the Ministry of Relief, Disaster Preparedness and Refugees spent 10 billion on a three month emergency programme aimed at resumption of learning for school going children, rehabilitation of water resources and reconstruction of roads, bridges and healthy centers. Similarly, the Government of Uganda developed a 5 year programme for permanent resettlement of survivors and all vulnerable people in the areas was developed and it involved acquisition of land, in safe locations and construction of new homesteads and means of livelihood. The programme was estimated to cost about US dollars 100 million (*Ministry of State for Relief, Disaster Preparedness and Refugees, 2010*).

7.3.5 Biodiversity Loss

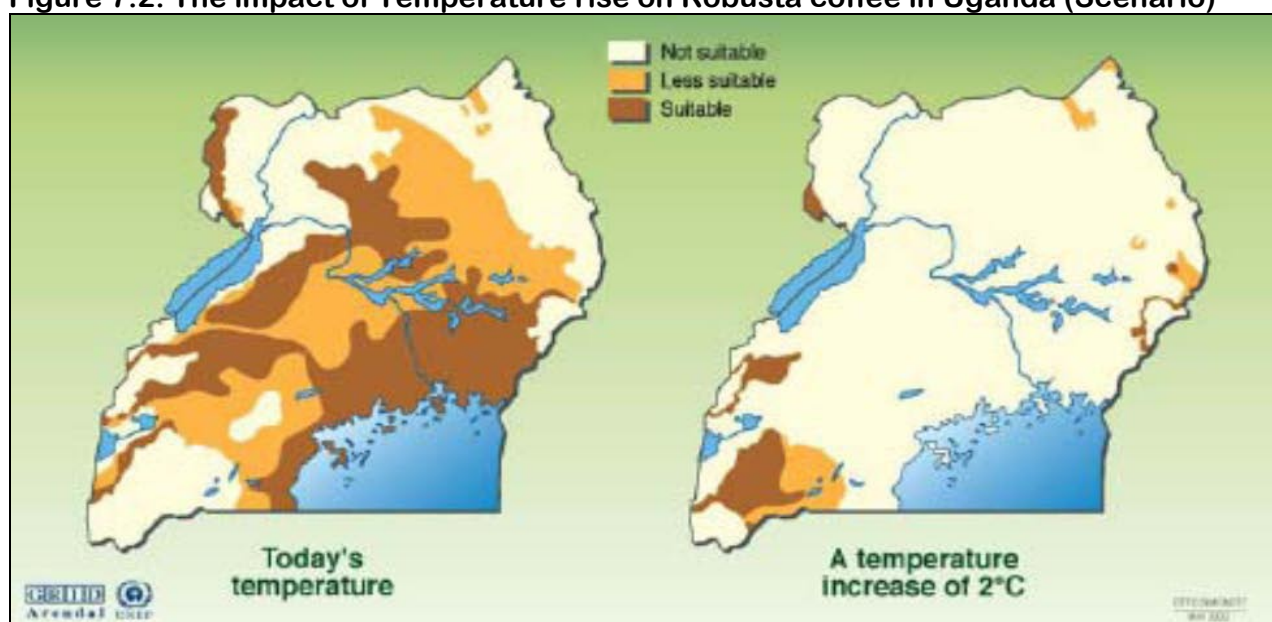
Climate Change impacts also cause species extinction. Climate Change is both a cause and an effect of biodiversity loss. The high temperatures and prolonged droughts that emanate from Climate change not only lead to extinction of biodiversity that is not resilient to these conditions but also spur human migrations to clear up virgin areas for and encroach on sensitive ecosystems for settlement hence degrading biodiversity in the process.

Table 7: Climate Change related Disasters in the recent past

Year	Nature of Disaster	Impact
1999	Drought and famine	<ul style="list-style-type: none"> Over 3.5 million people in 28 districts affected by lack of food and a large number livestock suffered from inadequate pasture and water
2005/06	Drop in lake Victoria levels	<ul style="list-style-type: none"> Prolonged drought lowers water level in L. Victoria by about 1m followed by frequent load shedding.
2007	Teso floods	<ul style="list-style-type: none"> Floods hit Pader and Serere districts leaving gardens, homesteads and road infrastructure severely damaged.
2010	Landslides	<ul style="list-style-type: none"> Landslides hit Eastern and south eastern Uganda. About 3 villages buried and over 90 people killed while a big number is displaced.
2012	Caterpillar infestation	<ul style="list-style-type: none"> Caterpillar infestation hit east and central Uganda leaving hectares of crops lost in just one week.
2012/13	Prolonged drought	<ul style="list-style-type: none"> Wide spread famine in karamoja region and central Uganda. Loss of pasture and water in Ssembabule, Lwengo. 9 people killed in bush fires related to drought in Northern Uganda.
2013	Quelea bird infestation	<ul style="list-style-type: none"> Quelea birds hit the Eastern region and an estimated 1,095 acres of sorghum is lost
2013	Floods	<ul style="list-style-type: none"> Heavy rains make R. Nyamwamba to burst its banks and consequent extensive floods in Kasese district. Kilembe Hospital severely damaged and closed and over 190 people injured in the ordeal.

Source: PEAP 2004, BTC & NEMA 2008, Daily Monitor, New Vision and the Weekly Observer 2012 and 2013 editions

Figure 7.2: The impact of Temperature rise on Robusta coffee in Uganda (Scenario)



(Source: UNEP 2002, in MWE 2007)

Table 8: Effects of Climate Change in Uganda by Sector

Effect Sector	Higher Temperatures	Increased drought	Increased rainfall & shift in seasonality	Impacts
Human health	Shifts in areas / incidence of malaria; respiratory problems	Increased risk of water related disease; food shortage; water conflict; famine risk	Increased risk of waterborne disease; flood/landslide risk	Conflict; health burdens and risks; economic costs; poverty; inequity
Agriculture & food security	Shifts in the viable area for coffee and cash crops; reduced maize output; higher evapotranspiration losses	Crop failure; reduction in grazing potential within the cattle corridor	Elevated erosion, land degradation crop loss; change in crop yields/disease	Food insecurity; economic shocks; loss of incomes and livelihood options; poverty
Infrastructure and Settlements	Increased evaporative losses; damage to roads; cooling costs	Significant implications for run-off-river HEP; water shortage	Flood damage to infrastructure, transport, communications and settlements	Economic loss and growth volatility; reduced reliability of HEP; migration
Environment and biodiversity	Biodiversity loss as niches are closed out; changing ecosystem dynamics and production	Additional pressure on natural resource use through fall back on forests	Shift in habitats and growing seasons	Impacts on biodiversity and agro-ecological systems; fishery productivity deforestation

Source: Hepworth 2010.

7.4 The Vulnerable Populations in Uganda

Uganda being a developing country, a great proportion of its population if not all is highly vulnerable to climate change impacts. Experience shows that identifying the most vulnerable groups and building their capacity to cope can go a long way in thwarting the severity of climate change impacts. As noted in the background, the Government defines vulnerable populations to include; people with disabilities, women and children, the landless, fishing communities,

internally displaced people, refugee, pastoralist and peasants among others. This section commits to assess how climate change affects each of the aforementioned vulnerable groups.

7.4.1 The Peasants

The peasants are some of the most vulnerable groups. In this context, peasants refer to the poorest of the poor. This group also includes farmers who account for about 70% of the participants in Uganda's agriculture sector (NPA, 2013). Majority of Uganda's farmers use rudimentary methods of farming and pray for the rains to come while others are landless and cultivate on a tenancy system. Given their meager incomes, this section of the population is at the mercy of Climate change since they fully depend on natural resources and cannot afford substitutes of natural goods. Climate change threatens crop yields, livestock and agriculture productivity which are the main sources of livelihood for the peasants and their livestock. In addition, prolonged drought and floods limit livelihood options of the landless and mirrors famine and starvation since most of them sell their produce to raise tenancy money for the subsequent season. The on-going drought has affected peasants and farmers through loss of crops and animals. The recent strike by Quelea birds whose migration is linked to climate change caused a loss of sila sorghum field covering 1,095 acres. This caused a financial loss of 600m belonging to Kapchorwa Commercial Framers Association.

7.4.2 The Pastoralists

The pastoral communities are equally vulnerable to climate change effects. Most of them live in semi-arid area like North eastern Uganda and have communal watering points for their animals. Pastoralists keep large herds of cattle beyond the accommodating capacity of their community in terms of water and pasture and migrate in response to annual and seasonal rainfall variations. Notwithstanding the criticism of pastoralism, its popularity remains largely undiminished in these areas. Since such communities have always been vulnerable to rainfall seasonal changes even in the absence of climate change, it is clear that Climate change impacts will be super imposed on existing vulnerabilities of water shortage (UNEP & World Bank, 2010) and further



USAID File Photo showing the effect of Climate Change on the yield of maize crop among peasants in Uganda

reduce access to water, pasture and food, and negatively affects their health. These communities are always hit by famine and bush fires during drought and dry spells. With the advance of climate change were droughts and heat waves are prolonged and frequent, their situation can only get worse.

7.4.3 The Migrants

There is a strong nexus between natural resource endowment and population settlement. As a result, people always leave their unproductive cradle land for areas that are more habitable and resourceful. Conversely, some are forced to migrate by natural disasters and resettled in new areas. Migrants are vulnerable because they scramble for limited resources like agriculture

acreage with the natives of their new settlement areas. Climate change will worsen the way of life of migrants since it reduces natural resource capital something that will fuel the aforementioned conflicts. A case in point is the Bakiga migrants from Kabale and Kanungu who have continually conflicted with the indigenous people of Kibaale over fertile agricultural lands and grazing grounds.

7.4.4 The Elderly, Widows and Orphans

Besides the above, socially vulnerable groups like the elderly, widows and orphans are highly vulnerable to climate change on a variety of fronts. Most of these people are highly vulnerable to poverty and malnutrition since most of them are less productive given their age and social status. Climate Change compounds poverty and worsens the existing vulnerabilities of such groups. Most widows and orphans have least resources and capacity to cope with climate change effects. For example, small changes in temperature and precipitation are expected to increase the population of disease carrying vectors resulting into increased malaria epidemics (Lindsay and Martens, 1998). This spells doom for the elderly, widows and orphans in a country like Uganda where population expansion has outpaced the capacity of health systems to deliver effective medical services.



Source: POPSEC File Photo showing a Karamojong woman selling fire wood by the roadside in Nakapiripirit District

7.5 Gender aspects of Climate Change

It is inadequate to discuss Climate change issues without paying close attention to the gender perspective of the matter. Differences in the effects of climate change on men and women exist because of the different social positions and roles taken by men and women in the family and community. The 2005/06 National Household Survey investigated the total land size owned by different households. The survey revealed that male headed households hold more than twice the land size held by female headed households. Landlessness is one of the factors that increase the degree of vulnerability.

It is important to note that people living in fragile ecosystems and disaster prone areas such as highlands are among the most vulnerable populations to climate change effects. The increased frequency of torrential rains and floods in highland areas is anticipated to cause more landslides in highland areas like eastern and south western Uganda. As discussed earlier, the turmoil and trauma caused by climate related disasters is overwhelming to the affected populations.

Just like most countries, Uganda has marginalized minority groups in different parts of the country. Notable among these are the Batwa in Bwindi impenetrable national park and the Benet in Mt Elgon region in Eastern Uganda. These groups of people are the poorest of the poor and entirely depend on nature for herbs, food (wild fruits) among others. It should be noted that the poorest members of society are those who are more dependent on agriculture for jobs and incomes (Odingo 1990, FAO 1999). The minority groups are also highly susceptible to landslides especially those in highland areas like the Elgon region.

A section of urban dwellers especially those in slum and squalid areas will not be exceptional to climate change impacts. There are slum areas where floods have become a way of life which will worsen in the face of climate change.

7.6 Climate Change Policies and Programmes in Uganda

The Government of Uganda has over the years shown unequivocal commitment to address impacts of climate change at various levels including policy as shown below:

7.6.1 The National Development Plan (2010/11–2014/15) and Uganda Vision 2040

Climate Change policy is a new policy concern that is still gaining momentum in Uganda. The National Development Plan (2010/11 – 2014/15) devotes a full chapter to sector and identifies Climate as a resource and an enabling sector to national development. The 5 year plan identifies the binding constraints and highlights objectives, strategies and interventions that should be

implemented to address climate change concerns. Similarly, Uganda Vision 2040 clearly articulates the actions to be undertaken over the vision period to address climate change. Among

the actions, the document aspires to implement tenets of the green economy and address challenges that have resulted into degradation of biodiversity and ecosystems. The vision document also emphasizes that climate change finance is one of the pertinent issues in addressing climate change and calls for funding from all sources; both local and international finance.

Box 7: Overcoming Climate Change Effects

Overcoming Climate Change Effects

The dry spell that hit the Karamoja region between April and July, 2013 caused big losses to farmers. Their crops withered and the animals died. Several people migrated to other areas in search of food and water as well as grass for their animals.

Despite the prevailing food shortage as a result of the dry spell, Loyce Lemukolo, 35, wears a warm smile. She is one of the hardworking members of the Tokora Community Disaster Management Committee in Nakapiripirit district.

About 14 residents of the area, mainly women, who had been most affected by the adverse weather conditions formed a Committee and identified hazards that affected them, including drought. The group established a cereal bank and also mobilized some funding to buy cereals from farmers during harvest. The cereals are sourced from different farmers and later sold back to them at subsidized prices during shortage.

The group is involved in vegetable and cereal growing that includes sorghum, maize, beans and others. The members rear goat and camels as well as planting trees. They conduct meetings periodically and debate how to reduce the constant risks caused by disasters as a result of drought

Lemukolo was not originally a member but joined the group when she replaced a member who migrated to another region. After being accepted into the group, she was able to borrow seeds to plant vegetables and access farming tools like watering cans and pesticides. Lemukolo also realized the benefits of joining the group since she would buy seeds from the vicinity, which saved her the trouble to move to distant markets.

In her first attempt, however, Lemukolo says she did not get a good harvest because there was too much rain which affected her crops, though she managed to have a good harvest for onions.

She has learnt new farming skills since the group gets regular trainings organized by ACTED, a non-governmental organization.

Although members own individual gardens, one is free to keep the cereals in her own store or sell them to get money for immediate needs. Sometimes the group buys cereals from the markets and from Mbale town and stocks it. During times of scarcity, it is sold to members at cheap prices, with a sole aim of helping the vulnerable members of the community.

Although these women face the challenge of the unpredictable weather coupled with birds and wild animals which destroy the crops, they are a generally happy lot. They no longer have to move long distances to markets to buy seeds and food cereals. At the same time, the group covers eight villages and has 25 beneficiaries from each village who either get seeds on a loan basis and pay on harvest or get free seeds.

Alice Natee, 60, one of the members, borrowed vegetable seeds and after planting, she was able to sell them and realize Ushs. 40,000. Others borrow money for paying workers in their gardens or buying household items and pay back after selling their produce.

In the previous season, the group used shs1.3million to buy cereals from farmers and were able to make profit of Ushs. 450,000 last season. They plan to help some widows and the elderly who normally face food shortage.

7.6.2 National Climate Change Policy

Although still in draft form, the climate change policy is one of the key milestones in Uganda's response to climate change. Drafted by the Ministry of Water and Environment, the policy highlights the importance of adaptation especially for severely vulnerable sectors like agriculture if the effects of climate change are to be contained. It clearly lays out the objectives and strategies that address climate change within each sector and is one of its strong points because this sectoral approach is likely to motivate all sectors to have concerted efforts towards climate change; a key requirement in drafting adaptation and mitigation measures. The draft climate change policy is supported by an implementation strategy. A first estimate of the costs of responding to climate change was at Uganda Sh. 664 billion per year. This approximates to 1.6% GDP which is quite representative and can go a long way in addressing climate change if implemented (ACODE, 2013).

7.6.3 Guidelines for Integration of Climate Change in Sector Plans and Budgets

The National Planning Authority (NPA) liaised with the Ministry of Water and Environment (MoWE) to draft national guidelines on how to integrate climate change in sector plans and Budgets. The document emphasizes basic tools and steps for climate change integration in sector plans and budgets. The steps include:

1. Conduct climate change impact and vulnerability assessment;
2. identify and analyze mitigation and adaptation options;
3. Identify and cost programme and actions for climate interventions
4. Design and implement a plan for mainstreaming climate change in different sectors;
5. Monitor the Climate Change adaptation and mitigation implementation process and
6. Evaluate performance and review adaptation and mitigation process.

7.6.4 National Adaptation Plan of Action (NAPA, 2007)

In 2007, a National Adaptation Plan of Action (NAPA) was launched with support from the Global Environment Fund (GEF). The formal objective of the NAPA was for Least Developed Countries (LDCs) to identify priority activities that respond to their immediate need to adapt to climate change especially those for which further delay would exacerbate the effects of climate change. Accordingly, 9 priority projects were identified with an estimated cost of US\$ 40 million. The programme prioritized the following interventions:

1. Community tree growing
2. Land degradation management;
3. Strengthening meteorological services;
4. Community Water and Sanitation;

5. Water for production
6. Drought adaptation
7. Vector, pest and disease control;
8. Indigenous knowledge (IK) and Natural resources management; and
9. Climate change and development planning

The programme is on course albeit limited progress has been made in implementation due to lack of funds, and inadequate capacity to prepare detailed proposals and mobilize funding (NDP 2010/11 – 2014/15).

Besides the above specific policies, there are other relevant national and sectoral policies related to climate change including; The National Environment Management Policy (1994), The National Water Policy (1999), Wildlife Policy (1995), Decentralisation Policy 1997, Forestry Policy (2001) and the National Land Policy. Climate change is also reflected in a number of legal instruments most notably; the Constitution of Uganda (1995); National Environment Act (Cap 153); the National Forestry and Tree Planting Act (Act No 8 of 2003); the Water Act (Cap 152); the Land Act (Cap 227); the Local Governments Act (Cap 243); Soil Conservation Measures and Guidelines (2000); the National Environment (Mountainous and Hilly Areas Management) Regulations (S.I No 153-6); and National Environment (Wetlands, River Banks and Lake Shores Management) Regulations (S.I No 153-5).

7.6.5 Regional Policy Frameworks

At the regional level, Uganda is privy to the East African Community (EAC) protocol on Environment and Natural Resource Management. The protocol is conscious of the role of the environment in the development process hence the need for its sustainable management. The protocol seeks to promote sustainable growth and development of partner states through sustainable use and management of environment and natural resources through prevention of activities that are detrimental to the environment and natural resources. The EAC protocol on Environment and Natural Resource management also provides that Partner States shall develop and harmonize their laws, policies and strategies for mitigating the effects of greenhouse gas emissions and the manner and procedures for benefiting from climate change adaptation and mitigation activities and strategies. It further reaffirms that Partner States shall promote the development and implementation of education as well as training programmes, including strengthening of national human and institutional capacities on climate change.

The EAC secretariat passed the EAC climate change policy in 2011 and Uganda was highly involved in developing the policy. The policy document notes that adaptation to climate change is to partner states. The community has also developed a Climate Change Master plan 2011 – 2030 that provides a long term vision and basis for Partner States to operationalize a comprehensive framework for adapting to and mitigating climate change in line with the EAC protocol on Environment and Natural resources. The Master Plans vision is to ensure that; The People, the Economies and the Ecosystems of the EAC Partner States are climate resilient and adapt accordingly to Climate Change. Besides EAC, other regional partnerships like the Common Markets for Eastern and Southern Africa (COMESA) treaty 1993, the Inter-Governmental Authority for Development (IGAD), 1986 and New Partnerships for African Development (NEPAD) 2001 provide platforms for addressing climate change issues at a regional level.

7.6.6 Global Policy and Institutional Frameworks on Climate Change

At a global level, Uganda is a party to the United Nations Framework Convention on Climate Change (UNFCCC, adopted in 1993) and the Kyoto Protocol (KP) that came into force in

February 2006 (NDP, 2010/11-2014/15). It obliges Uganda to put in place mitigation and adaptation measures to address the causes and effects of climate change as well as undertake education and awareness programmes. The UNFCCC requires all parties to cooperate in addressing climate change through adaptation and mitigation measures. In response to UNFCCC commitments under Article 4 and 11 submitted its first National Communication on Climate Change in 2002. Uganda is in the process of developing its second national communication in line with Post RIO +20 prospects. The framework also presents an arena for climate change finance negotiations which are still a challenge in developing parties like Uganda.

7.6.7 Institutional Issues

The issue of climate change is deservedly receiving adequate attention from the Government of Uganda (GoU) in terms of institutional arrangement. The Ministry of Water and Environment (MoWE) houses the Climate Change Unit that coordinates most climate change initiatives in the country. The draft climate change policy notes that the current national institutional as regards climate change is in a state of transition. Other partners include NEMA, Ministry of Finance, Planning and Economic Development, the Parliamentary Committee on Climate and Change NPA among others. The policy proposes the creation of new institutional structure such as; a ministerial committee on climate change, a national climate change advisory committee and a new climate change department within the Ministry of Water and Environment. These institutional proposals can go a long way in addressing climate change once given the coordination that they deserve. These also need to clearly highlight the institutions that will be involved in coordination and implementation.

7.7 Barriers to Climate Change Programmes

Uganda has always had very good and well-articulated policies but failed at the implementation level. Programmes and policies tailored towards climate change have not been exceptional to this trend. A number of good policies have suffered slow implementation and outlived their duration with minimal work on the ground. Financing at implementation level is a major constraint to successful implementation of climate change initiatives. Since Climate Change severely affects socially vulnerable groups of people, programmes earmarked for its redress should go beyond policies and documents to pragmatic concrete actions at the grass root level where climate change is felt most.

Besides poor implementation of policy, limited awareness at all levels of the population but particularly at the grass root levels still remains a big barrier to climate change. A study aimed at informing national guidelines to integrate climate change in sector plans and programmes carried out by the NPA in 2011 revealed that the majority of people in rural areas are ignorant about climate change. As a result, they have continued to carry out activities that accelerate climate change unknowingly. The notice that “things are a bit hotter, a bit colder and uncertain” but are passive about the causes of these changes. Some communities in Uganda continue to cut trees for other uses with a perception that its rain makers responsible for bringing and delaying rain. Such beliefs undermine efforts to redress the impact of climate change.

Inadequate partnership with and networking amongst stakeholders that matter in the climate change arena. It should be noted that everyone matters in the fight against climate change since the whole world is vulnerable to this menace. On the contrary, climate change is still regarded as an environment issue that is supposed to be contained by environmentalists. Since Climate change has turned into a development concern that threatens to reverse all development efforts, the need for concerted efforts from all practitioners cannot be over stated.

A number of studies have been carried out to on the impacts of climate change and variability with respect to agriculture practices, including indigenous coping practices by farmers in the recent past. These studies have however not been conclusive in nature. As a result, they cannot be used to inform policy and draw appropriate actions that can take climate change by the horn. This has continued to undermine national efforts against climate change.

7.8 Impacts of Climate Change on Vulnerable Populations

Climate Change has and is adversely affecting the health and survival of the vulnerable populations by creating challenging environmental conditions. Climate Change threatens food security through harvest losses, pests and diseases, and extreme weather conditions that inhibit growth of some crops. Food shortage is usually accompanied by high food prices which deprive the poor, children and elderly of food security and consequent malnutrition. Besides food prices, some groups like the minority ethnic groups solely depend on wild fruits and other plants and wild animals for survival. Unfortunately, biodiversity is threatened by intense and prolonged droughts brought about by climate change. This reduces livelihood options of such groups in addition to instigating forced migrations. Climate change is also anticipated to cause a shift in epidemics and diseases like typhoid, malaria and cholera (POPSEC, 2009). All these have far reaching consequences on the health and survival of vulnerable populations.

Health and survival insecurity inevitably culminates into mortality in extreme conditions. Floods, landslides, droughts and famine have resulted into deaths in the recent past. In most cases, its women and children who lose their lives in this mayhem. The 2010 Bududa landslides claimed a whopping 365 people according to a 2010 NEMA report on Landslides in Bududa district. Similarly, the Uganda Red Cross Society reported that the May 2013 floods in Kasese district claimed 8 people while a woman and a motorcycle driver drowned in the city center after a heavy down pour in Kampala district. Drought and famine has also claimed lives of elderly people particularly in Karamoja region over the years.

The sanitation of a community depends on the availability and accessibility of safe water for use in homes and health centers among others. The rising temperatures in response to climate change have led to total dry up of seasonal rivers without rejuvenation while some lakes have continually receded over the years. A case in point is Lake Wamala which has over the years reduced by 80 square kilo meters and has in recent times nearly completely dried up twice (The Daily Monitor, 20 September 2013). Climate change threatens and renders the access of safe water and sanitation uncertain. It should be noted that the rural poor and some ethnic minority groups depend on swamps and streams for water which are drying up during severe droughts and get contaminated in the rainy season when floods set in. Water shortage is one of the leading causes of poor sanitation which triggers diarrhea, typhoid, cholera and eventual death. Water shortage in some regional hospital has heightened maternal mortality among other things. According to a report released on 17 April 2012 by the World Bank, Uganda loses 389 billion Uganda shillings annually due to poor sanitation. The report revealed that 84% of the costs come from the annual premature death and about 90% of the deaths are a result of poor water, sanitation and hygiene. The study also found out that heaviest burden of poor sanitation fell on the poor people. Policies ought to address climate change to reduce vulnerability and avert associated losses.

Warmer conditions and prolonged rains increase the incidence of malaria and other tropical diseases particularly on vulnerable populations who have low immunity levels. Warmer temperature in Uganda has increased the area where many tropical diseases can occur for instance malaria covering 95% of Uganda, with a burden of clinically diagnosed morbidity and mortality. The warmer temperature has also increased severity of other diseases while floods that

accompany the rainy season cause chronic diarrhea and cholera that results into death of children, the poor and the elderly. These people have limited access to health facilities because of their meager incomes.

Climate change has serious implications on the economic status of vulnerable populations. Diseases and illnesses arising out of climate change undermine savings and improvement in the

standard of living because these people have to spend their already meager incomes on accessing medical care. Besides, the drought that threatens agriculture output and livestock undermine the rural people's ability to meet engage in trade and generate some income. It is also anticipated that with the advance of climate change, firewood and water are to become scarce. As a result, women and girls will have to spend more time looking for firewood and water thus limiting the amount of time spent on other economic activities. The advance of climate change and its effects will only worsen the economic status of vulnerable populations.

7.9 The Impacts of Climate Change on Environment, Human and Economic Wellbeing in Uganda

The impacts of Climate changes are felt by all sectors of the economy, making Climate Change more of a development issue than an environment concern. Its impacts on key strategic sectors like agriculture, water, work and transport, health, tourism and trade coupled with indirect impacts on all sectors have all augmented the budgets of the aforementioned sectors. This has trickle down effects on the socially vulnerable populations.

Certainly, the agriculture sector is one of the sectors that are severely ravaged by Climate Change. This is because Uganda's agriculture is mainly subsistence in nature and rain fed. Climate change has culminated into household food insecurity, malnutrition, poor health and eventually death. Moreover, declining crop yields due to prolonged drought, unreliable rainfall patterns, floods and pests have challenged people's ability to produce or purchase sufficient food. The prolonged droughts have also reduced the grazing potential in the cattle corridor. The ministry of Water and Environment (Climate Change Unit) estimates that on average, 800,000 hectares of crops are destroyed annually by either droughts or floods, making the country not only food insecure but also short of Ushs.120 billion in revenue loss (macroeconomic instability). The floods destroy infrastructure such as roads, bridges thus limiting access of agriculture produce to markets. All these have transcended into food insecurity, economic shocks, loss of incomes and livelihood options and aggregate poverty.

Climate change impacts like floods, high temperatures and droughts have dire consequences on human health. Reduced agriculture productivity emanating from climate change leads to increased food prices and food insecurity which in turn causes malnutrition. The 2009 state of Uganda's population report reveals that 40% of deaths among children are due to malnutrition. A case in point is the shift in the incidence of malaria to districts like Kabale and eastern Uganda highland areas which were previously malaria free zones (Namanya, 2009).

Climate change related disasters like lands result into death or injury as well as psychological trauma during evacuations and displacement. The March 2010 Bududa landslides resulted into death of over 300 people and displacement of much more people (GOU, 2010). Dry spells culminate into recurrent respiratory diseases while the paucity of water and pasture result increase workload especially for women and children with its associated adverse effects. Adverse health impacts emanating from climate change have a bearing on the income status of mainly the poor who have to spend their already meager income on health issues. . Additional

climate change in coming decades is projected to significantly increase the number of people at risk of these major causes of ill health (Confalonieri et al., 2007).

Through its adverse effects like drought and landslides, Climate change spurs social security breakdown. Prolonged intense droughts accompanied by shortage of pasture and water stress instigate migrations that see people leave their cradle land, break away from relatives hence resulting into landlessness. Forced migrations present high chances of conflict and national insecurity as a result of competition for water and pasture. This was evident in northern Uganda where the Karamajongs physically conflicted with the Turkana of Kenya. It has been observed that, in the future, environmental pressures and conflicts may become a leading cause of war and civil strife and that land degradation and food shortage may lead to pressures for out-migration, which are likely to lead to conflict ((FAO, 2000).

An equally significant impact of Climate Change is on social and economic infrastructure. Climate change augments the budget of road construction since engineers have to be wary of extreme climate events and disasters. The frequent maintenance of washed away bridges and damaged buildings have financial implications on budget allocations to other equally strategic sectors through budget cuts and supplementary. Schools and hospitals are also ravaged in the scuffle for instance Kilembe mines hospital in Kasese district was severely damaged and closed May 2013 floods. Frequent maintenance costs on social and economic infrastructure causes resource diversion which undermines economic transformation and prosperity.

Prolonged drought and dry spells result into dry up of seasonal rivers and a fall in the water levels of various water resources. This has negative implications on energy and water security. Higher temperatures that characterize dry spells heighten evaporation, higher demand for water and change in river flow regimes. For instance, the declining Lake Victoria's levels in the recent past have affected the Ugandan and regional economies. In 2004/05, the water level in Lake Victoria dropped by approximately one metre leading to a significant drop in hydro power production of 148MW worth Ushs. 37 billion (NEMA and BTC; 2008). Furthermore, as a result of this drop in hydro power production, Uganda spends Ushs. 92 billion on thermal generation of electricity. The economic loss associated with climate change induced disasters is currently estimated at Ushs. 120 billion (*Weekly Observer, June 2012*). As a result, currently, domestic power demand exceeds the available supply and this deficit is growing at 8% annually (BTC & NEMA, 2008). It has frequently been pointed out that 98 % of Ugandans use fuel wood and the exorbitant power tariff as a result of limited power supply are likely to aggravate this already bad scenario. John Hopkins (1998) projected that with the advance of climate change impacts like prolonged droughts, Uganda is likely to experience a water stress (1,700m³ or less) per person annually by the year 2025.

Ecosystem health and biodiversity are facing degradation at an alarming rate. Uganda is blessed with a rich biodiversity in form of flora and fauna which is distributed across terrestrial and aquatic habitats (NBSAP, 2002). This biodiversity is deteriorating at 1% annually which is detrimental to a country like Uganda whose economy is sustained by natural resources (NEMA, 2011). Extreme climate variability events are likely to degrade some biodiversity especially that in fragile ecosystems like forests and mountains. In addition, climate change effects like droughts and dry spells spur migrations and increase encroachment on fragile ecosystems like forests and wetlands. All these result into biodiversity degradation and ecosystem damage.

7.10 Climate Change as a Cause and Driver of Vulnerability in Uganda

Climate changes causes vulnerability but also worsens the plight of the already vulnerable population in Uganda. It is therefore imperative to explore the nexus between population size,

growth and vulnerability to climate change with specific reference to the above identified vulnerable population in Uganda.

Climate change impacts are exacerbated by a high population growth²² mainly because a big population sizes increases environment degradation, one of the key drivers of climate change. This is prevalent in developing countries like Uganda where gender inequality and lack of access to reproductive health services undermines women's ability to make informed decisions in reproductive health. As a result, rapid population growth combines with poverty to exacerbate environmental degradation and depletion of resources like forests which steps up climate change (UNFPA, 2008). The process is cyclical because the consequent climate change impacts like drought and heat waves spur migrations to other areas which are also depleted and degraded and the process continues. Uganda Vision 2040 projects that Uganda's population could reach 60 million by 2040 which spells doom for the future because population size generally makes any environmental challenge more difficult to address. The population structure of Uganda where the young are the majority only increases the severity since this implies that growth will continue in future albeit fertility levels fall.

Further, the impacts of population size and growth do not have direct effects since distinct population groups affect the environment differently. It is therefore pertinent to note the population structure of a region so as to design adaptation needs that are tailored to real needs of the beneficiaries. Population growth should be slowed over time to curb environment degradation and more severe climate change impacts.

7.11 Gender aspects of Vulnerability to Climate Change

In most communities, women are largely responsible for securing food, collecting firewood and water for cooking whose availability and access are being threatened by climate change. Scarcity of these resources will increase the burden of women looking for these resources through trekking longer distances, increased headaches, general fatigue in chest, neck and waist (IIED, 2002). These have effects on women and children's health, time spent on education for the girl child and engagement in other income generating activities (IUCN, 2003). Climate Change therefore poses a much bigger burden to women and children than their male counterparts. It is also evident that natural disasters like floods disproportionately affect women given their limited ability to access information²³ and resources, inability to swim among others. This especially limited time for school can jeopardize national initiatives aimed at empowering women and creating gender equality.

It is not adequate however, to overemphasize women as the major victims of climate change since even men are affected as well. In many households, men are the sole bread winners of the family even where women are financially sound. Effects of climate change like drought, dry spells and floods create food shortage which raises food prices and other items. Epidemics like cholera, malaria and other respiratory diseases that rise during drought and floods augment domestic medical bills. As a result, men have to work harder and dig deeper in their pockets to fend for their families. This reduces their disposable income, undermines savings and investment while affecting their health.

²² A high population growth implies more consumption and waste generation which all accelerate environmental degradation, a key driver of climate change.

²³ In some rural households, newspapers are read by only men while family radios are switched on only when the man of the house is around. Some women believe that the aforesaid items are fit for men only. They thus end up missing out on information on early warnings of looming disasters and are caught up in the mayhem.

7.12 Opportunities presented by Climate Change to the Vulnerable Populations and National Economy

Climate change and variability pose challenges and risks to ecosystems, natural resources, human health, social and cultural systems, and economic growth and development. They also provide opportunities as well, that need to be identified and tapped. The goal of climate change policy should however be to reduce the risks and tap the opportunities it presents. Climate change is not only a dooms day event but presents immense opportunities that are inherent therein.

Vulnerable population groups like those living in semi-arid areas can reap from climate change by taking advantage of the changes in rainfall patterns and distribution to increase agriculture production through double cropping²⁴. Climate Change models for Uganda predict a change in the distribution of rainfall with some areas receiving more rainfall and an increase in temperature country wide. This implies that areas like Karamoja region that were restricted to growing drought resistant cereals can be able to grow crops that require water. Similarly, the temperature increases are a blessing in disguise for areas like Kapchorwa that experience low temperatures that prolongs the growing season of some crops. Agriculture research shows that the growing duration of maize in Kapchorwa district has fallen from 7 months to 3 months as a result of a rise in temperature.

A study²⁵ on effects of climate change carried out in 2011 by the National Planning Authority reported that formerly infertile low lying areas like Bunyole in the Elgon region are now fertile and are practicing agriculture courtesy of climate change. The heavy rains sweep all the fertile soils from the highlands to the lowland areas. However, these opportunities can only be harnessed when some measures like; early warning systems, water harvesting to avert flooding and a good information system are put in place to advise the farmers accordingly. Besides benefiting from ecotourism activities, minority groups especially those that live in forests like the Batwa in Bwindi impenetrable national park can substantially benefit from carbon trading. At a macro level, climate change presents a number of opportunities to various sectors of the economy. For instance the agriculture sector can economically benefit from organic farming one of the mitigation measures identified to reduce carbon emissions. Although it requires substantial requirements for certification, it offers a wider range of benefits to farmers and wider communities. Organic farming products have an expanding consumer demand in the European Union and the United States and a small but growing local market given the health risks associated with inorganic products. It offers a potential export opportunity and source of foreign revenue to attain the envisaged competitive, profitable and sustainable agriculture sector. In addition, organic farming requires on average 30% more labour than conventional farming (UNEP, 2009) which will combat the disguised unemployment prevailing in the sector.

Uganda's mining sector is gaining momentum in terms of revenue and contribution to GDP. There are about 27 types of minerals in significant commercial viable reserves including Uranium (Uganda Vision 2040). The vision aspires to use uranium to facilitate generation of electricity from nuclear energy over the vision period. The Green Economy principles which also aim to curb climate change call for a sustained drive towards less carbon emissive forms of energy like renewable energy. Uganda can capitalize on this drive to seek financial and technical assistance from developed countries to expedite the construction and completion of renewable energy projects. Renewable energy generation will have trickle down effects like job creation,

²⁴ Double cropping is the practice of growing two or more crops in the same space during a single growing season.

²⁵ The study was meant to evaluate the level of awareness of climate change at local governments. Findings informed the National guidelines for integration of Climate Change in Sector plans and budgets.

urbanization, revenue and foreign exchange, and industrialization which are key for a country that aspires to transform from a peasant to a modern and prosperous society.

A number of industries in the manufacturing sector can gain from national and global response to climate change. Industries in metal products like aluminum can substantially reduce on their operational costs through energy saving by enhanced use of recycled aluminum a process that uses approximately 5% of electricity required to produce primary aluminum (BP, 2009). Use of recycled aluminum also supports domestic recycling schemes and local job creation opportunities. This is a mitigation measure since it reduces extraction and air pollution.

Uganda subscribes to the RIO+20 outcomes which provides for a green economy as a model of development among other things. As earlier noted, renewable energy is one of the tenets of a green economy and a mitigation response to climate change. The anticipated expansion of renewable energy industry in Uganda presents an economic opportunity in the electricity industry. With national electricity consumption forecasted to increase from 75kWh per capita to 3668 kWh per capita by 2040 (Uganda Vision 2040), the need for increased use of renewable energy is inescapable. Globally, renewable energy has undergone exponential growth with the industry moving from providing 160 GW of power in 2004 to 280 GW in 2008 (REN21, 2009). This venture can act as a make-up and account for a specific portion of electricity supply which can reduce power tariffs over time. In addition, development of a renewable energy sub-sector will accelerate industrialization and employment in construction and manufacture, increase energy supply while attracting foreign investment in the sector.

Efforts to reduce emissions through carbon sequestration present opportunities to expand and sustain Uganda's ecotourism niche. Daily expenditures of eco-tourists can improve the standard of living in nearby communities. The sector can also support local communities through community based carbon sequestration projects linked to ecotourism destinations as part of wider marketing efforts. The Territorial Approach to Climate Change (TACC) project under UNDP is being implemented in the Elgon region and participants who are paid carbon credits before the maturity of trees will go a long way in improving the livelihoods of the local communities.

One of the flagship projects of Uganda Vision 2040 is a Hi-tech ICT city and associated ICT infrastructure. Climate change national response will facilitate the need for Green House Gas emissions reporting and monitoring software thus accelerating the realization of the aforesaid project. Teleconferencing supports low carbon communication while video conferencing reduces carbon emissions and travel costs which are essential for small and medium sized companies with global operations or network (CAMCO and TIPs, May 2010). Recycling of e-waste also enhances ICT development since the latter plays an intermediary role (CAMCO and TIPs, May 2010). This opportunity has been successfully tapped in some countries like South Africa.

The solution to Climate Change exceeds the capacities and resources of any one nation and requires full cooperation of all nations. It is also noteworthy that countries that have least contributed to climate change are to be the worst hit by this predicament (IPCC, 2010). Besides, financing climate change is still an uphill task especially for developing countries. A study by the Advocates Coalition for Environment and Development (ACODE, 2013) on national climate change finance revealed that climate change relevant expenditure is still negligible in MDAs. Global adaptation and mitigation efforts like the Conference of Parties sessions present an arena for Uganda to lobby for climate change finance from developed countries to address climate change and related initiative like the Clearing House Mechanism, renewable energy. Such

financial assistance is critical in funding Nationally Appropriate Mitigation Actions (NAMAs) undertaken by developing countries.

It should however be noted that much as the above opportunities exist, there is need to emphasize the risks and challenges posed by climate change and address them accordingly. It is a win-win situation since harnessing the opportunities will accumulate benefits that can indirectly address some of the risks and challenges.

7.13 Policy and Planning for Adaptation (Mitigation) in the face of Climate Change needs

There is need for assessment of needs of the most vulnerable population groups to ensure that climate change initiatives address the special needs of vulnerable populations. All people are vulnerable to climate change although the damage varies which calls for different interventions for various sections of the population.

7.13.1 Capacity/Resilience of Vulnerable Populations to cope with Climate Change (Coping Mechanisms)

Vulnerable populations adopt various strategies when faced with climate change. Coping refers to actions and activities used by households to survive when confronted with unanticipated livelihood failure (Victor A. Orindi and Siri Erisken). Coping strategies also depend on the impact of climate change at hand. For instance during floods, affected people leave their cradle land and seek refuge in distant relatives homes and areas that are flood free and migrant to their homes after floods sink (NPA, 2011). Some vulnerable households cope with food shortages brought by climate change by reducing on the quality of their diet and reducing the number of meals taken daily.

For the case of peasant farmers, climate change has forced them to shift to other economic activities that are less susceptible to climate change. For instance in the Elgon region, some people especially females have migrated to urban centers to pursue petty business like the sale of chapattis, mandazzi and cabbages while a number of male youth have sold their farm land and jumped on the “bodaboda” (motorcycle) band wagon as a substitute for agriculture (NPA, 2013). Getting loans from traders is another coping strategy adopted to reduce vulnerability. Other livelihood options during drought especially for men include carpentry, charcoal burning and brick laying and construction.

On the other hand, the response mechanism of dry land pastoral communities like the Karamajongs has remained the same as it was even before the advent of climate change. Prolonged and intense droughts incite movement among the pastoralists in search for water and pasture as a survival strategy. This however is usually accompanied by conflicts in the neighbouring Teso region and the Turkana region mainly driven by competition for natural resources.

In addition, research shows that farmers have continued to embrace mixed cropping and diversification of crops as a form of insurance against rainfall variability and pests attack (Victor A. Orindi and Siri Erisken). Farmer cushion themselves against climate extreme events like , high rainfall, high/low temperatures by planting different crops in the same field or various gardens with differing crops not all crops are affected the same way by climate extremes. For instance cassava has a higher resilience to drought while sweet potatoes are highly vulnerable to floods. Some farmers in Masaka district have resorted to trapping rain water and using it during drought. As a result, farmers are able to mitigate total loss when such catastrophes strike.

7.13.2 Activities/Support towards Strengthening Capacity to Climate Change Adaptation

The Government of Uganda is implementing NAPA pilot projects across the country to strengthen people's resilience to climate change impacts. The climate change unit under the Ministry of Water and Environment is at the forefront of these projects. According to the Ministry of water, an integrated approach is being used to implement actions in all the 4 pilot districts depending on community / ecosystems' vulnerability and priority interventions. Unlike the project in Nakasongola that addresses food insecurity and drought, the one in Pallisa deals with soil degradation and pests and diseases. Similarly, the pilot project in Bundibugyo district addresses soil erosion and deforestation while that in Apac district is tailored towards addressing soil erosion and deforestation. Although NAPA pilot projects have reported some challenges like the short term nature of funding under project mode interventions and low capacity of Local Governments to integrate climate change adaptation activities, they have generated enormous benefits like awareness of potential problems and barriers that in the implementation of climate change. This information will ensure successful implementation of future adaptation activities.

Commendable work has been done especially at Local Governments by Civil Society Organizations. A number of adaptation and mitigation initiatives under CSOs are under implementation particularly in South Western Uganda, Karamoja region and the Elgon region.

The role of Development Partners in all these initiatives under both Government and CSOs cannot be overstated. Development partners like the Danish Embassy, World Bank, UNDP, IFAD, Australia Aid have provided the much needed financial resources to fund climate change activities. UNDP is currently implementing a tree planting project in Elgon region called the Territorial Approach to Climate Change (TACC). Under the TACC project, communities are financially motivated to grow trees as a mitigation measure towards climate change. This increases these communities' resilience by increasing livelihood options.

7.14 Reducing Vulnerability to Climate Change

As indicated above, Uganda is highly vulnerable to climate change albeit this paper specifically looks at the most vulnerable groups. Nevertheless, there is need to establish mechanisms that reduce vulnerability of the entire population since each new day brings additional substantiation of climate change. This section spells out measures that can be put in place to reduce vulnerability.

Firstly, there is need to integrate population factors and variables in climate change adaptation and mitigation policies, plans, budgets and programmes. Climate change proofing in development planning should be designed with a sound understanding of its effects on population size, structure and growth rate. The distribution of potential impacts across demographic groups and the mechanisms by which these impacts occur are key to effective adaptation and mitigation measures (Joel D. Secheraga, Anne E. Grambsch, 1998). As a result, adaptation options are likely to exhibit varying levels of effectiveness geographically and demographically unless they are designed with a clear understanding of the needs of beneficiaries and how climate change affects them. Adaptation and mitigation policies should have target interventions for the elderly, children, female headed households while considering population size, distribution, economic status and degree of susceptibility of the region in question.

In the same light, the finance component is critical in developing policy for this irrefutable menace. Climate Change financing is a multifaceted process that requires maximum attention. Much as Developed Countries are obligated to finance Climate change, it is paramount to lobby

local finance if climate change is to be taken by the horn. This is because a review of developed countries financial assistance promises versus fulfillment shows mixed results. A recent study²⁶ by ACODE shows that Climate Change relevant spending is still negligible even in the most affected and vulnerable sectors.

There is need to enhance competitive skills building and human capital development as a strategy of empowering the vulnerable populations. The communities should be educated gain full access to climate relevant information systems. They should also be guided on how to act in the face of these predicaments. The information should however be packaged in a way that meets the information needs of the populations. Adaptation mechanisms should have initiatives that address poverty and reduce population growth since these two increase the level of vulnerability. Farmers should also have alternative sources of livelihoods since those who entirely depend on agriculture proceedings will encounter losses leading to hunger, starvation, limited pasture and low production.

It is pertinent to ensure the protection of the environment and the sustainable and equitable use of natural resources. Environment degradation is one of the drivers of climate change. Uganda's environment has been degraded mainly through a high population growth and economic activities that trigger off habitat conversion, pollution deforestation and biodiversity degradation. There is need to strengthen policy, legal and institutional frameworks to ensure effective environment management. Natural resources like water resources and forestry should be utilized sustainably to avert climate change effects that may arise from their indiscriminate use.

Climate analyses should include an evaluation of social vulnerability to effectively address concerns of the most vulnerable population groups. Climate change affects life support systems and hence has an impact on all individuals in society. However, some population groups like the poor, orphans, female headed households are more hit given their limited ability. In most cases, Analyses of Climate change impacts only concentrate on the physical effects while neglecting the social aspect which is equally important (Pacific Institute, 2012). Social Vulnerability is often poorly understood and rarely integrated into climate assessment which undermines the effectiveness of adaptation and mitigation measures.

In addition, responses to emergency situation should be invigorated. Damages that emanate from extreme climate events are more damaging especially to the poor segments of the population. Response to emergency situations should therefore be more effective and policies in support of the most vulnerable populations should be designed with and implemented with increasing resources. Policies and guidelines ought to be developed to create awareness on how to act in the face of these catastrophes rather than responding to emergencies in the absence of clear guidance rather than maintain the status quo.

Mainstreaming gender into climate change discussions can go a long way in reducing the vulnerability of women and girls to climate change effects (UNFPA, 2008). It is unquestionable that women living in poverty bear a higher burden of climate change consequences. Their great dependence on local natural resources coupled with their domestic burdens increase their plight in this era of climate change. It is thus critical that gender sensitivity be integrated into all mechanisms, policies, tools and guidelines within the climate change debate. Besides, given

²⁶ The study dubbed "National Climate Finance study" was carried out by ACODE in 2013 with an ultimate goal of identifying climate change relevant expenditure in Uganda's budget. Findings revealed that local funding of climate change is still negligible even in the most vulnerable sectors yet external funding also shows mixed results.

empowerment, women can play a crucial role in changing mindset and using resources sustainably in local communities hence reducing the severity of climate change.

While discussions on climate change mainly emphasize the plight and vulnerability of the rural poor, it is noteworthy to also work towards reducing urban vulnerability. Urban areas are equally vulnerable to climate change related crises and disasters. Climate related hazards disproportionately affect people who live in slums and squatter settlements on steep hillsides, in poorly drained areas and low lying areas. Policy makers should contemplate research and actions to reduce these urban vulnerabilities.

7.15 Conclusion

This chapter has reviewed the issue of climate change in the light of vulnerable populations and illustrated that climate change is not the only cause of the vulnerability in Uganda. It is super imposed on already existing vulnerabilities like poverty, gender inequality and physical disability among others. It is however likely to worsen the severity of poverty and gender inequality hence increasing the degree of vulnerability. Adaptation measures should be expedited to rescue the most vulnerable population and as Uganda Vision 2040 emphasizes, the finance component of climate change should receive adequate attention. Population is an equally important factor in addressing climate change since its increases compounds the complexity of addressing climate change. Measures to control population growth should be at the forefront of social development. Finally, another essential factor that is normally neglected are the opportunities presented by climate change. Since climate change is to stay with for more years, its opportunities should be harnessed to create a win - win situation.

7.16 Policy Recommendations:

1. There is need to undertake a comprehensive study on future climate change impacts in Uganda and associated uncertainty, which will help to reduce the degree of vulnerability and ensure formulation of appropriate mitigation actions.
2. Climate analyses should include an evaluation of social vulnerability to effectively address concerns of the most vulnerable population groups.
3. Move forward to next step of implementation of policies and programmes that are already in place.
4. Reducing vulnerability to climate change will only materialize upon mobilization of local finance targeting climate change activities. Reliance on global funding will slow the adaptation process yet the magnitude of climate change reality is increasing by day.

TOO YOUNG FOR MOTHERHOOD: PROFILE, CONSEQUENCES AND DRIVERS OF TEENAGE PREGNANCY IN UGANDA

Authors: Wilfred Ochan¹, Caroline Nalugwa¹ and Florence A Apuuri¹

¹United Nations Population Fund, UNFPA.

For correspondence: Wilfred Ochan, United Nations Population Fund, Plot 12A Baskerville Avenue, Kololo. P.O. Box 7184, Kampala, Uganda. Tel: +256-772-205470/+256-417744509. E-mail; ochan@unfpa.org

Abstract:

Purpose: To describe the status and outcomes of teenage pregnancy in Uganda, and identify factors that drive/perpetuate and those that protect it; while proposing strategic actions to prevent, manage and mitigate teenage pregnancy.

Methods: We conducted literature search using multiple databases, including PubMed and PopLine and database of Inter-Agency Youth Working Group. We also conducted physical search in the Library of Makerere University School of Public Health. The literature search yielded a total of 72 articles, which were analysed along the main themes of the review. Review criteria included topics related to teenage pregnancy; teenage pregnancy outcomes; protective factors for teenage pregnancy; risk factors for teenage pregnancy and teenage pregnancy prevention programmes.

Results: Other than Demographic and Health Surveys, there were only a few studies that were conducted in Uganda on this subject. Teen pregnancy rate has dropped by 47% between 1995 and 2011, though teenage pregnancy remains high and stagnant (24%) with hardly any drop between 2006 and 2011. Surprisingly and contrary to conventional wisdom, drop in teenage pregnancy rate is more marked amongst the rural (45.4%), those with no education (37%) and the poorest in terms of wealth quintiles (25.8%). East Central Uganda carries the greatest brunt of the problem. Evidence show that teenage pregnancy is associated with poor and higher risks of maternal health outcomes such as maternal death, obstructed labour and fistula. However, teenage pregnancy perse does not lead to poor neonatal health outcomes of low birth weight, pre-term delivery, etc. It is rather the poor attendance of prenatal, delivery and post natal care by teenage pregnant girls that affect these neonatal health outcomes. Teenage pregnancy and repeat teenage pregnancy is found to be driven by factors such as: younger age at first sex for the girl, forced child marriage, coerced first sexual intercourse, family situations for the adolescent girls and limited access to sexuality education and reproductive health services, etc. In addition to the opposites of the factors that perpetuate teenage pregnancy, other protective factors of teenage pregnancy include “fear” factors and change of partners especially with respect to repeat teenage pregnancies.

Conclusions: Teenage pregnancy has remained high and stagnant in Uganda with disproportionate burden amongst the rural, poor and uneducated adolescents. Ecological factors that operate at individual, household, community and institutional levels have been identified to perpetuate or protect teenage girl’s vulnerability to pregnancy. Strategic interventions to address teenage pregnancy include effective implementation of existing youth and adolescent related policies, especially prevention of forced child marriages and coerced sex, integrating sexuality education into school curriculum, girl child education and empowerment programmes, etc. There is need for more local research on teenage pregnancy, its outcomes and drivers, and on the effectiveness of current interventions in preventing it.

Background

Uganda’s population of adolescents (10 – 19 years) is at 33% of the total population [1]. With teenage pregnancy rate at a high and stagnant level of 24% [2], teenage pregnancy has become a moral, social, demographic and public health issue [3; 4; 5]. Socially, it presents a challenge for the girls’ parents, the teenage girl herself and her partner in categorizing the teenage girl for the needed social, economic and medical support or in defining their place and roles in the society. While the teenage girl’s parents

keep asking for where their “child” is, the teenage mother is caught in a situation of confusion and dilemma of being an adolescent mother, yet lacking the decision power as they search for safety and empathy. They are not quite sure what their state of “childhood in motherhood” means for her and her future prospects [6]. Is she a child, since she is less than 18 years of age, or is she an adult “woman” since she is now a mother with a pregnancy or a child?

With adolescent (10 – 19 years of age) birth rate of 134 per 1,000 this issue is driving teenage pregnancy and fertility in Uganda [2]. Anecdotal evidence suggests many negative maternal and neonatal pregnancy outcomes associated with teenage pregnancy globally, but that could be the same in Uganda. Some of these consequences of teenage pregnancy are fatal and others have long term debilitating effects, further complicating the subject of teenage pregnancy and teenage motherhood!

In general, teenage pregnancy is perpetuated by a number of factors that operate within the individual and the individual’s contexts of the immediate family, society and institutions [7]. Factors that perpetuate/drive teenage pregnancy are essentially those that increase the likelihood of teenage pregnancy occurring. There are also factors that act to discourage negative sexual behaviours and thereby prevent teenage pregnancy, such as use of contraception. These are the protective factors.

Therefore, understanding the burden, profile and trends of teenage pregnancy in Uganda becomes important in defining the magnitude of the problem, identifying who is most affected and why. Similarly, identifying the risk/perpetuating and protective factors for an adolescent whether to have a teenage pregnancy or not becomes very important for developing effective interventions in preventing, managing and mitigating the impact of teenage pregnancy. Understanding these factors that increase or decrease the likelihood of teenage pregnancy in a teenage girl is therefore important for policy and programmatic interventions that could be designed to focus on addressing those factors that are malleable to interventions.

A 2013 in-depth analysis of the Uganda Demographic Health Survey attempted to identify protective and risk factors associated with teenage pregnancy [3]. However, this focused only on the 2011 UDHS data sets and therefore did not include review of other literature related to teenage pregnancy, pregnancy outcomes and associated risk or protective factors. This review merges issues identified in the 2011 DHS in-depth analysis with other studies to give a comprehensive picture of the burden and profile of teenage pregnancy; maternal and neonatal outcomes of teenage pregnancy and the associated main risk and protective factors.

Therefore, the main objectives of this review were to: (1) describe the burden, profile and trend in teenage pregnancy in Uganda; (2) identify factors that perpetuate and are protective of teenage pregnancy; and (3) provide research recommendations and strategic actions for the prevention, management and mitigation of teenage pregnancy.

Methods

The paper is based on secondary review of existing published and grey literature. Two methods were used to identify and collect the needed information. Using the key words: teenage pregnancy, teenage pregnancy outcomes, teenage pregnancy prevention, risk factors for teenage pregnancy and protective factors teenage pregnancy; a search was performed in PubMed and PopLine; and in database of the Inter-agency Youth Working Group. We also conducted physical search in the library of Makerere University School of Public Health mainly for national policy documents, demographic health survey report and post graduate research papers. A total of 72 published articles and grey literature were

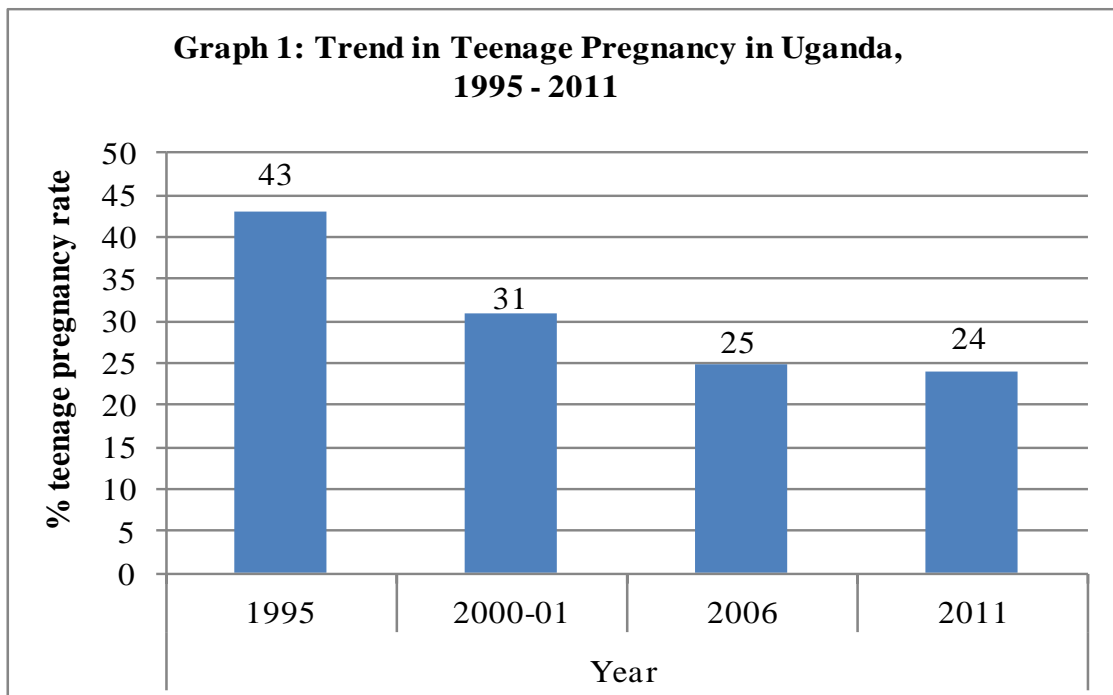
collected, their abstracts were reviewed and the detailed papers were printed and analysed for the write up of this paper. The analytical frames for this review reports were the magnitude, profile and trend in teenage pregnancy over the last 15 years; teenage pregnancy outcomes; perpetuating/driving factors for teenage pregnancy; protective factors for teenage pregnancy; and strategic interventions for teenage pregnancy prevention, management and mitigation.

Results

The result section discusses the status of teenage pregnancy, its profile and trend in Uganda while drawing out any inequities. It reviews teenage pregnancy outcomes and identifies key factors that perpetuate/drive or prevent teenage pregnancy at individual, household and community levels. The section concludes by reviewing known interventions and gaps in them.

The Burden, Profile and Trend of Teenage Pregnancy in Uganda

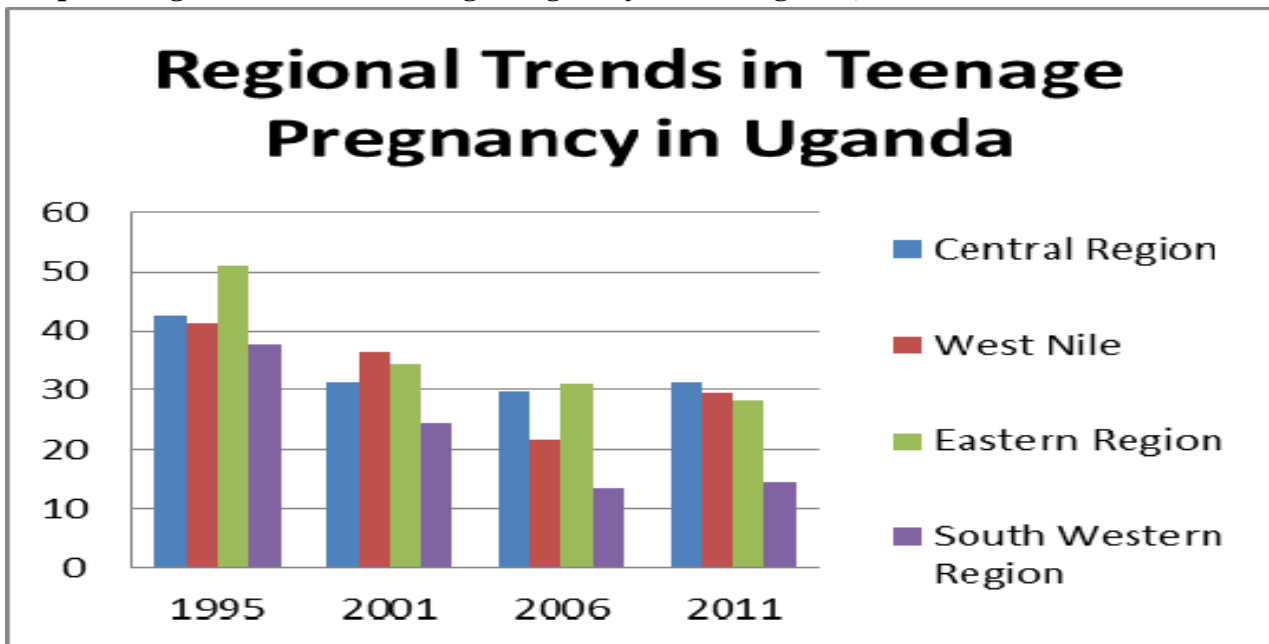
Teenage pregnancy rate of 24% has remained high and stagnant in Uganda since 2006. The Graph 1 below shows the overall national trend in teenage pregnancy rate in Uganda over a 15 year period, while Table 1 shows the trend along key social inequity indicators of residence, education level and wealth quintile [8;9;10;2].



The annual average rate of decline in teenage pregnancy between 1995 and 2006 was 2.4, fell to 1.2 per year between 2000-02 and 2006, and dropped at 0.2 points per year between 2006 and 2011. There is need to explore the significant drop in teenage pregnancy between the 1995 and 2006 period, and the reasons for the stagnation since 2006.

Regionally, teenage pregnancy has remained high in Central and Eastern regions as shown in Graph 2 below. Marked decline in teenage pregnancy rate is noted in South Western and Eastern Region. There is a worrying trend in reversal in teenage pregnancy rate in Central and West Nile regions. South Western has a relatively low teenage pregnancy rate, probably due to local social norms surrounding teenage pregnancy and pregnancy outside wedlock. There could also be factors around increased level of education, comparatively higher wealth level, etc. that need to be investigated.

Graph 2: Regional Trend in Teenage Pregnancy Rate in Uganda, 1995 - 2011



This graph that much as teenage pregnancy has remained high in Uganda, with the burden is highest in East Central (31.4%) and West Nile region (29.6%) and Eastern Region (28.1%). South Western Uganda has the lowest teenage pregnancy rate of 14.6%. These present focus geographic areas where strategic interventions could be started from. More importantly, design of any intervention in these high burden areas must examine the local prevailing cultural beliefs, values and practices surrounding the high teenage pregnancy and forced child marriages.

Inequities in Teenage Pregnancy

As illustrated in Table 1 below, teenage pregnancy in Uganda varies significantly by the basic social inequity indicators: education, residence and wealth quintile. In terms of education, there has been marked drop (37%) in teenage pregnancy over the 15 years amongst those with no education. Minimal drop (7.5%) was observed amongst those with secondary education, a finding that seems to agree with logistics regression analysis by Rutaremwa G [2013] that education is not a significant explanatory variable for prevention of teenage pregnancy. This observation of relatively small change in teenage pregnancy amongst those with primary and secondary education unfortunately relates to the period when universal primary and secondary education were introduced. This is a rather surprising and contradictory finding to conventional wisdom and therefore calls for more analysis/investigation, but also examination of what is happening to the girls going to school in relation to teenage pregnancy. Similarly, we also see one and a half times drop in teenage pregnancy rate in rural (45%) compared to urban (28%), possibly contributed to the growing size of urban poor with limited access to essential services!

A further understanding of the variations by religion show that teenage pregnancy is highest amongst Muslims at 29% and lowest with Protestants at 22%. Investigations into the sub-cultures of each of the regions and religious groupings may provide more insights into the factors that determine the relatively high or low prevalence of teenage pregnancy in these communities and help in identifying ways of preventing it.

Table 1: Trend in Teenage Pregnancy Rate by Selected Social Inequity Indicators in Uganda, 1995 – 2011

Category		Years				% Change
		1995	2000-01	2006	2011	
Educational Attainment	Higher	NA	NA	NA	13.8	NA
	Secondary	18.7	16.7	15.3	17.3	7.49
	Primary	47.3	33.1	27.9	35.9	24.10
	None	48.5	59	50.2	30.4	37.32
Residence	Urban	30.6	22.5	19.7	22.0	28.10
	Rural	45.4	33.6	26	24.8	45.37
Wealth Quintile	Richest	NA	NA	16.3	17.3	-6.13
	Richer	NA	NA	22.6	19.5	13.72
	Middle	NA	NA	22.2	25.2	-13.51
	Poorer	NA	NA	31.2	33.4	-7.05
	Poorest	NA	NA	40.7	30.2	25.80

Although adolescents who have completed secondary school tend to have low teenage pregnancy rates (17.3%) compared to those who have no education (30.4%), the rate of change in teenage pregnancy is highest amongst those without education (37%). Teenage pregnancy in the poorest households is at 30.2% compared to only 17.3% in the richest households. Of concern is the reversal of teenage pregnancy rate amongst adolescents from the richest (-6%) and middle (-13.5%) categories of wealth quintile, compared to those from the poorest who show a 25.8% drop. Again studies to explain this apparent anomaly are needed. As a result of teenage pregnancy, majority of adolescent girls cannot complete primary and/or secondary education and cannot therefore enter gainful employment or productivity due to limited skills. A UNICEF study of 2010 shows that up to 30% of the girls who dropped out of school did so due to pregnancy related reasons.

Maternal and Neonatal health Outcomes of Teenage Pregnancy

In general, it has been shown that teenage pregnancy has a higher potential for negative pregnancy outcomes for babies and their teenage mothers, because the teenage mothers have not yet developed the physical maturity required for a healthy pregnancy or has the appropriate health seeking behaviour for proper child care [12;13;7]. Teenage girls who experience pregnancy at a very young age (less than 16 years) or are carrying their second pregnancy have increased risk of pregnancy outcomes [13;14]. This is compounded by the fact that teenage mothers are anxious with lost self-esteem and have dropped out of school therefore less likely to earn a salary and seek proper care. Often they are stigmatised by health workers and at community level and most experience household violence from their parents [15;16; 17]. They will therefore show poor health seeking behaviour for themselves and their children. Teenage mothers have decreased likelihood of any pre-natal care, pre-natal care by skilled provider and increased likelihood of delivery at home or by unskilled provider that can lead to negative maternal and neonatal pregnancy outcomes [18]. The presence of a father of the teenage girl [19] and a strong social support mechanism for teenage mothers that focus on information on pregnancy, delivery and early childhood care would be important to reduce on the adverse birth outcomes amongst teenage mothers [6].

Main Maternal Health Outcomes of Teenage Pregnancy

The high teenage pregnancy rate has worrying implications on pregnancy outcomes for teenage mothers in Uganda. Maternal deaths are higher in teenage mothers than in older women. It is estimated that 44% of the 7,200 annual maternal deaths in Uganda occurs amongst females aged 15 - 24 years. The risk of maternal death is twice higher amongst teenage girls aged 15 – 19 years, compared to women in their 20s. For those under 15 years of age the risk of maternal death is five times higher [10;2].

Approximately 297,000 unsafe abortions occur yearly in Uganda. Nearly 140,000 of these occur amongst those aged 15-24 years [20]. This compares with a study in a Nigeria Hospital that found 60.4% of abortion cases were amongst those aged less than 25 years, 74% of whom were by students [21]. Desire to stay in school have been cited as main reason for teenage girls to abort [22]. However, in Latin America, adolescents have been “pushed” to abort by their mothers, against their will [23]

Teenage pregnancy outcome is also associated with high prevalence (2%) and incidence (1,900 cases per year) of fistula in Uganda. About 80% of the estimated 200,000 Ugandan women suffering from obstetric fistula are teenage girls who gave birth before the age of 18 [2]. Most of the fistulae arise out of complications of obstructed labour. Teenage pregnancy has been associated with higher risk of obstructed labour in Uganda [16].

Though undocumented in Uganda, teenage pregnancy has also been associated with higher caesarean section rate especially for teenage mothers aged less than 15 years old than amongst those aged 20 – 24 years [13]. They also face higher risks of anaemia, proteinuria, urinary tract infection, eclampsia and pre-term delivery and post-partum complications [18;24].

Other distal important health related outcomes associated with teenage pregnancy are higher risk of violence during and after the pregnancy than in older women [25]. Teenage children of teenage mothers are more likely to show disturbed psychological behaviour, poor education performance, poor reading ability, likely to smoke or consume alcohol and to have been in contact with criminal justice system [26]. In the US, 69% of teenage girls who were born to teenage mothers at the time became pregnant while they were teenagers too – showing the urgent need to examine and address inter-generational aspects of teenage pregnancy [27]. In Uganda, teenage pregnancy has been shown as a cause of 30% secondary school dropout [11].

Main Neonatal Health Outcomes of Teenage Pregnancy

Teenage mothers tended to have higher risks for neonates with low birth weight, extremely low birth weight and very pre-term delivery and new born admissions to intensive care unit than those aged 20 years and above [13;24]. However, one study showed that, when teenage pregnant girls are provided with pre-natal counselling, they are more knowledgeable and comply with health promotion practices with resultant positive neonatal outcomes like any normal pregnancy [28]. So, it is not teenage pregnancy per se that has negative neonatal outcomes. Rather the poor health seeking practices of teenage mothers such as decreased likelihood of any pre-natal care, pre-natal care by skilled provider and increased likelihood of delivery at home or by unskilled provider that lead to negative maternal and neonatal pregnancy outcomes. For instance, in a randomised controlled trial, 90.7% of neonates in study groups of teenage mothers who received prenatal care were good compared to only 46.5% of those who did not receive the pre-natal counselling; and only 9.3% of study group babies had low birth weight compared to 32.6% of those in the control arm [29].

The concern on health seeking behaviour for teenage mothers is pertinent as much in Uganda. Antenatal care attendance is at 93% for first visit, but this drops tremendously for the four antenatal visits. A strategic action would be to maximise pre-natal counselling sessions during the first visit to ensure compliance with subsequent visits, facility based delivery and post natal care. Because of poor antenatal visit, only 80.2%, 68.2% and 65.8% of teenage mothers had tetanus toxoid, skilled birth attendance and health facility delivery respectively – all of which perpetuate the poor maternal and neonatal health outcomes.

Factors that influence teenage pregnancy in Uganda

We reviewed both negative (perpetuating) and positive (protective) factors for teenage pregnancy in general, with inference on Uganda. Though most of the factors associated with teenage pregnancy in Uganda were found to operate at individual level, literature from other parts of the world suggest an ecological model in examining this issue that operate at: individual, family, societal, and institutional levels [7].

Factors perpetuating/driving Teenage Pregnancy

The main factors found to perpetuate teenage pregnancy generally are early initiation of sexual intercourse, forced child marriages, coerced sexual intercourse, fertility desires amongst HIV positive teenagers, family situation and limited access to sexual and reproductive health information and services for teenagers, especially the teenage girls.

a) Early initiation of sexual intercourse as a perpetuating factor

Early initiation of sexual intercourse has been associated with higher risk of teenage pregnancy [30]. Conversely, delayed initiation of sexual intercourse has been found to be protective of teenage pregnancy as shown in China with mean age of sexual debut being 22.8 years. In Uganda, the median age at first sexual intercourse is at 17 years for females [2]. By 18 years, 60% of young females and 47% of young males have had sexual intercourse with resultant 24% of adolescent girls becoming pregnant before 19 years. Early sexual intercourse show regional variation: being earlier in Central Uganda and a little delayed in South Western.

Rural teenage girls start sex and child bearing earlier than their urban counter parts. Though no specific study has been conducted in Uganda on the link between early sexual initiation and teenage pregnancy, other studies show that early sex initiation before 15 years of age and early age at first sex (less than 16 years) are highly associated with and are found to perpetuate *repeat teenage pregnancy* [7;31].

b) Forced child marriages as a perpetuating factor

For most women in Uganda, marriage marks the onset of regular exposure to the risk of pregnancy, especially in the case of low levels of contraceptive use. Although the minimum legal age for a woman to get married is 18 years in Uganda [32], marriage among teenage girls is a common practice. According to the 2011 Uganda DHS, among married women age 20-49, 15% were married by age 15, and 49 per cent were married by age 18. This is much higher than their male counterparts who tend to marry at much older ages. For instance, among men age 25 - 49 years, only 9% were married by age 18. In all purpose and intent, all marriages with teenagers below 18 years of age should be interpreted as forced, void and illegal! Therefore use of the word early rather than forced marriage sanitizes an immoral, coerced and an illegal act! In India a study found that teenagers in general, and especially boys are less knowledgeable about legal age of marriage, ideal age of pregnancy and the distinction

between preferred and arranged marriages [33]. This situation needs to be investigated in Uganda as part of the evidence for effective programming!

An in-depth analysis of the 2011 UDHS shows forced marriages as one of the strong predictors of teenage pregnancy and child bearing in Uganda [3;34]. Traditionally, social, economic, religious and cultural norms in Uganda encourage marriage and childbearing at an early age. As such, female adolescents in Uganda face cultural, religious and social pressures from their families to marry young and begin child-bearing early [35; 36]. And in the event that majority of teenage girls drop out of school due to unwanted pregnancies; early marriage tends to be the only practical survival solution for these girls who, end up with undocumented burden of repeat teenage pregnancies. Most of the girls with forced marriage are uneducated, from the very poor households and live in rural areas. Women in urban areas marry two years later than rural women; the median age for marriage is highest in Kampala (20 years) and lowest in Northern Uganda, at 16 years.

c) Coerced sexual intercourse as a perpetuating factor

Janet et al [1997] found that twice as many women coerced into sex had a teenage pregnancy and therefore coerced sexual abuse is more likely to contribute to teenage pregnancy. Victims of first forced sex are more likely to be pregnant [7] This argument is supported in a study conducted in Nigeria which shows reasons for teenage pregnancy to include coercive factors such as defilement, rape and forced marriages [34]. Wagner EA, et al [1998] who point to the fact that most teenagers do not easily recognise sexual abuse, are not equipped to identify situations and risk factors leading to abuse nor provided with the knowledge and resources to seek treatment and prevent recurrence of abuse! Such evidence of coerced sex and teenage pregnancy has not been documented in Uganda.

However in Uganda, practices such as female genital mutilation amongst the Nubians, Sabiny and Pokot or “twin” ceremony amongst the Basoga need to be further investigated as traditional practices that perpetuate forced child marriages or coerced sex, with resultant teenage pregnancy.

d) Fertility desire as a perpetuating factor

Teenage pregnancy has also been associated with child bearing being normative in some communities and the pressures from families to marry and begin early child bearing [39] Similarly, Beyeza-Keshesya J et al [2011] has shown that HIV positive young people in Uganda are less likely to use family planning or condom to prevent unwanted pregnancy – largely due to desire for a child. Kipp W et al, 2007 argue that fertility is highly valued amongst young people, who would want to have a child even if HIV positive.

e) Family situation of the teenage girl as a perpetuating factor

Teenage pregnancy has been associated with unique family situations. Living as orphan, or with only one parent or coming from a poor family increases the risk of teenage pregnancy compared to wealthy families [3; 7] possibly due to factors that parents of poor girls push them into transactional sex and of early marriage and/or a pull factor where the girls get a pervasive view of peer pressure and mores [34]. In Virginia, incarceration of an household member was also shown to increase the risk of teenage pregnancy [41].

Sekiwunga R and Whyte SR, [36] adds that too lenient and too harsh parenting fails to provide for their daughters needs and end up pressuring their girls into early sex or marriage with resultant teenage pregnancy. It has also been shown that when the teenage mother has not raised the child herself, she is prone to repeat teen pregnancy [31]. This calls for school re-integration programme to

ensure that such girls have adequate exposure to sexuality education and appropriate life skills to prevent repeat pregnancies.

f) Limited access to SRH information and services by young people as a perpetuating factor

Evidence from other parts of the world has shown that teenage pregnancy drops significantly when young people are given age appropriate sexuality education; they are more likely to delay age of sexual initiation and therefore delay pregnancy because of increased knowledge and risk perception as well as developed refusal skills to delay first sex [34]. In Uganda, sexuality education is currently not integrated into secondary school curriculum, though the on-going secondary school curriculum reform is attempting to integrate this [44]. Sexuality education has been integrated into upper primary, but suitability and adequacy of subject content and delivery method remain questionable.

Limited access to SRH information and services for young people that lead to limited knowledge of family planning perpetuate teenage pregnancy [3;46;7]. Unfortunately access to youth friendly services are limited to only 5% of public health facilities in Uganda with Hospitals and HC IVs coming highest at 30% and 27%, HC IIIs at 5% and HC IIs at 2% [47]. This gets compounded when young people do not know where to get such contraceptive services and have financial costs limited them from access [63]

Factors protective of teenage pregnancy in Uganda

In general terms, the opposite of the factors perpetuating teenage pregnancy should confer protective effect on teenage pregnancy. These would include: delay age of sexual initiation; outlawing and banning forced marriages; preventing coerced sex; providing sexual and reproductive health information and services to young people, especially family planning; living with both parents, etc.

Though not specific to Uganda, the following additional protective factors in preventing teenage pregnancies have been identified.

a) Partner change

Though it needs to be weighed against the risk of sexually transmitted infections, including HIV, partner change has been found to protect against repeat teenage pregnancy [31] The probable implication here is that with a partner change after first pregnancy, the teenage mother is more careful to prevent a repeat of pregnancy and is more likely to use a condom or a family method of choice.

b) Fear factor

Female fear of shame or guilt has been associated with protective effect on teenage pregnancy. This is reinforced by fear of any religious injunction against pre-marital sex; fear of pregnancy with associated fear of dropping out of school; fear of bringing shame to the family and fear of failure to get a good husband in the future [34]. These elements could be presented as benefits or key promises for delaying teenage pregnancy in the development of messages in communication programmes for young people.

Strategic Interventions on Teenage Pregnancy

This section reviews known interventions as well as propose new actions to address teenage pregnancy in Uganda from a multi-sectoral and multi-pronged approach, and not only as a health issue. The principle for effective teenage pregnancy prevention programming must either (1) prevent or reduce teen's sexual activity; (2) improve use of contraceptives by teenagers; or (3) do both. The programmes must therefore make sure that conducive environment are created to achieve any or all of

the 3 options; that communities and teenagers are mobilized to support and adopt healthy lifestyle including use of contraceptive services without restriction; that young people are adequately educated and empowered to make appropriate choices with support from peers, parents and “gate keepers” and that services are available to meet the SRH services needs of teenage girls and boys. While there is limited evaluative work on the effectiveness of services for young people in Uganda, international reviews and comparisons suggest that some methods for reducing teenage pregnancies may be more effective than others.

Create supportive policy, financing and working environment for interventions on teenage pregnancy

In 1990, Uganda ratified the UN Convention on the Rights of the Child [48] that stipulates the protection, survival, development and participation of the child, and consequently put in place legal frameworks to enforce this commitment. The Uganda’s Constitution 1995, Article 33 and 34 guarantees provision of Ugandan children rights to basic needs such as education, protection, good health; and commits the State to provide facilities and opportunities to enhance welfare of women, including girls to enable them realise their full potential. Article 31 of the Constitution sets the minimum age for marriage at 18 years.

The Penal Code Act [49], considers engaging in sexual activity with a girl below 18 years a criminal offense and punishable by law. Other laws that are critical to protect girls from early marriage and teenage pregnancy include the Anti- Trafficking in Persons Act, 2010 [50], The Domestic Violence Act 2010 [51], the Anti-Female Genital Mutilation Act, 2009 [52], etc. In essence, these legal instruments outlaw early initiation of sex and penalize coerced sexual intercourse and forced marriages, all of which conditions are known to drive teenage pregnancy in Uganda.

A number of policy developments and reviews have happened in the recent years that have incorporated provisions for the prevention of teenage pregnancy and early marriages by committing to increase adolescents access to sexual and reproductive health information and services – another driver of teenage pregnancy. The Adolescent Health Policy of 2004 [53], the revised draft of the National Youth policy 2011 [54], the draft School Health Policy, 2013 [55] and 2007 National Gender Policy [56] all vouch for protection of adolescents including girls from early marriage and teenage pregnancies as well as promote their re-integration in school after pregnancies to inhibit early marriages and provide opportunity for their growth and development. Teso sub-region developed its sub-regional declaration of commitment to address teenage pregnancy in their area, comparable to regional ordinances for the prevention of teenage pregnancy in Peru [57].

In Uganda therefore, the gap is not so much due to absence of appropriate legal regime and policy frameworks. Rather it is more of a gap between existing policy and the effective execution of such policies. The gap between policy and programme is largely due to weak inter-sectoral collaboration and inadequate financing of interventions and limited capacity for effective delivery of services. It also relate to policy incoherence within and between sectors and institutions. For instance, the Customary Marriages Registration Act provides that a girl can be married at 16 and boys at 18 years which violates the Constitution. Similarly, the Mohammedan Act and Canon Laws of some religious institutions provides that marriage can be done according to the rites of that religion or permits marriage at 16 years of age!

Between sectors, the National Population Policy [58] and Adolescent Health Policy provides for increased access to SRH information and services and recommends for re-integration of teenage girls who drop out of school due to pregnancy. However, the education sector where most young people

fall is just beginning to develop its policy and guideline to address sexuality education in school curriculum. Its current policies and practices on SRH information and services and GBV management for in-school youth and re-integration of pregnant school drop-outs are not consistent with the population and adolescent health policy recommendations.

Mobilize communities and individuals for social and behaviour change

This intervention area includes communication for social change as well as individual behaviour change. Until 2013, there has never been any targeted programme on behaviour change for the prevention of teenage pregnancy. Rather, issues of teenage pregnancy were treated in general as part of the SRH needs of young people, together with sexually transmitted infections, HIV, etc.

The programme targeting young people with information on SRH and HIV in particular was more focused, though not consistently delivered, for the in-school youth through such initiatives as the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY), launched in 2002. With UNFPA support, some elements of sexuality education was also integrated in upper primary school, though it remains inadequate in content and failed in delivery. Current efforts to integrate sexuality education in secondary school curriculum are piggy backing on the on-going secondary school curriculum reform [UNFPA, 2012]. These would be strategic interventions reaching a very large already mobilized captive audience of young people given the current government programmes of universal primary and secondary education [59;60]. There is need to develop similar curriculum for integration of sexuality education in training programmes for business, technical and vocational colleges as well as teacher training, so that they are prepared in effective delivery of age appropriate sexuality education for young people.

Other partners that have provided sexual and reproductive health information on consistent basis include Straight Talk Foundation with its unique youth friendly publications, radio listening groups and peer education supported clubs based in schools. They also reach out-of-school youth through the community outreach radio programmes broadcast in different local languages. Other programmes for reaching out of school youth include: Programme for Enhancing Adolescent Reproductive Life (PEARL); UNICEF flagship Girls Empowerment Programme (GEM); the African Youth Alliance, etc. Impact of these programmes on teenage pregnancy reduction has not been rigorously evaluated.

Though efforts have begun in mobilizing political, religious and cultural leadership to address the twin problem of teenage pregnancy and forced child marriages, more concrete actions are needed to stem the vice. UNFPA has mobilized and supported these institutions and their leadership structures to make declarations and commitment to end harmful practices, including forced child marriages and teenage pregnancy, with recent one being that of Teso Leaders during the World Population Day commemoration in July 2013. UNFPA has also supported development of handbooks for religious institutions that include communication on aspects of forced child marriages and teenage pregnancy prevention. Similarly, it has catalogued harmful socio-cultural beliefs and practices that have negative effect on maternal health, HIV and GBV in 9 of the 15 recognised cultural institutions in Uganda. Such religious and cultural specific actions on prevention of forced child marriages, coercive sex and teenage pregnancies should be locally sensitive and grounded in a well-coordinated campaign to end forced child marriage and coercive sex as part of wider community dialogues. The voices of young people must be heard as part of the mobilization of action against the twin vice of forced early marriage and teenage pregnancy such as in essay competitions, youth debates, etc. that was recently organised by Government of Uganda and Straight Talk Foundation with support from UNFPA.

A good practice has been cited in 5th and 6th Government of Uganda/UNFPA supported advocacy programme on addressing cultural issues that affect adolescent SRH in Toro Kingdom [61]. The kingdom adopted a bye-law/defacto policy that outlaws any traditional marriage within the kingdom for any girl who is less than 18 years old. Their enforcement mechanism was to ensure that all chiefs who sign on traditional marriage certificates only do so after ascertaining the age of the girl child to be 18 years and above. This links to the need for compulsory registration of all births – so that ages can be confirmed.

Expand and increase access to integrated adolescent friendly SRH information and services

There is need to expand access to integrated youth friendly SRH information and services including contraceptives, nested within public health facilities as the preferred and sustainable approach to increasing access [62]. Schools with clinics need their capacity built in provision of YFS and those without need to be formally and functionally linked to nearby public health facilities [Biddlecom AE et al, 2007] to enhance access and availability of services. In all these facilities, friendly environment and services providers would be very important to have [42]. Services package offered must include contraception; pre-natal, delivery and post natal counseling, etc. Where possible, the mother and father of the teenage girl, and the partner should be part of the care continuum [64].

Youth friendly services should also be provided to teenage girls who have been abused or coerced into sex as well as to pregnant teenage girls. It is important to ensure that care for pregnant teenage girls should include free prenatal and delivery care, psycho-social support, etc.

Support girl education and empowerment programmes

The main intervention would be to enhance access to quality schooling for both boys and girls. This should be done together with schemes to enhance enrolment, retention and re-integration of girls who drop-out of school as a result of forced child marriage and/or teenage pregnancy. UNCEF has supported the Girls Empowerment Movement aiming at increased enrollment and retention of the girl child in school. Pilot initiatives such as provision of girl kits¹ to adolescent girls, though not yet evaluated, offer promise for girls retention in school, especially those who drop out due to challenges of management of menstruation and personal hygiene.

Similar programmes that provide girls with skills in livelihood and productivity would ensure that they have access to financial resources that would lower their risks and vulnerabilities to forced child marriages or transactional sex, and thus teenage pregnancy. They should provide a holistic support that takes into consideration the home environment of the at-risk teenage girls [41].

Conclusion and Recommendations

Teenage pregnancy presents a social and public health problem and has remained high and stagnant in Uganda with disproportionate burden amongst the rural, poorest and uneducated adolescents. East Central region carries the heaviest burden of teenage pregnancy! In general, factors that perpetuate teenage pregnancy have been found to include: early initiation of sexual intercourse, forced child marriages, coerced sexual intercourse, and fertility desires amongst HIV positive teenagers, being in a vulnerable family situation and limited access to youth friendly SRH information and services, especially for teenage girls. Protective factors are the opposite of the perpetuating factors, with additional “fear” factors and factor of partner change that protect against repeat teenage pregnancies.

¹ Pack of pants, sanitary towels and soap given to most vulnerable girls as part of menstrual management to keep girls at school.

Strategic interventions to address teenage pregnancy need to focus on high burden regions; on the most rural, poorest and uneducated teenage girls. The package of intervention should include effective implementation of existing youth and adolescent related policies, especially prevention of forced child marriages and coerced sex, integrating sexuality education in school curriculum, improving access to girl child education and skills training, and ensuring universal access to youth friendly SRH information and services by establishing functional links between schools and public health facilities, while creating space for the out-of-school youth too. There is need for more local research on teenage pregnancy, its outcomes and drivers, and on the effectiveness of current interventions in preventing it.

GLOSSARY

Caregiver: The individual who takes primary responsibility for the physical, mental and emotional needs and well-being of the child

CD4 count - Serves as the major laboratory indicator of immune function in patients who have HIV infection.

Child: A person who is below the age of 18 years.

Child labour: Work that is mentally, physically, socially and /or morally dangerous and harmful to children. It is also perceived as work or activities that interfere with children's education. Child labour includes hazardous work, which by its nature or the circumstances under which it is performed, jeopardizes the health, safety and morals of a child

Child neglect: Constitutes the failure of caregivers to provide adequate physical and emotional care for a child; may also involve the refusal of or delay in seeking care, inadequate supervision, abandonment, and expulsion from home or refusal to allow a runaway to return home.

Child participation: Refers to the active engagement of children in all issues that affect their lives. This includes, informed and willful involvement of children no matter the age, sex, ability, race or ethnic group, in any matter concerning them either directly or indirectly

Orphan: A child who has lost one or both parents

Economic strengthening: Includes a range of strategies and interventions that provide or enhance people's income, build their skills and increase their social and economic assets

Violence against children - All actions or omissions/inactions that harm children's physical and emotional wellbeing. It includes sexual, physical, emotional abuse, child neglect and abandonment, subjection of children to hazardous work, conscription in armed conflict and child sacrifice

Vulnerable child - A child who is suffering and/or is likely to suffer any form of abuse or deprivation and is therefore in need of care and protection

Vulnerability - A state of being or likely to be in a risky situation, where a person is likely to suffer significant physical, emotional or mental harm that may result in their human rights not being fulfilled

Gender Equality - is the ability of men and women, boys and girls to enjoy the same status and have equal opportunity to realize their potential to contribute to socio-cultural, economic and political development.

Gender Equity - is fairness and justice in the distribution of resources, benefits, and responsibilities between men and women, girls and boys in all spheres of life.

Women in Development (WID) - is a concept, which denotes an approach that advocates for women targeted interventions within the mainstream of development so as to improve their condition.

Gender and Development (GAD) - is an approach that affirms and supports women's equal role in development. It also questions the direction of development, advocates for structural transformation, and insists on the transformation of gender relations. GAD does not mean a de-emphasis on women; rather its goal is women's empowerment and equality of women and men in the reproductive as well as productive spheres.

Affirmative Action - refers to preferential treatment measures for redressing inequalities or imbalances in accessing resources, power or opportunities.

Socio-Economic Transformation - is commonly defined as a process in which an increasing proportion of economic output and employment are generated by sectors other than agriculture. This process of transformation connotes the shift from agricultural-based societies to urban, industrial and/or service-based economies with sustained high GDP growth rates. GDP growth combined with a reduction in the population's growth rate—resulting from improvements in educational access and quality—increases GDP per capita, which, in turn, reduces poverty.

Adaptation - Adjustments in human and natural systems, in response to actual or expected climate stimuli or their effects that moderate harm or exploit beneficial opportunities (IPCC 2007).

Adaptive Capacity - The ability of a system to adjust to climate change (including climate variability and extremes), moderate potential damages, take advantage of opportunities or cope with the consequences. Adaptive capacity is a function of the relative level of a society's economic resources; access to technology; access to information on climate variability and change; and skills to make use of the information, institutions (i.e., degree to which institutions can help adaptations be adopted) and equitable distribution of resources (societies with relatively more equitable resource distribution will be better able to adapt than societies with less equitable distributions). The level of adaptive capacity tends to be positively correlated with the level of development; more developed societies tend to have more adaptive capacity. However, possessing adaptive capacity is not a guarantee that it will be used effectively (IPCC 2001, 2007).

Climate Change - According to the United Nations Framework Convention on Climate Change (UNFCCC, 1994), Climate Change refers to a change in the statistical properties of climate systems when considered over long periods of time regardless of the cause.

Climate - It refers to the prevailing or average weather conditions of a place as determined by the temperature and metrological change over a period of time.

Green House Gases - a number of anthropologically produced and naturally occurring gases whose presence in the atmosphere traps energy radiated by the Earth. This property causes the greenhouse effect. Water Vapor (H₂O), carbon dioxide (CO₂), nitrous oxide (N₂O), methane (CH₄), and ozone (O₃) are the primary greenhouse gases in the Earth's atmosphere.

Impacts of Climate Change - Impacts of Climate change are consequences of *climate change* on natural and *human systems*. Depending on the consideration of *adaptation*, one can distinguish between potential impacts and residual impacts. Potential impacts: All impacts that may occur given a projected change in *climate*, without considering adaptation. Residual impacts: The impacts of climate change that would occur after adaptation.

Mainstreaming Climate Change Adaptation - is the iterative process of integrating considerations of climate change adaptation into policy-making, budgeting, implementation and monitoring processes at national, sector and sub-national levels.

National Adaptation Programme of Action (NAPA) - NAPAs provide a process for least developed countries (LDCs) to identify priority activities that respond to their urgent and immediate needs with regard to climate change adaptation.

Resilience - The ability of a social or ecological system to absorb disturbances while retaining the same basic structure and ways of functioning, capacity for self-organization and capacity to adapt to stress and change (IPCC 2007).

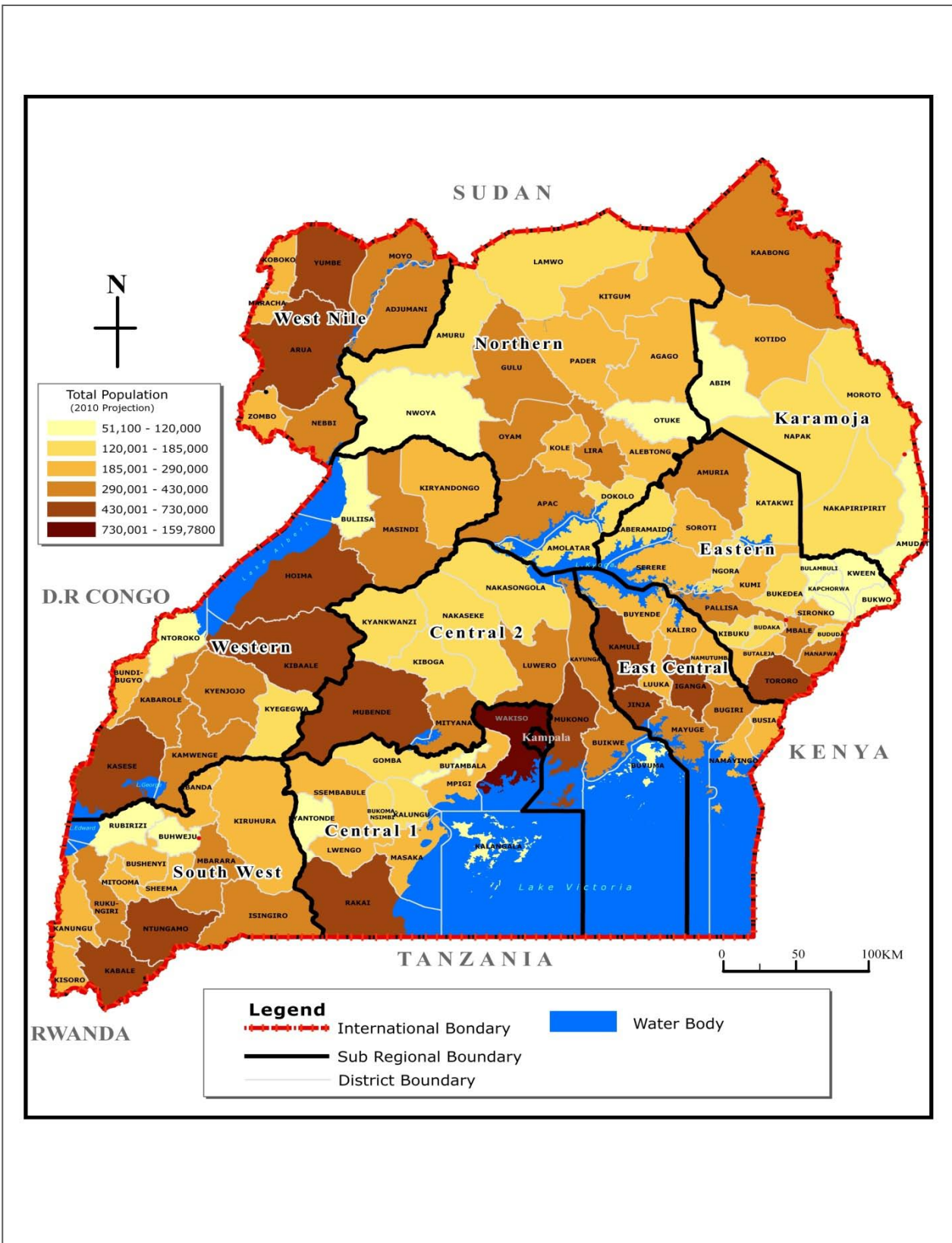
Social Vulnerability - This form of vulnerability is viewed as a state resulting from multiple social, economic and environmental processes that constrain livelihood security and which is exacerbated by climate change

Sustainable Development – Is development which meets the needs of the present generation without compromising the ability of future generations to meet their own needs. Sustainable development tries to reconcile the needs of social and economic development with ecological conservation and environmental protection.

Vulnerability - The UN Intergovernmental Panel on Climate Change (IPCC) considers vulnerability to be a function of three aspects of a system: its exposure; sensitivity; and adaptive capacity. Exposure refers to the physical hazards or changes that a system experiences due to global warming. The sensitivity of a system and its economic activities to particular climatic changes, such as reduction in rainfall, also shapes vulnerability.

Vulnerable Populations - Vulnerable people are those susceptible to harm as a result of the interaction between resources available to individuals and the life challenges they face. They are at a higher risk to climate change than the rest of the population. These include; the poor, peasants, People with Disability, Ethnic minority groups, the elderly, women and children, people living in fragile ecosystems, fishing communities, internally displaced people and refugees.

Map 2: Map of Uganda showing Population Distribution by Sub-Region, 2012



DATA SHEETS

A: Demographic Indicators and Other Population Statistics, 1995 - 2015

Key Indicators	Year of Reporting					
	1995	2002	2006	2010	2013	2015
Population						
Total Population (million)	19.3	24.4	26.7	31.8	35.4	37.9
Total Rural Population (million)	17.1	21.4	22.7	26.8	29.7	-
Total Urban Population (million)	2.2	3.0	4.0	5.0	5.7	-
Total Male Population (million)	9.5	11.9	13.0	15.5	17.3	18.7
Total Female Population (million)	9.8	12.5	13.7	16.3	18.0	19.2
Population Aged below 15 years (million)	-	-	13.7	16.0	18.0	19.5
Population Aged 15-64 years (million)	-	-	13.5	15.7	17.7	19.2
Children Population Aged 0-17 years (million)	-	-	15.5	17.8	19.8	21.3
Primary School Going Population Aged 6-12 years (million)	-	-	6.0	7.0	7.7	8.3
Secondary School Going Population Aged 13-19 years (million)	-	-	4.5	5.2	5.8	6.2
Adolescent Population Aged 10-24 years (million)	-	-	9.5	10.9	12.1	13.0
Women of Child Bearing Aged 15-49 years (million)	-	-	6.1	7.0	7.9	8.4
Youth Population Aged 18-30 years (million)	-	-	6.2	7.1	7.9	8.5
Adult Population Aged 18+ years (million)	-	-	12.1	13.9	15.5	16.6
Annual Population Growth Rate (%)	2.5	3.2	3.2	3.2	3.2	3.2
Population Density (number persons per square kilometre)	*97	123	*134	*160	*178	*190

B: Trends of Health, Social and Development indicators 1995 – 2012/13

Key Indicators	Year of Reporting			
	1995	2001/2002	2005/06	2012/13
A: Health Indicators				
Infant mortality rate (IMR) per 1,000 live births	81	88	76	54
Under five mortality rate per 1,000 live births	147	152	137	90
Maternal mortality ratio per 100,000 live birth	506	505	435	438
Contraceptive Prevalence Rate (%)	14.8	22.8	23.7	30
HIV Prevalence rate (%)	6.0	6.4	6.4	7.3
Percentage of births delivered by a skilled provider (%)	39	39	41	59
Immunization rates against measles (%)	-	83	85	85
Immunization rates for DPT3 (%)	-	72	85	85
Children aged 6-59 months that are anaemic (%)	-	65	73	50
Prevalence of fever in Children under five years (%)	-	43.9	40.9	57.1
Latrine Coverage (%)	-	-	-	71
B: Social Indicators				
Literacy rate (aged 10 Years and above) (%)	-	70	69	73
Access to toilet facilities (% of Households)	-	83.8	88	88
Access to safe drinking water (% of Households)	-	62.6	67.6	73.8
Pupil - teacher ratio (Primary School)	-	53	57	49
Pupil - classroom ratio (Primary School)	-	87	72	58
Student - teacher ratio (Secondary School)	-	-	-	19
Orphanhood rates (Aged less than 18 years) (%)	-	13.2	14.6	11.5
National Public Expenditure on Education as % of GDP	-	-	4.0	3.2
C: Economic Indicators				
GINI Coefficient (Inequality measure in household consumption)	-	0.428	0.408	0.426
Urban Unemployment rate (%)	-	12.2	6.9	9.5
Mean per capita consumption expenditure (1997/98=100)	-	26,663/=	29,280/=	72,300/=
GDP per Capita (US \$)	-	280	370	533
D: Human Development Indicators				
Human development index	-	0.488	0.581	0.422
Life expectancy (year)	48.1	50.4	50.4	50.4
Percentage of population below the poverty line (%)	-	38.8	31.1	24.5
Human poverty index (%)	-	36.0	25.2	-
E: Gender Empowerment Indicators				
Gender Empowerment Index	-	0.549	0.583	-
Female Adult literacy rate (%)	-	59	58	61
Share of women in wage employment in the non-agricultural sector (%)	-	-	37	43.7
F: Burden of Diseases				
Malaria (%)	47.9	38	36.2	-
Cough or Cold (%)	18.5	16.3	19.3	-
Intestinal Worms (%)	10.9	6.1	5.2	-
Skin Diseases (%)	-	3.4	3.2	-
Pneumonia (%)	6.5	3.4	2.4	-
All Others (%)	16.2	32.8	33.7	-

Source: Statistical Abstract 2012, UDHS 2000/01, 2005/06, 2011, 2002 Population and Housing Census Main Report (2005), 1991 Population and Housing Census, Analytical Reports (1995), Volumes I, II and III, Background to the Budget FY 2012/2013 and Human Development Report 2010, Uganda AIDS Indicator Survey Report 2011

* Figure computed from 1995 and 2012 mid year population projections.

C: Millennium Development Goals (MDGs) - National Performance from 2000 to 2012

No.	Millennium Development Goal	Millennium Development Goal (MDG) Indicator	Progress since 2000			Millennium Development Goal Target 2015
			2001/02	2005/06	2010/11	
1.	Eradicate extreme poverty and hunger	1. Percent of Population that is living below the poverty line 2. Poverty gap 3. Percent of underweight children (moderate and Severe under 5 years)	38.8	31.1	24.5	28.0
			10.0	8.7	6.8	
			22.8	16	17	
2.	Achieve universal primary education	1. Net enrolment ratio in primary education 2. Literacy rate of 15-24 year olds	84.0	81.8	83.2	100.0
			81.0	76.3	-	
3.	Promote gender equality and empowerment of women	1. Ratio of girls to boys in primary schools 2. Ratio of girls to boys in secondary schools 3. Ratio of girls to boys in tertiary education 4. Proportion of seats held by women in parliament	0.95	0.95	0.98	1.00
			0.79	0.81	-	1.00
			-	0.92	-	1.00
			19.0	30.1	43.7	50.0
4.	Reduce/ child mortality	1. Infant mortality rate per 1,000 live births 2. Under-five mortality per 1,000 live births 3. Percent of 1 year old children immunized against measles	894	76	54	31.0
			158	137	90	56.0
			56.8	68.1	76	90.0
5.	Improve maternal mortality	1. Maternal mortality ratio per 100,000 live births 2. Percent of births attended by skilled health personnel	505	435	438	131
			39.0	41.1	57	90.0
			6.0	6.4	7.3	-
			49.8	52.9	-	-
6.	Combat HIV/AIDS, malaria and other diseases	1. HIV prevalence rate among 15-49 year pregnant mother 2. Condom at last higher- risk sex among 15-24 years old 3. Contraceptive prevalence rate among married women 15-49 years 4. Proportion of 15-24 year old who have comprehensive knowledge of HIV/AIDS	23.0	23.6	30	-
			28.0	35.1	39	-
			21.3	18.3	-	-
7.	Ensure environmental sustainability	1. Proportion of land area covered by THF forest 2. Proportion of population with access to an improved water source (Urban) 3. Proportion of population with access to an improved water source (Rural)	87.0	84	92.2	100
			57.6	63.6	69.5	70
			20.4	15.8	17.1	-
8.	Develop a global partnership for development	1. Debt service as percent of export of goods and services 2. Telephone fixed line subscriptions 3. Cellular/Mobile subscribers 4. Tele density (lines per 100 population) 5. Fixed internet subscribers 6. Mobile wireless subscriptions 7. Estimated internet users	59,472	100,777	464,849	-
			505,627	1,525,125	16,696,992	-
			2.35	6.14	52.1	-
			9,500	30,000	88,786	-
			-	358,228	977,500	-
			-	1,000,000	4,800,000	-
			-	-	-	-

Source: UBOS Statistical Abstract 2012, UDHS 2000/01, 2005/06, 2011, UNHS 2009/10 and Uganda AIDS Indicator Survey Report 2011

D: International Conference on Population and Development (ICPD) Goals - National Performance from 1995 to 2010/11

International Conference on Population and Development (ICPD) Indicators	Progress in Achievement of ICPD-PoA since 1994			
	1995	2000/2001	2005//06	2010/11
Mortality				
Infant Mortality Rate per 1,000 live births	97	89	76	54
Maternal Mortality Rate per 1,000 live births	505	505	435	438
Life Expectancy (years)	46	48.8	48.8	48.8
	51	52.0	52.0	52.0
Education				
Gross Primary enrollment	48	130	118	128
	36	124	117	120
Gross Secondary Enrolment	-	38.2	36.8	28
	-	30.4	33.3	-
Percent Illiterate (age above 15 years)	36	22.2	16	21
	55	42.3	39	36
Reproductive Health				
Contraceptive Prevalence	15	19	24	30
	8	14	18	26
Unmet Need for Family Planning	25	35	41	34
HIV Prevalence Rate (%) 15-49 years	-	5.0	5.1	-
	-	7.5	8.3	-
Women Age 15-19 that have began childbearing (%)	43	31	25	18

Source: UBOS Statistical Abstract 2012, UDHS 2011, UNHS 2009/10, 2002 Population and Housing Census Main Report (2005), 1991 Population and Housing Census, Analytical Reports (1995), Volumes I, II and III, and Uganda AIDS Indicator Survey Report 2011

E: Selected National Indicators of ICPD and MDG Targets from 1995 – 2012

Indicators	1995 (Baseline)	2000/01 (ICPD+5)	2005/06 (ICPD+10)	2010/11 (ICPD+15)	MDG Target
Mortality:					
Infant Mortality	95	88	76	54	31
Under 5 Mortality		152	137	90	56
Maternal Mortality	506	505	435	438	131
Education:					
Gross Primary Enrolment (%)	-	125	117	126	100
Gross Secondary Enrolment (%)	-	34	35	-	
Literacy Rate above 15 years (%)					
Percent Illiterate (>15 years)	-	32	31	27	
Reproductive Health:					
Contraceptive Prevalence rate (%)	15	23	24	30	
Unmet Need for FP (%)	25	35	41	34	
Teenage Pregnancy rate (%)		31	25	18	
Full Immunization (%)	47	37	46	52	
Stunted Children (%)	-	23	20	14	
Supervised Deliveries (%)	15	39	42	59	60
Delivery in Health Facility (%)	-	-	41	57	
Ante Natal Care (%)	-	-	-	95	

REFERENCE:

CHAPTER 1:

- ACFODE. (1995). Visible at last; NGO contribution to womens reconstructiopn in Uganda. Kampala: UCA Business Services Ltd.
- Aex, N. (2004). The Disability Movement in Uganda: Progress and Challenges with Constitutional and legal Provisions on Disability. NUDIPU. Kampala: NUDIPU publications.
- C.J, F. (1968). Constitutional government and Democracy: Theory and Practice in Europe and America (4th Edition ed.). Massachsetts: Blasdell Publishing Company.
- East African Community (2000), Analysis and Recommendations. Entebbe: UPPC.
- East African Community (2000). The Treaty for the Establishment of the East African Community. East African Community Secretariat, Arusha.
- Fayemi, K. (2003). Deepening the culture of constitutionalism; Regional Institutions and Consitutional Development in Africa. Kampala: Centre for Democracy.
- Government of Uganda. (1995). The constitution of the Republic of Uganda. Kampala, Uganda: Republic of Uganda.
- Government of Republic of Uganda. (1988). The Report of the Uganda Constitutional commission. Kampala: Republic of Uganda.
- Republic of Uganda . (2010). National Development plan 2010/11-2-14/15. Kampala: Republic of Uganda.
- The Aged Family Uganda. (2008). The Aged Family Uganda; Case study on older persons of Uganda. Kampala.
- Uganda Bureau of Statistics (2010). Socio-economic report based on Uganda National Household Survey, UBOS. Kampala: UBOS.
- Uganda Bureau of Statistics (2004). Socio-economic report based on the Uganda National Household Survey of 2002/03 . Kampala: UBOS.
- Uganda Bureau of Statistics; ICF Macro. (2011). Uganda Demographic and Household Survey. Kampala: UBOS.
- United Nations Foulation Fund (2011), Sexual and Gender Based Violence. UNFPA.
- A, B., & Mushemeza. (2006), Deepening Democracy and enhancing sustainable livelihoods in Uganda; An independent review of the performance of special interest groups in parliament r

CHAPTER 2:

- Convention on the Rights of Persons with Disabilities. Geneva, United Nations, 2006 (<http://www2.ohchr.org/english/law/disabilities>).
- Census 2002. Kampala, Uganda Bureau of Statistics (<http://www.ubos.org>)
- Uganda national household survey 2005–2006: report on the socio-economic module. Kampala, Uganda Bureau of Statistics, 2006 (<http://www.ubos.org/onlinefiles>).
- United Kingdom National Statistics [web site]. (<http://www.statistics.gov.uk>)
- Tanzania disability survey 2008. Dar es Salaam, National Bureau of Statistics, 2008. (<http://www.nbs.go.tz/index>).
- Census 2000. Washington, United States Census Bureau (<http://www.census.gov>).
- Tandon A. et al. Statistical models for enhancing cross-population comparability. In: Murray CJL, Evans DB, eds. Health systems performance assessment: debates, methods and empiricism. Geneva, World Health Organization, 2003:727–746.
- Üstün TB et al. The World Health Survey, In: Murray CJL, Evans DB, eds. Health systems performance assessment: debates, methods and empiricism. Geneva, World Health Organization, 2003:797–808.
- Murray CJL, Lopez AD, eds. The Global Burden of Disease: a comprehensive assessment of mortality and disability from dis–eases, injuries and risk factors in 1990 and projected to 2020, 1st ed. Cambridge, Harvard University Press, 1996.

CHAPTER 3:

- Elisabeth G. and Martin R.: Vicious Circle of Vulnerability OVC and Youth in relation to HIV and AIDS, 2009
- Kalibala, S & Lynne, E (2010): Situation Analysis of Vulnerable Children in Uganda. A Report to MoGLSD
- MoGLSD (2010): OVC Status Report, review paper by Department of Social Work & Social Administration, MUK
- MoGLSD (2011): National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children, 2011/12 – 2015/16
- MoGLSD (2012): The National OVC M&E Framework/plan, 2012
- MoGLSD, OVC Advocacy Issues Paper, 2012
- MoGLSD: National Orphans and Other Vulnerable Children Policy (2004), Kampala
- MoGLSD: Consolidated OVC mapping reports for new districts, 2012
- MoGLSD: National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children, 2005/6 – 2009/10
- MoGLSD: Social Development Sector Strategic Investment Plan for Development (SDIP), 2011/12 – 2015/16
- Ministry of Education and Sports: Education Sector Strategic Plan 2004-2015.
- Ministry of Education and Sports: The Education Act 2008;
- Ministry of Finance, Planning and Economic Development: The National Population Policy 2008
- Ministry of Local Government: The Local government Act 1997 Cap. 243
- Muhangi D & Begumisa A (2012): Assess the effectiveness of approaches, models of care and interventions for OVC and their households, 2012, A Report to MoGLSD
- UBOS: 2012 Population projections
- UBOS: Uganda National Household Survey 2009/2010
- Uganda Government: National Development plan (2010/2011-2014/2015)
- Uganda Government (1995): The 1995 Uganda Constitution,
- UNICEF/UNAIDS/USAID report (2004): Children on the blink: A Joint Report of New Orphan Estimates and a Framework for Action

CHAPTER 4:

- CACIA Female Leadership Initiative (2013). “Why Female Leadership is Important”. http://femaleleadership.org/index.php?option=com_content&task=view&id=67&Itemid=109.
- Atekyereza P. R. (2001). “The education of girls and women in Uganda”. *Journal Of Social Development in Africa* Vol 16 No. 2 July 2001
- Augustus Nuwagaba A., (2001). *Situation Analysis of Women in the Ugandan Political Economy*. EASSRR, vol. XVII, no. 1, January 2001.
- Bantebya Kyomuhendo, G. (2003). “Low Use of Rural Maternity Services in Uganda: Impact of Women's Status, Traditional Beliefs and Limited Resources”. *Reproductive Health Matters*. Vol. 11, No. 21, *Integration of Sexual and Reproductive Health Services: A Health Sector Priority* (May, 2003).
- Cheryl Doss C., Truong M., Nabanoga G., Namaalwa J. (2011). “Women, marriage and asset inheritance in Uganda”. *Chronic Poverty Research Centre*. April 2011.
- Fathalla, M.F. “Issues in Reproductive Health. Health and being a woman”. Paper presented at Expert Group Meeting on Women and Health Mainstreaming the Gender Perspective into the Health Sector. Tunis (Tunisia) 28 September to 2 October 1998 www.un.org/womenwatch/daw/csw/issues.htm
- Food and Agricultural Organisation (FAO). “Women play a decisive role in household food security, dietary diversity and children's health”. FAO, 2013.
- Hallward-Driemeier, M. (2011). “Enterprising Women: Expanding Opportunities in Africa”. *The World Bank*, 2011.

- International Federation for Human Rights (FIDH). “Women’s rights in Uganda: gaps between policy and practice”. FIDH, January 2012.
- International Food Policy Research Institute (IFPRI). *Women Still the Key to Food and Nutrition Security*. IFPRI, 2005.
- International Fund for Agricultural Development of the United Nations (IFAD). “IFAD’s Gender Strengthening Programme in Eastern and Southern Africa.” IFAD, November 2000.
- International Fund for Agricultural Development of the United Nations (IFAD). “IFAD adopts comprehensive policy on gender equality – a key to rural development”. Rome, Italy, 4 April 2012. <http://www.ifad.org/gender/approach/index.htm>
- International Fund for Agricultural Development of the United Nations (IFAD). “IFAD Policy on Gender Equality and Women’s Empowerment. IFAD, August 2012
- Jabo J. “Women Empowerment under NRM”. Uganda Media Centre. 8 August 2013,
- Kavuma R.M. “How can we empower women in Uganda’s rural communities?”. *The Guardian*. Katine Chronicles blog. <http://www.theguardian.com/katine/katine-chronicles-blog/2010/may/05/women-rights-uganda>
- Kristof, N. “Do Women Leaders Matter?” *The New York Times* March 8, 2011
- Kuruhiira, G.M.A.A. (2002). “Achievements and Challenges of Women in Local Governments”. Paper presented at the World’s Women Congress 2002.
- Ministry of Gender, Labour and Social Development. “The Uganda Gender Policy 2007”.
- Mubatsi. “Ugandan Women On The Move”. Bertelsmann Future Challenges March 7, 2013. <http://futurechallenges.org/local/uganda-women-on-the-move/>
- National Womens Council Uganda (2013). “Achievements of NWC”. <http://nwcuganda.org/index.php/achievements.html>
- The World Bank. “Gender Equality and Development”. *Main Messages of the World Development Report 2012*. Washington, DC: World Bank.
- The World Bank. *The Little Data Book on Gender 2013*. Washington, DC: World Bank. doi: 10.1596/978-0-8213-9820-3.
- Uganda Bureau of Statistics. 2012 Statistical Abstract. UBOS, June 2012.
- UN Division for the Advancement of Women (UNDAW). Report on Government of Uganda’s Implementation of the Beijing Platform For Action (1995) and the Outcome of the Twenty-Third Special Session of the General Assembly (2000). March 2005.
- Wangusi Masinde, D. “Uganda Soul Search: Counting On Women In Development”. *Chimpreports.com*. July 9, 2013. <http://chimpreports.com/index.php/people/blogs/11292-uganda-soul-search-counting-on-women-in-development.html>
- WHO. “Gender equality is good for health”. World Health Organization Department of Gender, Women and Health, 2010.

CHAPTER 6:

- United Nations Economic Commission for Africa (UNECA). (2005). *The Millennium Development Goals in Africa: Progress and Challenges*. Addis Ababa
- Gelsdorf, K., Maxwell, D. & Mazurana, D. (2012). *Livelihoods, basic services and social protection in Northern Uganda and Karamoja Working*. Feinstein International Centre
- UBOS (Uganda Bureau of Statistics) (2010) ‘Uganda National Household Survey 2009/10 Socio-Economic Module’, Abridged Report. Kampala: UBOS.
- Uganda Bureau of Statistics (2012). 2012 Statistical Abstracts. Kampala
- WHO (2011): *World Report on Disability*. Geneva
- Uganda Bureau of Statistics (2002), “The 2002 Uganda Population and Housing Census, Gender and special Interest Groups”, October 2006, Kampala, Uganda
- CC DARE Uganda: *Adapting to Climate Change through increased Water and Nutrient use Efficiency for increased Crop Productivity and Environmental Health*. National Agricultural Research Laboratories. www.ccdare.org/Portals/131/Uganda/Uganda_NARL%20project.docx

- Ashaba, A. (2012). "Special Grants Offered to the Disabled, Says Sulaiman Madada." Press conference with Minister of the state Elderly and Disabilities, Sulaiman Madada by Anita Ashaba 27/11/2012 05:30:00. <http://chimpreports.com/index.php/people/health/7138-special-grants-offered-to-the-disabled-says-sulaiman-madada.html#sthash.w7Genibn.dpuf>
- Kusasira, R. (2011) Has Gender-Based Affirmative Action Achieved Its Objectives? <http://www.ugpulse.com/people/has-gender-based-affirmative-action-achieved-its-objectives/1271/ug.aspx>
- MoGLSD (2006). Baseline Survey and Needs Assessment of PWDs in Kayunga District. Kampala
- MoGLSD (2006). Baseline Survey and Needs Assessment of PWDs in Busia District. Kampala
- Disability Awareness in Action (DAA) (1996). Disability Awareness in Action Resource Kit No. 6, Disabled Women. <http://www.independentliving.org/docs2/daakit61.html>
- Wepundi, M., Ndung'u, J. and Rynn, S. (2011). Lessons from the frontiers: Civilian disarmament in Kenya and Uganda. Saferworld. <http://www.saferworld.org.uk/downloads/pubdocs/Lessons%20from%20the%20frontiers%20May%202011%20reduced.pdf>
- CC DARE Uganda: Adapting to Climate Change through increased Water and Nutrient use Efficiency for increased Crop Productivity and Environmental Health. National Agricultural Research Laboratories. www.ccdare.org/Portals/131/Uganda/Uganda_NARL%20project.docx
- Women's World Banking (WWB). Solutions for Financial Inclusion: Serving Rural Women. http://www.womensworldbanking.org/publications/publications_solutions-financial-inclusion-serving-rural-women/
- Bwambale, T. (The New Vision, Saturday, September 07, 2013). 'Uganda is the leading country with the youngest population in the world'. Kampala
- LAROK, A. Okiring, H. and Mayambala, J. (2010). At Crossroads? The Youth, Politics of Interest Groups and influencing National Policy Processes in Uganda: A Paper prepared for a Youth and Development Symposium at MS TCDC, Arusha, Tanzania
- Kembabazi, S. (2013). Uganda's high population worrying. <http://www.nbs.ug/details.php?option=acat&a=356#>
- POPSEC and United Nation Population Fund (2012). The State of Uganda Population Report 2012. Kampala. http://mail2.unfpa.or.ug/pub/2012/2012_SUPRE.pdf
- Lalima, M. B. (2009). Empowerment of Women: A Survey of Issues & Definitions. NSHM Business School, Kolkata. http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1324491
- Samira, S. (2013). Lack of jobs for youths is a recipe for disaster. in the Observer (of Tuesday, 01 Oct 2013)
- Lakwo, A. (2006). Microfinance, rural livelihoods, and women's empowerment in Uganda. African Studies Centre Research Report 85
- Women's World Banking (2011). Solutions for Financial Inclusion: Serving Rural Women. New York
- MoGLSD (2001). The National Youth Policy: A Vision for Youth In The 21st Century. Kampala
- Baguma, R. (2011). Uganda's population now at 34.5 million. The New Vision of Oct 30, 2011

CHAPTER 7:


- Advocates Coalition for Environment and Development (ACODE, 2013); National Climate Finance Study for Uganda.
- British High Commission Pretoria, 2011: Climate Change, Risks and Opportunities for the South African Economy.
- BTC and NEMA 2008; Environment and Natural Resource report series, enhancing the contribution of weather, climate and climate change to growth, employment and prosperity.
- DFID July 2008; Climate Change in Uganda; understanding the implications and appraising the response.
- East African Community Secretariat 2011: EAC climate change policy.
- East African Community Secretariat 2011; EAC Climate Change Master Plan 2011 – 2031.

East African Community Secretariat; Protocol on Environment and Natural Resources.
GTZ; 2008: Climate Change and Agriculture; threats and Opportunities.
Joel D. Scherega, Anne E. Grambsch 2008; Risks, Opportunities and adaptation to climate change.
Kathy Lynn, Katharine Mackendrick and Ellen M. Dohoghue; Social Vulnerability and Climate Change; synthesis of literature
Ministry of Water and Environment; Climate Change Unit Website.
National Planning Authority 2012; Guidelines for integration of Climate change in Sector plans and budgets.
Pacific Institute, 2012: Social Vulnerability to Climate Change
Poverty Eradication Action Plan (PEAP, 2004)
Republic of Singapore; National Climate Change Strategy 2012, Challenges, opportunities and partnerships.
Republic of Uganda 2010; National Development Plan (2010/11 – 2014/15)
Republic of Uganda 2013; Uganda Vision 2040
Republic of Uganda, Ministry of Water and Environment 2012; Draft Climate Change Policy.
UNEP and World Bank; Poverty and Climate Change; reducing vulnerability through adaptation.
UNFPA Statement, 2008: Population and Climate Change
World Health Organization, 2008: Protecting health against climate change.

References for the study on Teenage Pregnancy

1. Abiodun, O. M., Balogun, O. R., Adeleke, N. A., & Farinloye, E. O. (2013). Complications of unsafe abortion in South West Nigeria: a review of 96 cases. *African Journal of Medicine and Medical Sciences*, 42(1), 111-5.
2. Aksit, T. (2003). Trends In Teenage Pregnancy In Turkey. *International Journal of Gynecology & Obstetrics*, 81(1), 55-56.
3. Alio, A. P., Mbah, A. K., Grunsten, R. A., & Salihu, H. M. (2011). Teenage Pregnancy and the Influence of Paternal Involvement on Fetal Outcomes. *Journal of Pediatric and Adolescent Gynecology*, 24(6), 404-409.
4. Ankomah, A., Mamman-Daura, F., Omoregie, G., & Anyanti, J. (2011). Reasons for delaying or engaging in early sexual initiation among adolescents in Nigeria. *Adolescent Health, Medicine and Therapeutics*, 2, 75-84.
5. Atuyambe L, Mirembe F, Annika J, Kirumira EK, Faxelid E.(2009). Seeking safety and empathy: adolescent health seeking behavior during pregnancy and early motherhood in central Uganda. *J Adolesc*. 2009 Aug;32(4):781-96.
6. Atuyambe L, Mirembe F, Tumwesigye NM, Annika J, Kirumira EK, Faxelid E.(2008). Adolescent and adult first time mothers' health seeking practices during pregnancy and early motherhood in Wakiso district, central Uganda.
7. Bankole A, Biddlecom A, Guiella G, Singh S, Zulu E. (2007). Sexual behavior, knowledge and information sources of very young adolescents in four sub-Saharan African countries. *Afr J Reprod Health*. 2007 Dec; 11(3):28-43.
8. Beyeza-Kashesya J, Kaharuza F, Ekström AM, Neema S, Kulane A, Mirembe F.(2011). To use or not to use a condom: a prospective cohort study comparing contraceptive practices among HIV-infected and HIV-negative youth in Uganda. *BMC Infect Dis*. 2011 May 23;11:144. doi: 10.1186/1471-2334-11-144.
9. Biddlecom AE, Munthali A, Singh S, Woog V. (2007). Adolescents' views of and preferences for sexual and reproductive health services in Burkina Faso, Ghana, Malawi and Uganda. *Afr J Reprod Health*. 2007 Dec;11(3):99-110.
10. Bildircin, F., Kurtoglu, E., Kokcu, A., IÅÿik, Y., Ozkarci, M., & Kuruoglu, S. (2013). Comparison of perinatal outcome between adolescent and adult pregnancies. *Journal of Maternal-Fetal and Neonatal Medicine*, 0(0), 1-4.
11. Chantrapanichkul, P., & Chawanpaiboon, S. (2013). 4. Adverse pregnancy outcomes in cases involving extremely young maternal age. *International Journal of Gynaecology and Obstetrics*, 120(2), 160-4.
12. Creatsas, G., Goumalatsos, N., Deligeoroglou, E., Karagitsou, T., Calpaktoglou, C., & Arefetz, N. (1991). Teenage Pregnancy: Comparison With Two Groups Of Older Pregnant Women. *Journal of Adolescent Health*, 12(2), 77-81.
13. De Albuquerque, A. S., Coutinho, I. C., Katz, L., & Souza, A. S. (2013). 1. A case-control study of factors associated with repeat teen pregnancy based on a sample from a university maternity hospital. *Cadernos de Saude Publica*, 29(3), 496-506.
14. Finkelstein, J., Finkelstein, J., Christie, M., Roden, M., & Shelton, C. (1982). Teenage Pregnancy And Parenthood Outcomes For Mother And Child. *Journal of Adolescent Health Care*, 3(1), 1-7.
15. Gale, R., Seidman, D., Dollberg, S., Armon, Y., & Stevenson, D. (1989). Is Teenage Pregnancy A Neonatal Risk Factor?. *Journal of Adolescent Health Care*, 10(5), 404-408.
16. Gessner, B., & Perhamhester, K. (1998). Experience Of Violence Among Teenage Mothers In Alaska. *Journal of Adolescent Health*, 22(5), 383-388.
17. Gupta, N., Kiran, U., & Bhal, K. (2008). Teenage Pregnancies: Obstetric Characteristics And Outcome. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 137(2), 165-171.

18. Kaye DK, Kakaire O, Osinde MO.(2011). Maternal morbidity and near-miss mortality among women referred for emergency obstetric care in rural Uganda. *Int J Gynaecol Obstet.* 2011 Jul; 114(1):84-5. doi:10.1016/j.ijgo.2011.01.026. Epub 2011 May 13.
19. Kaye DK. (2008). Negotiating the transition from adolescence to motherhood: coping with prenatal and parenting stress in teenage mothers in Mulago hospital, Uganda. *BMC Public Health.* 2008 Mar 4;8:83.
20. Kipp W, Chacko S, Laing L, Kabagambe G.(2007). Adolescent reproductive health in Uganda: issues related to access and quality of Care. *Int J Adolesc Med Health.* 2007 Oct-Dec;19(4):383-93.
21. Mersal, F. A., Esmat, O. M., & Khalil, G. M. (2013). Effect of prenatal counselling on compliance and outcomes of teenage pregnancy. *Eastern Mediterranean Health Journal*, 19(1), 10-7.
22. Nair MK, Leena ML, George B, Thankachi Y, Russell PS. (2013). Reproductive and Sexual Health Knowledge, Attitude and Practices: Comparison Among Boys and Girls (10-24 y). *Indian J Pediatr.* 2013 Aug 1.
23. Nasrullah, M., Zakar, R., & KrÃ¶mer, A. (2013). Effect of child marriage on use of maternal health care services in Pakistan. *Obstetrics and Gynecology*, 122(3), 517-24.
24. Peckham, S. (1993). Preventing unintended teenage pregnancies. *Public Health*, 107(2), 125-133.
25. Quinlivan, J. A., & Evans, S. F. (2001). A prospective cohort study of the impact of Domestic Violence on Young Teenage Pregnancy Outcomes. *Pediatric and Adolescent Gynecology* , 14(1), 17-23 .
26. Reime, B., Schuecking, B. A., & Wenzlaff, P. (2004). Perinatal outcomes of teenage pregnancies according to gravidity and obstetric history . *Annals of Epidemiology*, 14(8), 619 .
27. Shaw, M., Lawlor, D. A., & Najman, J. M. (2006). Teenage Children Of Teenage Mothers: Psychological, Behavioural And Health Outcomes From An Australian Prospective Longitudinal Study. *Social Science & Medicine*, 62(10), 2526-2539.
28. Wagner, E. A., Schroeder, E., & Kowalczyk, C. L. (1998). The Relationship Between Sexual Experiences, Sexual Abuse and Teenage Pregnancy in A Large Inner City Population. *Journal of Pediatric and Adolescent Gynecology*, 11(4), 204 .
29. Whalen ML, Loper AB. (2013). Teenage Pregnancy in Adolescents With an Incarcerated Household Member. *West J Nurs Res.* 2013 Jul 25.
30. Whitehead, E. (2009). Understanding The Association Between Teenage Pregnancy And Inter-generational Factors: A Comparative And Analytical Study. *Midwifery*, 25(2), 147-154.
31. L. Gordon, "Teenage pregnancy and out-of-wedlock births: Morals, moralism, experts," in *Morality and Health*, P. Brandt, A.M. and Rozin, Ed. New York: Routledge, 1997, pp. 251–70.
32. J. Wong, "The 'making' of teenage pregnancy," *International Studies in the Philosophy of Science*, vol. 11, pp. 273–288, 1997.
33. UBOS and ICF International Inc, "Uganda Demographic and Health Survey 2011," Kampala, Uganda, 2012.
34. UBOS and Macro International Inc., "Uganda Demographic and Health Survey 2006," Kampala, Uganda, 2007.
35. S. R. Sekiwunga, R. and Whyte, "Poor Parenting: Teenager's Views on Adolescent Pregnancies in Eastern Uganda.," *African Journal of Reproductive Health*, vol. 13, no. 4, 2009.
36. Republic of Uganda Ministry of Health, "The National Policy Guidelines and Service Standards for Reproductive Health Services," Kampala, Uganda, 2001.
37. Republic of Uganda Ministry of Health, "National Adolescent Health Policy for Uganda," Kampala, Uganda, 2004.



Population Secretariat
Ministry of Finance, Planning and Economic Development
Statistics House, 9 Colville Street
P. O. Box 2666, Kampala
Tel: 0414-705400, Fax: 0414-705454
E-mail: popsec@popsec.org
Website: www.popsec.org
