

GOVERNMENT OF UGANDA



MINISTRY OF GENDER, LABOUR AND SOCIAL  
DEVELOPMENT

.....

# NATIONAL

# CHILD POLICY

# IMPLEMENTATION PLAN

2020/2021 - 2024/2025

.....

A decorative horizontal stripe at the bottom of the page, consisting of a thin black line, a thick yellow line, and a thin red line.

---

## FOREWORD

This Performance Improvement Plan has been developed to monitor and measure the implementation of the National Child Policy. This follows the successful development of the National Child Policy (NCP) that necessitated to have a well-articulated Performance Improvement Plan to facilitate implementation and measurement of progress in the planned results for children. The PIP is anchored on Results Based Management and aligned to the National Integrated Monitoring and Evaluation System under the Prime Minister's Office.

The Plan drew largely from the gaps and challenges recorded in the review of past efforts aimed at provision of service for OVC in the country. The document also benefited largely from the contributions of all the stakeholders in implementing children programs in Uganda. These include the government Ministries, Departments and Agencies; Development partners, National and International non-government organizations, faith-based and community based organizations and groups.

The PIP has been costed according to the focused areas and key interventions of the National Child Policy. It also has a Monitoring and Evaluation matrix for tracking performance indicators. The overall cost of the plan, as indicated is estimated to be 273.4 billion Ugandan schilling (UGX) over five years. The Government of Uganda will finance the National Child Policy with contributions from Development Partners, the private sector, International and National NGOs, CSOs, FBOs and individuals

It is my hope that the high multi-sectoral, participatory and inclusive process that generated the National Child Policy and the Performance Improvement Plan will spur all stakeholders to an unflinching commitment to adopt and use them as a tool in all care and support interventions for children to improve efficiency and effectiveness

The responsibility for the successful implementation of the National Child Policy of Uganda lies with the Government sectors, civil society organizations, private sector, communities and families. I therefore call upon all sectors to embrace this policy with renewed commitment to enable the Ugandan children grow and develop to their full potential.

For God and my Country,



Frank K. Tumwebaze, MP.

**Minister for Gender, Labour and Social Development**

---

---

## TABLE OF CONTENTS

_Toc50636035FOREWORD.....	ii
DEFINITIONS AND CONCEPTS .....	iii
LIST OF ACRONYMS AND ABBREVIATIONS.....	v
1. INTRODUCTION.....	1
1.1. Situation of Children in Uganda .....	1
1.1.1. Child Health and Survival .....	1
1.1.2. Education and Development.....	4
1.1.3. Childcare and Protection .....	5
1.1.4. Child Participation.....	10
2. THE NATIONAL CHILD POLICY .....	12
3. POLICY IMPLEMENTATION PLAN .....	15
3.1. Rationale.....	15
3.2. Priority Intervention Areas and Actions.....	15
3.3. Approach to Implementation .....	32
3.4. Guiding Principles.....	32
4.0 INSTITUTIONAL ARRANGEMENTS.....	34
4.1 National-Level Leadership and Coordination .....	34
4.2 Key Stakeholders .....	34
4.3 Inter-agency and Inter-Sectoral Collaboration.....	34
5. FINANCE MECHANISMS AND COSTING.....	36
6. MONITORING, EVALUATION AND REPORTING .....	43
6.1 Monitoring and Evaluation of the Implementation Plan .....	43
6.2 Reporting on Progress.....	43
REFERENCES.....	56
APPENDIX A: NATIONAL LEGISLATIVE AND POLICY FRAMEWORK.....	59
APPENDIX B: STAKEHOLDER ROLES AND RESPONSIBILITIES.....	61

---

## DEFINITIONS AND CONCEPTS

**Child:** A 'child' is defined as any person under the age of 18 years, in accordance with the United Nations Convention on the Rights of the Child, Article 2 of the African Charter on the Rights and Welfare of the Child, and Article 257 (1) (c) of the 1995 Constitution of Uganda.

**Child labour:** Work that deprives children of their childhood, their potential and/or their dignity, is harmful to physical and mental development and/or interferes with schooling.

**Child participation:** Informed and willing involvement of all children, including the most marginalised and those of different ages and abilities, in any matter concerning them directly or indirectly, in accordance with Article 12 of the United Nations Convention on the Rights of the Child.

**Child protection:** Measures that are taken to prevent and respond to all forms of abuse, neglect, exploitation and violence against children and their rights.

**Child protection system:** Child protection systems seek to address the full spectrum of risks to child protection that can be faced by children and their families, and comprise the related set of laws, policies, regulations and services across all social sectors, particularly social welfare, education, health, security and justice.

**Child rights:** The inherent fundamental entitlements and freedoms of children, which they have merely by virtue of being human. Child rights are fully defined in the United Nations Convention on the Rights of the Child, the most widely ratified human rights treaty in history, to which Uganda is signatory.

**Children without parental care:** All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.

**Compassion:** The deep concern and acknowledgment of the suffering of others and taking action to alleviate it.

**Early childhood care and education:** Refers to programmes and provisions for children from prenatal to six years of age, which cater to needs of a child in all domains of development i.e. physical, motor, language, cognitive, socio-emotional, and creative and aesthetic appreciation; and ensure synergy with health and nutrition aspects.

**Family:** 'Family' is defined in its widest sense, including parents, those acting in *loco parentis*, siblings, grandparents and extended family members. This definition recognises the complexity of contemporary family structures.

**Gatekeeping:** A recognized and systematic procedure to ensure that removal of children from their families and/or placement in alternative care is used only when necessary and appropriate, and that the child receives the most suitable support to meet their individual needs.

**Parents:** 'Parent' or 'parents' are defined as a person or persons with parental authority or responsibility. Parenting refers to all roles undertaken by parents, or others acting in *loco parentis*, in caring for, raising and protecting children.

**Pre-primary education:** Pre-primary education is formalized early learning immediately preceding primary school. Pre-primary schools can be attached to primary schools or can be entirely separate.

---

**Primary caregiver(s):** The person(s) who is/are recognised by the State as being responsible for the care and upbringing of the child.

**Psychosocial support:** Assistance that helps individuals and communities heal the psychological wounds and rebuild social structures after an emergency or critical event. Psychosocial support can help people become active survivors rather than passive victims.

**Vulnerable children:** Children who face conditions of serious deprivation and danger and/or are likely to suffer any form of violence, exploitation, abuse and neglect or other serious violations of their rights.

**Social protection:** A set of public policies, programmes and systems that help poor and vulnerable individuals and households to reduce their economic and social vulnerabilities, improve their ability to cope with risks and shocks, and enhance their human rights and social and economic status.

**Transparency:** A pillar of accountability that entails openness in terms of budgetary allocations, expenditures, and service delivery.

**Violence against children:** Any form of physical, emotional or mental injury or abuse, neglect, maltreatment and exploitation, including sexual abuse, intentional use of physical force or power, threatened or actual, against an individual which may result in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.

---

## LIST OF ACRONYMS AND ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of the Child
ART	Anti-Retroviral Therapy
CSAM	Child Sexual Abuse Material
CSEM	Child Sexual Exploitation Material
CSO	Civil Society Organisation
EAC	East African Community
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
EID	Early Infant Diagnosis
EMIS	Education Sector Management Information System
EMTCT	Elimination of Mother to Child Transmission of HIV/AIDS
EPRC	Economic Policy Research Centre
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender Based Violence
GDP	Gross Domestic Product
GoU	Government of Uganda
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ILO	International Labour Organisation
IMR	Infant Mortality Rate
JLOS	Justice Law and Order Sector
KCCA	Kampala Capital City Authority
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MGLSD	Ministry of Gender, Labour and Social Development
MMR	Maternal Mortality Rate
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MTCT	Mother to Child Transmission
NCP	National Child Policy
NCPIU	National Child Policy Implementation Unit
NGO	Non-Governmental Organisation
NSC	National Steering Committee
OAG	Office of the Auditor General
OCSE	Online Child Sexual Exploitation
OPM	Office of the Prime Minister
OVC	Orphans and other Vulnerable Children
RMNCH	Reproductive, Maternal, Newborn and Child Health
SDGs	Sustainable Development Goals
TWG	Technical Working Group
UAIS	Uganda Aids Indicator Survey
UBOS	Ugandan Bureau of Statistics
UDHS	Uganda Demographic Household Survey
UGX	Uganda Shillings
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child

---

UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNHCR	United Nations High Commission for Refugees
UNHS	Uganda National Health Survey
UNICEF	United Nations Children’s Fund
UPE	Universal Primary Education
UPHIA	Uganda HIV Impact Assessment
USAID	United States Agency for International Development
USE	Universal Secondary Education
VAC	Violence against children
VACiS	Violence Against Children in Schools
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

---

## 1. INTRODUCTION

The situation of children in Uganda calls for renewed and urgent action. This National Child Policy Implementation Plan (2020/2021-2024/2025) provides a roadmap and a common agenda of action to operationalise the National Child Policy (2020). It is intended to be concise and over-arching; with emphasis on priority actions to achieve the specific policy objectives across health and survival, education and development, child care and protection and child participation. It provides an operational framework to guide the collective effort to build a Uganda in which all children can survive, thrive, grow, learn and develop to their full potential, and are protected from the many threats that jeopardize their well-being and future as full and capable citizens. It also lists key indicators for measuring progress of the implementation plan.

The development of this plan was spearheaded by the Ministry of Gender, Labour and Social Development (MGLSD) through an inclusive, participatory and widely consultative process involving representatives of relevant government departments and ministries of different sectors (health, education, JLOS and social development), to ensure that existing sectoral policies, strategies, priorities, programmes and commitments were considered and included. In addition, a technical working group (TWG) was formed and several meetings were organized to inform the plan development process. The TWG membership was drawn from relevant government ministries, departments and agencies (MDAs), development partners, academic and research institutions, and civil society, both community-based organisations (CBOs) and other non-governmental organisations (NGOs).

### 1.1. Situation of Children in Uganda

Uganda has a young population; with over 56 per cent of its population under the age of 18 and about half (48.7 percent) under the age of 15 (UBOS, 2016). Although there have been improvements with regard to many key indicators, the state of the Ugandan child is dire. More than half of the children under five in Uganda live in poverty, and many more experience multiple dimensions of poverty (MoGLSD, UNICEF, & EPRC, 2014). Furthermore, health and survival, general well-being and safety, development and learning, and child participation remain critical challenges given that nearly all children in the country are classified as “vulnerable.” There are also new and emerging challenges such as online safety and mounting disquiet about the increasing vulnerability of children due to climate-related hazards and urbanization (Republic of Uganda & UNICEF, 2017). The corona virus disease (covid 19) has also paused as an emerging challenge in form of a pandemic, the effects of the pandemic have had a great toll on children.

#### 1.1.1. Child Health and Survival

Uganda has made substantial progress in child survival over the last decade. Despite the progress, thousands of children under five years of age continue to die, mostly from preventable and treatable diseases including pneumonia, malaria and diarrhoea. According to the 2016 Uganda Demographic and Health Survey (UDHS) the under-five mortality rate is currently at 64 per 1,000 live births (UBOS & ICF International, 2017). This translates to 135,000 under-five deaths per year; an intolerably high number of largely preventable deaths. The neonatal period (first 28 days) is the most vulnerable time for a child’s survival. Neonatal mortality stands at 27 deaths per 1000 live births. This indicates a current death rate of 11 babies per day in Uganda. Moreover, more than half of the total newborn deaths occur during the first week of life and especially within the first 24 hours after birth. The principal causes of neonatal mortality are prematurity, birth asphyxia, and severe infections (sepsis, congenital) (MoH, 2013)



---

Infant mortality rates also remain high at 43 per 1,000 live births (UBOS & ICF International, 2017). Some of the factors underlying high infant mortality rates (IMR) are inequitable access to maternal health services, inadequate or delayed care seeking during pregnancy and childbirth, and poor household and child care practices (MoH, 2013). Maternal health also has an impact on child survival prospects. According to the 2016 UDHS, maternal mortality ratio stands at 336 maternal deaths per 100,000 live births (UBOS & ICF International, 2017). This equates to an estimated 5,595 maternal deaths each year due to complications of pregnancy and childbirth in the first month, which inevitably jeopardizes the life of surviving children. The major causes of maternal deaths are largely preventable conditions such as haemorrhage/bleeding, obstructed or prolonged labour, hypertensive disorders, complications from unsafe abortions and sepsis (MoH, 2013). It is imperative to ensure equitable access to and provision of family planning (to reduce unintended pregnancies), antenatal care, skilled care at birth, timely emergency obstetric care, postnatal care, and post-abortion care.

### ***Nutrition***

Optimal nutrition during childhood is critical for proper child growth and development, both in the immediate and in the longer-term. Maternal and child under-nutrition greatly increases the risks of mortality and morbidity, with effects on the intellectual and physical development of the child.

Child nutrition indicators have improved slightly over the past 15 years. However, in Uganda, stunting, severe wasting, and intrauterine growth retardation cause half of all under-five deaths. According to the 2016 UDHS, 29 per cent of children under five are stunted (considered to be short for their age) and 4 per cent are wasted (UBOS & ICF International, 2017). Severe stunting and wasting are 9 and 1 per cent, respectively. Children in rural areas and from poor households are disproportionately affected. Micronutrient deficiencies are also common. Anaemia, iodine, zinc and Vitamin A deficiencies are the most common micronutrient deficiencies in Ugandan children. More than half of young children aged 6-59 months are anaemic (UBOS & ICF International, 2017). In addition, childhood obesity is a growing problem although the prevalence has not yet been ascertained.

### ***Immunisation***

Uganda has registered big strides in regards to immunization since the implemented of the National Expanded Programme on Immunisation (UNEPI) from 2015- 2016 (World Bank, 2016; GoU and UNICEF 2017). Uganda's immunisation menu includes; tuberculosis, polio, measles, diphtheria, tetanus, whooping cough, hepatitis B and haemophilus influenza type B (MoH, 2012a). Albeit this, there has been stagnation in the national vaccine coverage rate. The national immunisation coverage rate measured by percentage of children receiving the third dose of the diphtheria-tetanus-pertussis vaccine (DTP3) stagnated at 78 percent since 2012. This is below the Global Vaccination Action Plan target of at least 90% coverage. Measles-containing-vaccine first-dose (MCV1) coverage has stagnated at 82 percent since 2012, putting the country at risk of missing the 2020 elimination target. Similarly, poor response to vaccination against Human papillomavirus (HPV), especially after receiving the first dose stagnated. While the coverage for the first dose stands at 80 percent, the second dose has remained low at 23 percent (MoH 2019). In FY 2018/19, DTP3 coverage increased by only 1% from 95% in FY 2017/18 to 96 percent. Only 34 percent (43/128) of the districts achieved the HSD target of 97 percent. Measles coverage for one year olds remained stagnant at 88% in FY 2018/19, far below the target of 95 percent. Only 21 percent (27/128) of the districts met the HSD target (MoH 2019). Some factors including maternal education (especially at post-secondary level), exposure to media, maternal healthcare utilization, maternal age, occupation type, immunization plan and regional and local peculiarities have significant association with childhood immunization.

---

### ***Children and HIV and AIDS***

According to the 2016 Uganda HIV Impact Assessment (UPHIA), the prevalence of HIV among children aged 0-14 years is 0.5 per cent. This equates to approximately 95,000 children living with HIV in Uganda (MoH, 2017). Despite a reduction in mother-to-child HIV transmission (MTCT) in the last five years, there were still an estimated 3,500 new paediatric infections in 2015 (UAC, 2016). Moreover, just under half (47 per cent) of the children (aged 0–14 years) living with HIV are on treatment (UNAIDS, 2016). This reflects that the majority of children lack access to proper HIV care and treatment, and underscores the need to ensure that all children have timely access to Antiretroviral Therapy (ART), and are retained in care through adolescence and into adulthood. Children and adolescents living with HIV and their families face numerous challenges. They are confronted with a multitude of emotions, questions, and concerns regarding the complexities of disclosure, their health, and their future. They need support to ensure treatment adherence, as well as enjoy healthy relationships.

### ***Adolescent Health and Well-being***

Adolescents aged 10-19 years in Uganda face many challenges including those related to sexual and/or reproductive health. The adolescent pregnancy rate remains high. According to the 2016 UDHS, 1 in every 4 adolescent girls aged 15-19 years has begun childbearing (is pregnant with their first child or has had a live birth) (UBOS & ICF International, 2017). Adolescent child bearing is strongly associated with early marriages, and is most common in rural areas (27 versus 19 per cent, respectively) (UBOS & ICF International, 2017). This interferes with and undermines girls' ability to achieve high standards of health, education, and future economic well-being. Adolescent childbearing can contribute to maternal morbidity by increasing the risk of complications such as obstetric fistula. In addition, newborns and infants of adolescent mothers are at a higher risk of low birth weight and are generally more prone to morbidity and mortality due to poor pre-natal and child care practices (MoH, 2013).

Early sexual activity is a growing concern to adolescent development in Uganda. In the National Cross Sectional Study of Adolescent Health Risk Behaviours in Uganda, almost 22 per cent of adolescents (girls and boys) reported some form of sexual activity. Up to 10 per cent of the sexually active adolescents aged 15-19 years had their first sex encounter before the age of 15 (MoH, et al., 2016). For many girls, first sexual intercourse happens as a result of coercion or violence. According to data from the National Violence Against Children Survey, nearly 1 in 4 girls aged 13-17 who had ever had sex reported that their first sexual intercourse was unwanted (defined as the adolescent having been forced, pressured, tricked or threatened) (MoGLSD, UNICEF, AfriChild-Centre, USAID, & CDC, 2017). Despite early onset of sexual intercourse among adolescents, contraceptive use is low and many lack access to sexual and reproductive health-care services, including family planning information, and comprehensive sexuality education (MoGLSD & UNICEF, 2015).

The HIV prevalence among adolescents aged 15-19 years currently stands at 1.1 per cent with a slightly higher prevalence among adolescent girls (1.8 per cent) (MoH, 2017). Adolescents remain at particularly high risk for acquisition of new HIV infection. Recent data indicates that a disproportionate number of new HIV infections occur among adolescents aged 10-19 years with nearly two-thirds of all new HIV infections occurring among adolescent girls (MoH, 2017). The continuing high rates accentuate the need to prioritise adolescents in HIV prevention, treatment, care and support programming. With demographic trends indicating that the youth population is growing fast, the challenges posed by HIV will multiply if new infections among 15–19 year olds are not halted.

---

Management of menstruation continues to present substantial challenges to adolescent girls in Uganda; negatively impacting on girls' school attendance and engagement. For example, some adolescent girls miss school during menses and eventually drop out because of menstruation-related issues such as lack of affordable sanitary pads, lack adequate or separate washrooms for males and females, and bullying by peers. In addition, taboos around the topic mean many adolescent girls are unprepared for menarche, and that management practices are not discussed openly.

Lastly, alcohol and substance abuse among adolescents in Uganda remains a major concern. This is associated with risk-taking behaviours, which have implications on the health and well-being of adolescents. In the National Cross Sectional Study of Adolescent Health Risk Behaviours in Uganda, 17 per cent of adolescents aged 10-19 years reported ever drinking alcohol (18.8 per cent male and 15.4 per cent female). The prevalence of current alcohol use is at 2.2 per cent. The overall prevalence of ever/lifetime smoking (of any substance) was at 1.6 per cent. The prevalence of current smoking of any substance was at 0.5 per cent (MoH, et al., 2016).

### ***Water, Sanitation and Hygiene***

Safe water, sanitation and hygiene are some of the most basic requirements for human health. Inadequate access to water, sanitation and hygiene (WASH) remains a major threat to children's rights to survival and quality education. One-third of the children in Uganda do not have access to safe water, and 60 percent live within at least a 30-minute walking distance from a water source (UNICEF, 2015). In addition, while evidence shows that hand washing with soap alone can reduce waterborne and sanitation-related diseases by 43 percent in children. However, the current coverage of WASH facilities is still very low. For example, only 34 percent of the schools in Uganda have access to washing facilities (Ministry of Water and Environment, 2016).

### **1.1.2. Education and Development**

#### ***Early Childhood Care and Education (ECC)***

ECCE provides an indispensable foundation for lifelong learning and development. The quality of parenting and stimulation in infancy plays an important role in enhancing child development and school readiness by providing valuable educational and social experiences. However, very limited attention is given to ensuring high quality childcare and only a few formal interventions in Uganda focus on the development of children 0-3 years, for example, through exercise and play.

In addition, while pre-primary education is considered to have the highest rate of economic returns of all levels of education (World Bank, 2011) ; the enrolment of children (ages 3 to 5) in pre-primary education remains very low, 9 per cent (MoES, 2015). This is due to the limited availability of pre-primary programmes particularly in rural communities, and lack of access due to the costs of the predominantly private sector pre-primary education in urban areas. Moreover, public funding for ECCE provision remains negligible.

#### ***Basic Education***

Uganda has registered sustainable improvement in primary and secondary education enrolment with the introduction of universal primary education (UPE) in (1997) and Universal Secondary Education (USE) in (2007), yet still 30 per cent of children enrolled in primary school drop out before completing Primary Seven (P7) (MoES, 2017). Furthermore, there are widespread concerns about the quality of education; as reflected in the low literacy and numeracy rates. The national achievement levels in primary school for literacy are currently at 60.2 per cent for P3 and 51.9 per cent for P6. Numeracy rates are at 71.7 per

---

cent in P3 and 52.6 per cent in P6. In both numeracy and literacy in English at P3, approximately a third (30 per cent) of the districts had over 75 per cent of their pupils rated as proficient. There are also vast differences between well-performing and poorly performing districts with literacy rates at P3 varying anywhere between 14.8 per cent and 99.1 per cent; and between 0.4 per cent and 79.7 per cent at P6 level (MoES, 2015).

The quality of education is largely affected by shortage of scholastic materials, low levels of teacher competency, inadequate teacher training and school infrastructure, ineffective inspection and condition of schools, high levels of teacher and pupil absenteeism. In addition, majority of schools do not provide safe and supportive learning environments. Violence against Children in Schools (VACiS) is widespread and children are subjected to different forms of violence. About 3 in 4 children in primary schools in Uganda are subjected to caning by teachers while 4 out of every 5 children are made to do difficult work such as digging, slashing and collecting water at school as a punishment to instil discipline. More than 2 in every 5 children (46%) in primary schools in Uganda experienced bullying and it affected children from poor families and those with disabilities most. In the same study, 46.7% of children surveyed experienced emotional abuse by teachers and 77.7% experience sexual violence (National VAC survey UNICEF, 2018).

### ***Special Needs and Inclusive Education***

Children with disabilities (CWD) and special needs face significant hurdles in enrolling, attending and completing school in Uganda: only 5 per cent are able to access education within an inclusive setting in regular schools, and only 10 per cent access education through special schools (MoGLSD & UNICEF, 2015). This is due to poor and inaccessible physical infrastructure, inadequate instructional materials, and teachers with limited experience in handling learners with special needs among others. In addition, many schools that are supposed to provide inclusive education are poorly equipped to assess or meet the various needs of children with disabilities, for example, specialised support services (e.g. sign language interpreters, braille transcribes etc.), specialised teaching methods, access to resource rooms and use of specialised technology to access curriculum. In addition, children are often admitted to special schools without proper assessment of their educational needs, and the resources are not sufficient to provide them with an appropriate range of experiences.

### **1.1.3. Childcare and Protection**

#### ***Children and Family Care***

To grow up safe and well, all children need the security and support of a well-functioning family. Evidence, indicates that safe, stable, nurturing relationships and family environments are essential to preventing child maltreatment and to assuring that all children can reach their full potential. While family-centred care for children is ideal, millions of children in Uganda are at risk of being separated from their parent and families; with many families struggling to effectively care, protect, and provide for their children, putting at risk their immediate well-being and long-term development. Poverty is widely recognized as a major driver of family and child vulnerability to a variety of risks and threats, including child-family separation; often in interaction with other factors such as violence, abuse and neglect in the home, family violence, parental drug and alcohol use, parental illness or death, physical or mental ill health of caregivers or children and other stressors.

According to the 2016/17 Uganda National Household Survey (UNHS), at least 11 per cent of the children under the age 18 have lost one or both parents (UBOS, 2017); about half of them are orphaned as a result of AIDS. Orphan-hood reduces the network of care and protection available to children, and is associated with multiple deprivations with far reaching implications for child survival, growth and

---

development. While most orphaned children continue to live in families – typically with a surviving parent or sibling or members of their extended family – a considerable number fall through the cracks of regular familial support networks. Consequently, a large number of children in Uganda are living outside of protective family care.

Similarly, there is a declining extended family and community support system in Uganda. As a result, many children who continue to live outside of protective families. These include mainly children in residential childcare facilities, children living and/working on the streets, and children in prisons and detention centres (including children of incarcerated mothers). Estimates indicate that between 40,000 to 50,000 children in Uganda live in residential childcare facilities (MGLSD, 2015). While the residential facilities are often called orphanages, research shows that more than two-thirds of the children in residential care facilities have at least one living parent and many more have a contactable relative (MGLSD, 2015).

Children living outside of family care typically lack adequate adult protection and are highly vulnerable to abuse, exploitation, and are more likely to engage in higher-risk activities that lead to HIV. They also do not receive the adult care that is critically needed for developing social competencies, and behaviour that fosters positive relationships with others.

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

Birth registration is a key step in protecting children and ensuring that they receive the services they need to survive and thrive. However, as many as two-thirds of children under age 5 have never had their births registered with the civil authority (UBOS & ICF International, 2017). Similarly, only one in three refugee children in Uganda (aged 0-17 years) have a birth registration certificate (UNICEF and EPRC, 2018). Major barriers to birth registration include: political, legislative, administrative, economic, neglect of cultural and community realities, and geographic, as well as lack of awareness of the parents.

There are serious future repercussions for children who are not documented as they may be denied access to health, education, justice and child protection services, and may be more vulnerable to abuse, violence and discrimination. As adults, they may face challenges in obtaining a job, accessing higher education, buying properties and inheritance. Registration can also contribute to the protection of human rights because it provides important data for policy makers and humanitarian actors. Birth registration can also play an important role in the prevention of statelessness, especially in the case of refugees, as lack of documentation makes it harder for individuals later on in their lives to prove their nationality or, at least, to prove where they were born and to whom. It should also be noted that the current National registration is targeting those aged 16 years and above leaving out the majority of the children.

### ***Violence, Abuse and Exploitation***

Exposure to violence has far-reaching health and development consequences. It can affect children's physical and mental health, impair their ability to learn and socialize, and undermine their development - leading to emotional, social, and behavioural problems (UNICEF, 2014). The exposure to violence in childhood may also result in greater susceptibility to health-risk behaviours such as substance abuse and early sexual activity during adolescence and adulthood (UNICEF, 2014). Further, children subjected to violence are at risk of disability and death, HIV infection, and homelessness. Children exposed to violence are more likely to drop out of school, and are at heightened risk for later victimization and/or perpetration of violence. These consequences may vary depending on the child's age, nature, duration and severity of abuse, the child's innate resiliency, co-occurrence with other maltreatment or adverse exposures such as violence between parents, and support systems around the child.

---

Thousands of children in Uganda continue to experience violations of their rights to care and protection, while many more children are inadequately protected against risks. Efforts to effectively protect children from violence, abuse, exploitation and neglect continue to be undermined by the weak implementation and enforcement of existing policies and laws, poverty, limited capacity of a proactive and responsive statutory workforce and the weakening of family structures (MGLSD and UNICEF, 2015).

Results from the National Violence Against Children (VAC) Survey indicate a high prevalence of all forms of violence—physical, sexual, and emotional. Among 13 to 17-year-olds, 4 in 10 girls and 6 in 10 boys reported physical violence in the last year. In addition, 25 per cent of girls and 1 in 10 boys reported sexual violence in the past year. Among 18 to 24-year-olds, nearly 6 out of every 10 girls (59 per cent) and 7 out of every 10 boys (69 per cent) reported experiencing physical violence prior to the age of 18 years. The lifetime prevalence of sexual abuse in childhood was 35 per cent and 17 per cent for girls and boys, respectively. (GLSD Violence against Children Report, 2018) VAC is pervasive; particularly in settings where children should be safe and protected, including homes and schools. Violence mostly takes place in the context of disciplining children. For example, the 2016 UDHS results indicate that up to 85 per cent of children had experienced at least one violent disciplinary action a month prior to the survey.

Children from all cultural and socioeconomic backgrounds are vulnerable to violence. However, evidence suggests that some children, such as those affected by HIV and AIDS, children with disabilities, children outside family care and children from socioeconomically disadvantaged families are at increased risk of violence compared to their peers (Unicef.org, 2018). Children affected by armed conflict, and children in conflict with the law are also exposed to a wide range of child rights violations including exposure to violence, abuse, and exploitation (Human Rights Watch, 2014; OAG, 2013). These children require special care and protection.

### **Orphan-hood**

According to the Uganda National Household Survey (UNHS) 2016, at least 11 percent of the children under the age 18 years have lost one or both parents; about half of them are orphaned as a result of AIDS. On the other hand, it is estimated that 18.7 percent of the refugees are orphaned children (UNICEF/EPRC, 2018). Orphan-hood reduces the network of care and protection available to children, and is associated with multiple deprivations with far reaching implications for child survival, growth and development.

### ***Child-Headed Households (CHHs)***

According to the 2016/17 UNHS, about 0.3% of the households in Uganda are headed by children (UBOS, 2017). That equates to over 24,063 children heading households in Uganda. Due to lack of proper adult care and protection, children living in CHH are more vulnerable to deprivation, abuse and exploitation. They have limited access to education and health services, food security and nutritional support, lack parental love, care, guidance and psychological support.

### ***Children in the Justice System***

The Children Act as amended (2016) provides for children to access justice through the Criminal and Civil Justice Systems, whether as witnesses, victims or in conflict with the law. It provides for state-funded legal aid to be availed to children who are charged with committing capital offences. Section 89 provides 12 years as the minimum age of criminal responsibility. While children are one of the categories of people that come into contact or conflict with the law, the current criminal justice and social welfare systems in Uganda do not have a coordinated case management process that can support survivors in receiving the

---

required services such as legal, shelter, trauma support, information, and protection from perpetrators and hostile family members.

Data indicates an increase in the number of children in contact with judicial authorities as victims, witnesses or being in conflict with the law (Uganda Police Force, 2013). The growing number of children in conflict with the law has been attributed to violence in the homes, pressures of chronic poverty, and poor socialisation. There are also an increasing number of reported crimes perpetrated by juveniles and linked to alcohol and substance abuse. In 2016/17, the number of children arrested was 7.9 per 100,000 (JLOS, 2017). Children are arrested and detained for allegedly committing capital offences such as defilement, robbery, murder and other offences, including theft, assault, child-to-child sex (JLOS, 2017). The National Rehabilitation Centre, where many children in conflict with the law are committed, is under resourced and has limited provisions for the legal processing, counselling and reintegration needed by children in order to return back to their communities.

### ***Children of Prisoners***

Data indicates that about 11 percent of the female prison population is being detained with a child (PILAC 2017). Children living in prison with their mothers often live in intolerable conditions with inadequate access to care, protection, nutrition, play and education. They suffer from the trauma of separation, stigma and discrimination are deprived of care and protection.

### ***Children with Disabilities and Other Special Needs***

Estimates suggest that there are at least 2.5 million children with disabilities in Uganda, but numbers could be much higher (MGLSD, 2015). Given opportunities to flourish and equal respect of their rights, children with disabilities lead fulfilling lives and contribute to the social, cultural and economic vitality of their communities. Yet surviving and thriving can be especially difficult for children with disabilities in Uganda. For example, discrimination against and exclusion of children with disabilities renders them disproportionately vulnerable to violence, neglect and abuse. In addition, children with disabilities are disproportionately denied their right to education and have challenges accessing health services.

### ***Refugee Children***

UNHCR indicate that Uganda has 1.42million (April, 2020) refugees mainly from South Sudan, DR Congo, Burundi, Somalia and Rwanda. Over 60% of all refugees in Uganda are children and nearly 10% of child refugees are unaccompanied and/ or separated. (Reporting.unhcr.org, 2018). Refugee children face far greater dangers to their safety and well-being than the average child. They may experience and witness disturbing events, or separation from parents and families. At the same time, family and other social support networks may be weakened and education may be disrupted. These experiences can have a profound effect on affected children. Further, in displacement, refugee children face a range of child protection risks. They are at greater risk than adults of violence, abuse, neglect, and exploitation. Responding to their specific needs and supporting their families and communities remains a key priority for the government of Uganda.

### ***Children affected by other emergencies***

Children are particularly vulnerable during natural disasters and hydrometeorological impacts like epidemics, droughts, flooding and landslides among others. In such situations, children are at increased risk of violence, exploitation, stigma, isolation, abandonment, neglect, separation from their parents and families, distress due to displacement, loss of family members or friends, lack of care and disruption of their daily life including access to routine activities like schooling. This requires early identification of

---

protection concerns and the provision of adequate response services for children and their families affected by natural disasters and disease outbreaks.

### ***Child Labour***

Child labour remains a serious issue in Uganda. According to the 2016/17 Uganda National Household Survey, more than 2 million children are engaged in child labour. Many of these children work in hazardous conditions including working in extractive industries (such as mines), working with chemicals and pesticides in agriculture or with dangerous machinery. Many work in domestic servitude in homes. The proportion of children in hazardous work was more than double in urban areas as compared to the rural (Republic of Uganda & UNICEF, 2017). Child labour negatively impacts on child health and education, impairing opportunities for normal growth and development. It is a violation of children's rights.

### ***Child Trafficking and Sexual Exploitation***

Uganda remains a source, transit and destination country for children trafficked for various exploitive purposes, including labour and sexual exploitation. Internal child trafficking is estimated to be the most significant form of trafficking in the country; typically characterized by trafficking of children, especially girls, from poor rural areas to urban areas. Traffickers target girls and women aged 13-24 years to be exploited in the vicinity of sports tournaments, road construction projects, bars, restaurants, nightclubs, but also as street vendors, or commercial sex workers (Ugandan Police Force 2017).

Ugandan children who come from very poor households and lack adequate education experience higher vulnerability to sexual exploitation (UNICEF, 2015). This includes the approximately 10,000 children in Uganda who are in street situations (UNICEF, 2015). The World Bank Group also estimates that 23% of girls in Uganda drop out of school due to pregnancy (The World Bank Group, 2016). Among girls aged 15-19 in Uganda who become pregnant, 45% have no education and 34% are among the poorest fifth of the population (UNICEF, 2015). The Uganda Violence Against Children survey (2018) revealed that 35% of Ugandan females and 17% of males had been sexually abused. The study also found that for approximately 25% of girls and boys who experienced sexual abuse in childhood, the first incident of sexual abuse occurred at or before age 13.46 Both boys and girls experienced violence in a range of settings, including in the street, in their homes and in school (MGLSD, et al, 2018). More girls than boys face higher risk of sexual exploitation and abuse in schools (school (MGLSD, et al, 2018), hence making staying at home or getting married safer alternatives (VSO, 2016).

The National Violence Against Children Study, 2015 findings revealed that of females ages 18-24 who had sex before age 18, 15% reported exchanging sex for material support during childhood. Nearly 1 in 5 girls and 1 in 7 boys in the survey reported that they had previously exchanged sex for material support or other form of help in the year preceding the survey. There is also increased access and use of internet, there is an increase in the prevalence of online child sexual exploitation (OCSE) which includes child sexual abuse/exploitation material (CSAM/CSEM).

### ***Harmful Traditional Practices***

Child marriage remains a prevalent practice in Uganda. The 2016 UDHS indicate that up to 20 per cent of adolescent girls and young women (AGYW) aged 15-19 years are married or in union. Child marriage occurs more frequently among girls who are the least educated, poorest and living in rural areas. Studies have identified a number of social and economic drivers for child marriage, ranging from poverty to gendered social norms that place high value on girls' reproductive capabilities. Girls who marry early are more likely than their peers to drop out of school and have lower earning capacity, earlier and more frequent childbearing and complications in pregnancy, higher maternal mortality, increased risk of HIV infection, and higher infant mortality. In addition, girls who marry before the age of 18 are more likely to suffer domestic violence, including sexual violence at the hands of their partners. Married girls also tend



---

to be more isolated, exacerbating their vulnerability. They are also the most likely to extend vulnerability to their children, by perpetuating intergenerational cycles of poverty and gender discrimination.

Female genital mutilation/cutting (FGM/C) also remains widespread. The overall rate of FGM/C in Uganda is 0.3 per cent. In Karamoja the prevalence is 6.4 per cent (UBOS & ICF International, 2017). FGM is recognized internationally as a violation of the human rights of girls and women. It is nearly always carried out on minors. The practice violates children's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

The practices of ritual killing and child sacrifice continue to take place in Uganda. Children disappear frequently, murdered or mutilated by witch doctors as part of ceremonial rituals. The practice is rooted in the belief that blood sacrifice can bring fortune, wealth and happiness: the "purer" the blood, the more potent the spell, resulting in the targeting of innocent children.

#### **1.1.4. Child Participation**

Children's right to participate is clearly articulated in international instruments, to which Uganda is a signatory, as well as in several national legal frameworks and policy documents. The Children Act Cap.59 (as amended) entails various provisions aimed at upholding the right of children to participate in all issues that affect their survival and development. Similarly, Section 8 of the third schedule of The Local Government Act (Cap.243) provides for the right of children to play an active role within their local communities. This includes participation in child-led initiatives and spaces created by adults for purposes of allowing children the opportunity to voice their views in decision-making.

However, ensuring meaningful child participation in Uganda is still a challenge. Key barriers to child participation include a lack of understanding of what comprises meaningful child participation, unequal power relations between children, caregivers and other adults, and entrenched attitudes regarding child participation rooted in cultural and normative beliefs. For example, in some cultures it is a deeply rooted belief that children should be silent in the presence of adults, considering that they lack the competence and that such participation encourages bad behaviour. Moreover, there are no actual penalties or forcible measures imposed on the various actors who do not engage children in meaningful participation regarding the issues and decisions affecting them.

There are also limitations with regard to the capacity of government and civil society officials to facilitate children's participation, which requires a wide range of skills and experience. Moreover, existing participation initiatives have limited coverage and are typically associated with specific programmes funded and implemented by international and local non-governmental organisations (NGOs). There is a concern that many participatory initiatives do not reach the most disadvantaged or excluded children and, as such, can potentially contribute to further social exclusion (MGLSD and UNICEF, 2015).

#### **1.1.5 System Strengthening**

A strengthened system includes, the set of laws, policies, regulations, services, capacities, monitoring, and oversight across all social sectors especially social welfare, education, health, security and justice organised around the goal of preventing and responding to protection risks such as abuse, abandonment, exploitation, and neglect. These systems are part of social protection, and extend beyond it. From the prevention angle, their aim includes supporting and strengthening families to reduce social exclusion, and to lower the risk of separation, violence and exploitation. The Ministry of Gender, Labour and Social Development (MGLSD) is the pivotal institution in child protection in the country. Within the Ministry,

---

child protection mandate rests with the Department of Youth and Children Affairs, although it is also spread across other departments, notably that of Gender and Women Affairs, Culture and Family Affairs, Equity and Rights, Community Development, Elderly and Disability and of Labour and Industrial Relations. Outside the MGLSD, there are other ministries that share in the mandate for child protection. These include the Ministry of Internal Affairs (Uganda Police Force), Ministry of Justice and Constitutional Affairs, Ministry of Education and Sports, Ministry of Health, Ministry of Local Government, Office of the Prime Minister (particularly for refugee children).

At the district level, the mandate for child protection is with the Community Based Services Department which is responsible for the day-to-day child care and protection work. Under this department are the Community Development Officers, Probation and Social Welfare Officers. Furthermore, Article 17(c) of the Constitution of Republic of Uganda 1995, enjoins every Citizen as responsibility to protect children and vulnerable persons against any form of abuse, harassment or ill-treatment (Republic of Uganda, 1995). In this regard, therefore, the government recognises the role of community level child protection structures such as VHTs, para-social workers, Child Protection Committees, Village Case Management Committees, Village Local Councils and others as essential for ensuring an effective child protection prevention and response. The so many departments and ministries involved in child protection indicate a need for coordination if effective child protection services are to be availed to the children.

Unfortunately, despite the numerous coordination mechanisms in place, some of which are cross-sectoral in nature, current coordination efforts are not delivering concrete outcomes for children. In addition, human resource and logistical challenges (such as lack of transport, low funding, and even staffing gaps) constrain the ability of key institutions, both at the national and district level, to play their statutory responsibilities. In addition, there is also lack of clear child protection standards for measuring performance; limited involvement of children; and, weak coordination and quality assurance mechanisms for CSO and other non-state actors-led interventions, as well as limited knowledge and skills to provide effective child protection services among, the community development officers, Probation and Welfare Officers, the Police, prisons, teachers, health workers, and community structures among others

A child protection systems mapping study in Uganda undertaken in 2013, revealed that most of the weaknesses and gaps in the functionality of the child protection system in Uganda were attributed to inadequate public resourcing of child protection structures, institutions and programmes. Apart from salaries of government child protection staff, most of the funding for child protection programmes was donor dependent.

Furthermore, one other major challenge to building an effective child protection system is the limited availability of reliable, up-to-date, nationally representative and well disaggregated data on key child protection indicators. The capacity gaps in regard to funding and staffing of the MGLSD and its linked department of CBDSD at District and Lower Local Government levels are echoed in the MGLSD Issues Paper I (2011), Issues Paper II (2018) and MGLSD Functional Review (2018).

---

## 2. THE NATIONAL CHILD POLICY

The National Child Policy (NCP) demonstrates the commitment by the Government of Uganda to ensure the well-being of all children in the country. The policy was informed by a review of the National Orphans and Vulnerable Children Policy (2004) and the different policies, plans and strategies related to child welfare and protection domiciled in different sectors of the Government of Uganda. For a detailed list on the national laws and policies impacting on children refer to Appendix A.

The policy provides a framework for addressing the issues related to children's rights and well-being in a holistic and coordinated manner. The policy vision focuses on achieving demonstrably better outcomes for all children by prioritizing four key areas: child health and survival, education and development, protection, and participation but also ensuring that systems for child care and protection are strengthened for effective planning and delivery of social services including child care and protection.

The overarching goal of the National Child Policy is improved realization and enjoyment of all children's rights to survival, development, protection, and participation by all children in Uganda. The policy is structured around five objectives. In addition, the policy outlines 29 broad strategies to achieve these objectives. These are summarized in Table 1 below.

**Table 1: Policy Objectives and Strategies**

<b>Policy Objective 1: To prevent child mortality and promote children’s health including refugee children.</b>	
<b>Broad Strategies</b>	
1.1.	Increase access to and improve provision of reproductive and maternal health care services
1.2	Promote essential newborn care practices in the home, and health facility level
1.3	Prevention and better management of childhood illnesses/conditions
1.4	Increase effectiveness of health systems to improve maternal, neonatal and child health
1.5	Improve provision of and access to Adolescent-Friendly Health Services (AFHS)
1.6	Improve access to HIV prevention, care and treatment services for children and adolescents
1.7	Develop and promote evidence-based interventions to improve food security and nutrition at national, community and household levels
1.8	Increase access to and improve provision of WASH services and facilities
<b>Policy Objective 2: To promote nurturing care, stimulation and holistic development and learning for all children.</b>	
<b>Broad Strategies</b>	
2.1	Ensure equitable access to quality ECCE for holistic development for all children
2.2	Improve access to and strengthen the provision of equitable and quality primary and secondary education
2.3	Increase access to and improve provision of relevant training and quality technical, vocational and tertiary education
<b>Policy Objective 3: To prevent, respond to, and protect children from violence, exploitation, abuse and neglect</b>	
<b>Broad Strategies</b>	
3.1	Scale up the provision and improve access to family strengthening and support services to vulnerable families
3.2	Improve permanency planning for children who are deprived of family care through quality alternative care services for children living outside family care
3.3	Strengthen capacity of the national child care and protection sector for effective response to prevent, and protect all children against all forms of violence, exploitation, abuse and neglect
3.4	Strengthen the capacity of the local government and community child care and protection structures for effective response to prevent, and protect all children against all forms of violence, exploitation, abuse and neglect

---

3.5	Strengthen a national response for prevention of, and removal of children from all forms of child labour
3.6	Develop and implement measures for prevention and protection of all children in school from all forms of violence, exploitation and abuse
3.7	Develop and implement a national response for prevention of, and removal of all children living and working on the street
<b>Policy Objective 4: To promote the right of all children to be heard and express their opinions in all matters involving and affecting them, according to their developing capacities.</b>	
<b>Broad Strategies</b>	
4.1	Ensure observance and implementation of the domesticated international and regional standards on child participation
4.2	Ensure that children are valued as key stakeholders and members of society, without discrimination
4.3	Put in place nationally recognized governance processes, guidelines and mechanisms that enable child participation to be deliberate, systematic and accountable
4.4	Ensure inclusion of especially vulnerable children in child participation mechanisms through targeted measures
4.5	Ensure that children and children's issues are visible and heard in local and national government processes
4.6	Reduce negative attitudes and beliefs on child participation and promoting positive cultures, practices and beliefs
4.7	Create an evidence-based and enabling learning environment to facilitate and inform effective child participation processes, with data collection and evaluation as a basis for future initiatives
<b>Policy Objective 5: To strengthen systems for planning, programming and delivery of quality child care and protection</b>	
<b>Broad Strategies</b>	
5.1	Strengthen leadership and governance structures
5.2	Strengthen social services workforce
5.3	Increase financing
5.4	Harmonize and strengthen Coordination and networking mechanism
5.5	Strengthen social service delivery models and mechanisms
5.6	Promote evidence based planning and programming for children

---

### **3. POLICY IMPLEMENTATION PLAN**

#### **3.1. Rationale**

The implementation plan seeks to operationalize the National Child Policy by:

- a. Providing an operational framework to guide Government of Uganda stakeholders and its partners in coordinating, planning, implementing and monitoring programmes for children;
- b. Being a strategic instrument to assist with identification, mobilization and allocation of resources towards the national objectives for children;
- c. Guide national, district and local government, private sector, donors, international NGOs, CBOs, and faith-based organizations (FBOs) in contributing to the objectives and strategies, and achievement of prioritised targets;
- d. Increasing strategic coordination and collaboration across sectors with responsibility for children to ensure optimization of resources and benefits for children; and
- e. Helping align international support with national priorities for children.

#### **3.2. Priority Intervention Areas and Actions**

The specific priority intervention areas are: child health and survival, education and development, child care and protection, and child participation, and systems strengthening. The key actions were identified based on consultation with relevant stakeholders and the policy review. All key actions identified in this plan will be implemented over a five-year period 2020/2021-2024/2025.

**Table 2: Priority Intervention Areas and Key Actions**

<b>Priority Intervention Area 1: Child Survival, Health and Nutrition</b>			
<b>Policy Objective 1: To prevent child mortality and promote children’s health.</b>			
<b>Strategies</b>	<b>Priority Actions</b>	<b>Lead Agency</b>	<b>Other agencies</b>
<p><b>Strategy 1.1.</b> Increase access to and improve provision of reproductive and maternal health care services.</p>	<p>1.1.1 Strengthen and expand programs to reduce unmet need for family planning and increase opportunities for healthy timing and spacing of pregnancies</p> <p>1.1.2 Support and promote safe delivery of all newborns by skilled health personnel</p> <p>1.1.3 Ensure universal access to quality antenatal and postnatal care services to improve perinatal and maternal outcomes</p> <p>1.1.4 Improve emergency obstetric care coverage and quality to reduce maternal mortality and morbidity</p> <p>1.1.5 Improve early diagnosis of maternal mental health problems and provision of psychosocial support (PSS) in maternal and child health services, particularly during the sensitive postnatal period</p> <p>1.1.6 Strengthen family and community based support for women seeking appropriate care before and during pregnancy, delivery, and postpartum period</p> <p>1.1.7 Promote male involvement in maternal and child health service planning and delivery</p> <p>1.1.8 Advance community mobilization efforts to build capacity of women, families, and communities to actively engage with each other and with health providers and managers to improve the quality of services, and to hold health systems accountable.</p> <p>1.1.9 Improve capacities of health service providers to provide quality, respectful, gender-responsive healthcare to women – including through training on new-born care and safe motherhood.</p>	MoH	MoE&S, MGLSD, MoFPED, Local governments, Private sector, Development partners, and International NGOs, CSOs, FBOs Cultural Institutions
<p><b>Strategy 1.2:</b> Promote essential new-born care practices in the home, and in health facilities.</p>	<p>1.2.1 Provide ongoing training for health workers on Integrated Management of Neonatal Childhood Illnesses (IMNCI)</p> <p>1.2.2 Promote evidence-based behaviour change and communication efforts to improve essential new-born practices at family and community levels.</p>	MoH	MoE&S, MGLSD, MoFPED, Local governments, Private sector, Development partners, and International NGOs, CSOs, FBOs Cultural Institutions

<p><b>Strategy 1.3:</b> Prevention and better management of childhood illnesses/ conditions.</p>	<p>1.3.1 Strengthen access to and ensure optimal utilization of immunization and other preventive services</p> <p>1.3.2 Develop support mechanisms within communities for disease prevention, early detection and health seeking for childhood illness</p> <p>1.3.3 Scale-up the Integrated Community Case Management (iCCM) of childhood illness approach</p> <p>1.3.4 Strengthen the capacities of families, community health workers and primary healthcare providers to promote health, prevent disease and manage common childhood illnesses.</p> <p>1.3.5 Improve the quality of child health services provided at the facility and community levels</p> <p>1.3.6 Develop and strengthen child-centered programmes to deliver specialized services to infants and young children with developmental delays, disabilities and complex medical challenges.</p> <p>1.3.7 Provide children with disabilities with assistive devices based on their needs</p>	<p>MoH</p>	<p>MoE&amp;S, MGLSD, MoFPED, Local governments, Private sector, Development partners, and International NGOs, CSOs, FBOs Cultural Institutions</p>
<p><b>Strategy 1.4:</b> Increase effectiveness of health systems to improve maternal, neonatal and child health.</p>	<p>1.4.1 Strengthen supply chain management to improve the availability of life-saving reproductive, Maternal, Newborn, and Child Health Commodities</p> <p>1.4.2 Address human resource for health gaps and constraints outlined in the Reproductive Maternal, New-born and Child Health Sharpened Plan for Uganda) and National Child Survival Strategy</p> <p>1.4.3 Strengthen the capacity of the health system to prevent and respond to violence against children, including capacity to identify, refer and provide appropriate treatment and support to children and adolescents who have been sexually abused</p> <p>1.4.4 Strengthen early identification, diagnosis, referral, treatment and support for children with special needs, including, but not limited to physical and/or mental health disabilities, and provide an appropriate continuum of care.</p> <p>1.4.5 Ensure that refugee children benefit from provision of integrated basic health services provided by national authorities in refugee hosting districts</p> <p>1.4.6 Develop, test and refine metrics that assess norms and behaviours, service availability, equity and quality of maternal and prenatal care, coverage of key interventions, and maternal morbidities</p> <p>1.4.7 Strengthen M&amp;E and information systems to improve maternal and child health outcomes.</p>	<p>MoH</p>	<p>MoE&amp;S, MGLSD, MoFPED, Local governments, Private sector, Development partners, and International NGOs, CSOs, FBOs Cultural Institutions</p>



<p><b>Strategy 1.5:</b> Improve provision of and access to Adolescent-Friendly Health Services (AFHS).</p>	<p>1.5.1 Review and implement a minimum package of Adolescent Health (ADH) services for all levels of the health system</p> <p>1.5.2 Build the capacity of health service providers to deliver adolescent responsive services</p> <p>1.5.3 Promote behaviour change among adolescents through comprehensive sexual and reproductive health education, and life skills education through school and community-based interventions</p> <p>1.5.4 Ensure equitable access to mental health, services for all adolescents, and strengthen rehabilitation services for all adolescents with addictive behaviours.</p>	<p>MoH</p>	<p>MoE&amp;S, MGLSD, MoFPED, International NGOs, Development partners, Local Governments, Private sector, and CSOs, FBOs Cultural Institutions</p>
<p><b>Strategy 1.6:</b> Prevention of HIV infection among children and youths, and improving access to HIV care, treatment, adherence and viral suppression services.</p>	<p>1.6.1 Strengthen the integration of elimination of Mother to Child Transmission (eMTCT) into Reproductive, Maternal, Newborn and Child Health (RMNCH) services</p> <p>1.6.2 Provide accessible and comprehensive HIV services for children and adolescents (early infant diagnosis, prevention, HTS, linkage to treatment, adherence and viral suppression)</p> <p>1.6.3 Strengthen systems and structures that support positive health outcomes for children and adolescents on HIV treatment</p> <p>1.6.4 Mitigate the impact of HIV and AIDS on families and children.</p>	<p>MoH</p>	<p>MoE&amp;S, MGLSD, MoFPED, Local governments, Private sector, Development partners, and International NGOs, CSOs, FBOs Cultural Institutions</p>
<p><b>Strategy 1.7:</b> Develop and promote evidence-based interventions to improve food security and nutrition at household and community levels.</p>	<p>1.7.1 Promote sustainable food production and implement resilient agricultural practices to increase productivity in a socially, economically and environmentally sustainable manner</p> <p>1.7.2 Promote and support adoption of post-harvest handling and storage technologies at the household and community levels</p> <p>1.7.3 Strengthen early warning information systems to provide accurate and timely information on the food and nutrition situation, at national and district level</p> <p>1.7.4 Design and implement comprehensive and context-sensitive social protection systems for food security and nutrition</p> <p>1.7.5 Support the establishment of emergency food reserves at national and district level</p> <p>1.7.6 Engage communities to promote the adoption of healthy nutrition behaviours, community-based growth monitoring and linkage of malnourished cases to care</p>	<p>Ministry of Agriculture, Animal Industry and Fisheries (MAAIF)</p>	<p>MoE&amp;S, MGLSD, MoFPED, Local governments, Private sector, Development partners, and International NGOs, CSOs, FBOs Cultural Institutions</p>

	<p>1.7.7 Integrate management of severe and moderate acute malnutrition into routine health services and improve scale and quality of community-based management of acute malnutrition.</p> <p>1.7.8 Support local production of ready-to-use therapeutic and complementary foods.</p>		
<p>Strategy 1.8: Increase access to and improve provision of WASH services and facilities.</p>	<p>1.8.1 Scale up evidence-based WASH interventions in schools, communities and health facilities.</p> <p>1.8.2 Promote public-private partnerships for innovative sanitation technologies and maintenance of WASH facilities.</p> <p>1.8.3 Support and strengthen the participation of local communities in improving water and sanitation management.</p>	<p>Ministry of Water and Environment</p>	<p>MoE&amp;S, Local Governments, Development Partners FBOs, CSOs</p>
<p><b>Priority Intervention Area 2: Education and Development</b></p>			
<p><b>Policy Objective 2: Promote nurturing care, stimulation and holistic development and learning for all children.</b></p>			
<b>Strategies</b>	<b>Priority Actions</b>	<b>Lead Agency</b>	<b>Other agencies</b>
<p><b>Strategy 2.1.</b> Ensure equitable access to quality Early Childhood Care and Education (ECCE) for optimal development.</p>	<p>2.1.1 Promote positive child development through culturally relevant parenting education and support; with focus on infant stimulation, parental care and early relationships</p> <p>2.1.2 Promote and scale-up family based/ community based ECCE service delivery models and pre-school programmes</p> <p>2.1.3 Provide for comprehensive early assessment of children to establish and provide for their special learning needs</p> <p>2.1.4 Provide for in-service training for all ECCE teachers inclusive ECCE provision</p> <p>2.1.5 Promote inclusive and equitable play opportunities for all children</p> <p>2.1.6 Establish early learning centres at all existing primary schools to facilitate access and ease transitions for young children</p> <p>2.1.7 Provide and promote crèche and day care facilities for children of working mothers and single parents.</p> <p>2.1.8 Develop and implement support systems that address delayed social, cognitive and emotional development through primary caregiver support, education, counselling</p> <p>2.1.9 Develop a national curriculum framework for ECCE to promote play based, experiential and child friendly ECCE provision</p> <p>2.1.10 Develop quality standards and specifications for all types of ECCE provision</p> <p>2.1.11 Strengthen quality assurance of informal and formal early education and care programs and</p>	<p>MoE&amp;S and MGLSD</p>	<p>MoFP&amp;D, MoLG, MoH, Local Governments, Development Partners, CSOs, and Private sector</p>

	<p>services</p> <p>2.1.12 Provide professional development opportunities, and rewards and incentives for ECCE service providers at all levels</p> <p>2.1.13 Promote and support research and innovations in Early Childhood care and Education</p> <p>2.1.14 Support ECCE centres to harness ICT potential to enhance ECCE service provision</p> <p>2.1.15 Develop mechanisms for regular collection, compilation and analysis of the data on ECCE.</p>		
<p><b>Strategy 2.2:</b> Improve access to and strengthen the provision of equitable and quality primary and secondary education</p>	<p>2.2.1 Ensure that all children of school-going age are enrolled and access school (enforce compulsory education law).</p> <p>2.2.2 Provide for early and comprehensive assessment of enrolled children to identify and provide for children with special learning needs within the inclusive class.</p> <p>2.2.3 Ensure that children with special education needs are provided for with appropriate learning aids, devices and equipment such as hearing aids, reading glasses, Braille materials, and appropriate ICT equipment and software, as well as for co-curricular activities.</p> <p>2.2.4 Provide for in-service training for all head teachers and classroom teachers to manage and effectively teach inclusive classes</p> <p>2.2.5 Ensure safe, non-violent, inclusive and effective learning environments for all children— in both public and private schools</p> <p>2.2.6 Design and roll out an education system which is not primarily based on standardized and test-based approaches; which take into consideration continuous assessment, participation and creativity</p> <p>2.2.7 Improve the relevance and quality of education by regularly revising and adapting curricula to comply with the recognized international standards (as adopted by MoES) as well as children’s individual needs</p> <p>2.2.8 Improve the quality of teaching through targeted in-service training for teachers, regular school inspection, and teacher monitoring</p> <p>2.2.9 Promote and support innovations for inclusive education (e.g. innovations and technology to produce learning materials in formats accessible to children with special needs)</p> <p>2.2.10 Strengthen efforts to eliminate gender disparities and promote equal access to learning opportunities, including promoting the increased uptake of Science, Technology, Engineering and Mathematics subjects by girls</p> <p>2.2.11 Promote programmes for supporting to children from extremely poor households to meet their direct and indirect schooling costs such as school fees, school uniforms, textbooks, transportation to school, feeding, special equipment for children with disabilities such as wheel chairs, hearing aids, laptops with appropriate software, etc.</p>	MoE&S	MoFP&D, MoLG MoH, Local Governments, Development Partners, CSOs, and Private sector

	<p>2.2.12 Promote in-kind transfer schemes, including food for education schemes for critically vulnerable children and young people in schools</p> <p>2.2.13 Ensure access to quality education for children residing in institutional settings such as detention centres.</p> <p>2.2.14 Develop and implement school re-entry programs for young mothers and school drop-outs</p> <p>2.2.15 Promotion of appropriate and child friendly physical education (games, sports) and other types of recreational as well as cultural and scientific activities in schools, community centers and other institutions</p> <p>2.2.16 Expansion of the school-based feeding program (SBFP) to all schools</p> <p>2.2.17 Ensure that refugee children benefit from provision of integrated education services provided by national authorities in refugee hosting districts.</p>		
<p><b>Strategy 2.3:</b> Increase access to and improve provision of relevant training and quality technical, vocational and tertiary education.</p>	<p>2.3.1 Promote and expand vocational and technical and alternative skills training, giving priority to out-of-school youth, drop-outs, over-age children and children in street situations, young people with disabilities, as well as young people and youths in hard-to-reach areas such as refugee settlements, marginalised communities like mountainous areas, pastoral communities, fishing communities on lakeshore areas and islands.</p> <p>2.3.2 Provide educational opportunities to develop relevant skills for employment and entrepreneurship.</p> <p>2.3.3 Develop and implement a model of vocational and skill-oriented training for children and young people with disabilities.</p>	MoE&S	MoFP&D, MoLG Local Governments, Development Partners, CSOs, and Private sector

**Priority Intervention Area 3: Childcare and Protection**

**Policy Objective: To prevent, respond to, and protect children from violence, exploitation, abuse and neglect.**

Strategies	Priority Actions	Lead Agency	Other agencies
<p><b>Strategy 3.1.</b> Scale up the provision and improve access to family strengthening and support services to vulnerable families</p>	<p>3.1.1 Expand household economic strengthening (HES) programs for vulnerable families that are appropriate to their unique situations and context, with a focus on improving caregiving environments and ability to provide for children’s basic needs</p> <p>3.1.2 Develop and implement programmes that mitigate economic vulnerabilities associated with child exploitation</p> <p>3.1.3 Develop and implement child-sensitive social protection programmes to support and protect families at-risk</p> <p>3.1.4 Develop and implement parenting education and support programs</p> <p>3.1.5 Expand provision of social and specialized services for families at risk or in need, including preventative, supportive and rehabilitative services</p> <p>3.1.6 Provide specialised support for families whose children require special attention due to certain conditions (e.g. mental health, addiction, disability, etc.) and/or situations (e.g. early pregnancy, etc.).</p>	<p>MGLSD</p>	<p>MoJ&amp;CA, MOLG MoIA, MoE&amp;S MoFPED, Development partners, CSOs, and Private sector</p>
<p><b>Strategy 3.2.</b> Improve permanency planning for children who are deprived of family care through quality alternative care services for children living outside family care</p>	<p>3.2.1 Strengthen the capacity of the National Alternative Care Implementation Unit (ACIU) to better lead, plan, implement and monitor childcare reform in Uganda</p> <p>3.2.2 Establish Alternative Care Panels in all districts to ensure functionality of gate keeping</p> <p>3.2.3 Development of basic minimum standards for alternative care service provision for children</p> <p>3.2.4 Develop and enforce a comprehensive deinstitutionalization strategy and clear guidelines and protocols for closure and/or transformation of residential care institutions to assure and ensure effective community based care for children deprived of family care</p> <p>3.2.5 Ensure that licensing, regulation, monitoring and inspection processes are in place to ensure the quality of alternative care services and foster care</p> <p>3.2.6 Review the National Framework for Alternative Care to ensure it is consistent with the UN Guidelines on Alternative Care</p> <p>3.2.7 Ratify The Hague Convention on Protection of Children and Cooperation in Respect of Inter-Country Adoption, and strengthen efforts to regulate and track intercountry and domestic adoption</p> <p>3.2.8 Promote and support measures to improve the collection, analysis, and use of data relating</p>	<p>MGLSD</p>	<p>MoJ&amp;CA, MOLG MoIA, MoFPED Development partners, CSOs, and Private sector</p>

	<p>to alternative care</p> <p>3.2.9 Support permanency planning of care including identification, documentation, tracing, and sustainable reintegration of children into their family from alternative care setting</p> <p>3.2.10 Support the development of a national system for identifying, enumerating, and documenting children deprived of family care, including approaches that can be used rapidly in emergencies</p>		
<p><b>Strategy 3.3:</b> Strengthen capacity of the national child care and protection sector for effective response to prevent, and protect all children against all forms of violence, exploitation, abuse and neglect</p>	<p>3.3.1 Support the development and strengthening of civil registration system, to ensure universal birth registration.</p> <p>3.3.2 Develop and roll out a national case management system, with protocols on the support of children in adversity to ensure a coherent and coordinated service delivery approach.</p> <p>3.3.3 Develop and implement institutionalized in-service training mechanisms for relevant professionals involved in provision of child protection services.</p> <p>3.3.4 Ensure sufficient resources are available to social service and justice workforce to carry out their mandatory functions.</p> <p>3.3.5 Strengthen mechanisms and services for early identification, diagnosis, referral, treatment and support for all children exposed to any form of violence, exploitation, abuse and/or neglect including children affected by emergencies</p> <p>3.3.6 Strengthen the capacity of the justice law and order sector institutions to enforce GBV/VAC-related laws and eliminate impunity for violence against children</p> <p>3.3.7 Develop and implement interventions to address cyber-crimes, including online child sexual abuse and other internet-based child protection risks and violations.</p> <p>3.3.8 Develop and implement rehabilitation programs targeting perpetrators of violence with the aim of reducing recidivism.</p> <p>3.3.9 Develop measures to prevent children from coming into contact with the law, and promote rehabilitative and restorative approaches for children in contact with the law, including diversion and alternatives to detention.</p> <p>3.3.10 Promote a child-friendly and gender-sensitive justice system for child victims and witnesses, and children in conflict with the law.</p> <p>3.3.11 Prevent trafficking of children and implement specific measures for rescue and rehabilitation, re-integration of children and prosecution of traffickers.</p> <p>3.3.12 Ensure that refugee children and their families benefit from provision of integrated child protection services provided by national authorities in refugee hosting districts</p> <p>3.3.13 Support the use of technology to improve child protection responses and systems.</p>	MGLSD	MoJ&CA, MoIA MoFPED, MoH MoE&S, Development partners, CSOs, and Private sector

	<p>3.3.14 Strengthen networking and coordination across all sectors and government and non-governmental actors to foster commitment towards child protection.</p> <p>3.3.15 Support and implement measures to address cross-border child rights violations in line with the East African Community (EAC) Child Policy, 2016.</p> <p>3.3.16 Develop a mechanism for assessment of district performance on child care and protection service delivery</p> <p>3.3.17 Build a partnership with the media to develop and roll out a sustained nation-wide campaign to increase awareness on, and a call to action to stop violence against children</p>		
<p><b>Strategy 3.4:</b> Strengthen the capacity of the local government and community child care and protection structures for effective response to prevent, and protect all children against all forms of violence, exploitation, abuse and neglect</p>	<p>3.4.1 induction on effective child care and protection</p> <p>3.4.2 Provide support for each district to have safe alternative care spaces for temporary safe-guarding of children in emergency need such as lost children, rescued children from offenders, children being processed in the crime justice system, and others</p> <p>3.4.3 Strengthen capacity of relevant local government staff especially (CDOs, Labour Officers, Police, Inspectors of Schools, Social Welfare Officers, Probation Officers etc) to effectively carry out monitoring and inspections for enforcement of government policies, regulations and compliance of service providers to set guidelines</p> <p>3.4.4 Promote the use of, and strengthen the capacity of para-professionals, community health extension workers and other community-based child protection structures to promote and provide child protection services.</p> <p>3.4.5 Strengthen the capacity of families and communities to care for and protect their most vulnerable children, including children with disabilities.</p> <p>3.4.6 Support families and communities to identify child protection risks and provide appropriate responses.</p> <p>3.4.7 Improve the functionality and community use of the national helpline for reporting and referral to all districts.</p> <p>3.4.8 Promote formation of community based child led VAC monitoring committees to monitor and report all acts of violence, exploitation and abuse against children within the community</p> <p>3.4.9 Support programs especially for out-of-school youth that promote behaviour change and positively impact cultural and social norms to reduce violence against, and exploitation and abuse of children.</p> <p>3.4.10 Promote behaviour change to eliminate harmful practices, including early and forced marriages, female genital mutilation, child abuse, child neglect and child labour.</p> <p>3.4.11 Raise awareness at all levels and in all settings on the impact of violence, on the safety, well-being and development of children, and develop programmes to help children understand</p>	<p>MGLSD</p>	<p>MoJ&amp;CA, MoIA MoFPED, MoH MoE&amp;S, Development partners, CSOs, and Private sector</p>

	risks and their right to protection. 3.4.12 Engage men, youth, and boys as allies in interventions to prevent violence against, and exploitation and abuse of children.		
<b>Strategy 3.5:</b> Develop and implement measures for prevention and protection of all children in school from all forms of violence, exploitation and abuse	3.5.1 Foster positive and progressive attitudes and behaviour towards the protection of children against violence in schools in all its forms 3.5.2 Promote formation of school based child led VAC monitoring committees to monitor and report all acts of violence, exploitation and abuse against children 3.5.3 Promote child participation and empowerment to prevent and report cases of violence in school and seek appropriate support for recovery and effective re-integration into the school system. 3.5.4 Strengthen the capacity of key institutions to provide appropriate prevention and response services that address the needs and interests of children. 3.5.5 Strengthen research and knowledge management for evidence based policy advocacy on violence against children in schools in Uganda 3.5.6 Strengthening coordination, collaboration and partnerships among actors in the prevention and response to violence against children in schools	MGLSD	MoJ&CA, MoIA MoFPED, MoH MoE&S, Development partners, CSOs, and Private sector
<b>Strategy 3.6:</b> Develop and implement a national response for prevention of, and removal of all children living and working on the street	3.6.1 Establish street children desk at the Ministry of Gender Labour and Social Development to sustainably handle issues of rehabilitation and resettlement of children living and working on the street 3.6.2 Establish of transitional homes for the rehabilitation of street children 3.6.3 Support a nation-wide awareness campaign on issue of children in street situations 3.6.4 Constitute and operationalise a permanent a street children task force from MGLSD, OPM, Ministry of Justice and constitutional Affairs, Ministry of Internal Affairs (Police), UNICEF, KCCA and Ministry of Local Government whose role is to monitor and ensure that children are effectively withdrawn, rehabilitated and reintegrated 3.6.5 Establish and support Alternative Care Panels to support the reintegration of children living and working on the streets 3.6.6 Roll out an operation for removal, screening, rehabilitation and resettlement of all children living and working on the streets of Kampala and other towns of Uganda.	MGLSD	MoJ&CA, MoIA MoFPED, MoE&S Development partners, CSOs, and Private sector



Strategy 3.7 Strengthen economic livelihoods of young people	<p>3.7.1 Promote and expand alternative market-led approaches for financial inclusion for youth ensuring household economic resilience</p> <p>3.7.2 Strengthen youth participatory agro-enterprise approaches for household economic resilience with relevant value chain systems.</p> <p>3.7.3 Establish (in partnership with the private sector) Business/Enterprise Incubation Centres in every district to support young entrepreneurs in management training, office space, capital, mentorship, networking connections and solutions.</p> <p>3.7.4 Provide accessible and affordable credit schemes for funding economic enterprises for young people</p>	MGLSD	MoFPED
<b>Priority Action Area 4: Child Participation</b>			
<b>Policy Objective 4:</b> To promote the right of all children to be heard and express their opinions in all matters involving and affecting them, according to their developing capacities			
Strategies	Priority Actions	Lead Agency	Other agencies
<b>Strategy 4.1:</b> Ensure observance and implementation of the domesticated international and regional standards on child participation	<p>4.1.1 Review all the laws and applicable policies to identify what needs to be added or removed</p> <p>4.1.2 Remove legal and policy barriers to the full recognition of child's right to be heard</p> <p>4.1.3 Involve children in law reform processes through ensuring their participation</p> <p>4.1.4 Ensure that national law provides for access to justice for children where their rights are violated</p> <p>4.1.5 Enact national legislation to domesticate all international standards that have been ratified</p> <p>4.1.6 Submit regular State Party reports to the treaty monitoring bodies</p> <p>4.1.7 Involve children in reporting to treaty bodies, including in the validation of State party and CSO reports</p> <p>4.1.8 Ensuring that children are able to give evidence to the widest possible extent in justice processes</p> <p>4.1.9 Translate laws into local languages and disseminate to children</p>	MGLSD	MoLG, MoE&S, JLOS, MoICT, Local governments, Other MDAs, Development partners, Cultural institutions CSOs, FBOs and Private sector
<b>Strategy 4.2:</b> Ensure that children are valued as key stakeholders and members of society, without discrimination	<p>4.2.1 Develop programs to raise awareness and develop understanding about children's views, their rights and participation in society.</p> <p>4.2.2 Build capacity of stakeholders at all levels, including families and communities on child rights and meaningful child participation, to help children express their views in a safe and supportive environment where they feel valued and respected</p> <p>4.2.3 Develop mechanisms to promote and amplify children's voices through formal and informal, sustainable and influential, local, national and international structures; utilizing</p>	MGLSD	MoLG, MoE&S, JLOS, MoICT. Local governments, Other MDAs, Development partners, Cultural institutions CSOs, FBOs and Private sector

	<p>media, technology and advocacy related to matters that concern children.</p> <p>4.2.4 Support inclusive child-led initiatives, processes and programmes to build children’s confidence to participate and link with other children and their communities on matters that concern them.</p>		
<p><b>Strategy 4.3.</b> Put in place nationally recognized governance processes, guidelines and mechanisms that enable child participation to be deliberate, systematic and accountable</p>	<p>4.3.1 Develop national child participation guidelines and an implementation manual</p> <p>4.3.2 Ensure that Children’s Parliaments are institutionalised eg through giving them a legislative basis</p> <p>4.3.3 Promote and incorporate child participation as a standard practice into all government processes affecting children e.g. education and health policy design and implementation</p> <p>4.3.4 Ensure that children’s views are taken into account in the development of all, policies, and programmes e.g. in Constitutional reform, legal developments, national plans of action and poverty reduction strategies</p> <p>4.3.5 Establish/strengthen formal and informal structures to enable systematic participation of children (Child School Committees, Child Rights Clubs, students Councils/Associations. Children Parliaments etc.).</p> <p>4.3.6 Ensure mechanisms are put in place to monitor and evaluate the processes and the outcomes of child participation</p> <p>4.3.7 Ensure the National Human Rights Institutions have mechanisms in place to facilitate access to children, including channels for them to lodge complaints and receive feedback</p>	MGLSD	<p>MoLG. MoE&amp;S. JLOS. MoICT, Local governments Other MDAs, Development partners, Cultural institutions CSOs, FBOs and Private sector</p>
<p><b>Strategy 4.4:</b> Ensure inclusion of especially vulnerable children in child participation mechanisms through targeted measures</p>	<p>4.4.1 Ensure processes and mechanisms of governance are accessible to children with special needs such as children with disabilities, nomadic children or children in rural or remote areas, and children living or working on the street and refugee children in refugee settings</p> <p>4.4.2 Strengthen the understanding of the views and capacities of vulnerable children</p> <p>4.4.3 Develop systems to ensure the fair, transparent and representative participation of all children in all processes</p> <p>4.4.4 Strengthen capacity of children’s leaders at all levels to understand and appreciate the need for child participation of all children</p>	MGLSD	<p>MoLG, MoE&amp;S MoJ&amp;CA, MoICT Local governments Other MDAs, Development partners, Cultural institutions CSOs, FBOs and Private sector</p>

<p><b>Strategy 4.5:</b> Ensure that children and children's issues are visible and heard in local and national government processes</p>	<p>4.5.1 Develop mechanisms at different levels in communities, faith-based settings, schools and government offices, to ensure children's views are taken into account by the formal, political and policy-making processes, and that timely feedback to the children is always provided.</p> <p>4.5.2 Ensure that children are provided with the opportunity to be heard in all legal and administrative proceedings; either directly or through a representative.</p> <p>4.5.3 Strengthen and promote children's meaningful participation in local government decisions related to children's services across sectors, including planning, reviewing, budgeting and programming</p> <p>4.5.4 Ensure all government departments and public entities to have a link for children on their websites, which provides them with child-friendly information on policies, legislation and programmes.</p>	<p>MGLSD</p>	<p>MoLG, MoE&amp;S MoJ&amp;CA. MoICT Local governments Other MDAs, Development partners, Cultural institutions CSOs, and Private sector</p>
<p><b>Strategy 5.6:</b> Reduce negative attitudes and beliefs on child participation and promoting positive cultures, practices and beliefs</p>	<p>5.6.1 Increase children's visibility in civic engagement by openly endorsing and reinforcing their status as citizens and active members of society capable of and entitled to civic engagement e.g. calling for children to express views on laws or constitutional reforms through schools, clubs or other settings where they often find themselves</p> <p>5.6.2 Ensure that administrative and civil law processes are fully compliant with child participation principles, and that decisions makers regularly listen to and reflect children's views in their decisions</p> <p>5.6.3 Engage with cultural and traditional leaders to influence their attitudes to child participation</p>	<p>MGLSD</p>	<p>MoLG, MoE&amp;S, MoJ&amp;CA, MoICT, Local governments Other MDAs, Development partners, Cultural institutions CSOs, and Private sector</p>
<p><b>Strategy 5.7:</b> Creating an evidence-based and enabling learning environment to facilitate and inform effective child participation processes, with data collection and evaluation as a basis for future initiatives</p>	<p>5.7.1 Document and share good practices of effective child participation</p> <p>5.7.2 Ensure that research tools and methodologies systematically create opportunities for children's perspectives to be considered</p> <p>5.7.3 Establish national benchmarks and targets against which to measure the extent of children's participation, such as the number of policy and legal provisions directly attributable to children's participation</p> <p>5.7.4 Develop impact assessment tools for evaluation of children's participation in both formal and informal child participation structures</p> <p>5.7.5 Ensure data collection on child participation, and ensure that such data is disaggregated by age, sex and socio-economic situation</p> <p>5.7.6 Ensure that ethical considerations are fully accounted for in research processes that involve children</p> <p>5.7.7 Ensure that child participation is reported on in the sector specific reports.</p>	<p>MGLSD</p>	<p>MoLG, MoE&amp;S, MoJ&amp;CA MoICT, Local governments Other MDAs, Development partners, Cultural institutions CSOs, and Private sector</p>

<b>Priority Action Area 5: Systems Strengthening</b>			
<b>Policy Objective 5: To strengthen systems for planning, programming and delivery of quality child care and protection</b>			
<b>Strategies</b>	<b>Priority Actions</b>	<b>Lead Agency</b>	<b>Other agencies</b>
<b>Strategy 5.1:</b> Strengthen leadership and governance structures	5.1.1 Conduct reviews of all relevant policies, laws, guidelines and standards to ensure that they address the rights, needs and concerns for all categories of children 5.1.2 Promote development of workforce-supportive policies and legislation 5.1.3 Strengthen organizational and leadership capacity of central and local governments to plan and deliver effective social welfare and child protection services 5.1.4 Develop and enforce accountability and ethical codes of practice for all agencies, institutions, CSOs, private sector companies doing business in Uganda as a standard norm for their commitment to protecting children from exploitation and abuse.	MGLSD	MoLG, MoE&S MoJ&CA, MoH MoICT, Other MDAs, Development partners, Cultural institutions CSOs, Private sector
<b>Strategy 5.2:</b> Strengthen social services workforce	5.2.1 Systematically assess and address social service workforce gaps at national and sub-national levels 5.2.2 Ensure recruitment and placement of adequate frontline social service staff at local governments, alternative care institutions, police and other critical service points 5.2.3 Support on on-going and continuing opportunities for staff training and professional development of formal and informal frontline workforce 5.2.4 Improve the remuneration, career pathways, and training of the formal social service workforce to improve performance, job satisfaction, advancement and retention 5.2.5 Streamline social service workers' caseload and roles 5.2.6 Ensure adequate resources for social service workers to engage with communities and families so as to effectively identify children's needs and make appropriate referrals 5.2.7 Strengthen capacity of social work training institutions - in carrying out client satisfaction assessment, curriculum reviews, development and adaptations to keep their training relevant to the current needs 5.2.8 Strengthen the national association of professional social workers so as to play an active role in facilitation, certification and regulation of the training of social service workers in the country 5.2.9 Develop/strengthen a gatekeeping system to prevent unnecessary separation	MGLSD	MoLG, MoE&S, JLOS MoJ&CA, MoH MoICT, Other MDAs, Development partners, Cultural institutions CSOs, Private sector

<p><b>Strategy 5.3:</b> Increase financing</p>	<p>5.3.1 Assess funding and financing status for local governments and alternative care institutions to determine funding gaps</p> <p>5.3.2 Support Local Governments and Child Care and Protection Institutions to develop Resource Mobilisation Strategies for Child care and protection services</p> <p>5.3.3 Ensure that all local governments and Child care institutions have comprehensive, functional financial management systems, financial controls, procedures and processes for budgeting and spending resources for child care and protection work</p> <p>5.3.4 Provide adequate financing to ensure continuity and sustainability of services.</p>	<p>MGLSD</p>	<p>MoLG, MoE&amp;S, MoFPED, MoJ&amp;CA, MoH MoICT, Other MDAs, Development partners, Cultural institutions CSOs, Private sector</p>
<p><b>Strategy 5.4:</b> Strengthen coordination and networking mechanism</p>	<p>5.4.1 Establish a coordination mechanism for all actors in child welfare and protection at national and subnational levels to develop and implement policy, share information, network, and coordinate services</p> <p>5.4.2 Develop a referral mechanism for effective identification of vulnerable children, referral and provision of services</p> <p>5.4.3 Support joint comprehensive mapping and needs assessments</p> <p>5.4.4 Support joint support supervision and quality assurance</p> <p>5.4.5 Support periodic joint programme reviews and sharing of lessons and good practices</p>	<p>MGLSD</p>	<p>MoLG, MoE&amp;S MoJ&amp;CA, MoH MoICT, Other MDAs, Development partners, Cultural institutions CSOs, Private sector</p>
<p><b>Strategy 5.5:</b> Improve social service delivery models and mechanisms</p>	<p>5.5.1 Review and ensure a comprehensive package of child sensitive social protection services that addresses social, health, education, nutrition, psychosocial and economic vulnerabilities that children face in Uganda</p> <p>5.5.2 Map and assess the national child protection system</p> <p>5.5.3 Support legal documentation and birth registration of all children in Uganda</p> <p>5.5.4 Promote citizens' engagement</p> <p>5.5.5 Organise community groups to protect children and promote positive social norms</p> <p>5.5.6 Promote the use of para-professionals to improve case management and/or augment the delivery of services to children and families.</p>	<p>MGLSD</p>	<p>MoLG, MoE&amp;S MoJ&amp;CA, MoH MoICT, Other MDAs, Development partners, Cultural institutions CSOs, Private sector</p>

<p><b>Strategy 5.6:</b> Promote evidence based planning and programming for children</p>	<p>5.6.1 Update and upgrade the existing OVC MIS to a comprehensive Child Welfare Information System (CWIS) to improve access to and availability of quality administrative data, information-sharing and national tracking of outcomes;</p> <p>5.6.2 Improve the interoperability of existing management information systems, including the Health Management Information System (HMIS), Education Management Information systems (EMIS), Local Government Information Communication System, and other child welfare-related management information systems. such as the Remand Homes Management Information system and the Alternative Care Management Information System, and the Child Helpline Case Management and MIS, GBV MIS.</p> <p>5.6.3 Invest in rigorous research based on the priorities identified in the National Child-Focused Policy Research Agenda.</p> <p>5.6.4 Develop a robust M&amp;E system that drives systematic research and analysis and dissemination of data on child protection at both national and subnational levels</p> <p>5.6.5 Ensure that evidence is used to inform and improve policies and programming for children.</p> <p>5.6.6 Strengthen the capacity of the social service workforce to use the data in planning, coordination, and service delivery.</p> <p>5.6.7 Improve the consistency between the national level key performance indicators for child policy and data collected by the MIS.</p> <p>5.6.8 Invest in systems for data protection (including data collection, data storage, processing and sharing)</p>	<p>MGLSD</p>	<p>MoLG, MoE&amp;S MoJ&amp;CA, MoH MoICT, Other MDAs, Development partners, Cultural institutions CSOs, Private sector</p>
--	--	--------------	--

---

### **3.3. Approach to Implementation**

The implementation of the policy will be underpinned by a “whole-of-government’ approach, led by and coordinated by Ministry of Gender, Labour and Social Development (MGLSD), to ensure better outcomes for children. This will ensure that children’s issues are integrated within and across government ministries, departments, agencies, and sectors working with and for children, resulting in a concerted and coordinated approach. The plan shall be implemented in an integrated and results-oriented manner, in partnership with CSOs, FBOs, United Nations agencies, development partners, academic and research institutions, private sectors, communities and families. The roles of the various stakeholders shall vary according to their mandates and functions (see section 3).

### **3.4. Guiding Principles**

#### **Rights based approach:**

This policy is based on recognition that all human beings, adults and children, have rights and responsibilities. Children virtue of their age and needs are entitled to specific rights, including education, health, survival, development, protection and participation.

#### **Best interest of the child**

The best interests of the child must be the primary consideration in all actions that directly or indirectly affect children. In addition, the policy recognises that children have responsibilities in accordance with their evolving capacities in line with Article 31 of ACRWC and Article 29 of the UNCRC as well as Article 17 of the Constitution of Uganda (Duties of a Citizen).

#### **Family-centred**

Children’s well-being is largely dependent on the ability of families to effectively care for and protect them. Children need a secure and nurturing environment to ensure their survival, development, protection and participation. Families must be adequately supported and resourced to care for their children and ensure the fulfilment of their rights. When parents are not able to care for their children the policy prioritises a commitment to family-based alternatives and community environments for the care and protection of all children.

#### **Child-centred**

Uganda is a signatory to and has ratified the UNCRC which provides a child-centred framework provision of services to children, protection of their rights and their (children) participation in matters and decisions that affect their lives. As a matter of principle effort shall be made to:

- Recognize critical time frames in childhood and adolescence including assisting children and young people as early as possible – early in the life of the child and early in the onset of the problem;
- Take into account the developmental needs of children and young people in all interventions;
- Provide children and young people with appropriate opportunities to participate in all aspects of child protection interventions which affect them; and
- Promote a collaborative approach to the care and protection of children, including the strengthening of networks that are critical to their wellbeing.

#### **Non-discrimination**

This policy is for all children in Uganda without exception. No part of the policy excludes children based on gender, disability, ethnicity, religion, circumstances, age, nationality, status of residency or political orientation of the family. Nonetheless, to promote greater equality in terms of outcomes, most vulnerable

---

children (such as children infected and affected by HIV and AIDS, children with disability, children out of school, orphans, sexually abused children and children outside family care) will require additional and tailored support.

### **Child participation**

All measures will be undertaken to support the rights of all boys and girls to participate and express their views in all matters affecting them in accordance with their gender, age, maturity, and capability. In addition, the views of children shall be given due respect in decision-making processes.

### **Strengths and resilience-based approach**

The policy shifts the focus from delivery systems that mitigate the manifestations of specific problems to approaches that identify and address root causes of vulnerability and risk, build resilience, recognize individual strengths, and empower children and families. Interventions should take into account the specific risks children face, depending on factors such as age, gender, and specific needs.

### **Multi-sectoral**

Children's needs are multi-sectoral and interconnected, requiring coordinated and collective action and partnership across sectors (e.g. health, education, JLOS, social development) and among stakeholders, including individuals, families, local communities, government, NGOs, civil society, faith-based organisations, media, and the private sector. The State shall facilitate the active involvement and participation of stakeholders in securing and ensuring fulfilment of the rights of the child.

### **Life-course approach**

The policy will ensure that a life-course approach is taken and that all ages and stages of development, children's evolving capacities, and sensitive periods and key windows of development are considered in implementation and assessment.

### **Prioritize prevention and early intervention**

Prevention and early interventions should be prioritised in order to improve child outcomes across the four priority intervention areas. This means focusing more resources on prevention, intervening at a young age, early in the onset of difficulties, or at points of known increased vulnerability such as school transitions, adolescence, among others. This will require:

- Ensuring that families are effectively supported to protect and nurture their children;
- Fostering resilience in individuals, families and communities to become more self-sustaining, able to protect children from harm, and able to provide stable environments in which children can thrive;
- Ensuring vulnerable children receive timely and optimal support to meet their developmental, educational, safety and wellbeing needs.



---

## **4.0 INSTITUTIONAL ARRANGEMENTS**

### **4.1 National-Level Leadership and Coordination**

Effective implementation of the strategies and activities outlined in this plan requires stepped-up coordination and more robust leadership, at national and sub-national levels. The MGLSD shall provide leadership in coordinating the implementation of this plan in partnership with the various entities listed below, in accordance with their primary mandates. Within MGLSD, the lead department responsible for child welfare and protection is the Department of Children and Youth Children Affairs (DC&YA) under the Social Protection Directorate.

A National Child Policy Implementation Unit (NCPIU) shall be constituted to replace the OVC National Implementation Unit (OVC-NIU). The unit shall coordinate the implementation of the policy, report on progress, and oversee the development of five-year implementation plans. The NCPIU will also work in collaboration with the Children's Authority, whose one of the responsibilities is to advise on and monitor the implementation of child related policies. The unit shall monitor the implementation of the plan and prepare and submit annual reports on the progress made with implementation of the plan, as well as assist the Planning Department of the MGLSD and other key ministries and sectors especially MoH, MoE&S and the JLOS with annual activity and cost planning to ensure that the issues for children are effectively included within these key Ministries. The reports shall be submitted to the senior management teams of the respective ministries for decision-making and corrective measures where critical, as well as submitting to the National Steering Committee (see below). A comprehensive Terms of Reference (TOR) will be developed for the NCPIU, clearly identifying members, roles, responsibilities, training schedules, resources requirements, meeting and reporting schedules.

In addition, a National Steering Committee (NSC) shall be established to operate under the guidance of the Minister of Minister responsible for Children and in liaison with the Children Authority to ensure cross-government commitment and accountability for shared actions. The NSC will serve as the apex coordinating committee to which all other working groups, coordinating meetings, working and sub-working groups will report to.

### **4.2 Key Stakeholders**

Policy implementation will involve different ministries, government agencies, local governments, the private sector, NGOs, FBOs, CBOs, academic and research institutions, donors and other development partners, and communities, families and children/youth. The roles of the various stakeholders shall vary according to their mandates and functions. The specific roles of the different stakeholders are outlined in Appendix B.

### **4.3 Inter-agency and Inter-Sectoral Collaboration**

#### **4.3.1 National Level**

A National Steering Committee ("Committee") shall be established to ensure cross-government commitment, accountability and costing for shared actions. The Committee shall monitor progress and ensure that the principles of this policy are respected in all sectors and at all levels in the formulation and implementation of laws, policies, and programmes affecting children. The committee shall consist of representatives from relevant government ministries (MoES, MoFPED, MGLSD, MoH, MoICT, MWE,) and departments, appointed by their respective permanent secretaries or directors. The committee will also include representatives from development partners, academic and research institutions and CSOs. The committee shall meet at least twice per year, and more often as required. The Committee shall operate on a clearly outlined TOR, which will be developed by MGLSD.

---

The TOR shall include, but not be limited to the following:

- Membership and attendance
- Frequency of meetings
- Roles and responsibilities
- Planning
- Fostering of participation of children
- Involvement of CSOs
- Consultation and broader participation
- Sub-committees
- Reporting and accountability
- Communication
- Partnerships
- Disbandment

#### **4.3.2 Sub-National Level**

At the sub-national level, multi-sectoral Well-being Coordination Committees (WCCs) shall be established to replace the District OVC Coordination Committees and Sub-Country OVC Coordination Committees at the district and sub-county levels. The DC&YA at MGLSD will develop specific TOR in order to operationalise these committees. Responsibilities will include:

- a. Providing oversight and evaluation of child welfare service providers, regardless of whether these are private, public or the voluntary actors;
- b. Establishing functional accountability and knowledge-sharing mechanisms;
- c. Supporting District Governments to develop strategies for the implementation of the district activities that promote child well-being (workforce development, establishing coordination mechanisms); and
- d. Monitoring and coordinating district implementation of the planned child policy targets in conjunction with line ministries, and in accordance with all related policies and strategies.

At the district level, the Chief Administrative Officer or his delegated official will chair the WCCs. This committee will include all departmental heads of the district, the Local Council 5 executive secretary in charge of children's affairs, council secretaries for education, health, community services, production, water and sanitation, as well as representatives from CSOs, development partners and the private sector. Coordinated by the Secretary in charge of Children Affairs, children will participate at relevant levels to ensure that they are part of the process and their opinions and recommendations are heard. Issues arising from the WCCs will feed into the District Technical Planning.

At the sub-county level, the sub-county chief will chair the committee, report to the district committee and ensure coordination of issues at sub-county levels. It will also comprise of cross-sectoral membership at sub-county level.

---

## 5. FINANCE MECHANISMS AND COSTING

The National Child Policy and its implementation plan was costed through a process conducted in close consultation with UNICEF and the Assistant Planning Commissioner of the MGLSD using the standard costing classifications and in full compliance with Government of Uganda procurement guidelines, human resource post establishment (paying and grading for civil servants) and Chart of the Account used in the planning sector at the MGLSD. This includes market prices for goods and services and capital investment which were aligned with the Chart of the Account based on MGLSD budget for fiscal year 2018/19. The costing process was completed during a three-day workshop (April 2018) with the policy's technical working group members and other key stakeholders. The exercise was introduced, tools and instructions were shared, and the participants unpacked the implementation activities and costed them. This work was consolidated, reviewed and analysed in order to generate the overall costing for the Child Policy Implementation Plan.

The National Child Policy has been costed to determine the amount of funding needed to implement the prevention and response activities delineated under the priority areas: Child Health and Survival, Education and Development, Childcare and Protection and Child Participation.

The overall cost of the plan, as indicated in Table 1, is estimated to be 277.13 billion Ugandan schilling (UGX) over five years with the heaviest burden falling in the first fiscal year (107.98 billion UGX or 38.9%), year two with 42.83 billion UGX or 15.5%, followed with year three with 44 billion UGX or 15.9%, year four accounting for 37.59 billion UGX or 13.6% and with the fifth and the final year with 44.7 billion UGX and 16.1%.

The Government of Uganda will finance the National Child Policy with contributions from the private sector, international organizations and development partners. An annual work plan will be prepared before each fiscal year, with the Policy and Planning Unit of the MGLSD leading the planning in consultation in a steering committee with other line ministries, department and agencies, identifying which activities in the implementation plan will be implemented in the following year. Activities will be prioritised and funding sources for each activity identified to determine what will be available. Formal commitments for each activity will be obtained from each Government of Uganda entity and participating development partner and/or implementing agency. Based on the available funding, the budget will be allocated across the policy objectives and key actions. MGLSD, with support from the Ministry of Finance, Planning and Economic Development (MoFPED), should be leading the coordination process.

---

## 5.1 Costed Implementation Plan

Table 3: Overall Cost of the Implementation Plan

(in UGX)	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Child Health and Survival	70,013,948,000	22,776,426,000	22,839,228,000	22,586,928,000	22,841,228,000	161,057,758,000
Education and Development	9,121,995,261	4,005,940,920	4,064,723,920	4,005,940,920	4,064,723,920	25,263,324,941
Childcare and Protection	20,934,500,360	12,308,847,410	14,192,691,000	8,003,883,060	14,652,283,100	70,092,204,950
Child Participation	2,971,045,000	928,290,000	421,400,000	421,400,000	421,400,000	5,163,535,000
Systems Strengthening	4,940,235,007	2,816,034,680	2,491,642,520	2,580,470,360	2,724,798,200	15,553,180,767
TOTAL	107,981,723,628	42,835,539,010	44,009,685,440	37,598,622,340	44,704,433,220	277,130,003,658
Cost per year in %	38.9%	15.5%	15.9%	13.6%	16.1%	100.0%

## Child Survival and Health

The Child Health and Survival strategic priority area is estimated to cost 161.7 billion UGX or 58% (of the total estimated costs) carrying the highest burden of all priority areas of the implementation plan, even with some of the budget being covered under other ministries (see note below).

Child Health and Survival (in UGX)							
	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL	in %
<b>Strategy 1.1:</b> Increase access to and improve provision of reproductive and maternal health care services	14,400,018,000	170,086,000	141,338,000	90,188,000	141,338,000	14,942,968,000	9.3%
<b>Strategy 1.2:</b> Promote essential newborn care practices in the home, and in health facilities.	-	-	-	-	-	-	0.0%
<b>Strategy 1.3:</b> Promote high quality Integrated Management of Neonatal Childhood Illnesses (IMNCI) and ICCM	395,590,000	-	51,150,000	-	51,150,000	497,890,000	0.3%
<b>Strategy 1.4:</b> Increase effectiveness of health systems to improve maternal, neonatal and child health.	15,303,480,000	-	-	-	-	15,303,480,000	9.5%
<b>Strategy 1.5:</b> Improve provision of and access to Adolescent-Friendly Health Services (AFHS).	15,910,620,000	816,520,000	817,020,000	817,520,000	818,020,000	19,179,700,000	11.9%
<b>Strategy 1.6:</b> Prevention of HIV infection among children and youths, and improving access to HIV care, treatment, adherence and viral suppression services	3,567,820,000	3,490,720,000	3,555,620,000	3,491,720,000	3,556,620,000	17,662,500,000	11.0%
<b>Strategy 1.7:</b> Develop and promote evidence-based interventions to improve food security and nutrition at household and community levels.	16,534,420,000	14,496,100,000	14,471,100,000	14,384,500,000	14,471,100,000	74,357,220,000	46.3%
<b>Strategy 1.8:</b> Increase access to and improve provision WASH services and facilities. Several priority actions in this area are covered under the Health Sector Development Plan for years 2016-2020 by Ministry of Health therefore are not included in this estimated cost. An example is activity 1.1.2 'Support and promote safe delivery of all newborns by skilled health personnel', and 1.1.3 'Ensure universal access to quality antenatal and postnatal care services for pregnant and lactating mothers' are already in the Health Sector Development Plan for years 2016-2020.	3,902,000,000	3,803,000,000	3,803,000,000	3,803,000,000	3,803,000,000	19,114,000,000	11.9%
<b>TOTAL</b>	<b>70,013,948,000</b>	<b>22,776,426,000</b>	<b>22,839,228,000</b>	<b>22,586,928,000</b>	<b>22,841,228,000</b>	<b>161,057,758,000</b>	

---

## Education and Development

The Education and Development strategic priority area is estimated to cost 25.3 billion UGX or 9.1% of the total estimated costs over five years.

Education and Development (in UGX)	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL	in %
<b>Strategy 2.1.</b> Ensure equitable access to quality ECCE for optimal development.	3,878,790,000	35,000,000	35,000,000	35,000,000	35,000,000	4,018,790,000	15.1%
<b>Strategy 2.2:</b> Improve access to and strengthen the provision of equitable and quality primary and secondary education.	4,935,583,000	3,595,780,000	3,654,563,000	3,595,780,000	3,654,563,000	19,436,269,000	72.9%
<b>Strategy 2.3:</b> Increase access to and improve provision of relevant training and quality technical, vocational and tertiary education.	307,622,261	375,160,920	375,160,920	375,160,920	375,160,920	1,808,265,941	6.8%
<b>TOTAL</b>	<b>9,121,995,261</b>	<b>4,005,940,920</b>	<b>4,064,723,920</b>	<b>4,005,940,920</b>	<b>4,064,723,920</b>	<b>25,263,324,941</b>	

## Childcare and Protection

The Childcare and Protection strategic priority area is the second biggest in terms of budget estimates of the overall policy implementation plan and it is estimated to cost 70.6 billion UGX or 25.5% of the total estimated costs over five years.

Childcare and Protection (in UGX)	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL	in %
<b>Strategy 3.1.</b> Expand access to family strengthening and support services to vulnerable families.	8,277,404,000	4,350,330,000	6,509,504,000	90,900,000	6,509,504,000	25,737,642,000	36.7
<b>Strategy 3.2.</b> Improve the quality alternative care services for children outside family care.	4,243,011,440	712,244,440	207,118,000	207,118,000	207,118,000	5,576,609,880	8.0
<b>Strategy 3.3:</b> Strengthen the capacity of the national child protection system to effectively prevent and respond to all forms of violence, exploitation, abuse and neglect.	6,203,124,920	5,477,812,970	5,707,609,000	5,937,405,060	6,167,201,100	29,493,153,070	42.1
<b>Strategy 3.4.</b> Strengthening community systems and practices in preventing and responding to VAC.	2,210,960,000	1,768,460,000	1,768,460,000	1,768,460,000	1,768,460,000	9,284,800,000	13.2
<b>TOTAL</b>	<b>20,934,500,360</b>	<b>12,308,847,410</b>	<b>14,192,691,000</b>	<b>8,003,883,060</b>	<b>14,652,283,100</b>	<b>70,092,204,950</b>	

---

## Child Participation

The Child Participation strategic priority area overall costs is estimated to cost 5.2 billion UGX or 1.9% of the total estimated costs over five years.

Child participation (in UGX)	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL	in %
<b>Strategy 5.1.</b> Ensure that children are valued as key stakeholders and members of society, without discrimination.	2,794,764,334	1,521,880,334	-	-	-	4,316,653,668	27.9
<b>Strategy 5.2.</b> Ensure that children and children's issues are visible and heard in local and national government processes and reflected in program outcomes.	884,379,333	1,410,500,333	1,411,209,000	1,411,209,000	1,411,209,000	6,528,605,666	42.1
<b>Strategy 5.3.</b> Ensure tracking, monitoring and feedback of child participation in all the programs.	480,319,333	1,040,799,333	1,041,409,000	1,041,409,000	1,041,409,000	4,645,345,666	30.0
<b>TOTAL</b>	<b>4,159,463,000</b>	<b>3,973,288,000</b>	<b>2,452,618,000</b>	<b>1,264,200,000</b>	<b>1,264,200,000</b>	<b>15,490,605,000</b>	



## Systems Strengthening

The Child Participation strategic priority area overall costs is estimated to cost 15.5 billion UGX or 5.6% of the total estimated costs over five years.

<b>System Strengthening (in UGX)</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>TOTAL</b>	<b>in %</b>
<b>Strategy 6.1:</b> Strengthen leadership and governance structures (At National and sub-national Levels)	852,705,000	852,705,000	852,705,000	852,705,000	852,705,000	4,263,525,000	<b>27.4%</b>
<b>Strategy 6.2:</b> Strengthen social services workforce	2,774,700,007	1,629,269,680	1,316,637,520	1,405,465,360	1,549,793,200	8,675,865,767	<b>55.8%</b>
<b>Strategy 6.3:</b> Increase financing	372,195,000	199,900,000	188,140,000	188,140,000	188,140,000	1,136,515,000	<b>7.3%</b>
<b>Strategy 6.4:</b> Strengthen coordination and networking mechanism	134,160,000	134,160,000	134,160,000	134,160,000	134,160,000	670,800,000	<b>4.3%</b>
<b>Strategy 6.5:</b> Improve social service delivery models and mechanisms	-	-	-	-	-	-	<b>0.0%</b>
<b>Strategy 6.6:</b> Promote evidence-based planning and programming for children	806,475,000	-	-	-	-	806,475,000	<b>5.2%</b>
<b>TOTAL</b>	<b>4,940,235,007</b>	<b>2,816,034,680</b>	<b>2,491,642,520</b>	<b>2,580,470,360</b>	<b>2,724,798,200</b>	<b>15,553,180,767</b>	

---

## **6. MONITORING, EVALUATION AND REPORTING**

### **6.1 Monitoring and Evaluation of the Implementation Plan**

The Government of Uganda, led by the steering committee, shall assess the effectiveness of implementation through monitoring and reporting on progress over time. Monitoring and evaluation of the policy shall be anchored on results-based management, a logical framework (see below) and aligned to the National Integrated Monitoring and Evaluation System under the Prime Minister's Office as well as the National Standard Indicator framework (NSI) of Government. Policy implementation will be monitored using indicators drawn from existing government plans, strategies, and commitments, and further elaborated in a monitoring and evaluation plan that aligns to the costed action plan using the matrix provided on the following page. For each priority area of policy, specific indicators have been selected related to the policy objectives, strategies and activities identified, as seen in the logical framework that follows. The activities outlined in the implementation plan lead to certain outputs, outcomes and indicators as shown in the framework.

The National OVC MIS shall be updated and upgraded to a comprehensive CWIS to improve access to and availability of quality data, information-sharing and national tracking of outcomes. Measures will also be undertaken to strengthen administrative data sources and improve interoperability of existing MIS across the different sectors, including health, education, local government, etc. The CWIS will contribute to a single registry that will link various stand-alone Information Systems for better coordination and control of Statistical Production, Development, Compilation and Dissemination. To ensure sound use of data the capacity of the social service workforce, planners and statisticians at the national and district level will be invested in. Planning for data collection and management in this CWIS will be done with full involvement of Statisticians in the planning division of the Ministry in order to facilitate development of high-quality statistics, coordinate dissemination of statistical reports, and timely production of statistical abstracts for the social development sector. See also section 2.5.2. Strengthening Information and Monitoring Systems

### **6.2 Reporting on Progress**

The NCPIU together with the planning and statistical office of the MGLSD shall, in consultation with other ministries, departments and agencies and other stakeholders, prepare and submit an annual report to the Minister of Gender, Labour and Social Development on the progress made with implementation of the National Child Policy and its implementation plan. This report shall be made available to the other ministries, as well as the public and shall also be available in a child-friendly version that can be easily accessed by children of different ages.

## Logical Framework and Monitoring Matrix

	Baseline	Target	Data Source	Frequency	Reporting
<b>Policy Objective 1:</b> Prevent child mortality and promote children's health					
<b>Health Outcome:</b> Ensure optimal child survival and development					
<b>Health Strategies:</b>					
<ul style="list-style-type: none"> <li>• Increase access to and improve provision of reproductive and maternal health care services</li> <li>• Promote essential newborn care practices in the home, and health facility level</li> <li>• Prevention and better management of childhood illnesses/conditions</li> <li>• Increase effectiveness of health systems to improve maternal, neonatal and child health</li> <li>• Improve provision of and access to Adolescent-Friendly Health Services (AFHS)</li> <li>• Improve access to HIV prevention, care and treatment services for children and adolescents</li> <li>• Develop and promote evidence-based interventions to improve food security and nutrition at national, community and household levels</li> <li>• Increase access to and improve provision WASH services and facilities</li> </ul>					
<b>OUTCOME INDICATORS</b>					
Maternal mortality ratio	336		UDHS		
Under-5 mortality rate (# per 1,000 live births).	64		UDHS		
Neonatal mortality rate per 1,000	27		UDHS		
Infant mortality rate per 1,000 live births	43		UDHS		
Percentage of women age 15-19 who have given birth or are pregnant with their first child	25		UDHS		
Adolescent birth rates per 1,000 women			UDHS		
a. Girls aged 10-14 years	2				
b. Women aged 15-19 years	132				
Prevalence of stunting among children under 5 years	28.9		UDHS		
Prevalence of malnutrition among children under 5 years			UDHS		
a. Prevalence of wasting among children under 5 years	3.5				
b. Prevalence of overweight among children under 5 years	4				
c. Prevalence of under-weight among children under 5 years	10.5				
Mother-to-child HIV transmission rates			HMIS		

Proportion and number of adolescents and children living with HIV (disaggregated for under one year, 10-19 and 0-14 years)					
<b>Reproductive, maternal, new-born and child health</b>					
<b>Output 1.1</b> By 2022, strengthen and scale up provision of and access to quality high-impact maternal, neonatal, child and adolescent health interventions, focusing on integrated and innovative approaches					
<b>OUTPUT INDICATORS</b>					
Proportion of women attending 4+ antenatal care visits	60		UDHS/HMIS		
Proportion of births delivered in a health facility	73		UDHS		
Proportion of births attended by skilled health personnel (doctor, nurse, midwife, and auxiliary nurse/midwife)	74.2		UDHS		
Proportion of mothers and babies receiving postnatal check-ups within 2 days of delivery.	Mothers-54% Newborns-56%		UDHS/HMIS		
Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	52		UDHS		
Percentage of children aged 12–23 months who are fully immunized by the appropriate age of 12 months	49		UDHS		
Proportion of health facilities providing basic or comprehensive Emergency Obstetric and Newborn Care			MoH sector report		
Number of newborns that receive at least one doze of Chlorhexidine (CHX) to the cord on the first day after birth (within 24 hours of birth)			DHS/HMIS		
Number of facilities in which a space is identified for Kangaroo Mother Care (KMC) and where staff have received KMC training (<2 years)					
Care for Child Development (ECD) concepts and key interventions integrated into IMNCI guidelines	None guidelines ICCM guidelines	Care for development concepts integrated into IMNCI	IMNCI guidelines		
Proportion of health workers in districts that are trained in IMNCI, including care for child development	TBD-		Sector Report		

---

**HIV and AIDS**

**Output 1.2** By 2022, capacity strengthened to improve quality, access and utilization of prevention of vertical transmission of HIV (preventing new infections in children), paediatric, maternal and adolescent AIDS and TB care and treatment services

**OUTPUT INDICATORS**

Proportion of HIV-positive pregnant women who receive ART to reduce the risk of mother-to-child transmission	97		UDHS/HMIS		
Proportion of children born to women living with HIV tested for HIV within 6-8 weeks of birth			UDHS/HMIS		
Proportion of infants born to HIV-infected women provided with ARV prophylaxis to reduce the risk of early mother-to-child transmission in the first 6 weeks			UDHS/HMIS		
Proportion of HIV+ women who need ART that are on ART			DHS2		
Proportion of adolescents and children who need ART that are on ART (disaggregated for under one year, 10-19 and 0-14 years)			DHS2		
Proportion and number of adolescent girls and boys (15-19 years old) who have been tested for HIV	Proportion: 34% Number: 90,394		Uganda Aids Indicator Survey (UAIS)		

**Nutrition**

**Output 1.3** By 2022, scale up high-impact child nutrition interventions, with a focus on the first 1,000 days of life, to reduce stunting and other forms of malnutrition

**OUTPUT INDICATORS**

Proportion of children who started breastfeeding within an hour of birth (early initiation)	66.1	75	UDHS/HMIS		
Proportion of children exclusively breastfed up to 6 months	66		UDHS/HMIS		
The proportion of children receiving micronutrient supplements between the ages 6 to 59 months			UDHS/HMIS		

---

**Adolescent health and development**

**Output 1.4** By 2022, improve access of adolescents to information, life skills and essential services to reduce their vulnerability to HIV, teenage pregnancy, child marriage and violence

**OUTPUT INDICATORS**

Number of health facilities providing Adolescent-Friendly Health Services (AFHS)			Health Sector reports/HMIS		
Unmet need for family planning among adolescents			UDHS/HIMS		
Proportion of adolescents with comprehensive knowledge about AIDS			UDHS/UAIS		

**Clean water and sanitation**

**Output 1.5** By 2022, sustain improvement of access to and use of safe drinking water and improved sanitation and personal and environmental hygiene practices, including in schools and with particular attention to girls

**OUTPUT INDICATORS**

Proportion of the population using safely managed drinking water services	77.9 (90.8M, 74.2F)		UDHS		
Proportion of population using safely managed sanitation services, including a hand washing facility with soap and water	20.8 (31.7M, 17.7F)		UDHS		
Proportion of households in that have access to an improved source of drinking water	Total - 78% Urban - 91% Rural - 74%		UDHS		
Pupil to latrine/toilet stance ratio in primary schools (by sex)	70:1	40:1	EMIS		
Proportion of people hand-washing with soap	32.8%	60%	SPR/UDHS		
Proportion of primary schools with functional gender-sensitive (separate latrines for girls and boys) sanitation facilities			EMIS		

<b>Policy Objective 2:</b> Promote nurturing care, stimulation and holistic development and learning for all children					
<b>Education and Development Outcome:</b> An effective and efficient well-resourced formal and non-formal quality education system that is inclusive, relevant and accessible to all boys and girls with increased school retention, completion and achievement rates					
<b>Strategies:</b>					
<ul style="list-style-type: none"> <li>• Ensure equitable access to quality ECCE for holistic development for all children</li> <li>• Improve access to and strengthen the provision of equitable and quality primary and secondary education</li> <li>• Increase access to and improve provision of relevant training and quality technical, vocational and tertiary education</li> </ul>					
<b>OUTCOME INDICATORS</b>					
Proportion of children ages 36-59 months who are attending an early childhood education programme	36.6 (34.3M, 38.9F)		UDHS/EMIS		
Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being. <sup>1</sup>	63.3 (62.0M, 64.6F)		UDHS		
a. Physical development domain	91 (92.1M, 90.1F)				
b. Learning domain	86 (86.6M, 85.6F)				
c. Social-emotional	68 (66.0M, 69.2F)				
d. Literacy-numeracy domain.	26 (24.2M, 28.4F)				
Pre-primary gross enrolment rate (%)	15.4 (15.0M, 15.7F)		EMIS		
Number of appropriately qualified ECD educators and practitioners			EMIS		
Net enrolment ratio (primary, secondary)			EMIS		
a. Primary school	93.1 (92.5M, 93.7F)				
b. Secondary School	22(23M, 21F),				
Net school attendance ratio (NAR)					
a. Primary school	83.7 (83.3M, 84.1F)		EMIS		
b. Secondary School	19.7 (19.9M, 19.5F)				
Gross attendance ratio (GAR)	117 (118.1M, 16.0 F)				
a. Primary school	25.6 (27.6M, 23.6 F)		UDHS		
b. Secondary school					
Retention rate at final year of primary school	37.6		EMIS		

<sup>1</sup> Measured for children age 36-59 months. The Early child development index measures the number of children who are developmentally on track in at least three of the following four domains: literacy-numeracy, physical, social-emotional, and learning.

Completion rates a. P7, b. S4	60(59.7M, 60F) 34.8(36.2M,33.5F)		EMIS		
Transition rates a. s1, b. s5	60.6(60.8M, 60.5F) 24.8(28.4M,21.0F)		EMIS		
Number of children achieving agreed upon benchmarks for numeracy and literacy in P3, P6 and S2			National Assessment for Progress in Education (NAPE) competence scores		
Business, Technical, Vocational Education and Training (BTVET) enrolment ratio			EMIS		
BTVET completion ratio			EMIS		
<b>Early Childhood Development</b>					
<b>Output 2.1</b> By 2022, strengthened national capacity to coordinate, manage and scale up quality integrated early childhood care and development programmes, with a focus on the most deprived and vulnerable children					
<b>OUTPUT INDICATORS</b>					
Culturally relevant, play-based, age-appropriate curriculum guidelines for educating the very young, including safe, indigenous, low-cost resources for play, learning and stimulation (0–3 years) are in place	Currently not available		Guidelines		
Norms and standards and programming guidelines for ECD in formal and informal settings in place	No norms and standards/ programming guidelines for ECD	Guidelines developed	ECD programming guidelines		
Proportion and number of parents and caregivers practicing early learning (age specific) and stimulation					



<b>Quality education</b>					
<b>Output 2.2</b> By end-2022, ensure equitable access, quality and sustainability of primary education that is inclusive and innovative to impart relevant knowledge and skills					
<b>OUTPUT INDICATOR</b>					
Number of schools that meet the basic requirements and minimum education standards					
<b>Policy Objective 3:</b> To strengthen the capacity of families to care for children, prevent unnecessary child-family separation, and ensure quality alternative family based-care for children deprived of parental care					
<b>Care Outcome:</b> The percentage of children living within appropriate, permanent, and protective family care is increased					
<b>Strategies:</b>					
<ul style="list-style-type: none"> <li>• Scale up the provision and improve access to family strengthening and support services to vulnerable families</li> <li>• Improve the quality alternative care services for children living outside family care</li> </ul>					
<b>OUTCOME INDICATORS</b>					
Ratio of children in residential versus family-based care					
Number of families graduated from family / parenting strengthening schemes					
Number and percentage of children living in income poverty.				UNHS	
<b>Family strengthening</b>					
<b>Output 3.1</b> All vulnerable and at-risk families are identified and supported to create a safe and nurturing environment, by 2022					
<b>OUTPUT INDICATORS</b>					
Number of children benefiting from a government cash transfer programme				MGLSD Social protection Reports	
Percentage of government expenditure on social protection (% of GDP)		0.75%		MGLSD Sector reports	
Percentage of households receiving household economic strengthening (HES) support				OVCNIS	

<b>Deinstitutionalisation</b>					
<b>Output 3.2</b> A comprehensive de-institutionalisation strategy is developed and enforced by 2022					
<b>OUTPUT INDICATORS</b>					
A comprehensive deinstitutionalisation strategy that includes protocols for closure and/or transformation of residential care institutions is in place	No DI strategy	DI strategy developed	DI strategy		
Existence of minimum quality standards for all alternative care services, including for family reintegration, foster care and adoption,		Minimum standards developed			
No. and percent of districts with functional alternative care panels (ACPs)	None	100%	MGLSD		
Number of children (0-17) in formal alternative care settings			MGLSD		
Number of Children Homes that meet Basic Requirements and Minimum Standards outlined in the Children (Approved Homes) Rules, 2013			MGLSD Assessment reports		
Number of institutions closed in the last 12 months			MGLSD Sector reports		
Number of children leaving residential care for a family placement			MGLSD Sector reports		
Number and Percentage of families supported with reintegration services					
<b>Policy Objective 4:</b> Protect children from all forms of violence, exploitation, abuse and neglect					
<b>Protection Outcome 1:</b> The percentage of children who experience violence, exploitation, abuse, and neglect is reduced					
<b>Protection Outcome 2:</b> The percentage of children who receive appropriate care and protection after experiencing violence, exploitation, abuse, or neglect is increased					
<b>Strategies:</b>					
<ul style="list-style-type: none"> <li>Strengthen the capacity of the national child protection system to effectively prevent and respond to all forms of violence, exploitation, abuse and neglect</li> <li>Strengthen community systems for prevention and to VAC</li> </ul>					
<b>OUTCOME INDICATORS</b>					
Proportion of children under 5 years of age whose births have been registered with a civil authority	32.2 (32.2M, 32.2F)		UDHS		

Proportion of children aged 1-14 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	84.9 (85.2M, 84.6F)			UDHS		
Prevalence of violence against children in the previous 12 months a. Physical violence b. Sexual violence c. Psychological violence (Emotional)	(59 F, 68M) (35F, 17M) (22F, 23M)			National Violence Against Children (VAC) Survey		
Proportion of women aged 20-24 years who were married or in a union before age 15 years and before age 18 years a. before age 15 years b. before age 18 years		7.3 34.0		UDHS		
Proportion of girls aged 15-19 years who have started childbearing				UDHS		
Proportion of women and girls aged 15-49 years who have undergone FGM/C.	0.3% (National) (6.4 Karamoja)			UDHS		
Number juveniles arrested per 100,000 of the child population	4.1 (2013/14)	1.5		Police Annual Crime & Traffic Road Safety Report		
Proportion of juveniles diverted from formal judicial proceedings	61% (2014)	89%		JLOS Annual Report		
Number of cases diverted after investigations				JLOS Annual Report		
Proportion of juveniles receiving non-custodial sentences				JLOS Annual Report		
Number of children on remand per 100,000 children				JLOS Annual Report		
Percentage of children aged 5-17 years engaged in child labour				UNHS		
Percentage of children involved in worst forms of child Labour				UNHS		

<b>Output 4.1</b> Ensure an integrated national child protection system that prevents and responds to violence, exploitation, abuse, discrimination and neglect and ensures the care of vulnerable children by 2022					
<b>OUTPUT INDICATORS</b>					
A national case management system developed, with protocols on the support of children in adversity to ensure a coherent and coordinated service delivery approach.		Case management guidelines and protocols developed			
Number of families enrolled I statutory case management			MGLSD		
Number of functioning Child Protection Committees (CPCs)			MGLSD		
Number of prosecutions for child protection offenses			MGLSD		
Proportion of the districts with trained community development officers, probation and welfare officers in child protection		100%	MGLSD and DLGs sector reports		
Proportion of districts with child help line services linked to functional referral and case management systems		100%	MGLSD and DLGs sector reports		
Existence of a coordination mechanism for child protection at the national and subnational level		Coordination mechanism exist at the national and sub national level	MGSLD Sector Report		
Number of children removed from hazardous child labour and enrolled in formal or informal education	57,791 (28,694M, 29,097F)		OVCNIS		
<b>Output 4.2</b> Ensure, by 2022, a child-friendly and responsive justice system which (as an integral part of the child protection system) effectively and efficiently protects and serves all children, and operates in the best interest of children					
<b>OUTPUT INDICATOR</b>					
Existence of a tested/costed model for delivery of child-friendly justice services		A tested and costed model for delivery of child-friendly			

**Policy Objective 5: To protect and advance the right of all children to be heard and express their opinions in all matters involving and affecting them**

**Participation outcome 1: Children meaningfully participate in decision-making and are supported to express their views in all matters affecting them.**

**Participation outcome 2: Children and children’s issues are visible in local and national governance structures, legislation, policies, budgets, services, programmes and decision-making processes**

**Participation Strategies:**

- Ensure that children are valued as key stakeholders and members of society, without discrimination
- Ensure that children and children’s issues are visible and heard in local and national government processes
- Ensure tracking, monitoring and feedback of child participation in all the programmes

**OUTCOME INDICATORS**

Rate of children’s involvement in decisions that concern and affect them at home, in school, in community, in media, at policy level			MICS, surveys, opinion polls		
Level and quality of awareness and understanding of children’s participation in society			Surveys and opinion polls		

**Output 5.1 Build structures and mechanisms for child participation in key institutions and processes**

**OUTPUT INDICATORS**

National Child Participation Guide (NCPG) reviewed and updated		National Child Participation Guide reviewed and updated			
Number of policies and legislations available in a child friendly version					
Number of government departments that have website links for children on the specific department					
Number of policies and legislations developed that actively involve and consider the views of children					
Existence mechanisms, structures and processes for supporting children’s expression in different settings (at national, district and community level)			Surveys, qualitative studies and mapping of child-led organizations		

---

Number of schools with active school councils run by and for students					
Numbers of children participating in school councils					
Child-targeted feedback mechanisms on local authority services are in place					
Children are represented in forums, including through their own organisations, at school, local, regional and national governance level					
Quality, quantity and sustainability of institutional structures and mechanisms established for child participation in different settings			Review of child participation structures and mechanisms		

---

## REFERENCES

- Centre for Justice and Crime Prevention. (2016). Uganda Child Online Protection Scoping Study
- Development Pathways. (2018). Analysis of Refugee Vulnerability in Uganda and Recommendations for Improved targeting for Food Assistance.
- Human Rights Watch (2014) *“Where Do You Want Us to Go?” Abuses against Street Children in Uganda*, Human Rights Watch (HRW)
- Justice Law and Order Sector (2017) *Annual Performance Report 2016/17*. Kampala: Justice Law and Order Sector.
- Kalibala, S., & Lynne, E. (2010) *Protecting hope: Situation analysis of vulnerable children in Uganda 2009*. Final Report. New York: Population Council.
- MoGLSD, UNICEF, The AfriChild Centre for Excellence, USAID, and the U.S Centers for Disease Control and Prevention (2017). *Violence against Children in Uganda: Findings from a National Survey, 2015*. Kampala, Uganda: UNICEF, 2018.
- MoGLSD & UNICEF (2015) *Situation analysis of children in Uganda, 2015*. Kampala: Ministry of Gender, Labour and Social Development and UNICEF Uganda.
- MoGLSD, UNICEF, & EPRC (2014) *Situation Analysis of Child Poverty and Deprivation in Uganda*. Kampala: Ministry of Gender, Labour and Social Development, Uganda; UNICEF, Uganda, Economic Policy Research Center, Uganda.
- Ministry of Water and Environment (2016). *Water and Environment Sector Performance Report 2016*. Kampala: Ministry of Water and Environment
- MoES (2015a) *Education Statistical Abstract 2015*. Kampala: Ministry of Education, Science, Technology and Sports.
- MoES (2015b) *Achievement of primary school pupils in Uganda in numeracy and literacy in English. National Assessment for Progress in Education report*. Uganda National Examination Board, Kampala Uganda
- MoES (2017) *The Education and Sports Sector Annual Performance Report 2016/2017*. Kampala: Education Planning and Policy Analysis Department, Ministry of Education & Sports.
- MoH(2017a). *Uganda Population-Based HIV Impact Assessment (UPHIA), 2016–2017. Preliminary Findings*. Summary Sheet, August 2017. Kampala: Ministry of Health.
- MoH (2017b) *AID Control Program ART Report for March 2017*. Kampala: Ministry of Health.
- MoH (2016). *Adolescent Health Risk Behaviors in Uganda: A National Cross-sectional Survey, 2016*. Kampala:Ministry of Health (MoH), United Nations Children’s Fund (UNICEF), World Health Organisation (WHO), The United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN), United Nations Population Fund (UNFPA) and The Joint United Nations Programme on HIV/AIDS (UNAIDS), Uganda.
- MoH (2015) *Pediatric and adolescent HIV care and treatment: Where to focus*. Power point presentation by Katureebe Cordelia. M. STD/AIDS Control Program, Ministry of Health, Kampala.
- MoH (2013) *Reproductive, Maternal, Newborn and Child Health Sharpened Plan for Uganda. Committing to Maternal and Child Survival: A promise Renewed*. Ministry of Health. Republic of Uganda, Kampala.

---

Office of the Auditor General (OAG) (2013) Annual Report of the Auditor General for the Year Ended 30th June 2013,” vol. 2 Kampala. Office of the Auditor General, Republic of Uganda.

Reporting.unhcr.org. (2018). Uganda | Global Focus. [online] Available at: <http://reporting.unhcr.org/node/5129> [Accessed 30 Apr. 2018]

Republic of Uganda. (2011) Uganda Nutritional Action Plan 2011-2016: Government of Uganda.

Republic of Uganda and UNICEF (2017). Emerging Global Challenges: Climate Related Hazards and Urbanization. *Protecting Uganda’s Children*. Kampala: UNICEF

The World Bank Group. (2016). Global Partnership for Education. (2016, October 13). Fighting for girls’ education in Northern Uganda.

UAC (2016). The Uganda HIV and AID Country Progress Report, July 2015-June 2016. Kampala: Uganda AIDS Commission.

Uganda Bureau of Statistics and ICF International Inc. (2017) Uganda Demographic and Health Survey 2017. Kampala, Uganda: UBoS and Calverton, Maryland: ICF International Inc.

Uganda Bureau of Statistics (2016). The National Population and Housing Census 2014 – Main Report, Kampala. Uganda

Uganda Bureau of Statistics (2017). Uganda National Household Survey, 2016/17. Kampala: Uganda Bureau of Statistics

Uganda Police Force (2013) Uganda Police Annual Crime and Traffic Road Safety Reports, 2013. Kampala: Uganda Police Force.

UNAIDS (2016). Uganda Country Fact Sheet. Available at: <http://www.unaids.org/en/regionscountries/countries/uganda> [Access November 2017]

UNICEF. (2014). Hidden in plain sight: A statistical analysis of violence against children. New York: United Nations Children’s Fund.

UNICEF (2012) Assessing Child Protection, Safety & Security Issues for Children in Ugandan Primary and Secondary Schools. Research Briefing. Kampala: UNICEF Uganda.

UNICEF. (2015). Situational Analysis of Children in Uganda

UNICEF and EPRC. (2018) Child Poverty and Deprivation in Refugee-Hosting Areas Evidence from Uganda.

USAID/Pathfinder International. (2011). Gender Roles Equality and Transformation (GREAT) Report.

Urbanization, C. (2018). EMERGING GLOBAL CHALLENGES. [online] Available at: [https://www.unicef.org/uganda/Climate\\_change\\_and\\_urbanisation-FINALMAIL.pdf](https://www.unicef.org/uganda/Climate_change_and_urbanisation-FINALMAIL.pdf) [Accessed 30 Apr. 2018].

VSO. (2016). ‘From the ground up’ A report on the challenges and opportunities for girls’ education in Karamoja region, Uganda.

World Bank (2016) The Uganda Poverty Assessment Report 2016 available at



---

<http://pubdocs.worldbank.org/en/381951474255092375/pdf/Uganda-Poverty-Assessment-Report-2016.pdf>

World Bank (2011). Why Invest in ECD. Research Brief. Washington DC: World Ban

## APPENDIX A: NATIONAL LEGISLATIVE AND POLICY FRAMEWORK

<b>National Legislation Impacting on Children</b>	
	<ol style="list-style-type: none"> <li>1. The Witchcraft Act (1957)</li> <li>2. The Births and Deaths Registration Act Cap 309, which calls for registration of all births and deaths of all Children (1973)</li> <li>3. The Constitution of the Republic of Uganda, 1995 (as amended)</li> <li>4. The Local Government Act (1997)</li> <li>5. The Land Act, 1998</li> <li>6. The Children's Act, Cap 59</li> <li>7. The Uganda People's Defence Forces Act (2005)</li> <li>8. The Police (Amendment) Act (2006)</li> <li>9. The Persons with Disabilities Act (2006)</li> <li>10. The Employment Act (2006)</li> <li>11. The Prisons Act (2006)</li> <li>12. The Education Act (2008)</li> <li>13. The Prevention of Trafficking in Persons Act (2009)</li> <li>14. The Domestic Violence Act (2010)</li> <li>15. The Prohibition of Female Genital Mutilation Act (2010)</li> <li>16. The Computer Misuse Act 2011</li> <li>17. The Anti-Pornographic Act 2014</li> <li>18. The Children (Approved Homes) Rules, 2013</li> <li>19. The Registration of Persons Act (2015)</li> <li>20. The Children's (Amendment) Act (2016)</li> <li>21. Immunization Act, 2016</li> </ol>
<b>National Policies and Plans Impacting on Children</b>	
<b>Cross-cutting</b>	<ol style="list-style-type: none"> <li>1. National Development Plan</li> <li>2. Social Development Sector Strategic Investment Plan (SDIP 2), 2011</li> <li>3. National Social Protection Policy (2015)</li> <li>4. National Orphans and Other Vulnerable Children Policy, 2004 and National Strategic Program Plan of Interventions for Orphans and Other Vulnerable Children I (2005/06-2009/10) and II (2011/12–2015/16)</li> </ol>
<b>Child Survival, Health and Nutrition</b>	<ol style="list-style-type: none"> <li>1. The National Adolescent Health Policy (2005)</li> <li>2. The Uganda Nutrition Action Plan (2011-2016)</li> <li>3. The National Child Survival Strategy (2009)</li> <li>4. The National Adolescent Health Strategy (2011)</li> <li>5. The Reproductive, Maternal, Newborn and Child Health (RMNCH) Sharpened Plan for Uganda (2013)</li> <li>6. The Health Sector Development Plan (2015-2020)</li> <li>7. Uganda Integrated Early Childhood Development Policy (2013) and Action Plan</li> <li>8. The Uganda Nutrition Action Plan (2011-2016), and</li> <li>9. The Consolidated Guidelines for Prevention and Treatment of HIV in Uganda (2016)</li> <li>10. Road Map for Improving Adolescent Health in Uganda (2016)</li> </ol>
<b>Education and Development</b>	<ol style="list-style-type: none"> <li>1. Education Sector Strategic Plan (2007-2015)</li> <li>2. Special Needs and Inclusive Education Policy (2011)</li> <li>3. National Strategy for Girls' Education (2014-2019)</li> <li>4. Uganda National Integrated Early Childhood Development Policy (2015) and Action Plan (2016-2021)</li> </ol>
<b>Childcare and</b>	<ol style="list-style-type: none"> <li>1. The National Child Labour Policy (2006),</li> </ol>

<p><b>Protection</b></p>	<ol style="list-style-type: none"> <li>2. National Policy on Disability in Uganda (2006),</li> <li>3. National Action Plan on Child Sexual Abuse and Exploitation (2010-2015),</li> <li>4. National Framework for Alternative Care (2012) and Action Plan,</li> <li>5. National Action Plan on the Elimination of the Worst Forms of Child Labour (2012-2017)</li> <li>6. Uganda Integrated Early Childhood Development Policy (2013) and Action Plan</li> <li>7. National Strategy to End Child Marriage and Teenage Pregnancy (2014/15-2019/20),</li> <li>8. National Strategic Plan on Violence Against Children in Schools (2015-2020),</li> <li>9. The Uganda National Parenting Guidelines (2016),</li> <li>10. Uganda National Child Justice Strategy (2017/18 – 2021/2)</li> <li>11. National Violence Against Children (VAC) Response Plan (2018).</li> </ol>
<p><b>Child Participation</b></p>	<ol style="list-style-type: none"> <li>1. Uganda’s National Child Participation Strategy, <b>2017/18-2021/22</b></li> <li>2. Child participation guide (2008)</li> </ol>

## APPENDIX B: STAKEHOLDER ROLES AND RESPONSIBILITIES

Key Actors	Roles and Responsibilities
Ministry of Gender, Labour and Social Development	<ul style="list-style-type: none"> <li>• Provide leadership and oversight in coordinating the implementation of this policy.</li> <li>• Lobby for adequate funding for policy implementation from Government and development partners</li> <li>• Ensure that systems are place and functional for effective implementation of the policy at national and sub-national levels</li> </ul>
Ministry of Local Government	<ul style="list-style-type: none"> <li>• Ensuring that Local Government Units effectively budget for child care and protection services in their plans and budgets</li> <li>• Ensure that LG performance assessments include child care and protection performance indicators</li> <li>• Liaise with Ministry of Public Service and District Service commissions to ensure that Local Government units recruit and employ the social service workforce decentralised personnel</li> </ul>
Other Government Ministries, Agencies and Departments	<ul style="list-style-type: none"> <li>• Ensure implementation of the policy in their respective sectors. The roles and responsibilities shall vary according to their mandates and functions.</li> </ul>
Local governments and City Authorities	<ul style="list-style-type: none"> <li>• Deliver a range of services to children, and engage children and their families in the delivery of services.</li> <li>• Coordinate, supervise, monitor, mobilise resources, and disseminate the policy at district and lower levels.</li> </ul>
National Children Authority	<ul style="list-style-type: none"> <li>• Monitor the enforcement and implementation of Child related laws, policies and programmes by different actors including Government Ministries, MDAs, International agencies and NGOs</li> <li>• Advise Government on formulation of child protection related policies</li> </ul>
Development Partners	<ul style="list-style-type: none"> <li>• Provide funding for child-related programs and activities at national and local government level</li> <li>• Provide technical support and build capacity of all stakeholders to implement the policy</li> <li>• Build and strengthen linkages and collaborations and partnership at international, national and local governments</li> </ul>
Civil Society Organizations (CSOs)	<ul style="list-style-type: none"> <li>• Build partnerships and networks with government, other agencies, and communities in the implementation of this policy.</li> <li>• Deliver services (including on behalf of governments), contribute to the development of policy, evidence-based programs, and actively promote child safety, protection, rights, and wellbeing.</li> </ul>
Business and corporate sector	<ul style="list-style-type: none"> <li>• Support parents to raise their children through family-friendly policies.</li> <li>• Support programs and initiatives to directly assist children and families; including direct financial assistance, pro bono activities of their staff or professional support to community organisations.</li> <li>• Design and implement work place policies that protect children from exploitation and abuse; and</li> <li>• Collaborate with government and other actors to implement this policy.</li> </ul>

Academic and Research Institutions	<ul style="list-style-type: none"> <li>• Undertake and promote research to facilitate evidence-based programming</li> <li>• Workforce development through pre-service and in-service training</li> </ul>
Cultural and religious institutions	<ul style="list-style-type: none"> <li>• Promote values and norms that support healthy growth and development of all children, including children with special needs</li> </ul>
Local Communities	<ul style="list-style-type: none"> <li>• Support and protect all their members, and support families to raise their children, particularly vulnerable families.</li> <li>• Mobilize resources to improve the care and support for children.</li> </ul>
Families/Households/ Alternative Care Institutions	<ul style="list-style-type: none"> <li>• Provide high quality childcare and protect their children;</li> <li>• Inculcate life skills, spiritual and moral values in all children</li> </ul>
Children	<ul style="list-style-type: none"> <li>• Participate in identifying factors that cause their vulnerability.</li> <li>• Participate in identifying and planning initiatives that improve their welfare.</li> <li>• Participate in monitoring the implementation of this policy.</li> <li>• Participate in consultation, monitoring and implementation of the national policies and plans.</li> </ul>

GOVERNMENT OF UGANDA



MINISTRY OF GENDER, LABOUR AND SOCIAL  
DEVELOPMENT

# **NATIONAL CHILD POLICY IMPLEMENTATION PLAN**

**2020/2021 - 2024/2025**