

SITUATION ANALYSIS OF CHILDREN IN UGANDA - 2019



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for every child

ACKNOWLEDGEMENTS

The effects of deprivation in childhood can be irreversible and the impact of child poverty can transcend generations. In addition, poverty is one of the root causes of violence and the exploitation, abuse and neglect of children, such as child labour, trafficking, sexual exploitation and child marriage. This publication provides the most up-to-date, comprehensive assessment of the situation of children in Uganda. As such, it represents a unique resource to inform and enhance the design of national programmes affecting children. The research and drafting of the this volume was led by the Ministry of Gender, Labour and Social Development, and UNICEF Uganda, with support from the Uganda Bureau of Statistics. Frances Ellery provided extensive editorial inputs and Rachel Kanyana designed this publication and its associated advocacy materials.

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FOREWORD

Child poverty hampers children's development, educational outcomes, job prospects, health and behaviour, often resulting in the chronic intergenerational transmission of poverty.

This situation analysis focuses on the fulfilment of children's rights as enshrined in the UN Convention on the Rights of the Child, and the Constitution of the Republic of Uganda. In addition, through disaggregated assessment of the status and trends of the realisation of children's rights, it provides key insights to promote and implement equity-sensitive policies, programmes and budget allocations.

With close to 60% of the population below 18 years of age, and over 75% below the age of 35 years, children's cognitive development represents Uganda's greatest natural resource. Moreover, Uganda's vision of becoming a middle-income country by 2040 remains highly contingent upon our collective ability to safeguard children's right to contribute to national development.

It is our most sincere hope that the findings and policy recommendations provided in this situation analysis of children in Uganda will help raise awareness on the need to prioritise children and vulnerable groups in national and sector plans and strategies through the effective design and implementation of tangible and actionable interventions aimed at alleviating the burden of child poverty and deprivation.



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Minister of Gender, Labour and Social Development



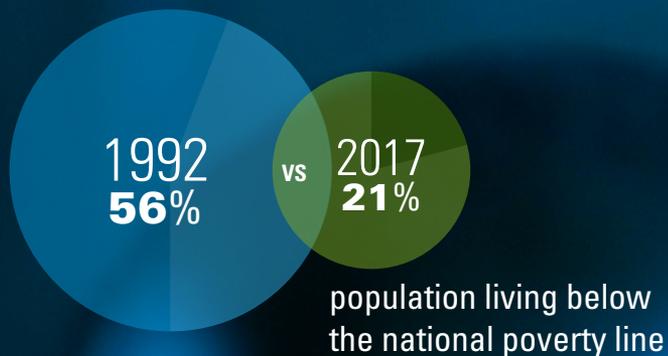
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1 INTRODUCTION: THE CURRENT SITUATION

The Government of Uganda (GoU) has made considerable progress in reducing levels of extreme poverty and improving the wellbeing and survival of children and other vulnerable people. To illustrate, between 1992 and 2017, sustained economic growth was matched by an unprecedented reduction in the proportion of the population living below the national poverty line.



Based on the country's national monetary poverty line, slightly less than a quarter (23%) of Ugandan children are identified as 'poor', or living in households that are below the poverty line. However, while providing a clear account of household financial resources, this measure does not capture the extent and depth of deprivations experienced by children every day. The nature of poverty is multidimensional, and children have both material and social needs – including health care and education, a social and family life, clean and safe drinking water, housing that is not squalid and overcrowded, adequate clothing, and regular meals with sufficient and nutritious food. In other words, in order to grow up and achieve their full potential, Ugandan children need access to a wide variety of items that the majority of the population considers necessary for an adequate standard of living – i.e. 'socially perceived necessities'.

Broadening our understanding of poverty requires going beyond traditional household expenditure dynamics by integrating access to these 'socially perceived necessities'. This innovative analytical framework reveals that in Uganda 56% of children suffer from multiple deprivations (GoU & UNICEF, 2019a). For children in households with three or more children, the figure is more than 60%. In some of the poorest and most densely populated regions of the country, three-quarters or more of children are multidimensionally poor (see Figure 1). And, although poverty rates in urban areas are lower than in rural areas, in Kampala the multidimensional poverty rate is around five times higher than the monetary poverty rate, meaning that thousands of children in the capital are denied a fair start in life.

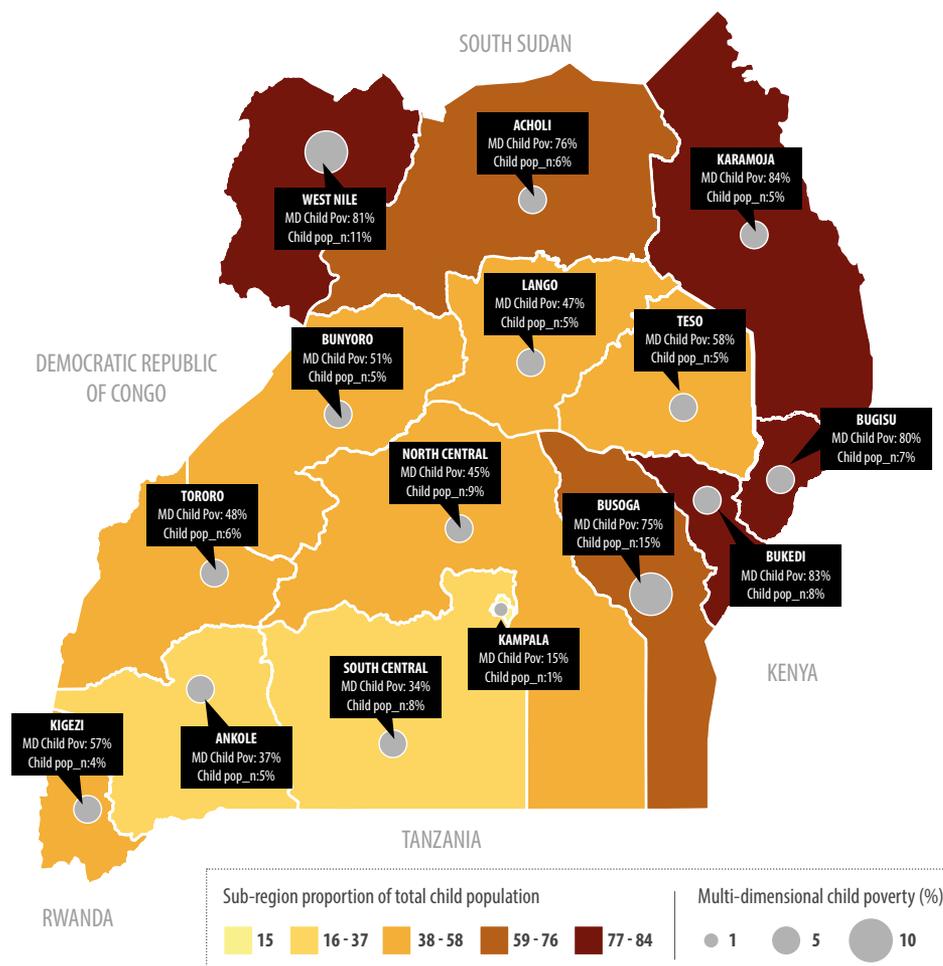
MORE THAN HALF
56%
of Uganda's children
are deprived of six or
more things or activities
deemed essential by the
majority of Ugandans

Figure 1. MULTIDIMENSIONAL CHILD POVERTY IN UGANDA VS. CHILD POPULATION DISTRIBUTION

The **HIGHEST RATES** of multidimensional poverty are found in **RURAL AREAS**

	
Karamoja	Bukedi
	
West Nile	Bugishu
	
Acholi	Busoga

Busoga, Bukedi and Bugishu – which, along with **Karamoja, Acholi and West Nile** are among the **poorest sub-regions** in the country – are very densely populated and together account for one-third of Uganda’s child population.



Source: UNHS 2016/17

INTERPLAY – relationship between monetary and non-monetary dimensions of poverty

It is important to understand the conceptual relationship between monetary (low-income) and non-monetary (deprivation) dimensions of poverty. Monetary poverty is defined as a lack of sufficient resources over time (i.e. the monetary dimension of poverty) and 'deprivation' is an outcome of poverty (i.e. the non-monetary dimension of poverty). In addition, deprivation is a relative phenomenon that encompasses both a lack of material goods and the inability to participate in social activities. Acknowledging the multidimensional nature of poverty therefore requires measuring both low resources/income and deprivation/low standard of living. Based on this understanding, Ugandan children are either:



This situation has important and long-lasting implications both for children's individual futures and for achieving a more equitable, inclusive and prosperous society. A child's experiences of poverty and multiple deprivations, even for a short time, can have long-term consequences stretching into adulthood, thus continuing the cycle of poverty and further entrenching inequality.

Severe or extreme poverty can cause children permanent damage – both physically and mentally. It can stunt and distort their development and destroy their opportunities to fulfil the roles they are expected to play in their family, community and society as they get older. In order to achieve well educationally, children not only need access to schooling, they also need to be safe, healthy and well fed. They need access to clean water and sanitation in order to avoid life-threatening diseases. And, to participate and achieve in modern society, they need access to information and communications technology.

All of these things are children's rights. Above all, every child has the right to a fair start in life. Moreover, reducing child poverty in all its dimensions by 2030 is central to meeting the Sustainable Development Goals (SDGs) and achieving sustainable socioeconomic transformation, as set out in Uganda's Vision 2040.



SDG GOAL 1: END POVERTY IN ALL ITS FORMS EVERYWHERE

1 NO POVERTY



Targets

- » By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day
- » By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
- » Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
- » By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance
- » By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters
- » Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions
- » Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions

2 THE DAILY LIVES OF UGANDAN CHILDREN – A SNAPSHOT

The necessities of life

In general, there is a broad level of agreement among Ugandans that the minimum acceptable standard of living covers not only the basic essentials for survival but also the resources and opportunities to play a role in society and participate in social activities. These are defined as socially perceived necessities. Measuring the extent of deprivation of these agreed upon necessities allows us to deepen our understanding of the multidimensional nature of poverty in Uganda today.

Based on this consensual understanding of multidimensional poverty and deprivation, this section provides a snapshot of the daily lives of Ugandan children with reference to the socially perceived necessities as identified and documented in the Uganda National Household Survey 2016/17.¹

¹ Unless otherwise stated, all figures are from the UNHS 2016/17.



EDUCATION

Following the introduction of universal primary education (UPE) in 1997, enrolment increased by 145%

1996 3.1m **2003 7.6m** **2017 8.8m**

However, chronic underfunding over the past two decades has resulted in a significant proportion of the country's most deprived children having no access to pre- and post-primary education.

Between 1996 and 2003 the government spent **20% of the national budget** on education but this has since **gone down to 11%**. (UNICEF, 2018b)

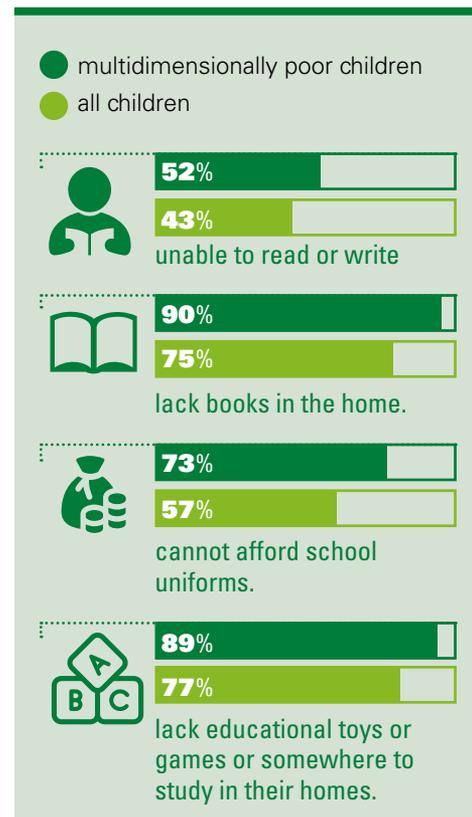


Despite education being free under UPE, hidden costs (such as uniforms, mid-day meals and school materials) continue to create barriers for children whose parents cannot afford them. Children are also discouraged from attending school by high levels of violence (in school and at home), a lack of parental and community involvement in education programmes, and communities not having the power or the avenues to demand good-quality education.

ONLY 62% of Ugandan children completed the final year of primary school in 2016.

Of the 14% who enrolled in secondary education **only 30%** went on to take their 'A' levels (UBOS, 2017).

Ugandan adults have on average **1.5 YEARS LESS SCHOOLING** than the average for developing countries (GoU & UNICEF, 2019a).

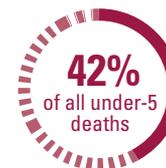


HEALTH CARE

Uganda has made good progress in reducing child mortality and increasing life expectancy. A child born in Uganda today can expect to live to the age of 63 and the under-five mortality rate has gone down from 90 per 1,000 live births in 2011 to 64 per 1,000 live births in 2016 (UDHS, 2016).

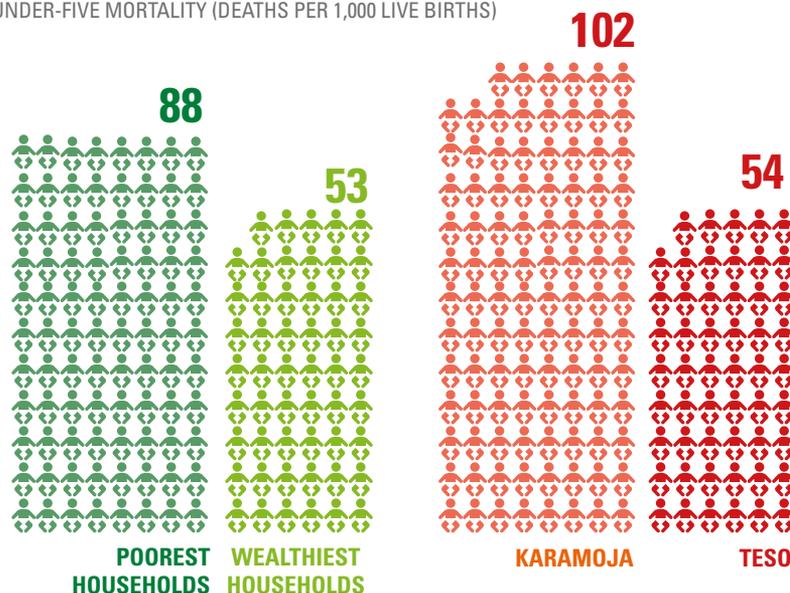


Neonatal mortality stagnated at **27 deaths per 1,000 live births** and is responsible for 42% of all under-five deaths (UDHS, 2016)



There are wide regional and economic disparities.

UNDER-FIVE MORTALITY (DEATHS PER 1,000 LIVE BIRTHS)



1 IN 3 DEATHS

of children are due to conditions that are largely **preventable or treatable**, such as malaria, pneumonia, diarrhoea.

Teenage pregnancy is an important contributor to **school dropout** and a **top cause of death** among adolescent girls.



1 IN 4 15–19-year-old girls have begun childbearing

12% 10–19-year old girls **are married**



Adolescents in the lowest wealth quintile **tend to begin childbearing earlier** than those in the highest quintile.

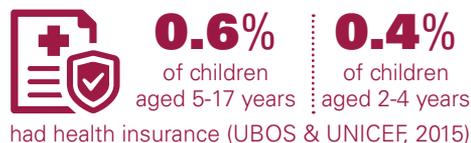


2 MoH (2018) National Health Accounts

3 McIntyre, D.M., F., Shared Responsibilities for Health: A Coherent Global Framework for Health Financing, in Final Report of the Centre on Global Health Security Working Group on Health Financing. 2014, Chatham House: London, UK

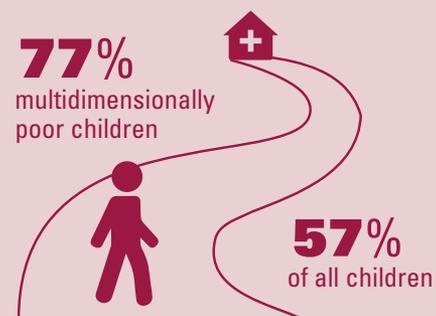
Despite user fees having been abolished in 2001, households continue to bear most of their children’s health care costs (GoU & UNICEF, 2015).

61% of total household health expenditure was spent on child health care in 2009/10



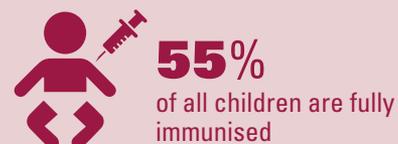
Uganda’s per capita spending on health (US\$51)² is lower than the recommended US\$84.³

Other key bottlenecks include the poor distribution and low motivation and capacity of health care staff, inadequate (although improving) supply chain management, insufficient infrastructure, and demand-related issues, such as late initiation of antenatal care, inadequate newborn care, incomplete immunisation, and not sleeping under a treated bed net.

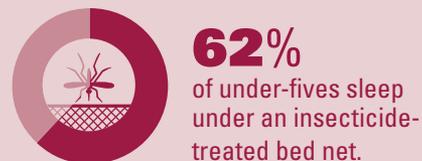


77% multidimensionally poor children **57%** of all children are unable to go to a health facility or afford prescribed medicines when ill.

96% West Nile **88%** Bukedi **87%** Karamoja **OF CHILDREN ARE HEALTH DEPRIVED**



55% of all children are fully immunised



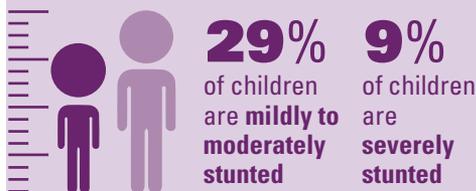
62% of under-fives sleep under an insecticide-treated bed net.

In 2012, the **under-five mortality rate in Karamoja was 102 per 1,000** compared with the national average of 64 per 1,000 live births (UDHS).

Steady progress in reducing the **national prevalence of stunting among under-fives from**

2011 33% TO 2016 29%

has not led to a large reduction in the overall number of stunted children in Uganda due to the rapid growth in population (UDHS, 2016).



3% of children experience **mild-to-moderate wasting**

1% of children experience **severe wasting**

WASTING RATES ARE 3 TIMES THE NATIONAL AVERAGE IN

10% WEST NILE **9% KARAMOJA**

FOOD SECURITY

The Ugandan Constitution makes repeated references to food security. Articles XIV and XXII outline the duties of the State – to ensure the establishment of ‘national food reserves’ and ‘to encourage and promote proper nutrition through mass education and other appropriate means’.

In general food security in Uganda has improved. However, there are wide regional variations.

Food security is often assessed by measuring levels of under/malnutrition and whether or not children have three meals a day.



Uganda’s high levels of undernutrition, especially among children, are due to inadequate diets and the country’s high prevalence of infectious diseases such as malaria, pneumonia and diarrhoea. Additionally, weaknesses in health care provision, poor child care and feeding practices, and a lack of access to clean water, sanitation and hygiene also contribute to poor nutritional outcomes.

Undernutrition remains an important contributor to poor maternal, newborn and child survival and development. **Undernutrition during a child’s first years is linked to poor academic achievement and compromised economic productivity later in life.**

WATER AND SANITATION

Clean water, sanitation and hygiene are all crucial to children's survival and health, particularly in relation to water borne diseases and malnutrition.

Despite progress with

**MORE THAN
3 OUT OF 4**

of the population having access to safe water supply

2000 57% **2016 78%**

More than half of households use unimproved toilet facilities. This means

31.4 million

people do not have access to improved sanitation of whom

2.7 million

are practising open defecation (UDHS, 2016).



poor sanitation cost
US\$177m
per year (WSP/WB, 2012)



78%
of children are using water from an improved source.



24%
are severely water deprived, having to travel long distances or wait in long queues for safe water.



25%
of children in rural areas and



9%
in urban areas are deprived of adequate sanitation.



16%
of children live in homes with handwashing facilities near the toilet.

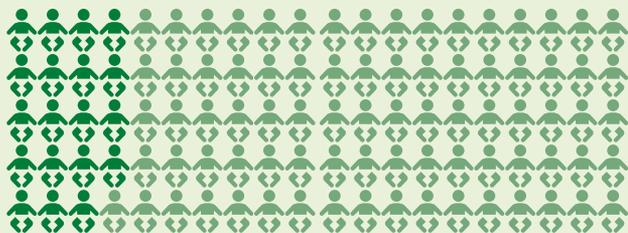
Rates of severe sanitation deprivation are five times higher among poor households than among non-poor households

BIRTH REGISTRATION

Birth registration is every child's right, as well as an important factor in providing access to other rights such as health care and education. Its absence remains one of the obstacles to protecting children against violence, abuse, neglect and exploitation. Registration also enables government to budget for and provide services as and where they are needed. Over-centralised and complicated registration and certification processes, cost and lack of public awareness about the importance of registration contribute to low rates of registration.

Birth registration
for under-five children
in Uganda stands at

32%



19% of under-fives
have a birth certificate.



🏠 SHELTER AND HOUSEHOLD DEPRIVATIONS

Adequate shelter is critical to children's healthy development and growth, and to their survival. All Ugandan citizens have a constitutional right to decent shelter – i.e. that provides protection from the elements, is not overcrowded, and which is made of durable materials. Households are considered deprived if they are unable to afford to replace essential household items or to put money aside for emergencies.



74%

do not have their own bed



66%

lack their own blanket



65%

live in households that lack the resources to replace furniture



59%

live in households unable to afford to put money aside for emergencies



44%

reside in homes where their parents lack resources to fix a leaking roof



41%

live in households that cannot afford to replace broken pots and pans for cooking

WORKING CHILDREN

The Constitution of Uganda provides limits on the employment of children. However, many children in Uganda work from an early age, both at domestic chores and in paid and unpaid labour. The figures below do not include domestic work, which is carried out predominantly by girls.



ADEQUATE CLOTHING

Although the right to adequate clothing is enshrined in the Ugandan constitution,

80%
of households have insufficient
resources to meet their
children's basic clothing needs.

As well as depriving them of dignity, this restricts their ability to participate in social events and attend school.



90%

of multidimensionally
poor children do not
have two pairs of shoes



81%

of multidimensionally
poor children have
no new clothes



25%

of multidimensionally
poor children do not
have two sets of clothes



58%

of non-poor children
are deprived of one or
more clothing items

i INFORMATION DEPRIVATION

Having access to reliable information is critical in a fast-developing society like Uganda. More informed parents can make better decisions affecting the lives of their children. Children with access to computers and other technology can develop useful skills to aid their education and improve their chances of better paid, skilled jobs in later life.

19%
of children **lack any source of information at home** and so are considered severely information deprived

2%
had used a **computer** in the three months prior to the 2016/17 UNHS

 **75%** **91%**
OF ALL CHILDREN OF URBAN CHILDREN
LIVE IN HOUSEHOLDS WITH ACCESS TO A LANDLINE/MOBILE PHONE


54%
do not have a radio


85%
do not have a tv


97%
do not have access to a computer



VIOLENCE AND CRIME

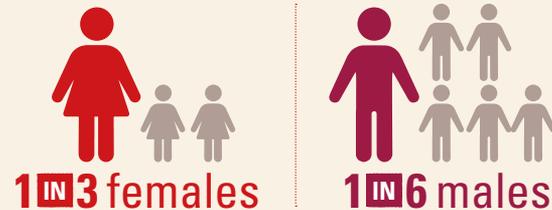
The Ugandan Constitution provides for protection of life, liberty, property and the family. Exposure to crime has an impact on the social and psychological wellbeing of a child, even if the crime committed is not a violent one. There is increasing evidence that children, globally and in Uganda, are exposed to high levels of crime and physical, sexual and emotional violence, which is often condoned by society or considered culturally acceptable based on gender inequalities and power relations between adults and children.

27% of children had been exposed to a crime in the 12 months before the 2016/17 UNHS.

This may have been theft, housebreaking, malicious property damage, defrauding, burglary, a child-related crime or murder, but does not include sexual or gender based and non-criminal forms of violence.

Figures relating to sexual and physical violence are taken from the Uganda National Violence against Children Survey (MGLSD & UNICEF, 2018).

AMONG 18 -24 YEAR OLDS:



EXPERIENCED SEXUAL ABUSE DURING THEIR CHILDHOOD

 35%

 17%

11% of girls had been pressured or forced into having sex.

ALTHOUGH  **32%**  **41%** of young women and men knew where to get help



fewer than 1 in 10 children had received services.



 **68% YOUNG MEN**

 **59% YOUNG WOMEN**

aged 18–24 years **experienced physical violence** during their childhoods.

44% GIRLS 59% BOYS

aged 13–17 years had **experienced physical violence** in the last year, of whom

63% GIRLS 57% BOYS

aged 13–17 years **had told someone** (usually a relative) about the violence. While

32% GIRLS 37% BOYS

knew of a place to seek help



LESS THAN
10%
SOUGHT HELP

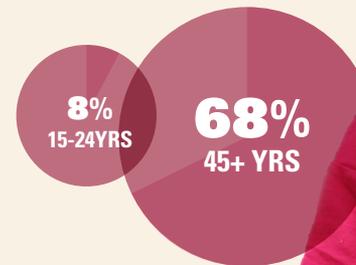
ONLY
7%
RECEIVED
SERVICES

**NATIONALLY,
1.4% OF WOMEN
AND GIRLS**

HAVE EXPERIENCED female genital mutilation/cutting (FGM/C)



In areas with a high prevalence of FGM/C, the figure was lower among young women and girls aged 15–24 years than among women aged 45 years and above.



(UBOS & UNICEF, 2017)



3 CHILDREN AT THE MARGINS

As well as regional differences in the proportion and overall number of children living in multidimensional poverty (see Figure 1) other factors increase a child's likelihood of being pushed to the margins of society. These include being a refugee or living in a refugee-hosting area, or having a disability. Children at the margins of society often face challenges and barriers that exclude them from things and activities that would enable them to fully participate in society and achieve their potential.



Children in refugee-hosting areas

The crisis in South Sudan and recent upheaval in the Democratic Republic of Congo, along with Uganda's generous and progressive refugee policy, has led to a rapid increase in the number of refugees in the country. Uganda now hosts more than 1.2 million refugees (Uganda Refugee and Asylum-Seeker Population Statistics, March 2019)⁴ mostly in settlements in West Nile and South West, two of the poorest sub-regions in the country. Many refugees also make their way to Kampala, where most live in the poorest parts of the capital.

This has put refugee-hosting areas, most of which lack the economic resources and technical capacity to support large numbers of refugees, under enormous pressure. Although conditions for refugees improve over time, basic needs deprivation among hosts remains high – in some cases higher than among refugees (e.g. water and shelter deprivation in West Nile). However, the situation for both hosts and refugees varies across regions.

Well over half (61 %) of the refugees in Uganda are children, who face particular protection issues. These include stress related to having to flee their home, separation from their families, sexual and physical violence and child labour (Uganda Refugee and Asylum-Seeker Population Statistics, March 2019). Although the GoU and international and national organizations are providing child protection services across refugee settlements, the capacity to provide adequate and sufficient services is being stretched to the limit with ongoing and increased influxes of refugees.

4 <https://data2.unhcr.org/en/documents/download/68931>



Uganda hosts more than

1.2million

refugees in settlements in West Nile and South West sub-regions.

Refugees who have been in the country for less than two years are the most deprived of basic necessities. However, because levels of deprivation among host communities are already high **within five years**, deprivation rates among refugees will be at par with those of hosts.



More than three-quarters of hosts in West Nile and South West have an unimproved toilet.



A concentration of refugee-specific social service interventions in West Nile means that refugee communities there have slightly better access to social services than host communities (UNICEF et al., 2018).

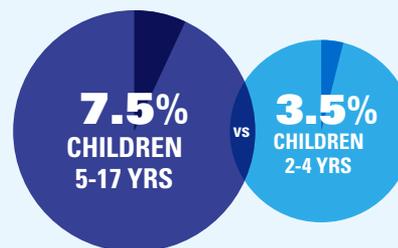
Children with disabilities⁵

Overall the findings of the 2017 Uganda Functional Difficulties Survey (UFDS) show that people with disabilities are discriminated against in various aspect of life. They are among the most disadvantaged groups in society, and are particularly at risk of experiencing multiple forms of violence, abuse, neglect and exploitation.

The most common preventable causes of disability for children aged 2 to 17 years are congenital (from birth) or because of sickness such as malaria and measles.



⁵ Statistics in this section are from the 2017 Uganda Functional Difficulties Survey (UBOS & UNICEF, 2018).



Approximate number of Uganda's children who have a disability (UBOS & UNICEF, 2018).

Children with disabilities are often less able to access services such as education and health care, participate in social activities and fulfil their potential.

Children aged 6-16 years who have ever attended school

80.5% with a disability

90.6% without a disability

28% of children with disabilities reported that they **had experienced discrimination or harassment.**



More than one-third of female children with disabilities had experienced sexual violence.

Children aged 5 to 17 years were more affected by unfair treatment when participating in recreation, leisure and sports, probably because they participate in it more than adults. This discrimination can affect their emotional development greatly.

ALTHOUGH MORE THAN HALF

of households with a disabled member were aware of economic assistance programmes, **ONLY 4%** had received external economic support.

19% of school-aged children with disabilities **received support for tuition** and other school-related activities.

This is just 1% more than children without disabilities.

LESS THAN HALF

of children aged 2 to 4 years had been assessed and recommended to use equipment or assistance for walking.

43%
assessed by
community
health worker

30%
assessed
by staff at
health facility

27%
assessed by
other e.g.
schoolteacher

None had been assessed for use of any other assistive device.

ONLY 2% of children and adults with sight difficulties use eyeglasses or contact lenses and **ONLY 1.4%** with impaired hearing use hearing aids.



76%

of children who need glasses or a hearing aid do **NOT HAVE ONE**

Children also have a greater unmet need

76% children

68% adults

Of those children aged **5 to 17 years** with functional difficulties using **assistive devices**



0.5%
use equipment/
assistance for
walking



0.3%
use glasses/
contact lenses



0.1%
use hearing
aids

4 EMERGING GLOBAL CHALLENGES

Climate change and urbanisation have been identified as major challenges that will have an increasingly significant impact on the wellbeing of children in coming decades, particularly on those who are poorest and most vulnerable (GoU & UNICEF, 2017). This is nowhere more so than in Uganda, which is already affected by frequent droughts and where the rate of urbanization is high.



Climate change

The food security of the majority of Ugandans is highly dependent on the country's agricultural production, most of which (99%) is rain-fed (rather than irrigated). Any climatic changes or shocks can therefore severely affect crop yields and the population's food security, health and wellbeing.

Uganda is already frequently affected by drought. Nine droughts were recorded between 1979 and 2010 (International Disaster Database, Emdat),⁶ affecting about 5 million people. The 2008 drought alone affected about 1 million people and severe drought conditions led to harvest failure in 2016. Uganda is also prone to serious riverine flooding, with about 1 million people affected between 1979 and 2010.

The quality and quantity of available water, agricultural production and food security is expected to worsen with rising temperatures and the erratic onset and cessation of rainfall seasons predicted as a result of climate change (Majaliwa et al., 2012). An increasing population will put additional pressure on water resources. Heavy rainfall is also expected to rise, with greater risk of floods and landslides, leading to the deaths of people and livestock, water contamination, crop loss and damaged homes.

6 http://www.emdat.be/country_profile/index.html



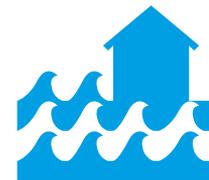
Temperatures are predicted to rise by an unprecedented **1.5°C in the next 20 years and by up to 4.3°C by the 2080s.**

A no-climate-action scenario could lead to **more than 4°C warming** towards the end of the 21st century.



Annual total precipitation increased by **20%** over the last 30 years

Uganda is prone to **riverine flooding**



1 million people were affected between 1979 and 2010

As well as the immediate loss of life and resources, an extreme weather event can have long-term consequences. Crop failure and income loss can affect food supplies as well as cause reduced spending on food and other items, jeopardising children's health and nutrition. Coping strategies can cause parents to take their children out of school and damage the long-term prospects of individuals and society as a whole.

While drought increases the risk of stunting, higher rainfall increases the risk of wasting. Exposure to drought in infancy or early childhood increases the risk of a child being stunted when she or he gets older. Although girls are generally less likely to be stunted and wasted than boys, they seem to be more vulnerable to climate variability.

In a 2017 study (GoU & UNICEF, 2018), no evidence was found of parents pulling their children out of school during droughts but higher rainfall increased the likelihood of school drop out for older children, while it was found to enable younger children to stay on in school. Children from poorer households are less likely to attend school when rainfall is high and, while in general children in rural areas are less likely to go to school, in urban areas children are more likely to drop out of school during wetter years. Among younger children, school drop-out is likely to be the result of poor, unhygienic living conditions and the heightened transmission of diseases like malaria and diarrhoea. For older children, households may benefit from pulling their children out of school as an extra labour supply, especially in a good harvest year, but many older children in rural areas and in less-educated households are already out of school.



Urbanisation

As well as a fast-growing population, Uganda is experiencing rapid urbanisation – at a rate of 5.2% per year (GoU & UNICEF 2017).

Between 2002 and 2014, the share of Uganda's population living in urban areas increased by more than 50% and it is estimated that by 2040 21 million Ugandans will be living in urban areas, the majority of them young (UN-Habitat, 2016). This is leading to an increasing concentration of vulnerable children in cities.

Statistics show that children living in urban areas are generally less deprived than their rural counterparts. However, official statistics that only depict averages tend to mask the living conditions of poor urban dwellers.



MORE THAN HALF, 54% of Kampala's residents live in slums

with inadequate housing, poor sanitation and limited access to basic services, including education and employment (UN-Habitat, 2014).



Kampala and Wakiso

alone are responsible for about **12% of all unimmunised children** in the country (UDHS, 2016).

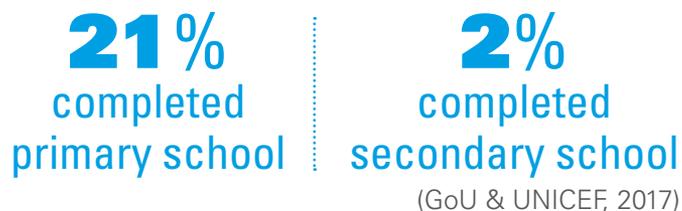
Poor urban households are less likely to own or have access to productive assets such as land and animals, which limits their income-generating opportunities and access to food. Urban children are more likely to live in overcrowded conditions .

62.3% urban households | **42%** rural households
USE ONE ROOM FOR SLEEPING

(GoU & UNICEF 2017)

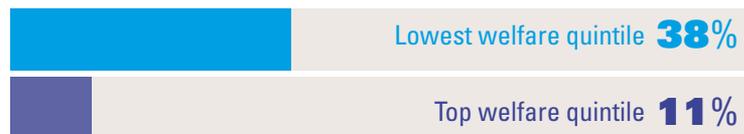
Children in urban areas are often sharing latrines or toilets, with mothers in Kampala reporting that their children have to share one with upwards of 20 families (UNICEF, 2014).

While primary and secondary school completion rates are overall better in urban than rural areas, still only one-fifth of urban children complete primary school, and only 2% complete secondary school (GoU & UNICEF, 2017).



Children living in rural areas have a higher likelihood of being stunted than those in urban areas. There is also a great difference in stunting rates between rich and poor urban children.

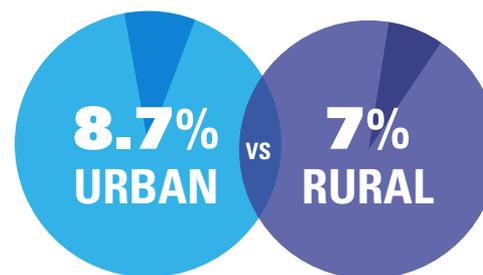
Stunting rates: urban children aged 0-5



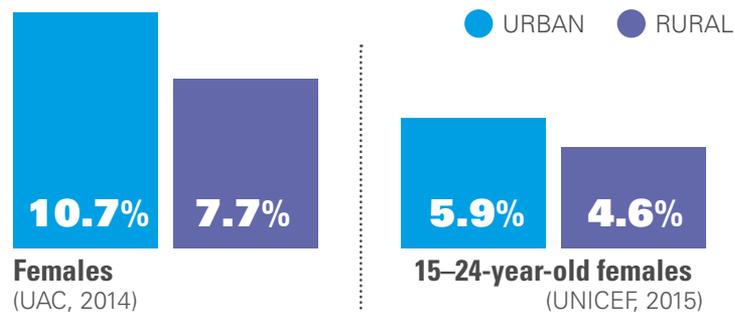
A 2013 survey by the African Network for the Prevention and Protection against Child Abuse and Neglect estimated that **there are 10,000 street children in Uganda, a 70% increase since 1993, with approximately 16 new children** coming to Kampala's streets every day (UNICEF, 2015).

Children and adolescents living in urban areas are exposed to particular risks, with young urban males citing drugs and alcohol as their biggest health risks while adolescent girls identified violence from other people, unsafe sexual activity, early pregnancy, rape and defilement as the biggest threats. UNICEF's Adolescent Girls Vulnerability Index shows that aside from Karamoja and West Nile, adolescent girls tend to be most exposed to social vulnerabilities in Central Uganda, which represents the hub of rapid urbanisation.

In addition, urban populations are **more likely to be infected with HIV** than those in rural areas



Urban women in particular are more at risk





5 CONVERTING CHALLENGES INTO OPPORTUNITIES

Despite the challenges outlined above, with appropriate policies and investments there is an unprecedented opportunity to alleviate child poverty and transform Uganda into a middle-income country.

An important development affecting the socioeconomic landscape will be the expected shift in the population pyramid. While currently Uganda faces a high dependency ratio, with one of the youngest populations and highest birth rates in sub-Saharan Africa (about 49% of the population is under the age of 15 and 56% under 18), population projections suggest that over the next 60–70 years this high dependency ratio will be replaced by a large labour force. Harnessing this 'demographic dividend' is a major socioeconomic challenge but represents an unprecedented opportunity.



Demographic dividend

The demographic dividend refers to the potential economic benefits for a society when fertility and mortality rates decline and the ratio of working-aged adults increases relative to young dependants. With fewer children to support, there is a window of opportunity for rapid economic growth if a country develops the right social and economic policies and makes the right investments.

While child mortality is on the decline, Uganda still faces high fertility rates resulting in rapid population growth and a high child-dependency ratio.

In order to reap the benefits of the demographic dividend and accelerate economic growth, the GoU must invest in and implement appropriate policies to initiate a demographic transition. Improvements in life expectancy and under-five mortality, along with a decline in fertility to below four children per woman, allows for the potential exploitation of the future demographic dividend.

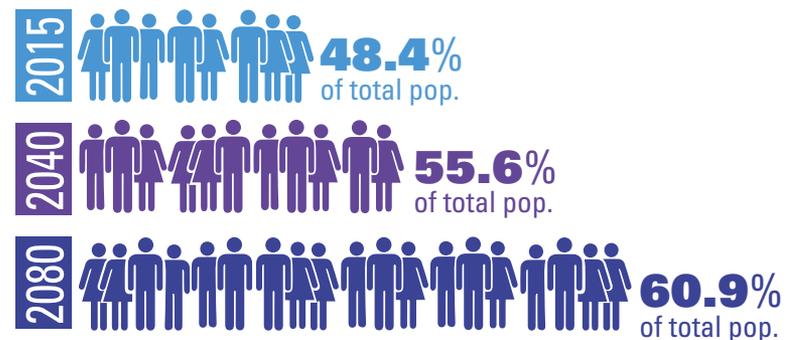
However, while initiating a demographic transition is a key precondition, it is not sufficient to harness the demographic dividend. Ultimately, Uganda's ability to exploit the demographic dividend depends on the GoU's ability to design, implement and deliver interventions and programmes in a multisectoral manner. If budgets do not adequately support the education, health and protection of children, as well as promoting broader economic growth and job opportunities, then young workers will be

unprepared to contribute to the labour market or unable to find decent work. Under this scenario, rising poverty and inequality, social and political instability and emigration are potential outcomes. When governments strategically invest in children and young people, the population boom can increase economic growth, improve economic opportunities, and ensure long-term peace and prosperity. As well as improving children's health and education, Uganda could accelerate a reduction in child poverty and inequality, raise the standard of living of individual households and increase the GDP per capita of its population.

UGANDA'S POPULATION



WORKING AGE POPULATION



Countries in East Asia, including the Asian Tigers, started off with demographics very similar to those in sub-Saharan African countries today. However, between 1965 and 1990, they were able to successfully achieve the demographic dividend. Several of the most successful transitioning countries, including the Republic of Korea, Singapore, Hong Kong and Thailand, managed to improve key social sector indicators. In addition, dramatic declines in fertility, along with improvements in the quality of education and health care, have led to increases in female participation in the labour force and gross national income (GNI) per capita. Each of the four countries managed to exploit its demographic dividend, almost quadrupling its GNI within the past four decades.

KEY SOCIAL INDICATORS FOR THE REPUBLIC OF KOREA, SINGAPORE THAILAND, AND HONG KONG⁷

	REPUBLIC OF KOREA	SINGAPORE	THAILAND	HONG KONG
Year the country entered the demographic dividend period	1970	1970	1975	1965
Year the country exited the demographic dividend period	2010–2015	2015	2015	2010–2015
Period of fertility decline (TFR)	1960: 5.6 1970: 4.0 1980: 2.2 1990: 1.7	1960: 5.1 1970: 2.8 1980: 1.7 1990: 1.7	1960: 6.1 1970: 5.1 1980: 3.0 1990: 2.0	1960: 5.1 1970: 3.0 1980: 1.7 1990: 1.3
Education (Pupil-teacher ratio, primary)	1971: 56.9 1980: 48.1 1990: 36.3 2010: 20.9	1971: 29.9 1980: 30.8 1990: 25.8 2009: 18.2	1971: 34.7 1983: 20.7 1990: 20.3 2010: 16.3	1971: 33.0 1980: 30.1 1991: 26.9 2010: 15.2
Health (Number of physicians per 1,000 people)	1981: 0.5 2010: 2.0	1960: 0.4 1970: 0.7 1980: 0.9 2010: 1.7	1960: 0.1 1970: 0.1 1980: 0.1 2010: 0.4	1960: 0.3 1970: 0.7 1980: 0.8
Women's empowerment (Labour force participation rate, female)	1990: 47.0 2000: 48.8 2018: 52.8	1990: 47.4 2000: 51.5 2018: 60.5	1990: 67.2 2000: 65.9 2018: 59.5	1990: 47.4 2000: 49.6 2018: 54.1
GNI per capita (PPP, constant 2011 international \$)	1990: 8,260 2000: 17,950 2017: 38,830	1990: 21,970 2000: 40,720 2017: 90,760	1990: 4,240 2000: 7,140 2017: 17,080	1990: 16,940 2000: 27,170 2017: 64,240

Different countries adopted different strategies to harness the window of opportunity – e.g. Korea focused on human capital development, Singapore attracted low-skilled labour from abroad and Thailand emphasised voluntary family planning. However, despite these different approaches, each country's success rests in its ability to record significant improvements in education (decline in pupil-teacher ratio) and health care (number of doctors per 1,000) alongside sharp reductions in their total fertility rates. Korea and Singapore also saw an improvement in women's empowerment (measured by participation in the labour force).

7 Source: (UNDESA, 2017); (World Bank, 2019); (Shirai, 2012)

The evidence opposite suggests that in order to reap the demographic dividend, Uganda needs to:

- » reduce fertility rates further and at a faster rate (total fertility rates in Uganda declined from 6.9 in 1995 to 5.4 children per woman in 2016/17)
- » increase women's participation in the workforce (which, went down from 55.2% in 2012/13 to 45.7% in 2016/17)
- » increase the ratio of qualified health care staff to patients (currently 1.5 doctors, nurses and midwives per 1,000)
- » further reduce the pupil/teacher ratio (which declined from 48:1 in 2006 to 43:1 in 2016).

To achieve these outcomes will require sufficient investment in social sectors. However, at present the GoU has favoured a development strategy heavily geared towards infrastructure in support of achieving Uganda's Vision 2040. Spending on economic investments such as infrastructure development rose from 11.2% in 2012/13 and 14.7% of GDP in 2015/16 (UNICEF, 2018a). In 2015/16, spending allocated to social sectors was 3.3% of GDP, with 2.0% going to education, 0.9% to health, 0.1% to

social development and 0.3% to water and environment. As a percentage of GDP, the national overall level of social sector expenditure is about half the East African Community average on social categories such as health, education, pensions and social assistance (IMF, 2017).

This emphasis on infrastructure, against a reversal in certain social indicators such as the recent decline in primary education completion rates, raises questions about the balance between social and productive spending. Clearly, continued investment in infrastructure – including transport and energy – is crucial to Uganda becoming a middle-income country but, in order to be productive, a modern economy needs a healthy and productive workforce. This will require additional investment in the social sector, namely health care, education and social protection. The choice between social and productive expenditures is not a binary one. Instead discussion should focus more on the links between social expenditure and the growth and productive agenda. At the same time, there should be a focus on the quality of service delivery in the health and education sectors, such as the poor quality of teaching, teacher absenteeism and the mismanagement of funds. This calls for a review not only the level of spending but the efficiency and effectiveness of social sector spending.

6 THE WAY FORWARD



In order for Uganda to achieve middle-income status by 2040 and reap the potential demographic dividend, an integrated approach is needed. There are no 'either or's'.

Planning and budgeting processes must encompass all the factors outlined above and not simply focus on single issues. For example, the refugee influx requires a development as well as a humanitarian response in order for both refugee and host communities to escape poverty.

In coming decades, as well as modern infrastructure, Uganda will need a healthy, educated workforce that can provide the services required by a modern society and compete in regional and global markets. Increased education leads to a lower birth rate, a lower birth rate leads to an increase in the ratio of economically active adults to dependent children, and a well-educated, healthy workforce and a lower dependency ratio is necessary for economic growth.

Alleviating the burden of multiple deprivations on children requires a carefully calibrated mix of interventions aimed at addressing both social and economic exclusion, while protecting children from violence and exploitation.

POLICY RECOMMENDATIONS

- » **Reduce maternal and child morbidity and mortality through:** improving the health and nutritional status of mothers and children; increasing access to and utilisation of safe water; promoting sanitation and hygiene; controlling and minimising environmental conditions that negatively affect health-related outcomes; and harnessing non-health sector interventions that have an impact on maternal, newborn and child vulnerability and deaths so that children are healthy and can grow up in safe and clean environments.
- » **Provide equitable access** to high-quality and child-friendly integrated early childhood development and education programmes and services for all children, supported by trained caregivers and teachers, to enable children to achieve appropriate developmental milestones.
- » **Ensure that all children are protected** from different forms of abuse and that caregivers, teachers and other adults within the home and other institutions uphold children's rights, including the right to participate.
- » **Foster the socioeconomic empowerment** of families and communities so that they can better support children's development.

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