MULTIDIMENSIONAL CHILD POVERTY AND DEPRIVATION IN UGANDA: VOLUME 1

THE EXTENT AND NATURE OF **MULTIDIMENSIONAL CHILD POVERTY AND DEPRIVATION**

THE REPUBLIC OF UGANDA

UBOS
WE STRIVE FOR EXCELLENCE

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

BRISTOL POVERTY INSTITUTE

unicef
for every child

MARCH 2019

MULTIDIMENSIONAL CHILD POVERTY AND DEPRIVATION IN UGANDA: VOLUME 1

THE EXTENT AND NATURE OF **MULTIDIMENSIONAL CHILD POVERTY AND DEPRIVATION**

THE REPUBLIC OF UGANDA

UBOS
WE STRIVE FOR EXCELLENCE

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

BRISTOL POVERTY INSTITUTE

unicef
for every child

ACKNOWLEDGEMENTS

The research and drafting of this report was led by David Gordon, Şebnem Eroğlu, Eldin Fahmy, Viliami Konifelenisi Fifita, Shailen Nandy, Acomo Oloya, Marco Pomati and Helen Anderson from the University of Bristol and the University of Cardiff, in close collaboration with the Uganda Bureau of Statistics (UBOS) and UNICEF Uganda. This pioneering work to better understand multidimensional child poverty and deprivation in Uganda would not have been possible without the vision, oversight and support of James Muwonge, Vincent Ssennono, Bylon Twesigye and Stephen Baryahirwa from UBOS, and Diego Angemi, Sarah Kabaija, Arthur Muteesasira and Amna Silim from UNICEF Uganda.

Frances Ellery provided significant editorial inputs, while Rachel Kanyana designed the report.

Above all, we are very grateful to all enumerators, field researchers and participants who volunteered their time to take part in the UNHS 2016/17 and focus group discussions. We hope these reports do justice to their contributions.

FOREWORD

As enshrined in the UN Convention on the Rights of the Child, children have the right to an adequate standard of living, and to be free from any form of health, education, nutrition, care or protection related deprivation. Whereas income poverty provides a vital measure of child poverty and vulnerability, it does not sufficiently capture the extent and depth of deprivations suffered by children. Put differently, children can experience poverty even when household income is above the poverty line.

Like development, the nature of poverty is multidimensional. This important recognition makes it particularly important to broaden common *perceptions* and *measures* of poverty beyond traditional household consumption-based monetary approaches. Notably, this sentiment was emphatically reaffirmed in the global transition from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs), placing a stark commitment to tackling poverty in all its dimensions, and in particular to addressing child poverty.

Child poverty hampers children's development, educational outcomes, job prospects, health and behaviour, often resulting in the chronic intergenerational transmission of poverty. In this respect, with close to 57% of the population below 18 years of age, and over 78% below the age of 35 years, Uganda's vision of becoming a middle-income country by 2040 remains highly contingent on Government's ability to safeguard children's right to contribute to national development. A healthy, educated and empowered young population will enable Uganda to reap an unprecedented demographic dividend.

This report represents the successful integration of multidimensional child poverty measures in national statistics. In doing so it provides a better understanding of child poverty in Uganda by augmenting Uganda's rich tradition of poverty analysis with a more deprivation-centred analytical tool.

Capitalising on this methodological innovation, reflected in the *quantitative* and *qualitative* analysis presented in Volumes 1 and 2, an additional objective of this analysis is to support Government's efforts to transition from child poverty measurement to action by identifying specific areas of deprivation suffered by children to strengthen the delivery of basic services, and ultimately improve the implementation of national programmes affecting children.

Imelda Atai Musana
Ag. Executive Director
Uganda Bureau of Statistics

Doreen Mulenga
Country Representative
UNICEF Uganda

EXECUTIVE SUMMARY

The Government of Uganda (GoU) has made significant progress in reducing levels of extreme poverty, meeting the Millennium Development Goal target of a 25% reduction five years ahead of the 2015 deadline. Since then, the GoU has committed itself to achieving the more ambitious Sustainable Development Goals (SDGs). These include *'reducing by at least half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions'* by 2030 and ultimately ending poverty in all its forms during the 21st century.

Based on the country's national poverty line, slightly less than a quarter (23%) of children in Uganda are identified as 'poor'. However, this figure is based on monetary poverty which, although providing a clear account of household resources, does not capture the extent and depth of deprivations children experience. 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. These items are termed 'socially perceived necessities'.

MULTIDIMENSIONAL POVERTY

Using an indicator of multidimensional poverty fully integrated in the 2016/17 Uganda National Household Survey (UNHS), which takes these socially perceived necessities into account, over half (56%) of Uganda's children experience multidimensional deprivations and a low standard of living. They live in households with insufficient financial resources, and are deprived of six or more possessions or activities the majority of Ugandans consider necessary for an adequate standard of living.

Using this indicator of multidimensional poverty for the first time, the Uganda National Household Survey 2016/17 found that:

56%
OF UGANDA'S CHILDREN
EXPERIENCE MULTIDIMENSIONAL DEPRIVATIONS **and a low standard of living.**

THE HIGHEST RATES
OF MULTIDIMENSIONAL POVERTY
ARE IN RURAL AREAS

84% **of children in Karamoja live in multidimensional poverty**

MORE THAN
60% OF CHILDREN
in households with three or more children **live in multidimensional poverty.**

In Kampala, **around five times more children are living in multidimensional poverty (15%) than monetary poverty (3%).**

MULTIDIMENSIONAL CHILD POVERTY AND DEPRIVATIONS: KEY FINDINGS

HOUSEHOLD DEPRIVATIONS

74%
of children do not have their own bed

66%
of children lack their own blanket

59%
of children live in a household unable to afford to put money aside for emergencies

42%
of children live in a households that cannot afford to replace broken pots and pans for cooking

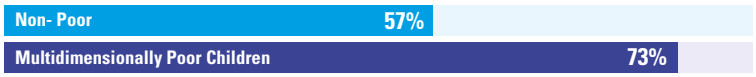
EDUCATION

MULTIDIMENSIONALLY POOR CHILDREN are between **TWO AND FOUR TIMES** more likely to be education deprived than non-poor children.

43%
of all children are unable to read or write.

Lack books in the home.

Cannot afford school uniforms.



Lack educational toys or games or somewhere to study in their homes.

ADEQUATE CLOTHING

MULTIDIMENSIONALLY POOR CHILDREN:

9 in 10
do not have two pairs of shoes

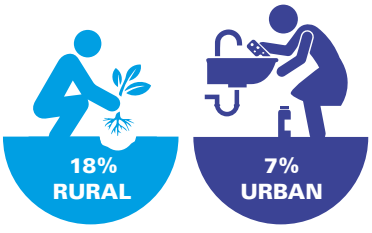
8 in 10
have no new clothes

1 in 4
do not have two sets of clothes

NOTABLY 58%
OF NON-POOR CHILDREN were also deprived of one or more clothing items.

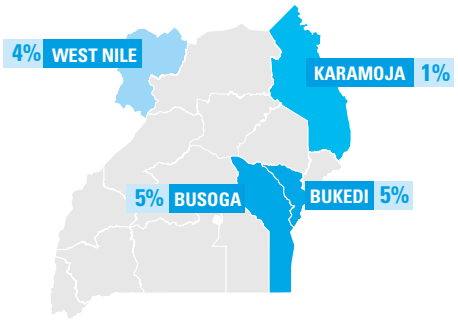
WORKING CHILDREN

RURAL CHILDREN ARE **MORE THAN TWICE** as likely as urban children to be working, but URBAN CHILDREN **WORK LONGER AND ARE OFTEN ENGAGED IN HARMFUL AND EXPLOITATIVE WORK.**



BIRTH AND REGISTRATION

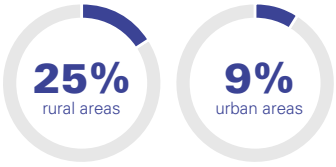
ONLY 11%
OF CHILDREN IN UGANDA
HAVE A BIRTH CERTIFICATE
The lowest rates are in Karamoja, West Nile, Bukedi and Busoga.



WATER AND SANITATION

78%
OVER THREE QUARTERS
of children are using water from an improved source

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



PERCENTAGE OF CHILDREN DEPRIVED OF ADEQUATE SANITATION

CHILDREN LIVING IN HOMES WITH HANDWASHING FACILITIES NEAR THE TOILET.

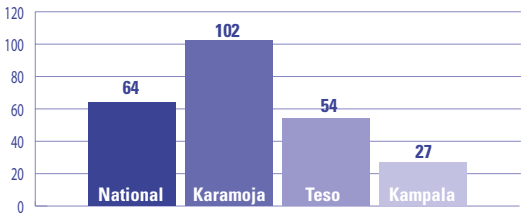
RATES OF SEVERE SANITATION DEPRIVATION ARE **FIVE TIMES HIGHER** AMONG POOR HOUSEHOLDS THAN AMONG NON-POOR HOUSEHOLDS.

HEALTH

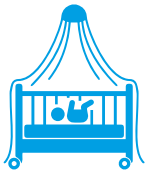
77% of multidimensionally poor children
are unable to go to a health facility or afford prescribed medicines when ill.

Children in rural areas have **higher rates** of health deprivation than those in urban areas

UNDER FIVE MORTALITY IN 2012 [PER 1,000 LIVE BIRTHS]

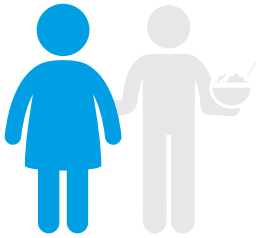


55%
children are fully immunised

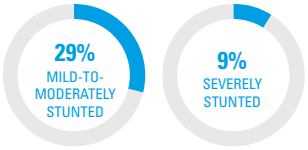


62%
under-fives sleep under an insecticide-treated bed net.

FOOD SECURITY

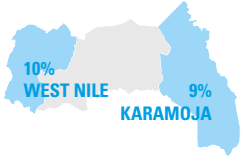


48%
OF ALL CHILDREN
and two-thirds (66%) of poor children do not get three meals a day due to a lack of money.

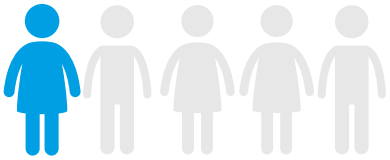


Around 3%
MILD-TO-MODERATE WASTING
1%
SEVERE WASTING

Wasting rates are **THREE TIMES** the national average in West Nile and Karamoja



INFORMATION DEPRIVATION



Around 1 in 5

CHILDREN LACK ANY SOURCE OF INFORMATION AT HOME

and so are considered severely information deprived.

75%

of all children and 91% of urban children live in households with access to either a landline telephone or a cellular/mobile phone.

54%

more than half do not have a radio

85%

more than half do not have a tv

97%

more than half do not have a computer

CRIME

More than 1 in 4

CHILDREN (27%)

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.

THE PUBLIC'S VIEW

Based on the socially perceived necessities used for the UNHS indicators, participants in 60 focus groups across the country were asked to identify what they believe to be items and activities necessary for a decent standard of living in Uganda today. While there were regional differences and differences between household size and those classified as 'poor' and 'not poor', there was a high level of consensus. With regard to items viewed as essential for children, these included:

80%

A visit to a health facility when ill

70%

Money to take children to a medical facility when sick

68%

Toiletries to be able to wash every day

67%

Two sets of clothing

68%

All school fees, uniform and required equipment

63%

Money to pay school fees for children

62%

Own blanket

62%

Three meals a day

58%

Own room for children over 10 of different sexes

*Figures represent share of Ugandans that consider these items viewed as esential for children

In describing their own and others' experiences of poverty and deprivation, Ugandan citizens spoke not only of the physiological effects of, for example, poor nutrition, health care and education, but of the social and psychological effects – the stigma attached to not having decent clothes or shoes to wear, the impact on children's development and learning of not having an adequate diet or not being able to afford school uniform, and the isolation of those unable to participate in social activities and occasions.

Achieving an adequate standard of living for Ugandan children is their right, and is important in relation to their wellbeing, happiness, comfort and parental care. It is also vital with regard to their longer-term access to opportunities, life chances and livelihoods. Participants' accounts emphasise the importance of adequate living standards in ensuring children's successful transition out of poverty and into adulthood.

DEMOGRAPHIC DIVIDEND

Demographers believe that the average fertility rate will continue to fall in Uganda and that in the next decade the number of working-age adults in the population will begin to exceed the number of children. As the number of working-age adults rises, Uganda has the potential to reap a 'demographic dividend', i.e. rapid economic growth that will enable it to attain upper middle-income country status by 2040.

However, realising a demographic dividend will require a healthy and well-educated population that is engaged in productive work. This can only be achieved by strengthened implementation of the National Social Protection Policy and a substantial investment in health care, education and other social services aimed at improving the lives and skills of poor children.

POLICY RECOMMENDATIONS

The integration of multidimensional child poverty in the Uganda National Household Survey series reaffirms the GoU's firm commitment to achieve the SDG target of *reducing by at least half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions* by 2030. Ending poverty in all its dimensions during the 21st century will require deliberate efforts to move from measurement to action by integrating multidimensional child poverty targets in the National Development Plan, and ultimately revisit the balance between economic and social sector public investments to improve the quality of basic services.

The analysis presented in this report supports the GoU's efforts to transition from output-oriented budgeting (OOB) towards programme-based budgeting (PBB). This important policy reform represents a necessary, precondition to embrace a more comprehensive and strategic approach to prioritise public investments on the basis of thematic areas of intervention. To elaborate further, alleviating the burden of multiple deprivations on children requires a healthy, and carefully calibrated, mix of interventions aimed at addressing both social and economic exclusion, while protecting children from violence and exploitation. Nested within the GoU's strengthened implementation of the National Social Protection Policy, the analysis presented in this report identifies the following key areas of thematic, programme-based financing to address some of the most prominent areas of deprivation:

- 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 to 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.

The policy recommendations articulated above can be further strengthened through the effective national and sub-national roll out and implementation of the GoU's Key Family Care Practices (KFCPs), a set of 22 high-impact strategies and interventions directed at parents and carers to promote better parenting and encourage early childhood development.

CONTENTS

TABLES

FIGURES

ABBREVIATIONS

ARI	Acute respiratory infection
GDP	Gross domestic product
GoU	Government of Uganda
MDG	Millennium Development Goal
NDP	National Development Plan
PEAP	Poverty Eradication Action Plan
SDG	Sustainable Development Goal
SPN	Socially perceived necessity
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UN	United Nations
UNHS	Uganda National Household Survey
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

The purpose of this report[1] is to provide further analysis of the 2016/17 Uganda National Household Survey (UNHS) and show the extent and nature of child poverty in Uganda, using the latest and most reliable data available. The report looks at children living in households surviving on very low incomes as well as those experiencing multidimensional poverty in order to provide a comprehensive picture of how poor children are living in Uganda today.

In 1997, the Government of Uganda (GoU) adopted the first Poverty Eradication Action Plan (PEAP) (MFPED, 1997), which had four main aims:

- Creating a framework for economic growth and transformation
- Ensuring good governance and security
- Directly increasing the ability of poor people to raise their incomes
- Directly increasing the quality of life of poor people.

In 2000, the PEAP was revised and the GoU adopted the goal of eradicating absolute poverty and set itself the ambitious target of reducing the percentage of the population in expenditure poverty to 10% by 2017 (MFPED, 2000a). At the United Nations (UN), the GoU agreed to the Millennium Development Goal (MDG) target of reducing extreme poverty by half between 1990 and 2015 – from over 50% to about 28%. In 2010, the first Uganda National Development Plan (NDPI) was launched, which included a somewhat more ambitious target to reduce low expenditure poverty to 24.5% by 2014/15 (NPA, 2010), i.e. to slightly exceed the UN MDG target.

Absolute poverty is officially defined in Uganda as a '*condition of extreme deprivation of human needs, characterised by the inability of individuals or households to meet or access the minimum requirements for decent human wellbeing such as nutrition, health, literacy and shelter'* (UBOS, 2012: 60). In Uganda '*there is general agreement that poverty is a lack of basic needs and services such as food, clothing, bedding, shelter, basic health care and education'* (MFPED 2000b, 2002). These are 'basic needs' definitions of poverty which are very similar in content to the human rights minimum core obligation. In General Comment 3, the UN Economic and Social Council (ECOSOC) determined that:

> **'a minimum core obligation to ensure the satisfaction of, at the very least, minimum essential levels of each of the rights is incumbent upon every State party. Thus, for example, a State party in which any significant number of individuals is deprived of essential foodstuffs, of essential primary health care, of basic shelter and housing, or of the most basic forms of education is, prima facie, failing to discharge its obligations under the Covenant.'** (ECOSOC, 1991, para 10)

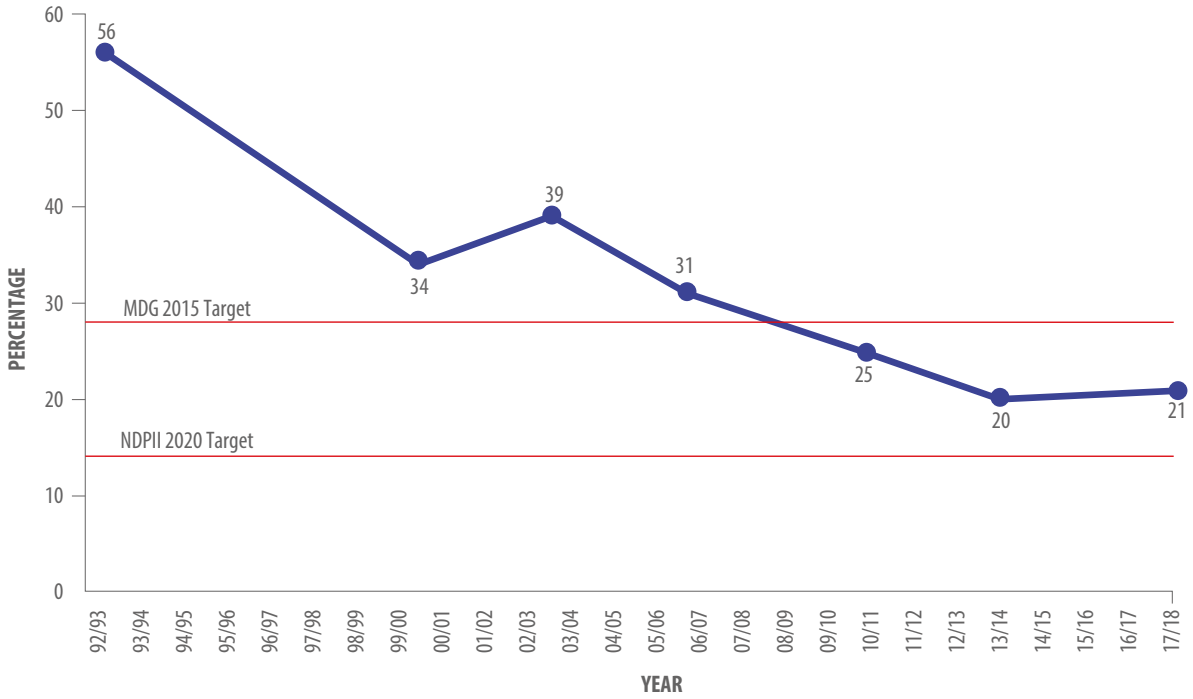
Figure 1.1 shows the significant progress made in reducing extreme expenditure poverty in Uganda between 1992/93 and 2016/17. The percentage of those living in poverty has fallen from over 50% to around 20% of the population – although caution is needed when looking at such long-term changes as these poverty estimates are not strictly comparable over time. Steady progress was made between 2001/02 and 2012/13 and the MDG target of having

1 This report is published alongside a companion report, *Multidimensional Child Poverty and Deprivation in Uganda Vol. 2: Views of the Public,* based on focus group discussions on the impact of poverty on children and their families (GoU & UNICEF, 2019).

extreme poverty was met in 2009/10 – five years early. The NDP1 poverty target was also exceeded – monetary poverty was about 21% in 2014/15. Unfortunately, since 2012/13, progress in reducing extreme expenditure poverty appears to have stalled and the PEAP target of reducing extreme poverty to 10% by 2017 was not met.

However, a revised poverty target was included in the second National Development Plan (NDPII) in 2015, which was to reduce monetary poverty to 14.2% by 2019/20 (NPA, 2015). This may still be achievable but recent trends of increasing poverty will need to be rapidly reversed if this target is to be met.

FIGURE 1.1: PERCENTAGE OF POOR PEOPLE IN UGANDA: 1992/92–2016/17



Source: UBOS https://www.ubos.org/explore-statistics/33/ March/April 2018 update

In 2015, the GoU committed itself to achieving 17 Sustainable Development Goals (SDGs) by 2030 (Figure 1.2). The overall goal of the SDGs is to *'end poverty in all its forms everywhere'* during the 21st century, leaving no one behind. The GoU has therefore agreed to completely eradicate extreme expenditure poverty by 2030 (i.e. achieve a low expenditure poverty rate of zero). It has also undertaken to measure and report to the United Nations on progress on SDG target 1.2, which is to: *'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'.*

This is the first time there has been a global agreement to reduce multidimensional adult and child poverty. To date, this has been an intractable problem in Africa because the large majority of countries do not have official national definitions, measures of multidimensional adult or child poverty, or anti-poverty policies that specifically target children and young people.

SDG target 1.2 requires all countries to develop national measures of multidimensional adult and child poverty which should, ideally, include age-appropriate indicators (as it is clear that the needs of a six-month-old baby girl and a 50-year-old man can differ). Most countries find themselves in a similar situation to Uganda in that they have well-established methods of reporting low income/expenditure poverty at household level but have not yet developed an official multidimensional poverty measure. This report includes a state-of-the-art multidimensional poverty measure which could form the basis for monitoring progress towards halving poverty in all its dimensions between 2015 and 2030.

FIGURE 1.2: SUSTAINABLE DEVELOPMENT GOALS (SDGS): 2015–2030

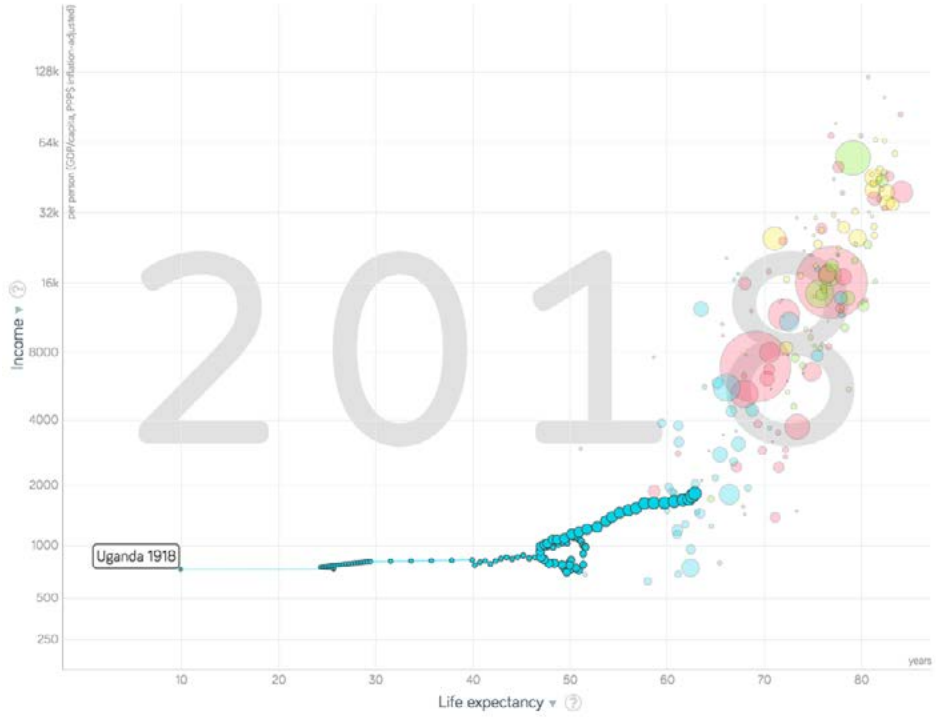
17 Goals, 169 targets, 236 Indicators

Uganda has witnessed some remarkable progress over the past 100 years. In 1918, the average life expectancy was just 10 years and the average Gross Domestic Product (GDP) per person was the equivalent of US$736 per year (see Figure 1.3). By contrast, a child born in Uganda today can expect to live to the age of 63 on average and the GDP per person is US$1,820. Thus, Ugandans today expect to live six times longer than their ancestors[2] and be 2.5 times richer in real terms.

There was no inevitability that the Ugandan people would make this remarkable progress and there were several periods of setbacks over the past 100 years. For example, life expectancy fell between 1924 and 1927. Similarly, both life expectancy and GDP per person also declined for much of the 20-year period from 1975 to 1995. However, since 1996, there has been a continuous increase in both life expectancy and average wealth.

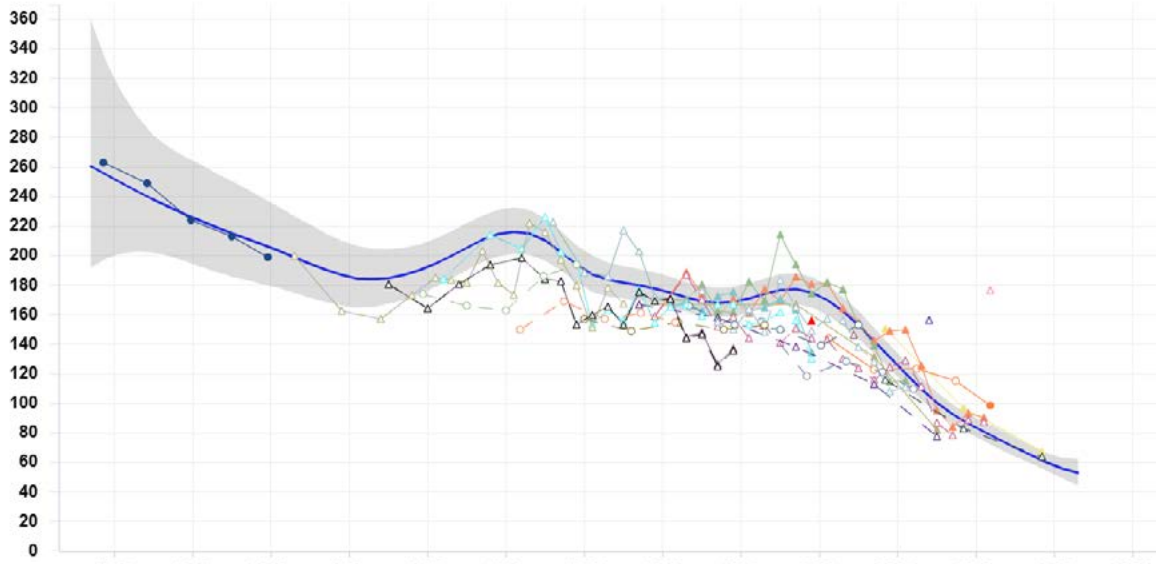
2 In 1918, life expectancy was very low as a result of the global 'Spanish' Flu epidemic. However, even 10 years later, in 1928, average life expectancy in Uganda was still only 25 years.

FIGURE 1.3: CHANGE IN LIFE EXPECTANCY AND GDP PER PERSON IN UGANDA: 1918–2018



Source: Gapminder: **https://www.gapminder.org/tools** – the size of the blue circles represents the number of people in Uganda and shows the increase in population between 1918 and 2018

FIGURE 1.4: CHILD MORTALITY IN UGANDA: 1953–2016

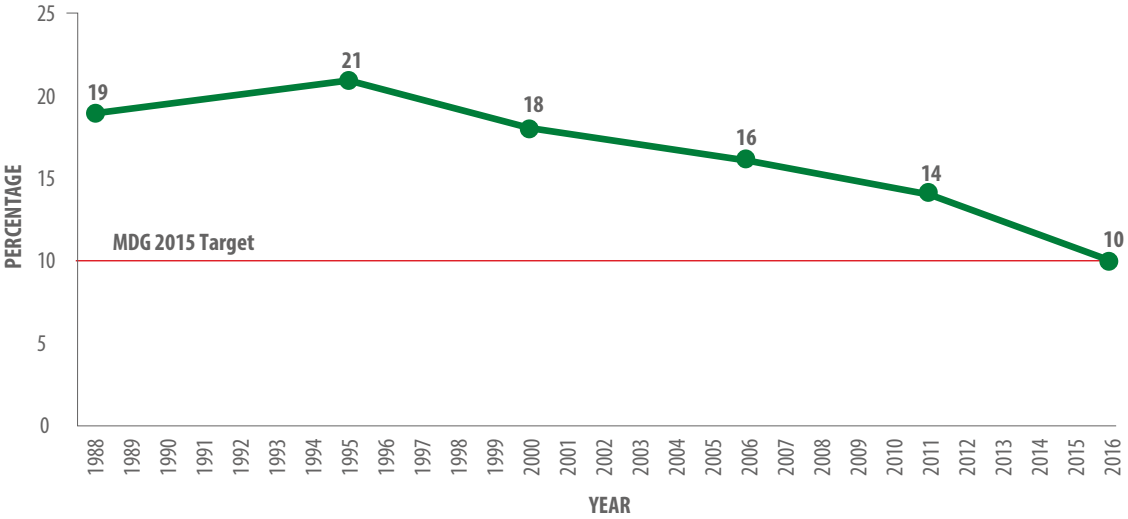


Source: **http://www.childmortality.org/index.php?r=site/graph#ID=UGA_Uganda**

Figure 1.4 (above) shows the death rates of children aged under five, between 1955 and 2016. The blue line is the best estimate of the trend and the shaded grey area either side of the line shows the possible error of this estimated trend. The other lines shown in Figure 1.4 are raw data from various sources. Child death rates fell from 260 per 1,000 in 1953 (i.e. more than 1 in 4 children died before the age of five) to 53 per 1,000 in 2016 – a more than five-fold reduction.

There were, however, two periods – from 1971 to 1980 and from 1993 to 1998 – when child mortality rates increased in Uganda.

FIGURE 1.5: PERCENTAGE OF CHILDREN (AGED UNDER 5) UNDERWEIGHT: 1988–2016

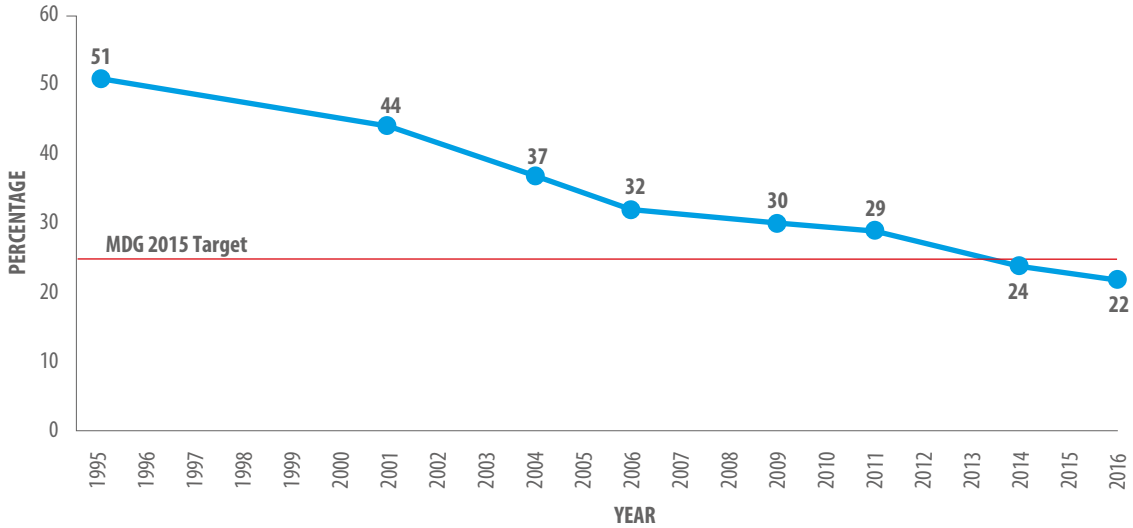


Source: STATcompiler: **https://www.statcompiler.com/**

One of the key reasons for the decline in child mortality in Uganda over the past 30 years has been the success in reducing malnourishment among children under five years of age. Figure 1.5 shows the percentage of children who were underweight (i.e. with a low weight for their age) between 1998 and 2016. This measure is designed to monitor both chronic and acute malnutrition. Uganda's MDG target was to halve the proportion of underweight children between 1990 and 2015 and this was just about met. This is very important because child malnutrition can have severe health consequences both during childhood and in later life (Black et al., 2013). Child malnutrition is thought to be a causal factor in about half of all deaths of children aged under five (Black, Morris & Bryce, 2003).

Malnutrition in young children can result from a lack of sufficient nutritious food but it can also be caused by disease, particularly diseases that result in diarrhoea and/or dysentery. Access to safe drinking water and sanitation is, of course, crucially important in protecting young children from water borne diseases that can cause diarrhoea and many other health problems.

FIGURE 1.6: POPULATION WITHOUT ACCESS TO SAFE DRINKING WATER: 1995–2016

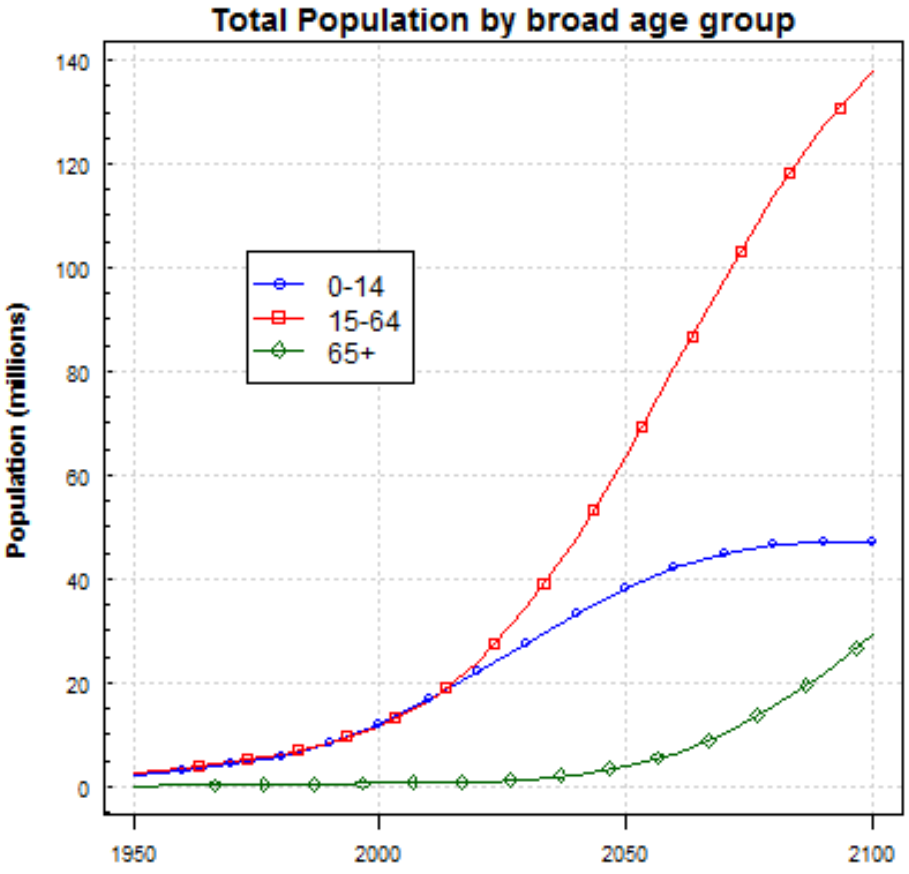


Source: STATcompiler: **https://www.statcompiler.com/**

Figure 1.6 shows the change in the percentage of the population with no access to improved (e.g. 'safe') drinking water in Uganda between 1995 and 2016. In 1995, over half (51%) of people did not have access to an improved source of drinking water. This fell steadily to 22% by 2016. The MDG target was to halve the proportion of people without access to safe drinking water by 2015 and Uganda successfully met this target.

The fall in child mortality in Uganda has been more rapid than the decline in fertility[3] so the population has grown rapidly as the number of children has increased. Uganda now has one of the youngest and most rapidly growing populations in the world. In 2018, the population was estimated to be 39 million, of which 21 million (54%) were children under the age of 18 (UBOS, 2017, 2018). Demographers believe that the average fertility rate will continue to fall in Uganda and that in the next decade the number of working age adults in the population will begin to exceed the number of children (see Figure 1.7 below).

FIGURE 1.7: PROJECTED CHANGES IN THE POPULATION OF UGANDA: 1950–2100



Source: UN World Population Prospects 2017 https://population.un.org/wpp/Graphs/DemographicProfiles/

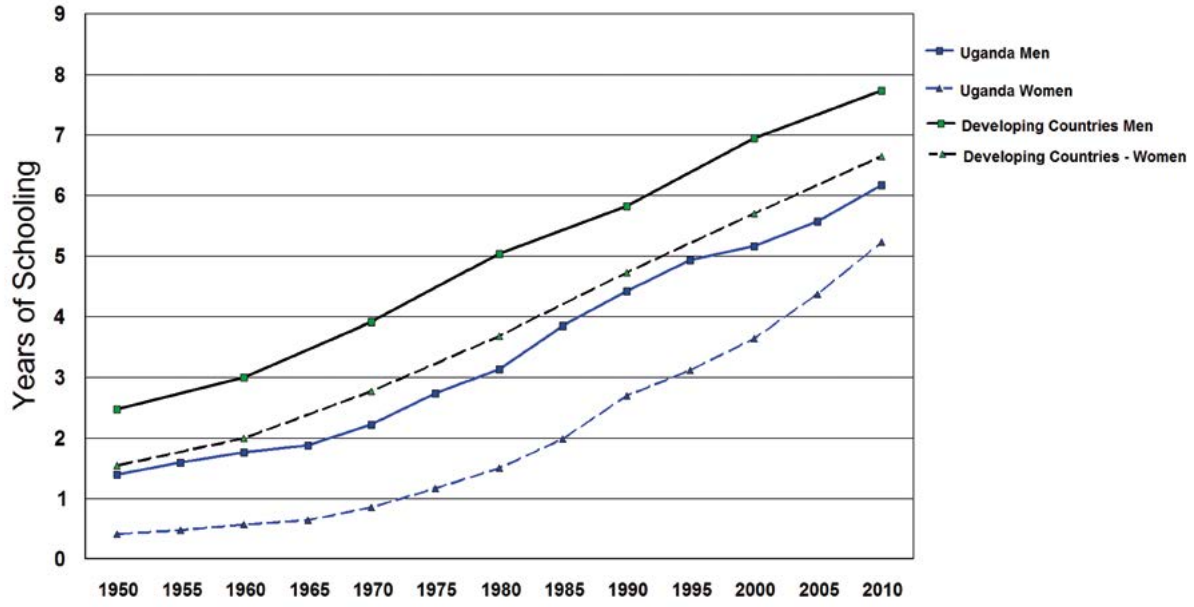
3 UBOS estimates fertility to have fallen on average from 7 children per woman in 2000 to about 5.5 children per woman in 2016 (UBOS & ICF, 2018)

As the number of working-age adults rises rapidly over the remainder of the 21st century, Uganda has the potential to reap a 'demographic dividend', i.e. rapid economic growth that will enable it to attain upper middle-income country status by 2040 (NPA, 2013). On average, working-age adults, as a group, produce more than they consume, while children and the elderly consume more than they produce. The hope is that Uganda will be able to follow the development path of South East Asian countries like Malaysia, Thailand and Singapore, where about one-third of their economic growth was attributable to favourable demographic conditions.

However, realising a demographic dividend will require a healthy and well-educated population that is engaged in productive work and this can only be achieved by a substantial investment aimed at improving the lives and skills of poor children (Heckman, 2006; Heckman and Masterov, 2007; NPA, 2014; NPC 2018a, 2018b). Unfortunately, when governments overlook the creation of productive jobs for young people and do not invest sufficiently in education, health care and reducing child poverty, a demographic dividend can turn into a demographic disaster. This demographic issue facing Uganda and some other African countries was summarised by the African Child Policy Forum – *'The rapidly increasing children and youth population is both a challenge and an opportunity. Children have the potential to transform Africa – but if neglected, they will exacerbate the burden of poverty and inequality, whilst posing a serious threat to peace, security and prosperity.'* (Bequele, 2018)

High-quality education is of course key to both improving the skills of the workforce and also to further reducing the fertility rate (Basu, 2002). A key policy of free education for four children in every family was introduced by the GoU in 1997 and primary enrolment increased rapidly from 2.6 million in 1996 to 6.5 million by the turn of the millennium (MFPED, 2000a). Thus, in only a few years, Uganda achieved the policy goal of universal primary education, although the rapid increase in enrolment put a lot of strain on the education system. In 2007, the GoU adopted a free universal secondary education policy, the first of its kind in sub-Saharan Africa. Free secondary education was offered to all students who passed the primary leaving examination in 2006 (Chapman et al., 2009) and this resulted in a dramatic rise in secondary school enrolment, especially for girls from poor households (Asankha & Takashi, 2011).

FIGURE 1.8: AVERAGE YEARS OF SCHOOLING (MEN AND WOMEN 15 AND OVER): 1950–2010



Source: Barro & Lee, A New Data Set of Educational Attainment V2.2 June 2018

Uganda has made significant progress in increasing the average number of years of schooling among both men and women aged 15 and over. Figure 1.8 shows that between 1950 and 2010, the average years of schooling for men increased from 1.4 years in 1950 to over 6 years by 2010 and for women from 0.4 years in 1950 to over 5 years in 2010. However, despite this good progress, both men and women have on average 1.5 years less schooling in Uganda than the average for developing countries. By comparison, in upper middle-income countries, adults on average had about 10 years of schooling in 2010.

This brief introduction has shown that poverty and hunger have fallen and living conditions have improved in Uganda over the past 100 years. Clearly, some remarkable progress has been made. Nevertheless, it still remains a poor country with some of the lowest health and education outcomes. There is still much that needs to be done. Uganda may also be in danger of lagging behind other African countries in providing for its children and improving their lives. The African Report on Child Wellbeing shows that while in 2008 Uganda was ranked 21st out of 52 African countries,[4] by 2018 it had slipped 19 places and was ranked 40th. In terms of meeting children's basic needs, Uganda is now ranked 44th out of 52 African countries, largely as a result of its relatively low expenditures (as a proportion of its GDP) on social protection, education and health services for children compared with other African countries (ACPF, 2018).

The GoU has set itself some ambitious anti-poverty targets, including the goal of eradicating extreme poverty and halving multidimensional poverty by 2030. In order to achieve these ambitious goals, valid and reliable poverty measures are needed that identify the extent and nature of poverty in Uganda. These will provide policy makers with the information they need to develop effective and efficient anti-poverty policies and monitor progress towards the poverty eradication goals.

4 The African Child Policy Forum Child-Friendliness Index uses quantitative data (27 indicators) to monitor and assess governments' progress towards realising the rights and wellbeing of children. The index is based on the three pillars of the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child: protection, provision and participation (ACPF, 2018).

CHAPTER TWO

METHODOLOGY

'A human rights approach adds value because it provides a normative framework of obligations that has the legal power to render governments accountable.'

- Mary Robinson, former UN High Commissioner for Human Rights, 2002

The purpose of this report is to describe the extent and nature of multidimensional child poverty in Uganda. It analyses child poverty using a rights-based approach, which is consistent with official definitions of poverty in Uganda (see Chapter 1). There is currently no single definition of child poverty. A situation analysis of child poverty in Uganda (UNICEF, 2014) adopted a multidimensional rights-based approach, using UNHS data on deprivation of basic needs like water, shelter, sanitation, information, nutrition, education and health. Children deprived in two or more of these dimensions were classed as poor. The multidimensional approach used in this report and explained in this chapter is slightly different and builds on data from the 2016/17 UNHS. Further technical detail is presented in Appendices 1 and 2,[5] *available online at:* www.unicef.org/uganda/resources_22175.html.

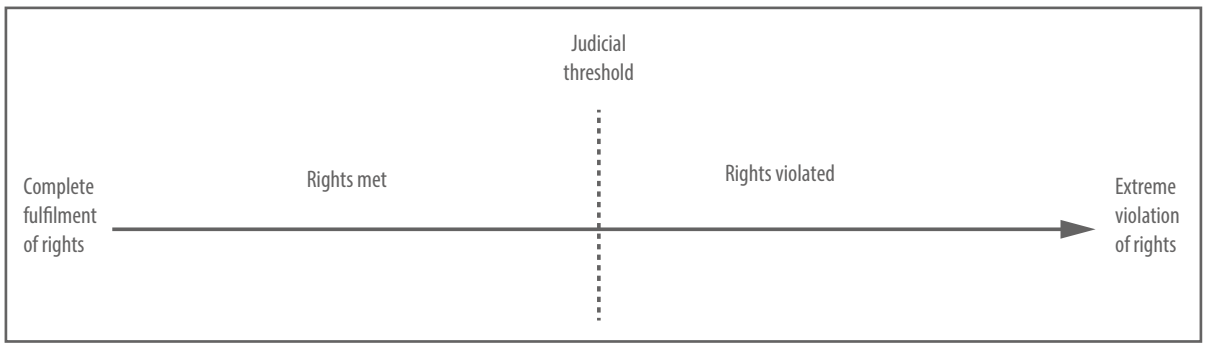
2.1 THE RELATIONSHIP BETWEEN CHILD POVERTY AND CHILDREN'S RIGHTS

The United Nations Convention on the Rights of the Child (UNCRC) does not contain an explicit human right to freedom from poverty, nor does the Constitution of Uganda. Hence, to measure poverty in terms of rights, a selection process is required to match these rights to the deprivations of basic need that characterise poverty. Giving greater priority to selected groups of rights does not imply that rights are divisible in any ultimate or 'perfect' sense. It allows planned actions to be taken, progressively by stages, to achieve agreed ends (Pemberton et al., 2007). Human rights are interrelated, so the fulfilment of some rights is reliant on the prior realisation of others (Doyal & Gough, 1991), e.g. the right to family life is dependent on the right to life, as you cannot enjoy family life if you are dead.

Several of the rights, as expressed in the relevant constitutions, charters and conventions, are ambiguous or imprecise. This is particularly the case with economic, social and cultural rights where access to some rights is easier to define and measure than others. The right to survival – preventing early deaths – is less difficult to measure than access to adequate health or educational services. Many phenomena (such as 'health') can be considered to be on a continuum ranging from 'good health' to 'poor health/death' (UNDP, 2000). Similarly, fulfilment of rights can be considered to be on a continuum ranging from complete fulfilment to extreme violation. Courts can make judgments on individual cases on the correct threshold level at which rights are found to have been violated or fulfilled (see Figure 2.1).

5 Appendix 1 explains in detail how multidimensional poverty in Uganda was measured for this report. Appendix 2 describes how equivalisation was achieved, and adjustments made to account for differences in household type and composition.

FIGURE 2.1: CONTINUUM OF RIGHTS



Regrettably, there is little international case law at present that identifies the location of this 'judicial' threshold with respect to many economic, social and cultural rights, such as the right to health care. In the absence of judicial threshold criteria, there are three main approaches that have been used to select deprivation indicators and set threshold values, using rights-based approaches to measure poverty.

1. **International norms** – for example, the MDG or SDG target indicators. This approach, adopted by Gordon et al. (2003) in developing their absolute child poverty measures for UNICEF, is sometimes called the 'Bristol' method. The strength of this method is that it facilitates international comparisons of extent and nature of multidimensional child poverty – over 50 countries have used this methodology. However, the weakness of the Bristol methodology is that some or all of the deprivation thresholds may be sub-optimal for a particular country, i.e. they may not be the most appropriate or 'best' deprivation thresholds to use (Pemberton et al., 2005, 2007).

2. **National and expert thresholds** – this approach was used by CONEVAL (the National Council for the Evaluation of Social Development Policy) in Mexico to develop the official multidimensional poverty measure (CONEVAL, 2010; Gordon, 2010). The dimensions of poverty were specified in the General Law of Social Development, which had unanimous support in the Mexican legislature. Deprivation threshold criteria were determined as follows (CONEVAL, 2010)

   i. Apply legal norms, if they exist
   ii. Apply specific criteria defined by experts of specialised public institutions working in the field of each deprivation indicator
   iii. Apply criteria based on statistical analysis
   iv. The Executive Committee of CONEVAL shall determine the threshold, after taking into consideration the opinion of experts.

   The advantage of this method is that the deprivation thresholds are based upon national norms. The weakness of this method is that there is controversy and lack of agreement about a number of the expert-set thresholds and the views of the Mexican public on the acceptability of the thresholds have not been taken into account (Guillen, 2017).

3. **Consensual Deprivation** – this approach has been used in over 50 countries, including European Union member states and many countries in Asia, Africa Oceania and the Americas. It allows a representative sample of the public to identify the necessities of life that all children (and adults) should be able to afford and that no one should have to do without due to a lack of money. Only deprivation items that the majority (i.e. more than 50%) of respondents agree are necessities/essentials are selected. This is sometimes called a 'democratic' method as it incorporates the views of the public into the measurement of poverty (Mack & Lansley, 1985). The advantage of this method is that it produces socially realistic and culturally appropriate poverty measures that have the support of the majority of the population. It allows the public to participate in decision making about poverty measurement in a fair and non-discriminatory manner, i.e. the survey sample is representative and every respondent has an equal vote in determining the necessities of life. The main disadvantage of this method is that it requires additional questions about poverty to be included in what may already be lengthy, time consuming and expensive social surveys.

For this study we have used the consensual deprivation method to measure multidimensional child (and adult) poverty, as it has a range of advantages over the other methods and in particular it is more sensitive to the different needs of children and adults, resulting in a more valid, reliable and policy-relevant assessment of the extent and nature of child poverty in Uganda.

2.2 RIGHTS AND CHILD POVERTY IN UGANDA

The Constitution of Uganda[6] is taken as a legal expression of the will of the people of Uganda, which has the full support of all politicians and organs of government. The Constitution is explicit about the social and economic rights to which all Ugandans are entitled. Article XIV makes clear that:

> *'The State shall endeavour to fulfil the fundamental rights of all Ugandans to social justice and economic development, and shall, in particular, ensure that*
>
> *a) All developmental efforts are directed at ensuring the maximum social and cultural wellbeing of the people; and*
>
> *b) All Ugandans enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security and pension and retirement benefits.'*

In addition to Article XV, there are a number of additional social, economic and cultural rights included in the Ugandan Constitution, to which all citizens are entitled. These rights (listed below) form the basis for the analyses of poverty in this report, i.e. how poverty affects the constitutional right to education, water and sanitation, etc. The numerals in parenthesis refer to the relevant articles and chapters in the Ugandan Constitution:

- Education (Article XVIII)
- Water and sanitation (Article XXI)
- Food security (Article XXII)
- Decent shelter (Article XVb)
- Pensions and retirement benefits (Article XVb)
- Adequate clothing (Article XVb)
- Recreation, sport and leisure (Article XXVII)
- Health (Article XX)
- Birth registration (Chapter 2, Section 18)
- Freedom from child labour (Chapter 2, Section 34)
- Access to information (Chapter 2, Section 41)

Chapter 4 of the Constitution also provides rights against discrimination on the grounds of sex, race, colour, ethnic origin, tribe, birth, creed or religion, or social or economic standing, political opinion or disability. This provides clear guidance for the analysis of poverty and deprivation, to identify if these important social and economic groups have equal opportunity and access to services and a decent standard of living. Thus, the analyses in this report make use of these population groups (where relevant information is available) as the basis for comparisons of poverty and deprivation outcomes.

6 http://www.statehouse.go.ug/sites/default/files/attachments/Constitution_1995.pdf

Poverty often denies both adults and children their fundamental constitutional and human rights. Severe or extreme poverty can cause children permanent damage – both physically and mentally. It can stunt and distort their development and destroy opportunities of fulfilment, including the roles they are expected to play successively as they get older in their family, community and society. Both research and administrative data show that investment in basic social services and social protection for children are key elements to ensure success in alleviating child poverty. It also shows that a minimal level of family resources to enable parents to meet the needs of their children are required – even when families are prepared to put their own needs and/or the needs of work and other social claims upon them in second place. If there are insufficient resources to satisfy children's needs – however hard parents try – then this can cause other obligations and relationships to crumble (Gordon et al., 2003).

Therefore, the needs of children have to be distinguished from those of adults. For example, Lansdown (1998) makes the following important points:

- children are people who have to be accorded equal status to adults
- children's healthy development and civil participation are integral to the creation of successful countries
- children are particularly vulnerable as a consequence of their development and dependence
- children are disproportionately affected by the activities and omissions of government, due to their reliance upon public services
- children are universally excluded from participation in political processes.

Thus, this report describes the extent and nature of child poverty in Uganda based on age-appropriate indicators which reflect the different (and also similar) needs of children when compared with adults.

2.3 DEFINITIONS OF POVERTY

Uganda boasts a well-established tradition of research on poverty that has identified key drivers of socioeconomic and geographical disparities (Okidi & Mugambe, 2002; Lawson et al., 2006; Ssewanyana & Okidi, 2007; MFPED, 2012, 2014; Pereznieto et al., 2014). Poverty has conventionally been assessed at household level, using monetary indicators, with children subsumed within households as units of analysis. In recent years, however, there have been a number of improvements in the way poverty is assessed, not least the availability of better and more reliable data collected through household surveys and the recognition that children have needs that may not be identical to those of adults (Witter, 2002; Witter & Bukokhe, 2004; UNESCO, 2005; Pereznieto et al., 2014; Misinde, 2015, 2017).

There have been several qualitative studies with children in Uganda that examine in detail the reasons why and how children experience deprivation and also their perspectives about pathways out of poverty (Pereznieto et al., 2014, Witter, 2004; Witter and Bukokhe, 2004). What is noticeable in these works, in addition to worries about a lack of money, is how frequently concerns about the social and non-monetary dimensions of poverty feature, e.g. not being able to participate in activities with friends and family, or living in unhealthy or precarious settings. Also expressed are concerns about physical safety and personal vulnerability, particularly

among girls, when engaging in work or doing household chores like collecting water, or even travelling to school. It is elements like these that should be reflected in a socially-realistic portrait of poverty.

When measuring adult or child poverty, it is important to understand the conceptual relationship between monetary (low income) and non-monetary (deprivation) dimensions of poverty. Peter Townsend's theory of relative deprivation explains this relationship:

> *Poverty can be defined objectively and applied consistently only in terms of the concept of relative deprivation. […] Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the type of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged or approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs or activities.' (Townsend, 1979, p. 31)*

Thus, Townsend defines 'poverty' as a lack of command of sufficient resources over time (e.g. the monetary dimension of poverty) and "deprivation" is an outcome of poverty (e.g. the non-monetary dimension of poverty). In addition, deprivation is a relative phenomenon which encompasses both a lack of material goods and social activities:

> *'Deprivation takes many different forms in every known society. People can be said to be deprived if they lack the types of diet, clothing, housing, household facilities and fuel and environmental, educational, working and social conditions, activities and facilities which are customary, or at least widely encouraged and approved, in the societies to which they belong.' (Townsend, 1987, p. 126)*

It should be noted that poverty in Uganda is officially defined in both absolute and relative terms (MFPED, 2014) and thus Townsend's relative deprivation theory is consistent with official definitions of poverty in Uganda. It is clear that, in Townsend's conception, poverty is a lack of resources and deprivation is a consequence of poverty (Townsend, 1987). Therefore, in order to measure poverty scientifically it makes good sense to use a multidimensional framework, i.e. to measure both low resources/income and deprivation/low standard of living (Townsend & Gordon, 1989). Using such a measurement framework, poor people are identified as those individuals/households that have both a low standard of living and a low income. They are 'not poor' if they have a low income and a reasonable standard of living or if they have a low standard of living but a high income.

This does not mean that the definition of poverty has changed. The 'poor' still remain those with an *'inadequate command of resources over time'* but cross-sectional scientific measurement of poverty requires that both low income and deprivation are measured in order to identify the 'correct/optimal' poverty threshold level (Gordon, 2006).

A low standard of living is often measured by using a non-monetary deprivation index (high deprivation equals a low standard of living). These should be broad measures of non-monetary poverty, which are multidimensional in nature and reflect different aspects of living standards, including personal, physical and mental conditions, local and environmental facilities, social activities and customs. Figure 2.2 below illustrates these concepts.

FIGURE 2.2: MULTIDIMENSIONAL DEFINITION OF POVERTY

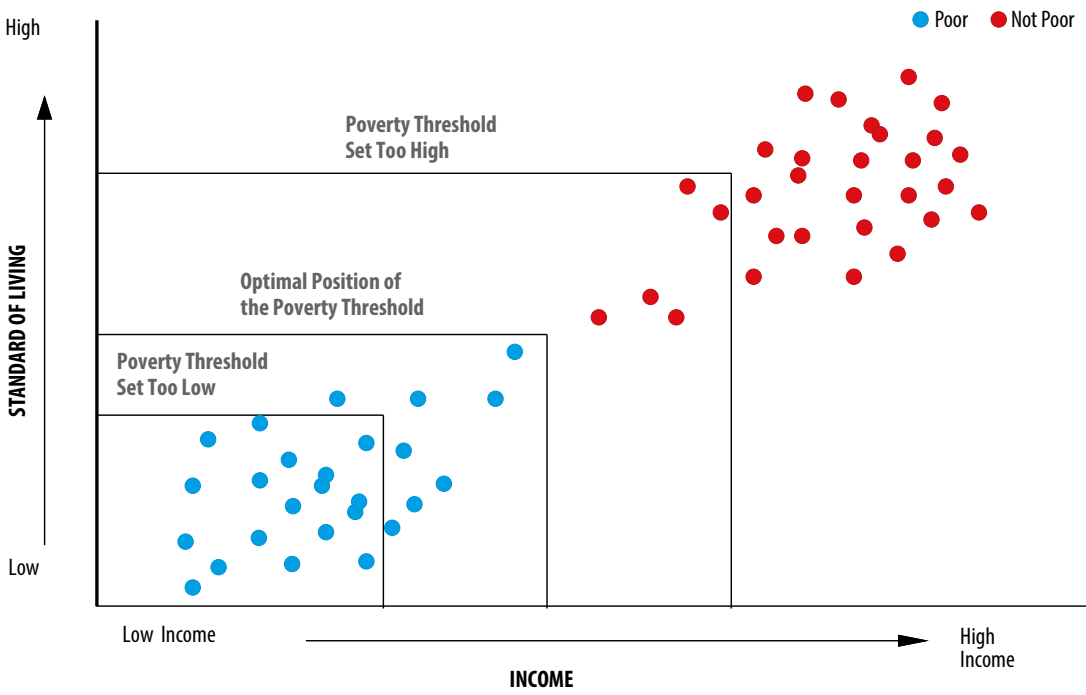


Figure 2.2 provides an illustration of poverty based on two dimensions (Income and Standard of Living). However, the same principles can be used to separate the 'poor' group from the 'not poor' group in three (or more) dimensions. It shows an 'objective' poverty line/threshold that can be defined as the point that maximises the differences **between** the two groups ('poor' and 'not poor') and minimises the differences **within** those two groups. For scientific purposes, broad measures of both income and standard of living are desirable. Standard of living includes both the material and social conditions in which people live and their participation in the economic, social, cultural and political life of the country/society in which they live (Gordon, 2000; Pomati & Patsios, 2018).

2.4 LOW INCOME AND DEPRIVATION GROUPS

From the discussion above, it is clear that people/households with a high income and a high standard of living are 'not poor' whereas those with a low income and a low standard of living are 'poor'. However, two other groups of people/households that are 'not poor' can also be identified in a cross-sectional (one point in time) survey, such as the UNHS as follows:

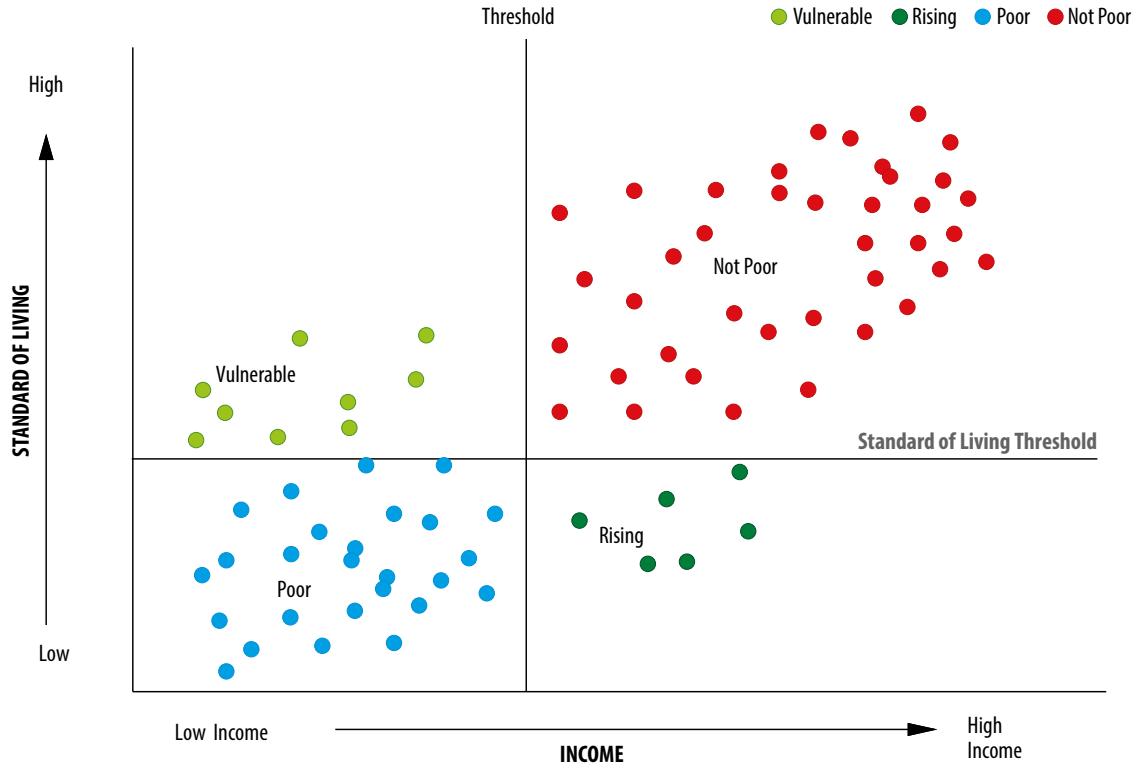
People/households with a low income but no deprivation. This group is not currently poor but, if their income remains low, they will become poor – they are currently vulnerable to sinking into poverty. This situation often arises when income falls rapidly (e.g. due to job loss, crop failure, family breakup, etc.) but people manage to maintain their lifestyle, for at least a few months, by drawing on their savings, the support of family and friends, and using the assets accumulated when income was higher. This group is sometimes referred to as vulnerable (Kaztman, 1999) or recently poor (ECLAC/DGEC, 1988).

People/households with a high income but a low standard of living. This group is currently 'not poor'. If their income remains high their standard of living will rise, and they will rise out of poverty. They are in the opposite situation to the previous group. This situation can arise when the income of someone who is poor suddenly increases (e.g. due to getting a new job, recovering from illness and thus being able to work, etc.). However, it takes time before they are able to buy the things they need to increase their standard of living. Income can both rise and fall faster than standard of living. Kaztman has referred to this group as being in inertial poverty (ECLAC/DGEC, 1988).

A cross-sectional 'poverty' survey can provide some limited but useful information on the dynamics of poverty since it is possible not only to identify the 'poor' and the 'not poor' but also those likely to be sinking into poverty (i.e. people/households with a low income but a high standard of living) and those escaping from poverty (i.e. people/households with a high income but a low standard of living).

On the basis of this discussion, it is possible to update Figure 2.2 to give a more realistic picture of movements into and out of poverty. Figure 2.3 illustrates this (Pantazis, Gordon & Levitas, 2006, p. 39).

FIGURE 2.3: REVISED DEFINITION OF POVERTY



2.5 CONSENSUAL NON-MONETARY POVERTY MEASURES

Conventional monetary measures of poverty often fail to adequately reflect the reality and lived experience of people in poverty. While food-based, calorie norm poverty lines have been abandoned in many (high-income) countries, their persistence in others (mainly low- and middle-income countries) and dominance in Africa is due perhaps more to habit than inherent merit. One significant problem with monetary poverty measures is that they usually treat children as a property of their households, sometimes assuming they have the same needs as adults and that income is equally shared between all adults and children in the household (Nandy & Main, 2015).

Monetary poverty measures may also not adequately reflect the costs of children. For example, the national poverty line adopted the methodology of Appleton (2001) who assumed that the relative needs of children can be calculated based on their average calorie needs. Thus, a baby girl is assumed to need only 23% of the expenditure of an 18-year-old adult man in order to have an equivalent standard of living.[7] While a baby girl may only need 23% of the calories that an adult man needs, there are many other things that babies need (e.g. health care, clean clothes, etc.). No parent is likely to believe that all the needs of a new baby girl in the family could be met by spending only 23% of what an adult needs – babies cost more than this! Thus, the assumptions made about the income needs of children when calculating the poverty line are liable to result in an underestimate of the 'true' extent of child poverty – particularly for young children (and, to a lesser extent, poverty among the elderly) (*see Appendix 2, available at:* www.unicef.org/uganda/resources_22175.html).

Many of the 'problems' of monetary poverty measures can be overcome by using the consensual deprivation approach (sometimes called the socially perceived necessities approach) to poverty measurement (Mack & Lansley, 1985; Gordon & Pantazis, 1997; Gordon et al., 2000; Pantazis et al., 2006). Consensual deprivation measures have been shown to produce practical and policy-relevant poverty measures in many African countries, for example, Benin (Nandi & Pomati, 2015), Mali (Nteziyaremye & Mknelly, 2001), South Africa (Noble et al., 2004, 2008; Wright, 2008) Tanzania (Kaijage & Tibaijuka, 1996) and Zimbabwe (Mtapuri, 2011). Thus, consensual approach poverty measures can provide a useful complement to low-expenditure poverty measures, in low-, middle- and high-income countries (Boltvinik et al., 2010; Gordon & Nandy, 2012, 2016). Consensual poverty measures:

- Have repeatedly been shown to produce statistically valid and reliable indicators of poverty and deprivation
- Are based on a well-established sociological theory and reflect internationally accepted definitions of poverty
- Are relatively straightforward to compute from modules added to existing household surveys
- Have a 35-year track record of continuous methodological development and have been used successfully in over 50 countries

7 For the assumed equivalent expenditure needs of adults and children in Uganda, which are used to calculate the national poverty line, *see Appendix 2, available at:* www.unicef.org/uganda/resources_22175.html. In this research we have used the following equivalisation scale 1.0 first adult, 0.8 additional people (14+), 0.5 child (<14).

- Produce indicators that reflect the multidimensional nature of poverty and can be used to report on the SDG multidimensional poverty target (SDG 1.2)
- Allow for the analysis of intra-household disparities, e.g. between genders or generations within a household
- Can be used to separately assess the poverty of adults and children with age-appropriate measures
- Provide the general public with a say in what constitutes acceptable living standards in their own countries, thus introducing a democratic element to the definition of poverty and ensuring socially realistic poverty measurement
- Have results that are easy to understand and policy relevant.

2.6 MEASURING CONSENSUAL DEPRIVATION

The 1983 Breadline Britain study pioneered what has been termed the 'consensual' or 'perceived deprivation' approach to measuring poverty. This methodology has since been widely adopted by other poverty studies around the world.

The consensual deprivation approach sets out to determine whether there are some people whose standard of living is below the minimum acceptable to society. It defines poverty from the viewpoint of the public's perception of minimum need:

'This study tackles the questions "how poor is too poor?" by identifying the minimum acceptable way of life for Britain in the 1980s. Those who have no choice but to fall below this minimum level can be said to be "in poverty". This concept is developed in terms of those who have an enforced lack of socially perceived necessities. This means that the "necessities" of life are identified by public opinion and not by, on the one hand, the views of experts or, on the other hand, the norms of behaviour per se.' (Mack & Lansley, 1985).

The methodology thus tries to distinguish deprivations that are a result of financial constraints (e.g. a lack of money/resources) from deprivations due to choice or other reasons (e.g. ill health, discrimination, etc.). It improves on Peter Townsend's original deprivation measurement methodology to meet Piachaud's (1981) critique about the importance of distinguishing choice from economic constraint:

'To choose not to go on holiday or eat meat is one thing: it may interest sociologists, but is of no interest to those concerned with poverty. To have little or no opportunity to take a holiday or buy meat is entirely different.' (Piachaud, 1981)

In addition, the consensual deprivation methodology only defines an item or activity as a deprivation if the majority of the surveyed population believe it to be a necessity of life, which everyone should be able to afford and no one should have to do without. In this way, the views of the public are incorporated into the measurement of poverty and a socially realistic measure can be produced, i.e. a deprivation measure which has broad public support.

The implementation of the consensual poverty measurement method is simple and straightforward and consists of two stages. First, public opinion is measured by asking survey

respondents to distinguish if a range of possessions and activities are 'necessities of life'[8] which all people should be able to afford and not have to do without'. This is the *definition* component of the question module (Fifita, 2016). Then, survey respondents are asked if they have each possession or do each activity and if they do not have it/do it if this is because they 'do not want it' or because they 'cannot afford it' or for 'some other reason'. This is the *measurement* component of the question module. Only possessions and activities that the majority of the public believes are 'necessities of life' and which respondents 'do not have and cannot afford' are considered to be deprivations.

The exact question wordings vary slightly by mode of collection and cultural and language translation. The Uganda Bureau of Statistics (UBOS) asked the consensual deprivation definition and measurement questions in the 2016/17 UNHS as follows:

CHILD ITEMS (ANYONE BELOW 18 YEARS OF AGE)

Please say whether you think each of the following is essential for every parent or caregiver to be able to afford for children they care for in order for them to enjoy an acceptable standard of living in Uganda today.

If you think it is essential please say **'ESSENTIAL'**. If you think it is desirable but not essential please say 'DESIRABLE'. If you think it is not essential and not desirable please say 'NEITHER'. So the three possible answers are **'ESSENTIAL', 'DESIRABLE'** or **'NEITHER'.**

Following on from the definitional questions, respondents are then asked: *'Please say whether you have or do each of the following. If you do not have the item please say whether you don't have it because you can't afford it, you don't have it because you don't want it, or don't have it for another reason.*

So the possible answers are:

1 'HAVE IT'

2 'DON'T HAVE AND CAN'T AFFORD'

3 'DON'T HAVE AND DON'T WANT'

4 'DON'T HAVE, FOR ANOTHER REASON'

For activities (as opposed to items), the possible answers are

1 'DO'

2 'DON'T DO AND CAN'T AFFORD'

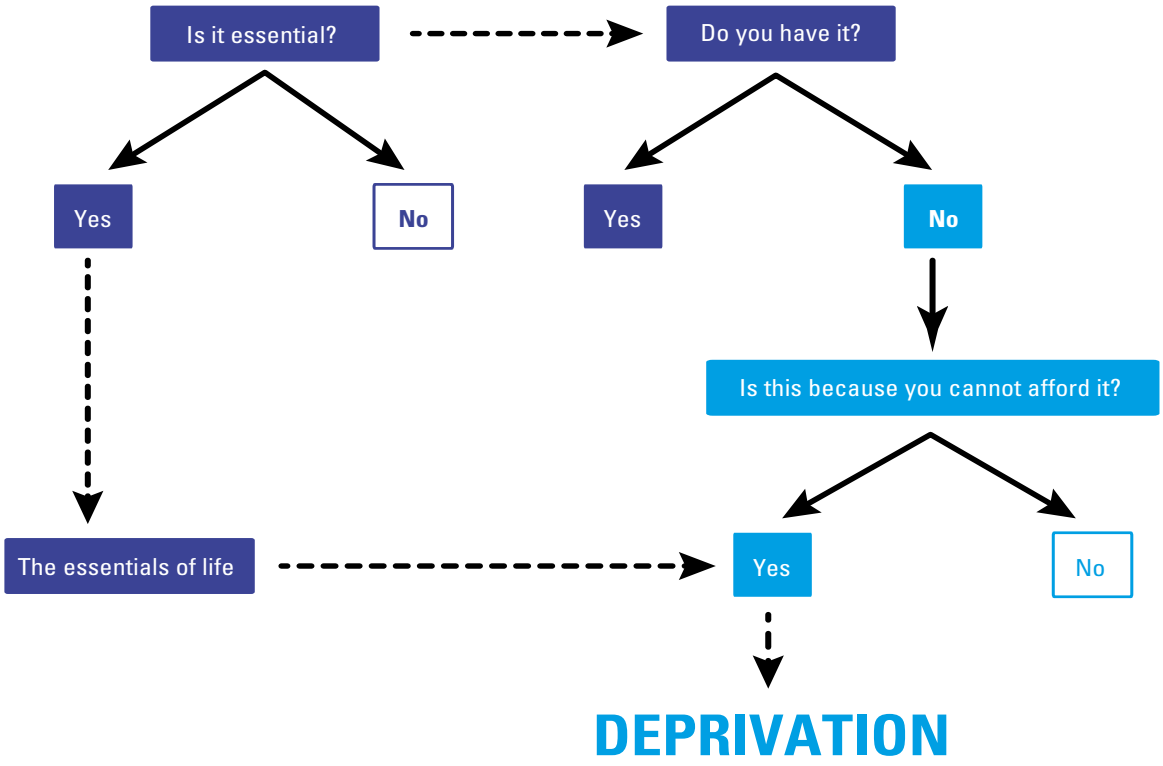
3 'DON'T DO AND DON'T WANT TO DO

4 'DON'T DO, FOR ANOTHER REASON'.

Figure 2.4 shows the similar question structure and flow that has been used in Australian consensual deprivation surveys (Saunders & Wong, 2012). Survey respondents were asked to provide a 'Yes' or 'No' answer to three questions about each item: Is it essential? Do you have it? If not, is this because you cannot afford it?

8 In some surveys, the word 'essentials' has been used instead of 'necessities' (e.g. in Australia).

FIGURE 2.4: IDENTIFYING THE ESSENTIALS OF LIFE AND DEPRIVATION IN AUSTRALIA



Although there are minor differences in the question wordings that have been used in different countries to measure consensual deprivation, it is important to note that all these methods have produced robust results and have achieved high response rates and positive feedback from survey respondents. In Uganda, the 2016/17 UNHS included 18 child-specific deprivation questions, 11 adult deprivation questions and 6 household deprivation questions, which are shown below. These questions had previously been successfully piloted by UBOS in the Uganda National Panel survey *(see Appendix 1 for details, available at:* www.unicef.org/uganda/resources_22175.html).

In addition, UBOS ran a series of 60 focus groups, conducted in 2017 as part of development work associated with the UNHS module on consensual deprivation. The focus group results were designed to inform analysis and interpretation of survey indicators of child deprivation in the 2016/17 UNHS dataset and assist subsequent survey development in this area. To improve understanding about the nature of poverty and how it is experienced in Uganda today the focus groups discussed:

- How do Ugandans understand terms like 'poverty' and 'necessities'?
- Is there a shared understanding of these terms among Ugandans?
- What do these understandings tell us about the nature of human needs?
- How does the Ugandan public make decisions about needs and entitlements? Do these differ?

Understanding public perceptions of and responses to these questions is critical in developing consensual deprivation indicators that genuinely reflect public views of the nature, symptoms and effects of child poverty. In doing so, it seeks to better understand the goods, activities, amenities and services considered by the public to constitute minimally adequate living standards in Ugandan society today.

The primary focus of this report is an analysis of the quantitative results from the UNHS 2016/17 consensual deprivation question module. The detailed results from the findings of the 60 focus groups are reported in a companion report, *Multidimensional Child Poverty and Deprivation in Uganda Vol. 2: Views of the Public* (GoU & UNICEF, 2019).

This type of social inquiry reflects a long tradition within poverty research of attempting to establish what constitutes human needs. For example, over 100 years ago, Charles Booth (1902, p. 33), argued that the *'"poor" may be described as living under a struggle to obtain the necessities of life and make both ends meet'.* The 1983 Breadline Britain study, which invented the consensual deprivation method, was the first to capture the 'standard of living' that is considered unacceptable by a society as a whole. This was a radical departure from previous poverty studies, which relied on the role of 'experts' (Pantazis et al., 2006).

One of the major achievements of the Mack and Lansley study was that it established that the minimum publically acceptable standard of living covered not only the basic essentials for survival (such as food and shelter) but also the ability to participate in society and play a social role. It showed:

> *'for the first time ever, that a majority of people see the necessities of life in Britain in the 1980s as covering a wide range of goods and activities, and that people judge a minimum standard of living on socially established criteria and not just the criteria of survival or subsistence.' (Mack & Lansley, 1985, p. 55)*

The validity of the consensual approach to measuring poverty rests on the assumption that there is a universal minimum accepted by society that also reflects actual living conditions. The implications of this are that differences in views between social groups about what constitutes an acceptable living standard are relatively small. Otherwise, the definition of an unacceptable standard of living becomes the opinion of one group against another. Consensual deprivation surveys in different countries around the world have confirmed that in any given country there exists *'a high degree of consensus, across all divisions in society, on the necessity of a range of common possessions and activities. Society as a whole clearly does have a view on what is necessary to have a decent standard of living.'* (Gordon & Pantazis, 1997, p. 96)

A major strength of the consensual approach is that it allows definitions and measures of poverty to reflect the possessions and social activities that people believe to be important. In doing so, it provides robust estimates of the multidimensional nature of poverty and allows the public to participate in the definition and measurement of poverty. The right to participate equally and in a non-discriminatory manner is a fundamental tenant of human rights, i.e. there is a right *'to directly and indirectly participate in political and public life'.*[9] Thus the consensual approach to measuring multidimensional poverty is consistent with the right of Ugandan citizens to participate in political and public life.

A step-by-step technical guide describing how the multidimensional poverty line was calculated can be found in the appendices, *available at*: www.unicef.org/uganda/resources_22175.html.

9 See https://www.ohchr.org/EN/Issues/Pages/EqualParticipation.aspx

CHAPTER THREE

PERCEPTIONS OF CHILD POVERTY IN UGANDA

One of the primary purposes of the consensual deprivation questions in the 2016/17 UNHS was to establish what possessions and activities the public perceive as necessary – those that no child (or adult) should have to go without due to a lack of money in modern Ugandan society.

Thus, in addition to testing the validity and reliability of poverty measures *(see Chapter 2 and Appendix 1, available at:* www.unicef.org/uganda/resources_22175.html), it is also important to know if there is agreement across society about the relative importance of each item in the deprivation index – i.e. is there consensus across groups (socioeconomic, geographic, demographic, etc.) that these are things/activities that are important, or necessities.

One way to display consensus is through the use of heat maps. Where items are coloured red, this indicates that a high proportion of respondents consider them necessities. Where items are highlighted in green/yellow, this indicates that a lower proportion of respondents think an item is a necessity. For the purposes of this report, we divide respondents by age, gender, occupation, education, monetary poverty status and geography and use these groups to show what proportion of adults believes which items are necessities for children. Respondents were asked to consider whether each item was *'essential for every parent or caregiver to be able to afford for the children they care for in order for them to enjoy an acceptable standard of living in Uganda today'.*

3.1 CONSENSUS IN UGANDA

The heat maps (Table 3.1) show quite clearly that there is a high degree of consensus across the different groupings of Ugandan society. What women think is important, men do as well; what younger respondents think all children should have is the same as older respondents. This pattern is repeated across all social groupings and divisions in Ugandan society. Where one group believes a deprivation item to be less important (e.g. some fashionable clothes, or a mobile phone for children), so too do others (with only relatively minor variations).

Thus, 97% of men and 98% of women thought that a *'A visit to a health facility when ill and all the medication prescribed to treat the illness'* was an essential need for all Ugandan children. By contrast, 21% of women and 23% of men thought that *'Own cell phone for secondary school-aged children'* was an essential. This is evidence of a horizontal consensus which is fundamental to the consensual approach, i.e. it reflects what is important to all groups in a society.

Table 3.1 below shows that there are very few differences in the views of men and women or between younger (under 24) and older (65+) respondents about the essentials for children to have an acceptable standard of living in Uganda. Men are slightly more likely to consider all items to be essential compared with women, and younger respondents were also slightly more likely to say each item was an essential compared with older respondents. However, these differences in perception about the essentials of life for children are relatively small. In no instance was it a case of a majority of one group thinking an item was essential but the other not. Items which less than 50% of respondents consider essential are highlighted in **bold**.

TABLE 3.1: CHILD DEPRIVATIONS BY SEX AND AGE OF RESPONDENT

	Sex		Age group	
	Male	Female	<24 yrs	65+
A visit to a health facility when ill and all the medication prescribed to treat the illness	97	98	98	97
Three meals a day	96	95	95	96
Two sets of clothing	94	93	93	92
Toiletries to be able to wash every day (e.g. soap, hairbrush/comb)	93	93	94	90
All fees, uniform of correct size and equipment required for school (e.g. books, school bag, lunch/lunch money, etc.)	89	88	88	86
Own blanket	85	85	87	83
Own bed	81	81	82	79
Two pairs of properly-fitting shoes, including a pair of all-weather shoes	80	79	82	74
Own room for children over 10 of different sexes	78	75	74	77
Books at home suitable for their age (including reference and story books)	72	71	72	69
Some new clothes (not second-hand or handed on/down)	70	69	73	64
Bus/taxi fare or other transport (e.g. bicycle) to get to school	69	68	69	66
To be able to participate in school trips or events that cost money	68	69	70	66
A desk and chair for homework for school-aged children	57	54	56	54
Presents for children once a year on special occasions (e.g. birthdays, Christmas, Eid)	55	53	57	52
Educational toys and games	54	52	57	50
Some fashionable clothes for secondary school-aged children	**38**	**37**	**43**	**35**
Own cell phone for secondary school-aged children	**23**	**21**	**26**	**24**

The high level of agreement between Ugandan men and women about the possessions and activities that are essential for children is shown in Figure 3.1 (using the data from the first two columns of Table 3.1 above). All the points on this graph lie on or close to the 45^0 line which goes through 0,0 and 100,100 – indicating an almost perfect level of agreement.

FIGURE 3.1: SCATTERPLOT OF MEN AND WOMEN'S PERCEPTIONS OF CHILD NECESSITIES

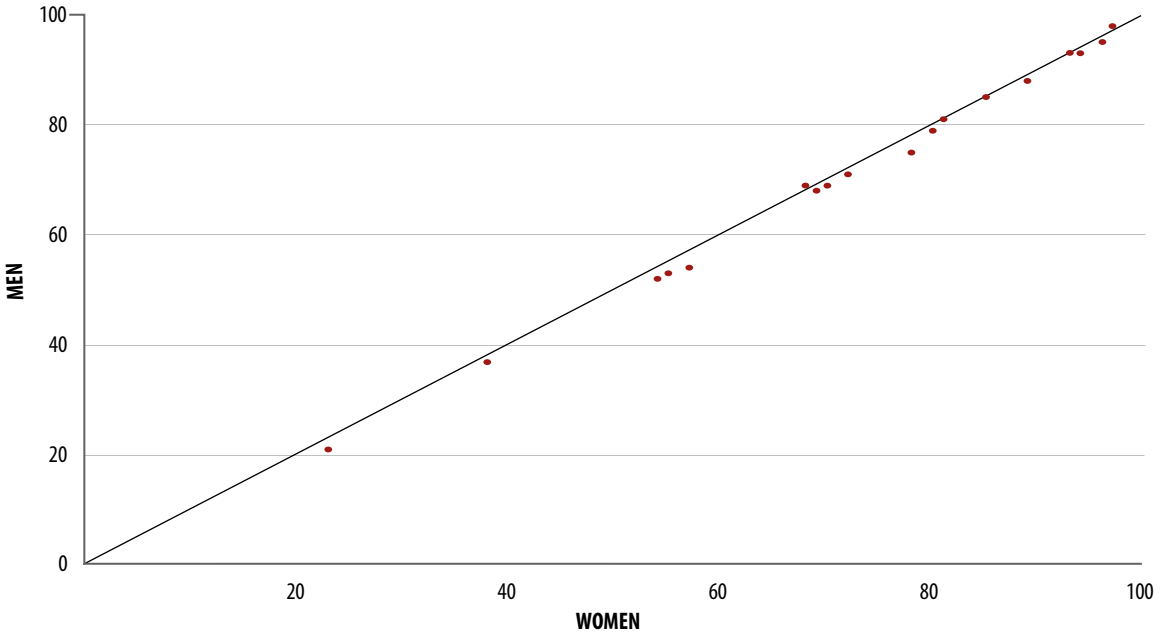


Table 3.2 (below) shows similar results by occupation, education level and monetary poverty status. The results show a consistent picture that respondents with a low occupational status (i.e. subsistence farmers or farm labourers), less education or those suffering from monetary poverty were slightly less likely to believe that any of the child deprivation items were essential.

Respondents with a lower occupational status were on average 4% less likely to say each deprivation was essential. Those with no formal education were on average 11% less likely to say each deprivation was essential and the income poor were 5% less likely to say each deprivation was essential. The largest difference in the perception of necessities regarded school-based deprivation items, e.g. *'Educational toys and games'* and *'Bus/taxi fare or other transport (e.g. bicycle) to get to school',* where respondents with a secondary or tertiary education were 20% more likely to say these items were essential compared with respondents with no formal education. Although both primary and secondary education are now free in Uganda (see Chapter 1), there may still be a need to explain to people who have not had the benefit of a formal education about the importance of schooling for children.

The results for both adult and child deprivations are similar when comparing respondents by occupation, education level and monetary poverty status. Differences between poverty and occupation groups tend to be less than the difference in the perception of necessities by education level.

TABLE 3.2: CHILD DEPRIVATIONS BY SOCIOECONOMIC VARIABLES (%)

	Occupation		Education		Monetary poverty (UBOS)	
	All others	Subsistence agriculture / labour	Higher secondary	No formal education	Non-poor	Poor
A visit to a health facility when ill and all the medication prescribed to treat the illness	97	97	98	97	98	96
Three meals a day	95	96	96	94	96	95
Two sets of clothing	93	94	96	90	94	91
Toiletries to be able to wash every day (e.g. soap, hairbrush/comb)	93	93	96	89	94	87
All fees, uniform of correct size and equipment required for school (e.g. books, school bag, lunch/lunch money)	89	87	92	85	89	82
Own blanket	86	85	88	79	86	80
Own bed	83	78	85	74	82	73
Two pairs of properly-fitting shoes, including a pair of all-weather shoes	82	75	87	69	81	71
Own room for children over 10 of different sexes	76	76	76	72	77	73
Books at home suitable for their age (including reference and story books)	75	66	80	62	72	66
Some new clothes (not second-hand or handed on/down)	73	66	78	60	71	65
Bus/taxi fare or other transport (e.g. bicycle) to get to school	73	63	77	57	70	60
To be able to participate in school trips or events that cost money	73	64	75	59	70	60
Educational toys and games	58	47	62	42	54	50
Presents for children once a year on special occasions (e.g. birthdays, Christmas, Eid)	58	50	60	45	55	49
A desk and chair for homework for school-aged children	57	53	58	47	56	51
Some fashionable clothes for secondary school-aged children	**41**	**33**	**41**	**30**	**37**	**38**
Own cell phone for secondary school-aged children	**23**	**22**	**21**	**20**	**21**	**27**

The similarities and differences in the perception of what is essential for children between adults who are expenditure poor and those who are not poor (using the national poverty line) are shown in Figure 3.2 (based on the data in the final two columns of Table 3.2.) Most of the deprivations lie slightly below the 45^0 guideline that goes through 0,0 and 100,100 on the graph – indicating that expenditure poor adults are slightly less likely to consider most child deprivation items to be essential compared with richer adults.

FIGURE 3.2: EXPENDITURE POOR AND NOT-POOR ADULTS' PERCEPTIONS OF CHILD NECESSITIES (%)

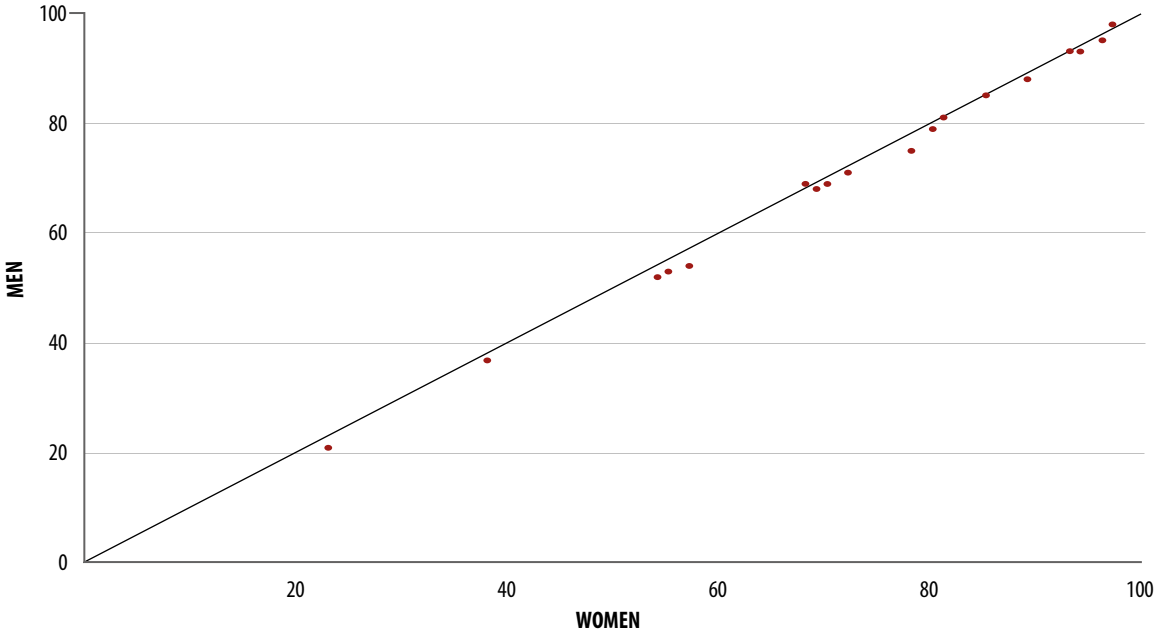


Table 3.3 shows a heat map of the results of the child deprivation question by geographical variables – place of residence and region. Respondents in rural areas were on average 5% less likely to say an adult deprivation item was essential when compared with respondents living in urban areas. However, there was close agreement between urban and rural respondents on the ranking of the importance of each child deprivation question, i.e. the highest proportion of urban (98%) and rural (97%) respondents thought that *'A visit to a health facility when ill and all the medication prescribed to treat the illness'* was essential and the lowest proportion of rural (23%) and urban (22%) respondents thought that *'Own cell phone for secondary school-aged children'* was essential.

TABLE 3.3: CHILD DEPRIVATIONS BY GEOGRAPHY (%)

	Place of Residence		Regions				
	Urban	Rural	Central	Kampala	North	East	West
A visit to a health facility when ill and all the medication prescribed to treat the illness	98	97	99	99	98	97	96
Three meals a day	96	96	94	96	96	97	94
Toiletries to be able to wash every day (e.g. soap, hairbrush/comb)	95	92	99	95	90	89	92
Two sets of clothing	94	93	95	93	95	92	92
All fees, uniform of correct size and equipment required for school (e.g. books, school bag, lunch/lunch money)	91	87	94	92	91	76	90
Own blanket	88	84	92	90	83	82	84
Own bed	86	79	91	91	78	74	78
Two pairs of properly-fitting shoes, including a pair of all-weather shoes	86	77	90	90	80	70	75
Books at home suitable for their age (including reference and story books)	78	69	84	87	71	69	58
Own room for children over 10 of different sexes	77	76	75	74	83	73	76
Some new clothes (not second-hand or handed on/down)	75	68	79	78	73	69	58
To be able to participate in school trips or events that cost money	75	66	85	77	66	61	60
Bus/taxi fare or other transport (e.g. bicycle) to get to school	74	66	80	83	66	62	61
Educational toys and games	60	50	65	67	45	55	43
A desk and chair for homework for school-aged children	59	54	59	59	57	54	51
Presents for children once a year on special occasions (e.g. birthdays, Christmas, Eid)	59	52	63	63	60	47	45
Some fashionable clothes for secondary school-aged children	43	35	48	49	42	40	18
Own cell phone for secondary school-aged children	22	23	23	27	29	28	11

There were more marked regional differences of opinion, with respondents in the East region being 13% on average less likely to consider the child deprivation items to be essential compared with respondents in Uganda's Central region. However, irrespective of the region, the same deprivations appear at the top and bottom of the table, i.e. the rankings are effectively identical.

3.2 HOUSEHOLD DEPRIVATION

Tables 3.4, 3.5 and 3.6 show the percentage of household respondents who considered six household-level deprivation items to be *'essential for everyone to be able to afford in order for them to enjoy an acceptable standard of living in Uganda today'*. These three tables compare the results by sex, age, occupation, education, poverty, place of residence and region. Both children and adults suffer from household deprivations and children may be worse affected than adults by some of these deprivations – e.g. a leaky roof, which may cause damp and mould in the dwelling.

TABLE 3.4: HOUSEHOLD DEPRIVATIONS BY AGE AND SEX OF RESPONDENT (%)

	Sex		Age group	
	Male	Female	<24 yrs	65+
To be able to make regular savings for emergencies	92	91	91	90
Enough money to repair a leaking roof for the main living quarters	87	86	87	84
To be able to replace broken pots and pans for cooking	84	84	84	83
Have your own means of transportation (e.g. car, bike, motorcycle, etc.)	81	77	80	77
Enough money to repair or replace any worn-out furniture	79	78	79	76
Enough money to repair or replace broken electrical goods (e.g. a refrigerator)	57	57	59	52

TABLE 3.5: HOUSEHOLD DEPRIVATIONS BY SOCIOECONOMIC STATUS (%)

	Occupation		Education		Monetary Poverty (UBOS)	
	All others	Subsistence agriculture/labour	Higher secondary	No formal education	Non-poor	Poor
To be able to make regular savings for emergencies	92	92	94	87	93	87
Enough money to repair a leaking roof for the main living quarters	88	84	90	83	88	80
To be able to replace broken pots and pans for cooking	86	83	86	81	85	80
Enough money to repair or replace any worn-out furniture	81	74	83	70	80	70
Have your own means of transportation (e.g. car, bike, motorcycle, etc.)	80	78	77	71	79	77
Enough money to repair or replace broken electrical goods (e.g. a refrigerator)	64	48	69	44	59	47

TABLE 3.6: HOUSEHOLD DEPRIVATIONS BY GEOGRAPHY (%)

	Place of Residence		Regions				
	Urban	Rural	Central	Kampala	North	West	East
To be able to make regular savings for emergencies	93	91	95	95	95	89	87
Enough money to repair a leaking roof for the main living quarters	90	85	97	93	90	83	74
To be able to replace broken pots and pans for cooking	87	83	91	87	87	84	75
Enough money to repair or replace any worn-out furniture	83	76	90	86	79	72	69
Have your own means of transportation (e.g. car, bike, motorcycle, etc.)	78	79	84	76	90	64	80
Enough money to repair or replace broken electrical goods (e.g. a refrigerator)	69	53	80	78	50	44	47

The results show a similar and consistent pattern with the adult and child deprivation tables. The groups most likely to consider virtually all deprivations to be essential are younger people, males with a higher level of education, and those not working in agriculture, not suffering from poverty and living in urban areas in the Central region.

From these analyses, it seems likely that the wealthier and better educated a person is, the more likely they are to consider deprivation items to be essential. Poorer and less-educated Ugandans are somewhat less likely to consider all deprivation indicators to be essential. However, these differences should not be exaggerated as, in general, there remains a broad level of agreement about what are the necessities of life for children across all social and demographic groups in the Ugandan population.

CHAPTER FOUR

CHILD POVERTY IN UGANDA

As outlined in previous chapters, child poverty can be measured in several ways. This report focuses on multidimensional poverty among Uganda's children, based on the poverty measures described in the previous chapters. It also provides information about the extent of deprivation (i.e. an enforced lack, due to not being able to afford them) of important socially perceived necessities (SPNs).

TABLE 4.1: CHILD DEPRIVATION IN UGANDA, UNHS 2016/17

Child deprivations		Don't have, can't afford %	Essential %
1	Own bed	74	81
2	Two pairs of properly-fitting shoes	71	79
3	Presents for children once a year on special occasions	70	54
4	Own blanket	66	85
5	Some new clothes	63	70
6	Books at home for their age	59	71
7	Three meals a day	48	96
8	A desk and chair for homework	45	55
9	Educational toys and games	44	53
10	Bus/taxi fare or other transport	41	68
11	To be able to participate in school trips	38	69
12	All fees, uniforms of correct size and equipment	34	88
13	A visit to the health facility when ill and all prescribed medication	33	97
14	Toiletries to be able to wash every day	29	93
15	Two sets of clothing	17	94
16	Own room for children over 10 of different sexes	17	76
17	Some fashionable clothes for secondary school-aged children	9	37
18	Own cell phone for secondary school-aged children	9	22

Source: UNHS 2016/17 (N= 41,088 children). Items highlighted in grey are not considered to be essential by a majority of respondents.

Table 4.1 shows the percentage of children in Uganda experience 18 deprivations because their parents or guardians cannot afford them, rather than because they do not want their children to have them or for some other reason. The second column shows the percentage of adults who thought these possessions and activities were essential for children. Thus, almost three-quarters (74%) of children in Uganda do not have their own bed despite the fact that 84% of adults believe this is an essential. Similarly, two out of three children do not have their own blanket even though 85% of Ugandan adults believe this is something that children should be able to have. It is particularly concerning that 96% of adults believe that children should have three meals a day but almost half the children in Uganda (48%) do not have three meals a day due to a lack of money.

In 1974, at the first World Food Conference in Rome, Henry Kissinger made the following commitment:

> **within a decade no child will go to bed hungry, [...] no family will fear for its next day's bread and [...] no human being's future and wellbeing will be stunted by malnutrition'.**

Unfortunately, millions of children in Uganda still go to bed hungry and poor families struggle to feed their children. Focus group[10] participants in Moroto explained:

> 'There is hunger here in the community. There is no food to eat.' ***Moroto***
>
> 'When we feel hungry, we go to the bush to look for small bush fruits. We cannot go with children and the few fruits we bring for the children are not enough so children are bound to die.' ***Moroto***
>
> 'Right now, we're very poor and we cannot feed the family, there is no food to eat and if you want to feed the family, you have to go along the river to look for green leaves to use as food.' ***Moroto***
>
> 'There is no way to feed the children, so they are going to die. I plead with the government to help the children.' ***Moroto***

The rates of deprivation shown in Table 4.1 are age specific, i.e. not all deprivation measures are applicable to all children. For example, babies are not deprived if they do not go to school. The age ranges for the different deprivation rate calculations are:

- Age 11–17 for bedrooms for every child of different sex
- Age 6–17 for a desk and chair for homework, going on a school trip. Bus/taxi fare, school fees and uniforms
- Age 3–17 for books suitable for age
- Age 3–12 for educational toys and games
- Age 0–17 for all other child items.

TABLE 4.2: CHILDREN SUFFERING FROM HOUSEHOLD DEPRIVATIONS IN UGANDA, UNHS 2016/17

	Household deprivations	Don't have, can't afford %	Essential %
1	To be able to make regular savings for emergencies	59	92
2	Enough money to repair a leaking roof for main living quarters	44	86
3	To be able to replace broken pots and pans for cooking	41	84
4	Have your own means of transportation	62	79
5	Enough money to repair or replace any worn-out furniture	66	78
6	Enough money to repair or replace broken electrical goods	66	56

Note: Items highlighted in yellow are unreliable indicators of deprivation in Uganda

Table 4.2 shows children who are deprived of a range of household-level items that affect their wellbeing. For example, 93% of households believe that it is essential to be able *'to make regular savings for emergencies'*, i.e. to put some money aside just in case. However, almost three out of every five children (59%) live in a household that cannot afford to put some money aside for emergencies. Similarly, 84% of household respondents believe that being able to replace broken pots and pans for cooking is essential, yet two out of five children (41%) live in households that cannot afford to do this.

10 See this report's companion publication, *Multidimensional Child Poverty and Deprivation in Uganda Vol. 2: Views of the Public* for details (GoU & UNICEF, 2019).

The following results in this chapter begin with an examination of monetary and multidimensional poverty among children and shows how they are distributed by geographic (i.e. region and place of residence) and demographic (age, sex, household composition, orphan status) variables commonly used when reporting the prevalence (Prev., in %) or distribution (Distr., %) of poverty. To fully understand the distribution of child poverty in Uganda, it is important not to only use prevalence rates but also how poverty is distributed across society – if only to say, this group includes the highest rates of child poverty and this group includes the largest number of poor children. Results are then presented with regards to children's Constitutional rights to services and protection (education, health, work, crime and birth registration) and then for children's other Constitutional economic and social rights, including food security, shelter, water and sanitation, clothing, and access to information.

4.1 MONETARY AND MULTIDIMENSIONAL POVERTY AMONG CHILDREN

The UNHS 2016/17 used an innovative method for assessing multidimensional poverty among children and adults – the consensual approach. The approach allows the development of child-specific, age-appropriate measures of multidimensional poverty, based on a population-derived national definition of poverty, which is a requirement of the SDGs.

Three measures of child poverty are used in this chapter. The first, reflecting **monetary poverty**, reports the proportion of children living in households falling below the national poverty line. The next two reflect **multidimensional poverty,** one as a binary variable (i.e. multidimensionally poor and not poor), and the other as a disaggregated variable combining information on deprivation and expenditure. This approach allows us to identify changes in household behaviour patterns at six deprivations, suggesting a poverty line of 141,771 Ugandan Shillings per month. This framework, which is further elaborated upon in the appendices (*available at:* www.unicef.org/uganda/resources_22175.html), enables researchers and policy practitioners to distinguish between:

- **multidimensionally poor (56%)** – living in households that are below the poverty line and experiencing six or more deprivations
- **rising out of poverty (2%)** – living in households that are above the poverty line but experiencing six or more deprivations
- **vulnerable to poverty (6%)** – living in households that are below the poverty line but not experiencing six or more deprivations
- **not poor (36%)** – living in households that are above the poverty line and not experiencing six or more deprivations.

As Table 4.3(a) shows, based on the national poverty line slightly less than a quarter of children (23%) in Uganda are identified as 'poor'. There were few differences by gender or age band but there were higher than expected rates for households where there were three or more children. Rates were highest for lone parents with three or more children (29%) but this was driven more by the number of children rather than lone parent status. Children identified as orphans (using UNICEF's criteria of one or both parents deceased) had slightly higher rates of poverty (26%) compared with the national average.

However, the multidimensional poverty results among children present a much bleaker picture (Table 4.3(a)), with the majority of children (56%) suffering from multidimensional poverty across the country. These are children experiencing six or more deprivations and living in households with low equivalised household expenditures (less than 141,771 Ugandan Shillings a month). When poverty is disaggregated further, in addition to the 56% in multidimensional poverty, there are 6% of children vulnerable to poverty and 2% rising out of poverty. Only 36% of children are not monetary poor and do not suffer from six or more deprivations.

When examining the distribution of multidimensional poverty, similar patterns can be observed to that of monetary poverty, with rates of multidimensional poverty reaching above 60% for households with three or more children. This highlights the need to ensure additional support and social protection for households with larger numbers of children and also for orphans.

Poverty (monetary and multidimensional) in Uganda is clearly distributed differentially by geography (Table 4.3(b)). Children in urban areas have less than half (10%) the rate of monetary poverty than their rural peers (27%) and less than half the national average (23%). The lowest rates of monetary child poverty are found in Kampala (3%) and seven sub-regions have monetary poverty rates above the national average: Karamoja (60%), Bukedi (46%), Busoga (40%), West Nile (39%), Bugishu (37%), Acholi (35%) and Teso (27%). Nineteen per cent of Uganda's monetary poor children live in rural areas and around one in every five poor children lives in Busoga.

The highest rates of multidimensional poverty are also found in rural areas (Figure 4.1): Karamoja (84%), Bukedi (83%), West Nile (81%), Bugishu (80%), Acholi (76%) and Busoga (75%). 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.

The disparity between rates of monetary and multidimensional poverty varies across sub-regions. In Kampala, around five times more children are identified as living in multidimensional poverty (15%) than monetary poverty (3%). This variation between measures across sub-regions ranges from less than two (in Karamoja) to around five (Kigezi). The disaggregated multidimensional poverty group shows that the Teso region is of concern as, while its rate of multidimensional poverty is around the national average, around 17% of children are classed as being vulnerable to poverty. This figure is nearly three times the national rate of vulnerability to poverty and means children there may be at considerable risk of falling into poverty without some additional help and social protection.

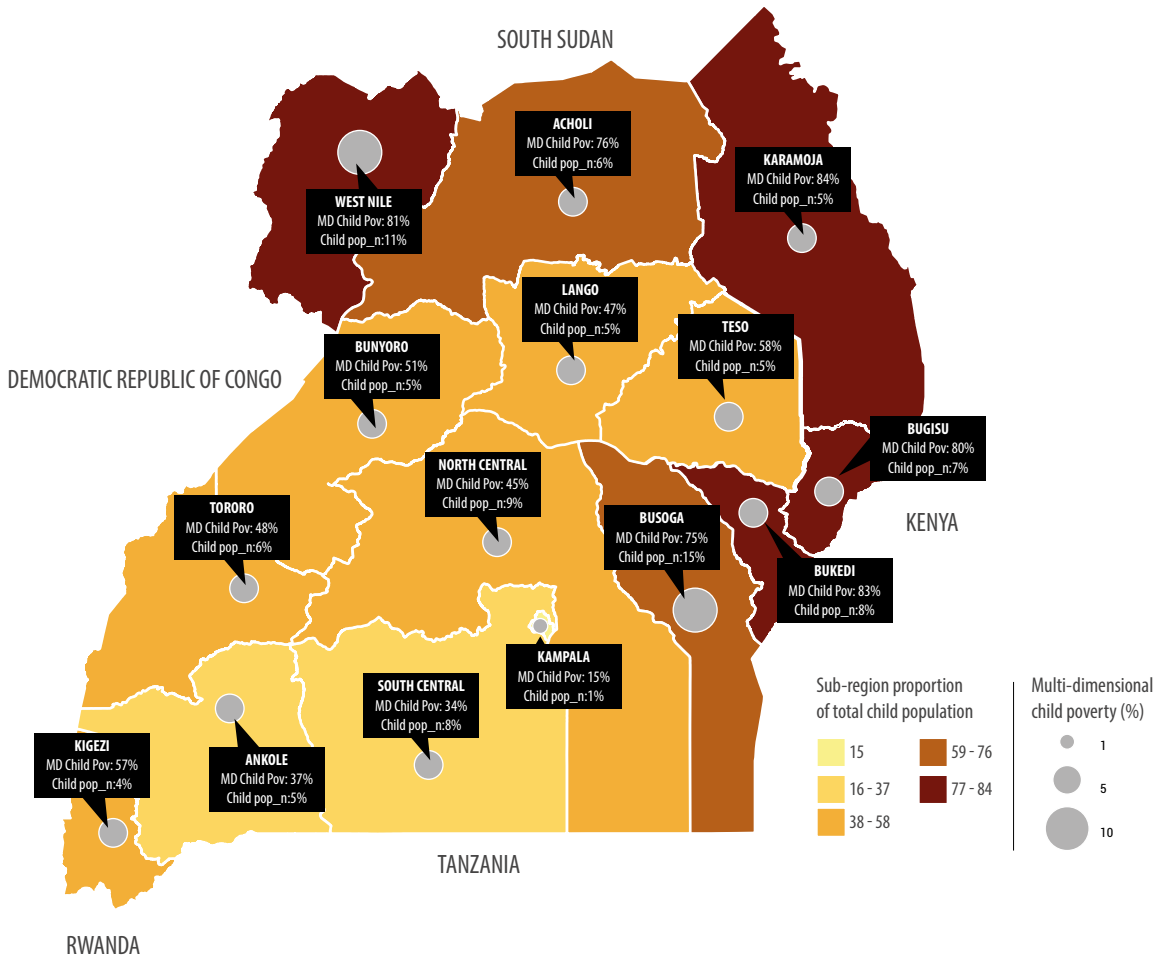
TABLE 4.3(A): MONETARY AND MULTIDIMENSIONAL CHILD POVERTY IN UGANDA, BY HOUSEHOLD CHARACTERISTICS, UNHS 2016/17 (%)

		Monetary Poverty		Multidimensional Poverty		Multidimensional Poverty Group							
		Poor		Poor		Poor		Rising		Vulnerable		Not poor	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	23	100	56	100	56	100	2	100	6	100	36	100
Sex	Male	24	52	57	51	57	51	2	51	6	51	36	50
	Female	23	48	56	49	56	49	2	49	5	49	36	50
Age Group (UNICEF)	0–5	23	39	54	38	54	38	1	25	9	63	36	39
	6–8	25	19	60	19	60	19	2	19	3	10	34	17
	9–14	24	31	58	31	58	31	3	41	3	17	36	30
	15–18	21	11	54	12	54	12	2	15	4	10	39	14
Household Composition	1 adult, 1 child	6	0	29	1	29	1	6	5	5	2	59	3
	1 adult, 2 children	11	1	48	2	48	2	4	5	7	3	41	3
	1 adult, 3+ children	29	14	65	13	65	13	1	7	3	6	31	10
	2 adults, 1 child	12	2	35	2	35	2	2	3	13	9	51	5
	2 adults, 2 children	14	5	47	7	47	7	2	6	8	11	43	10
	2 adults, 3+ children	27	49	62	47	62	47	2	37	5	38	31	36
	3+ adults, 1 child	9	0	34	1	34	1	6	3	6	1	54	1
	3+ adults, 2 children	11	1	38	2	38	2	2	2	6	3	54	4
	3+ adults, 3+ children	23	27	54	25	54	25	2	31	6	26	38	28
Orphan (UNICEF Definition)	No	23	88	56	88	56	88	2	85	6	93	37	90
	Yes	26	12	63	12	63	12	3	15	3	7	31	10

TABLE 4.3(B): MONETARY AND MULTIDIMENSIONAL CHILD POVERTY IN UGANDA, BY GEOGRAPHY, UNHS 2016/17 (%)

		Monetary Poverty		Multidimensional Poverty		Multidimensional Poverty Group							
		Poor		Poor		Poor		Rising		Vulnerable		Not poor	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	23	100	56	100	56	100	2	100	6	100	36	100
Place of Residence	Rural	27	90	63	88	63	88	2	67	6	82	29	63
	Urban	10	10	32	12	32	12	3	33	5	18	61	37
Sub-region	Kampala	3	0	15	1	15	1	7	10	1	1	77	7
	Ankole	7	3	37	5	37	5	4	17	4	5	55	12
	South Central	10	5	34	8	34	8	3	18	3	8	60	21
	North Central	11	5	45	9	45	9	2	11	9	18	44	13
	Tooro	12	4	48	6	48	6	4	13	6	8	43	9
	Kigezi	12	2	57	4	57	4	3	6	3	2	36	4
	Lango	16	4	47	5	47	5	2	6	6	7	45	8
	Bunyoro	19	5	51	5	51	5	2	6	7	8	40	7
	Teso	27	6	58	5	58	5	1	2	17	17	24	4
	Acholi	35	7	76	6	76	6	1	2	3	3	20	3
	Bugishu	37	8	80	7	80	7	0	1	3	3	17	2
	West Nile	39	13	81	11	81	11	0	2	0	1	19	4
	Busoga	40	19	75	15	75	15	1	4	8	15	16	5
	Bukedi	46	11	83	8	83	8	0	1	2	2	15	2
	Karamoja	60	8	84	5	84	5	0	0	8	4	9	1

FIGURE 4.1: UGANDA MULTIDIMENSIONAL CHILD POVERTY VS CHILD POPULATION DISTRIBUTION



Source: UNHS 2016/17

4.2 EDUCATION DEPRIVATION AMONG CHILDREN

Article XVIII of the Ugandan Constitution requires the State to promote free and compulsory basic education and to take appropriate measures to afford every citizen an equal opportunity to attain the highest educational standard possible. These are ambitious goals and, if met, would enable Uganda to harness the full potential of its citizens in driving national economic, social and cultural development.

To reflect whether children's rights to education are being fulfilled, two different approaches are used. The first uses three indicators, reflecting varying degrees of educational deprivation among school-aged children (aged 6 to 18 years): (1) children not currently in school or who have not completed primary education are classed as *'MDG education deprived'*;[11] (2) school-aged children who have never attended school are classed as *'Severe education deprived'*; and (3) children unable to read or write are classed as *'Illiterate'*. The second approach shows the proportion of children who either lack education-related deprivation items or are unable to participate in education-related activities, *because their households cannot afford them*, i.e. an *enforced lack* due to poverty. Over half of all Ugandans consider these educational items to be socially perceived necessities, which all children should have.

The measures of education 'poverty' selected are indicative of varying levels of deprivation. The MDG measure reflects a level of deprivation whereby children have been able to get to school and receive an education but have either not completed primary education (if they are of secondary school age) or are of primary school age but are not currently attending school. This measure is less severe than the second, which identifies children who have never been to school. The more severe measure has been used for many years by UNICEF to reflect severe education poverty (Gordon et al., 2003; Nandy & Minujin, 2012; UNICEF, 2007) in the developing world.

At the national level, around 1 in 8 children (12%) are MDG education deprived, 1 in 17 (6%) are severely education deprived and 4 in 10 (43%) are unable to read or write (illiterate). Education poverty follows similar patterns to monetary and multidimensional poverty. Table 4.4(a) shows that there are large differences between urban and rural children (7% versus 13% for MDG education deprivation; 3% versus 7% for severe education deprivation and 28% versus 47% for illiteracy). Children in the north, in Karamoja in particular, have high rates of MDG and severe education deprivation. Karamoja stands out as a significant outlier, where over half (53%) of all children are severely education deprived – i.e. they are not/have never been to school or have never completed primary school. This explains in part the 84% prevalence rate of illiteracy, which is the highest in Uganda, and nearly twice the national rate (43%).

11 This was an indicator for MDG Target 3: 'Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling'.

TABLE 4.4(A): EDUCATION DEPRIVATION IN UGANDA, SCHOOL-AGED CHILDREN, BY GEOGRAPHY, UNHS 2016/17 (%)

		MDG education deprivation		Severe education deprivation		Unable to read or write	
		Prev	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	12	100	6	100	43	100
Place of Residence	Rural	13	87	7	90	47	86
	Urban	7	13	3	10	28	14
Sub-region	Karamoja	59	15	53	26	84	6
	West Nile	19	12	9	12	50	9
	Acholi	16	7	10	8	60	7
	Tooro	15	9	6	7	51	9
	Lango	15	8	7	7	35	5
	Bunyoro	11	6	4	4	51	7
	Teso	10	5	5	5	49	6
	Bugishu	9	4	6	5	51	6
	Busoga	9	8	4	7	49	12
	Bukedi	8	4	4	4	58	7
	Kigezi	8	3	3	2	42	4
	Ankole	7	5	2	3	37	7
	South Central	6	7	2	4	22	7
	North Central	6	6	2	4	29	7
	Kampala	5	1	1	0	15	1

Table 4.4(b) below shows how education deprivation and illiteracy are distributed by individual and household characteristics. There are few apparent gender differences and, with regards to age, the core group of children (aged 9 to 14 years) do appear to be in school, with lower rates of MDG and severe education deprivation. Rates of illiteracy decline with age, showing that the education system is effective in enabling children to read and write by the time they are ready to leave school – although, even for the 15 to 18 age band, 1 in 10 children are still unable to read or write.

Orphans are more likely to be MDG education deprived but not severely education deprived meaning they are as likely to get to school as non-orphans but are more likely to leave early or be taken out of school, resulting in higher rates of MDG education poverty. Interestingly, orphans were less likely to be illiterate compared with the national average. There was no clear pattern apparent for households with a larger number of children, suggesting that the availability of (free) schooling in Uganda means children from all types of families can benefit from at least some education. Where the differences are more apparent (with regards to family size) it is for severe education deprivation and illiteracy, where rates are higher among children in households with three or more children. These larger families face a greater challenge getting children into school in the first place, hence the higher rates of illiteracy.

TABLE 4.4(B): EDUCATION DEPRIVATION IN UGANDA, SCHOOL-AGED CHILDREN, BY HOUSEHOLD CHARACTERISTICS, UNHS 2016/17 (%)

		MDG education deprivation		Severe education deprivation		Unable to read or write	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	12	100	6	100	43	100
Sex	Male	12	52	6	50	44	53
	Female	11	48	6	50	41	47
Age Group (UNICEF)	6–8	15	39	14	69	79	55
	9–14	6	27	3	24	35	40
	15–18	19	34	2	7	10	5
Household Composition	1 adult, 1 child	15	2	3	1	34	1
	1 adult, 2 children	14	3	5	2	35	2
	1 adult, 3+ children	15	16	9	18	47	14
	2 adults, 1 child	13	2	3	1	33	1
	2 adults, 2 children	12	5	7	5	44	5
	2 adults, 3+ children	11	40	6	44	48	47
	3+ adults, 1 child	12	1	3	0	24	1
	3+ adults, 2 children	8	2	3	2	28	2
	3+ adults, 3+ children	10	28	5	26	37	27
Orphan (UNICEF Definition)	No	10	77	6	83	44	87
	Yes	17	23	6	17	36	13

Table 4.4(c) shows that, across each measure of education deprivation, multidimensionally poor children are more likely (between two and four times) to be education deprived compared with non-poor children. Over half of all poor children are unable to read or write and that accounts for 70% of all illiteracy among children in Uganda. Rates of MDG education deprivation and severe deprivation are low among not poor children (7% and 2%, respectively) but 3 in 10 non-poor children are unable to read or write, implying there may be issues with the quality of education they are receiving, i.e. poorer children may be receiving a lower quality of education.

TABLE 4.4(C): EDUCATION POVERTY IN UGANDA, SCHOOL-AGED CHILDREN, BY POVERTY STATUS, UNHS 2016/17 (%)

Prev.		MDG education deprivation		Severe education deprivation		Unable to read or write	
		Distr.	Prev.	Distr.	Prev.	Distr.	Prev.
Uganda	National estimate	12	100	6	100	43	100
Poverty Group	Poor	15	76	8	83	52	70
	Rising	4	1	2	1	31	2
	Vulnerable	14	4	4	3	39	3
	Not poor	6	19	2	13	30	25
Multidimensional Poverty	Poor	15	76	8	83	52	70
	Not poor	7	24	2	17	31	30

Poverty is known to result in lower educational attainment both in Uganda and across the world. Any teacher will tell you that it is very difficult to teach a hungry child. Focus group participants in Hoima, Kampala and Mbarara explained:

> 'You find a child who is capable in school but because the previous evening's meal was not enough, she goes to school in the morning without breakfast. So when the teacher is teaching, the pupil's mind is wondering about what she will eat when she gets back home… There is nothing to eat at home. So, all the time when they are supposed to be concentrating in class, their minds are at home wondering what they will eat.' ***(Mbarara)***

> 'Hunger affects children's concentration in class. If a teacher asks if they have understood, the child will respond with a "yes" because he/she cannot say "no". In the mind the child will be just thinking about food, hence low concentration.' ***(Hoima)***

> '[Children] go to school on empty stomachs making it hard for them to grasp what is being taught in class. I don't think that a child who goes to school in the morning without taking breakfast can grasp what they are being taught.' ***(Kampala)***

Hunger and inadequate diets weaken children's immune systems and make them susceptible to both diet-related diseases and a wide range of infectious diseases – particularly when they live in overcrowded households. When children are repeatedly sick they may miss school and even if they attend they may have difficulty in concentrating on their lessons. Focus group participants in Iganga and Soroti highlighted these problems as a cause of educational inequalities:

> 'They take so long to attain 1st position in class because they come late and miss many lessons. They are always in and out of school, they are always sickly, they don't feed well. Yet rich people's children feed well.' ***(Iganga)***

> 'They miss a well-balanced diet in their homes. The parents may not have money to buy meat and every day they're eating only one type of food, which exposes the children to diseases like kwashiorkor.' ***(Soroti)***

4.2.1 DEPRIVATION OF SOCIALLY PERCEIVED EDUCATIONAL NECESSITIES

Respondents to the 2016/17 UNHS were asked whether they considered a set of items and activities essential for all children in Uganda. Some items relate to the educational needs of children, such as having books at home suitable for their ages, being able to have the correct (fitting) school uniform and equipment, etc. For all these items, over 50% of respondents considered them to be essential for children and so they can be considered to be SPNs pertaining to education. The tables below show how deprivation of these SPNs is distributed across Ugandan society. The results are for school-aged children (i.e. 6 to 18 years).

Deprivation rates for each of the education SPNs were high across Uganda, with 9 out of 10 children deprived of one or more of them. Even for an item like a school uniform, over half of children were deprived. Three-quarters of children lacked books in their homes and educational toys or games, two-thirds were unable to participate in school trips which required money and three-quarters lacked a chair or desk at home on which to do their homework. Focus group participants in Mpigi, Hoima and Mbarara explained some of the difficulties that poor children face at school:

> 'There are no scholastic materials for school-going children. We lack books and pens, due to poverty parents' poverty.' ***(Mpigi)***
>
> 'A child may fail to attend a school party because of not having a nice dress.' ***(Hoima)***
>
> 'A child may fail to associate with others because of not having soap to clean themselves.' ***(Hoima)***
>
> 'Children with torn uniform may feel ashamed to mix with their peers.' ***(Hoima)***
>
> 'If I go to school with a torn uniform, I'll be afraid to enter class and join the other students, when they're all smart… I'll stay outside. I may miss school because other students have packed food, and some schools don't let you go home for lunch. When you're from a poor family, maybe you can't afford to pack food, which ends up demoralising you and you fail to continue in education, hence more poverty.' ***(Mbarara)***

Deprivation rates were high in both urban and rural areas but always higher in rural areas. In six sub-regions, over 80% of children lacked books in the home. In all but one region (Kampala), over 85% of children lacked one or more educational SPN, which shows the extent to which children are missing out from developing the tools they need to participate in a knowledge economy – the government's aspiration for the near future.

At the level of individual children, deprivation of educational SPNs was not driven by gender, age or orphan status, given the high overall rates. As with other deprivations, however, households with three or more children were more likely to be deprived across all education SPNs. Differences in deprivation rates are more pronounced when the poor and not poor are compared. Around 90% of multidimensionally poor children lack books at home suitable for their age and over 70% cannot afford school uniforms and equipment or to participate in school trips requiring payment. Around 90% lack educational toys or games or somewhere to study in their homes. As such, the links between poverty and educational attainment are clear, with poor children unable to take full advantage of school, resulting in low attainment. This limits their options for employment, earnings and scope for escaping poverty. While school enrolment rates may be high (as reflected by the low rates of MDG education deprivation and severe education deprivation), lack of access to educational SPNs may explain the high rates of illiteracy. One finding of interest is the relatively low rates of deprivation among those

children identified as vulnerable to poverty and further investigation of this group would be interesting to see what the reasons for this might be.

Child hunger and malnutrition are unfortunately widespread in Uganda, resulting in poor child health and many children failing to attain their educational potential. Investing in free primary and secondary schooling may not be sufficient on its own to rapidly improve the education of all children in Uganda. School meals/feeding programmes are likely to be both a necessary and essential component for improving education outcomes for all.

In addition, a lack of money also results in poor children not having the equipment and resources they need to participate in school on equal terms with their richer peers and fulfil their educational potential. One focus group participant in Kampala explained succinctly:

> 'Being poor denies children their right to education and also affects their growth and development.' ***Kampala***

TABLE 4.5(A): DEPRIVATION OF EDUCATIONAL SPNS AMONG CHILDREN IN UGANDA, BY GEOGRAPHY, UNHS 2016/17 (%)

		Books at home		Educational toys/games		School fees, uniform, equipment		Able to participate in school trips		Furniture for homework		SPN education deprivation	
		Deprived		Deprived		Deprived		Deprived		Deprived		Deprived	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	75	100	77	100	57	100	65	100	76	100	92	100
Place of Residence	Rural	79	83	80	82	62	84	70	83	80	81	94	80
	Urban	59	17	66	18	40	16	50	17	65	19	83	20
Sub-region	West Nile	97	10	97	10	91	13	92	11	97	10	99	8
	Acholi	87	6	96	6	59	5	85	6	90	6	99	5
	Bukedi	86	6	96	7	80	8	63	5	92	7	99	6
	Bugishu	85	6	87	6	84	7	94	7	93	6	99	5
	Kigezi	83	4	87	4	52	3	68	4	79	4	97	4
	Bunyoro	81	6	82	6	59	6	66	6	77	6	91	6
	Busoga	77	11	81	12	61	12	74	12	81	12	95	11
	Tooro	77	7	78	7	55	7	64	7	65	6	89	7
	Ankole	74	8	72	8	49	7	49	6	63	7	91	8
	Karamoja	68	2	57	2	77	3	67	2	74	2	92	3
	South Central	66	11	71	12	39	9	54	10	73	12	85	12
	North Central	66	9	72	10	44	8	57	9	72	10	91	11
	Teso	63	5	48	3	65	6	56	5	60	4	89	5
	Lango	63	5	61	5	33	4	56	6	71	6	86	6
	Kampala	50	2	52	2	32	2	49	2	62	3	76	3

TABLE 4.5(B): DEPRIVATION OF EDUCATIONAL SPNS AMONG CHILDREN IN UGANDA, BY HOUSEHOLD CHARACTERISTICS, UNHS 2016/17 (%)

		Books at home		Educational toys/games		School fees, uniform, equipment		Able to participate in school trips		Furniture for homework		SPN education deprivation	
		Deprived		Deprived		Deprived		Deprived		Deprived		Deprived	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	75	100	77	100	57	100	65	100	76	100	92	100
Sex	Male	75	51	77	50	58	51	66	51	77	51	92	51
	Female	75	49	77	50	56	49	64	49	76	49	91	49
Age Group (UNICEF)	6–8	75	30	77	47	57	30	65	30	78	30	93	30
	9–14	76	50	77	53	58	50	66	50	77	50	93	50
	15–18	71	20	0	0	55	20	63	20	73	20	88	20
Household Composition	1 adult, 1 child	71	2	71	1	51	1	62	2	70	1	88	2
	1adult, 2 children	80	3	77	2	57	3	67	3	78	3	91	3
	1 adult, 3+ children	84	14	82	14	69	15	76	15	85	14	96	13
	2 adults, 1 child	64	1	61	1	50	1	56	1	70	1	83	1
	2 adults, 2 children	69	4	72	5	52	4	58	4	74	5	89	5
	2 adults, 3+ children	79	44	80	48	59	43	67	43	80	44	94	43
	3+ adults, 1 child	60	1	68	1	46	1	57	1	55	1	80	1
	3+ adults, 2 children	64	2	64	2	45	2	51	2	61	2	81	2
	3+ adults, 3+ children	69	29	72	26	53	29	61	29	71	29	90	30
Orphan (UNICEF Definition)	No	74	84	76	88	56	84	65	84	76	85	92	85
	Yes	77	16	80	12	62	16	69	16	79	15	91	15

TABLE 4.5(C): DEPRIVATION OF EDUCATIONAL SPNS AMONG CHILDREN IN UGANDA, BY POVERTY STATUS, UNHS 2016/17 (%)

		Books at home		Educational toys/games		School fees, uniform, equipment		Able to participate in school trips		Furniture for homework		SPN education deprivation	
		Deprived		Deprived		Deprived		Deprived		Deprived		Deprived	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	75	100	77	100	57	100	65	100	76	100	92	100
Poverty Group	Poor	89	69	89	69	73	74	81	71	90	68	100	63
	Rising	76	3	88	3	47	2	53	2	81	3	100	3
	Vulnerable	25	1	23	1	13	1	13	1	23	1	69	3
	Not poor	57	28	59	27	36	23	46	26	59	28	80	32
Multidimensional Poverty	Poor	89	69	89	69	73	74	81	71	90	68	100	63
	Not poor	56	31	59	31	34	26	44	29	58	32	81	37

4.3 HEALTH DEPRIVATION AMONG CHILDREN

Article XX of the Ugandan Constitution declares that *'The State shall take all practical measures to ensure the provision of basic medical services to the population.'* This echoes Article XXIV of the UNCRC, which makes clear that all children have *'the right ... to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.'*

Two indicators of health deprivation are used and they apply to children of all ages. The first is a measure of more extreme health deprivation, whereby a child was reported as having had an illness which limited their activities for one or more days but for whom no treatment was sought or provided. The second indicator is a health-related SPN and reflects whether parents/carers reported that they could not afford to either take a sick child to a health facility and/or get all prescribed medications when the child was ill – 97% of adults believe that this is essential and everyone should be able to afford to do this. These indicators reflect both the experience of illness and an enforced lack of access to health care and are thus an infringement of children's constitutional right to health and access to medical services. Data from a third set of indicators are also presented but these are taken from the most recent Uganda Demographic and Health Survey (UDHS) and apply to children under five only. These include the under-five mortality rate (per 1,000 live births), whether or not children received any or all vaccinations under the Expanded Programme of Immunisation, whether or not children experiencing either diarrhoea or an acute respiratory infection received treatment and, lastly, whether or not children slept under treated bed nets to prevent malaria – the (leading) cause of 27% of deaths in Uganda in 2016.[12]

12 Ministry of Health (2016), Malaria Bulletin 2016, http://health.go.ug/content/malaria-bulletin-2016

4.3.1 HEALTH DEPRIVATION (ALL CHILDREN)

Geographic differences in health deprivation and provision are set out in Table 4.6.1(a) below. Children living in rural areas have higher rates of deprivation, for both indicators, with around two out of three (63%) deprived of one or more health-related SPNs – i.e. unable to go to a health facility or afford prescribed medication when ill.

The sub-region of Bukedi has a prevalence rate of untreated illness three times that of the national figure and with nearly 9 out of 10 children deprived of health SPNs. Busoga and Kigezi sub-regions, where access to health care is reported to be high, have an almost zero prevalence rate of untreated illness – although this performance is probably over-stating access, as the health outcomes data for young children (under five) are not as good (see Table 4.6.2).

TABLE 4.6.1(A): HEALTH DEPRIVATION AMONG CHILDREN IN UGANDA, BY GEOGRAPHY, UNHS 2016/17 (%)

		Untreated major illness in past 30 days		Child SPN health deprivation	
		Deprived		Deprived	
		Prev.	Distr.	Prev.	Distr
Uganda	National estimate	2	100	58	100
Place of Residence	Rural	2	85	63	84
	Urban	1	15	41	16
Sub-region	Bukedi	6	15	88	8
	Acholi	4	9	71	6
	Lango	3	8	46	5
	Karamoja	3	4	87	5
	Tooro	3	9	60	8
	North Central	3	13	39	7
	Bugishu	2	6	76	7
	Kampala	2	3	33	2
	South Central	2	11	34	7
	West Nile	2	6	96	13
	Teso	2	4	74	7
	Bunyoro	1	3	48	5
	Ankole	1	4	52	7
	Busoga	1	3	61	11
	Kigezi	0	0	43	3

Table 4.6.1(b) below shows demographic correlates of health deprivation. It is clear that age and gender differences are not pronounced. Rather, it is household composition that reveals differences. In terms of children not receiving treatment when ill, small households with a single parent and a single child show a higher rate of prevalence. This might be due to these households having younger children (on average) and younger children are more susceptible to infectious disease before their immune system is fully developed (usually by the age of 7). However, the health-related SPN results show a more familiar pattern, where it is households with larger numbers of children that are the most deprived. Orphans have similar rates of untreated illness in the past month but higher rates of SPN deprivation than non-orphans.

TABLE 4.6.1(B) HEALTH DEPRIVATION AMONG CHILDREN IN UGANDA, BY HOUSEHOLD CHARACTERISTICS, UNHS 2016/17 (%)

		Untreated major illness in past 30 days		Child SPN health deprivation	
		Deprived		Deprived	
		Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	2	100	58	100
Sex	Male	2	53	58	51
	Female	2	47	58	49
Age Group (UNICEF)	0–5	3	51	57	39
	6–8	2	18	59	18
	9–14	2	22	59	30
	15–18	2	9	58	13
Household Composition	1 adult, 1 child	4	3	53	2
	1 adult, 2 children	2	2	60	3
	1 adult, 3+ children	3	14	71	14
	2 adults, 1 child	2	4	46	3
	2 adults, 2 children	2	8	51	7
	2 adults, 3+ children	2	46	59	43
	3+ adults, 1 child	2	1	44	1
	3+ adults, 2 children	1	1	44	2
	3+ adults, 3+ children	2	20	56	26
Orphan (UNICEF Definition)	No	2	89	57	87
	Yes	2	11	66	13

Lastly, Table 4.6.1(c) considers the impacts of poverty on children's health deprivation. It is clear the poor are worst off in terms of untreated illness. Three out of four multidimensionally poor children lack health-related SPNs, compared with one in three of the not poor. Over half of children classed as rising out of poverty are also SPN health deprived.

TABLE 4.6.1(C): HEALTH DEPRIVATION AMONG CHILDREN IN UGANDA, BY POVERTY STATUS, UNHS 2016/17 (%)

		Untreated major illness in past 30 days		Child SPN health deprivation	
		Deprived		Deprived	
		Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	2	100	58	100
Poverty Group	Poor	3	71	77	75
	Rising	1	1	55	2
	Vulnerable	1	4	14	1
	Not poor	1	24	36	22
Multidimensional Poverty	Poor	3	71	77	75
	Not poor	1	29	34	25

The serious problem of unaffordable health care and the high cost of buying drugs was discussed by focus group participants in Mbarara and Soroti:

> 'Sometimes you might see the doctor but… there are no drugs. They tell you to go and buy drugs but some people cannot afford drugs.' ***(Soroti)***

> 'People are ending up getting loans once they have gone to see the doctor, and they have prescribed drugs. But there is no way you can buy the drugs.' ***(Soroti)***

> 'There are no affordable hospitals. You may toil to earn say 2,000 shillings to buy food and meet medical needs. When you get ill and go to a medical facility, you are asked to pay 5,000 shillings yet one has no food.' ***(Mbarara)***

Focus group participants, like other Ugandan parents, were particularly concerned about being unable to afford medical care for their sick children:

> 'We lack money for taking our children for treatment. I wake up early in the morning to go and collect firewood in the bush but I come back home to find the children are sick. The little money I make from firewood is meant for food and isn't even enough for food.' ***(Moroto)***

> 'The biggest problem here is we lack money to treat children when they fall sick. We struggle to dig and burn charcoal to earn a living.' ***(Moroto)***

4.3.2 HEALTH DEPRIVATION AMONG CHILDREN UNDER FIVE

Health-related information collected in the UNHS is relatively limited, so data from the 2016 Uganda Demographic and Health Survey (UDHS) have been used to supplement assessment of young children's health status and access to provision. Table 4.6.2 below shows the under-five mortality rate,[13] the proportion (%) of children under five covered by vaccinations and who received treatment when ill with either an acute respiratory infection or diarrhoea. It also shows the proportion of children sleeping under insecticide-treated bed nets, the primary means of avoiding malaria.

Child Mortality

The under-five mortality rate for Uganda based on UDHS 2016 data was 64 per 1,000 live births. Rates varied between urban and rural areas and were higher (81 per 1,000) among households where educational attainment was lower. There were considerable sub-regional differences, with Karamoja having a rate of 102 per 1,000 – almost twice that of regions like Teso (54 per 1,000) and almost four times greater than Greater Kampala (27 per 1,000).

Vaccinations

Vaccinations are one of the most important health interventions that protect children against the major causes of death. Data on two indicators are presented – the proportion of children under five who have not received any vaccinations and the proportion who received all eight of the basic Expanded Programme of Immunisations (i.e. BCG, three polio, three DPT, and measles).

13 Due to the use of different/other data sources, the under-five mortality rate shown (UDHS 2016) differs from the figure reported by UNICEF. See https://data.unicef.org/country/uga/.

Thankfully, only a tiny fraction (1%) of children have not received any vaccinations and over half (55%) are fully immunised. Full coverage rates vary by sub-region, with Karamoja having the highest rates of fully immunised children (73%) – a remarkable achievement given it also has the highest rates of under-five mortality. The lowest proportions of children fully immunised are in the Busoga and East Central sub-regions, where only 45% are fully covered. Both these regions have higher than average child mortality rates, at 84 deaths per 1,000 live births.

Treatment for ARI and Diarrhoea

Acute respiratory infections (ARI) and diarrhoea are two leading causes of child death in low- and middle-income countries. The link with poverty is well established, since children living in conditions associated with poverty – such as overcrowding, poor ventilation, natural flooring materials (like dung or mud) and poor access to clean water and sanitation – are at far greater risk of falling ill. When treatment facilities and medicines are generally available, rates of child death will be lower. The UDHS 2016 data show that over half of children affected with either an ARI or diarrhoea are taken to or receive treatment in a health facility. Encouragingly, there appear to be few differences between urban and rural areas in the level of provision but urban areas are better served. There are also smaller differences between education groups, suggesting the public health messages have been effective and successful in convincing those households who are not well educated that taking sick children for treatment is important. The distribution by sub-region is interesting, not least because Karamoja, with the highest rates of under-fFive mortality, has relatively impressive levels of health care provision with regards to both ARI and diarrhoea. However, Karamoja has relatively low rates of provision of antibiotics for children with an ARI – considerably below the national average. This is possibly due to parents being unable to afford drugs prescribed for their children – see Table 4.6.2.

Bed Nets

Over half (62%) of all children under five slept under insecticide-treated bed nets. This high level of coverage was apparent in both urban (67%) and rural (61%) areas. There were some sub-regional disparities. Karamoja has the lowest coverage (47%), but for all other regions, the figure was above 50%. However, in only two regions was coverage above 70% – West Nile (77%) and Teso (72%). Given that malaria is the leading cause of death in Uganda, and how effective and cheap bed nets are as an intervention, the lives of many thousands of children could be saved if coverage was increased.

TABLE 4.6.2: CHILD HEALTH OUTCOMES, CHILDREN UNDER FIVE YEARS, BY GEOGRAPHY, UDHS 2016

	Under-five mortality rate per 1,000 live births	Received no vaccinations (%)	Received all 8 basic vaccinations (%)	Children with ARI taken to a health facility (%)	Children with ARI who received antibiotics (%)	Treatment of diarrhoea: Taken to health facility (%)	Treatment of diarrhoea: oral rehydration therapy or increased fluids (%)	Children under five who slept under an insecticide-treated net (%)
Uganda	64	1	55	80	43	69	55	62
Urban	62	1	55	83	48	69	61	67
Rural	76	2	56	80	42	69	54	61
Karamoja	102	0	73	84	28	83	84	47
Bunyoro	89	2	67	..	..	71	60	60
West Nile	86	2	63	93	49	80	60	77
East Central	84	3	45	81	40	71	57	58
Western	84	1	57	70	40	65	61	56
Busoga	84	3	45	81	40	71	57	58
Tooro	81	1	51	69	38	62	61	53
North Central	74	2	47	85	51	67	53	63
Bukedi	72	1	52	81	55	73	58	49
Ankole	72	2	62	81	56	58	37	58
South West	70	1	65	78	50	61	45	58
Acholi	69	0	65	95	47	77	62	68
Northern	68	0	57	87	37	81	54	67
Bugishu	68	0	48	76	40	69	54	60
Lango	68	1	50	83	33	86	45	66
Kigezi	67	0	72	74	39	68	64	60
Eastern	65	1	57	74	47	66	46	60
Kampala	64	1	51	88	59	71	52	69
South Central	59	2	50	80	43	64	62	67
Teso	54	1	68	70	48	60	34	72
Greater Kampala	47	1	52	88	55	70	61	69

Source: UBOS, UDHS 2016

4.4 WORKING CHILDREN

The Constitution of Uganda provides limits on the employment of children. Children under the age of 16 have the right *'to be protected from social or economic exploitation and shall not be employed in or required to perform work that is likely to be hazardous or to interfere with their education or to be harmful to their health or physical, mental, spiritual, moral or social development'*

However, many children in Uganda work from an early age, both at domestic chores and in paid and unpaid labour. While this is an important source of extra resources for households, work, especially among young children, can affect participation in education activities, especially if children are unable to attend school or have broken attendance. Some household chores, such as carrying heavy loads (e.g. when collecting water or firewood) can have detrimental impacts on the growth of young children, not least their musculoskeletal development. Repetitive tasks or unsafe working conditions place children at risk of injury. UNICEF has campaigned against child labour but argues that in some of child work are perhaps inevitable, particularly in rural areas, where children help families with harvesting and herding activities. To this end, UNICEF considers[14] children to be involved in child labour activities when they are either (i) children aged 5 to 11 years and, in the week preceding the survey, do at least one hour of economic activity or at least 28 hours of domestic work, or (ii) children aged 12 to 14 years and, in the week preceding the survey, do at least 14 hours of economic activity or at least 42 hours of economic activity and domestic work combined.

14 UNICEF Child Protection definitions: www.unicef.org/infobycountry/stats_popup9.html

Although the UNHS 2016/17 includes information on work done by all household members aged five and over, it does not include information on household chores, which, unlike most child labour, is unpaid and tends to be carried out predominantly by girls. The data presented in these analyses are based on the reported number of hours worked for children aged 5 to 15, excluding domestic work.

In 2017, around one child in every six in Uganda (16%) aged 5 to 15 was working. Rates for boys (17%) were slightly higher than for girls (14%).

FIGURE 4.2(A): CHILD WORK PREVALENCE, BY GENDER AND AGE, UNHS 2016/17

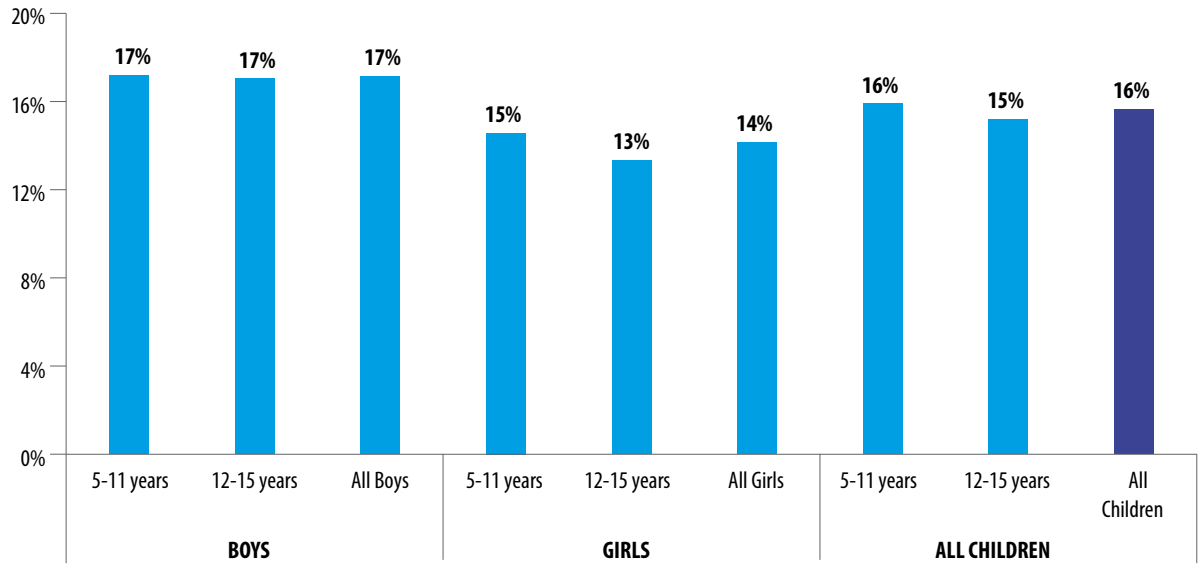


Figure 4.2 (b) shows that the prevalence of child work is defined less by gender and more by place of residence, with rural children (18%) more than twice as likely as urban children (7%) to be working, across both age bands.

FIGURE 4.2(B): CHILD WORK PREVALENCE, BY AGE AND PLACE OF RESIDENCE, UNHS 2016/17

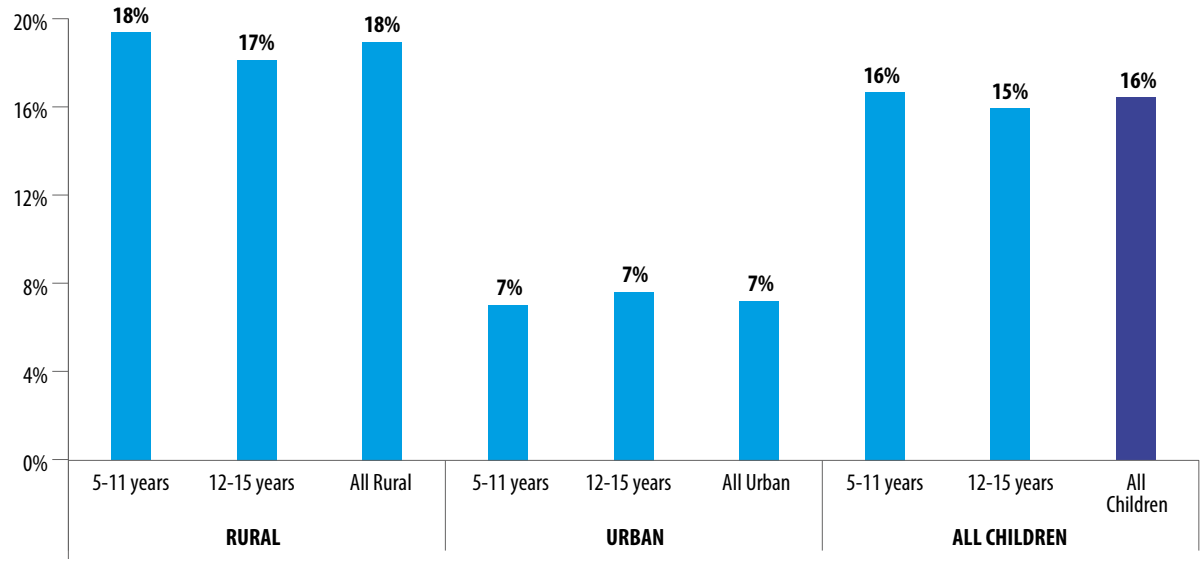
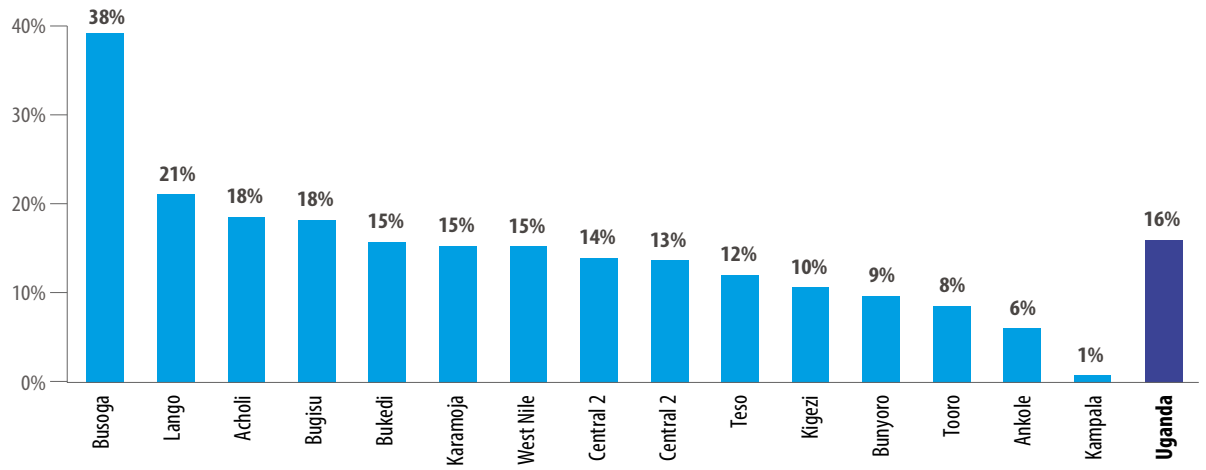


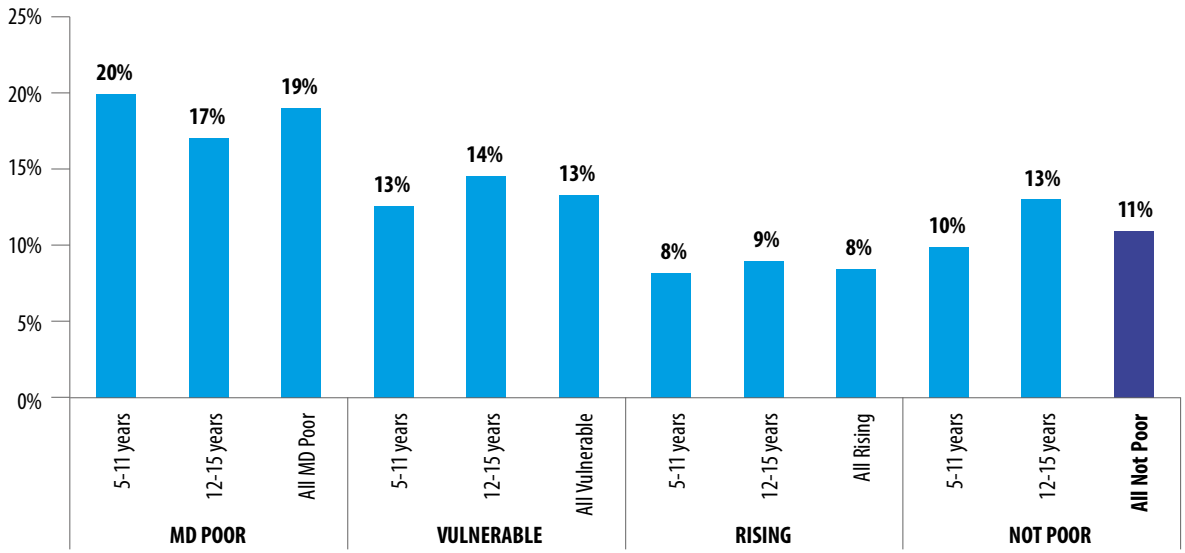
Figure 4.2(c) shows that there are also considerable differences between the sub-regions, with around one in three children in Busoga, and one in five in Lango working. Child work in Kampala (1%) is well below the national average of 16%.

FIGURE 4.2(C): CHILD WORK PREVALENCE, BY REGION, UNHS 2016/17



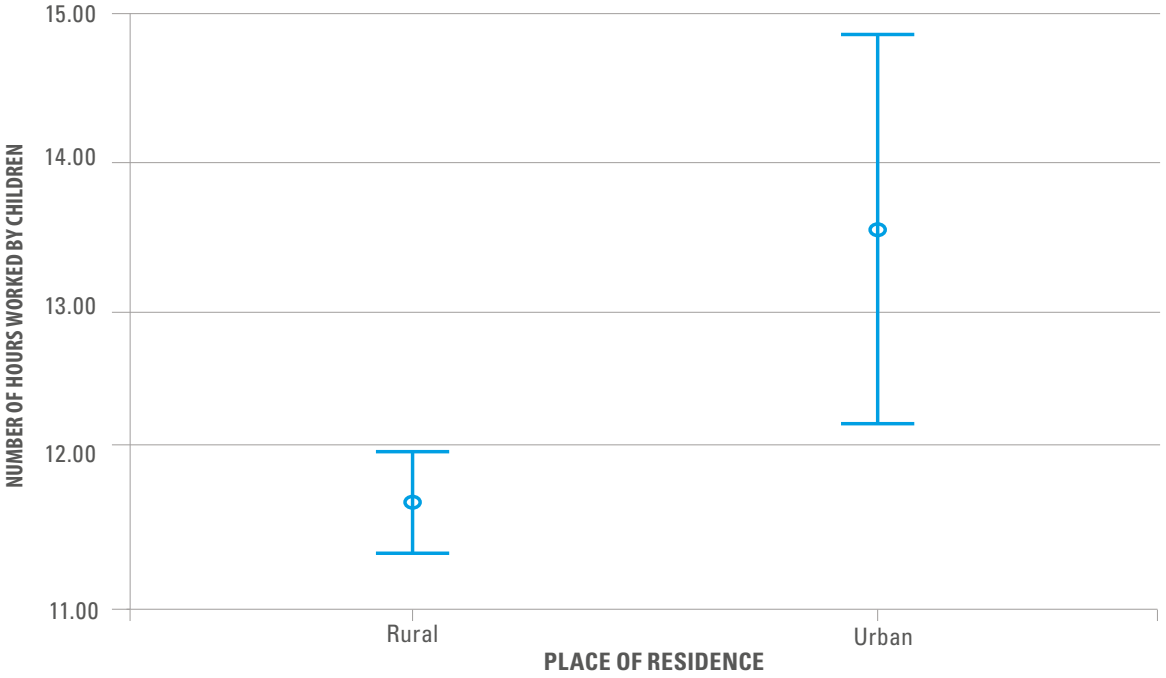
Rates of child work are highest for children who experience multidimensional poverty (20%) as shown in Figure 4.2(d). There are clear differences between those children classed as either rising out of poverty (8%) or not poor (11%) and those either vulnerable to poverty (13%) or who are multidimensionally poor (19%).

FIGURE 4.2D: CHILD WORK PREVALENCE, BY AGE AND POVERTY GROUP, UNHS 2016/17



Having considered the prevalence of child work, it is also worth considering the amount of time children spend working. Here, the picture is less clear cut than for prevalence. While rates of child work are lower in urban areas, those working appear to do so for longer – which may be damaging. Figure 4.2(d) shows the average number of hours worked by rural and urban children, with 95% confidence intervals (CIs). As the CIs do not overlap, it can be said that the difference in hours worked are statistically significant, indicating that there may be a child labour problem in some urban areas of Uganda.

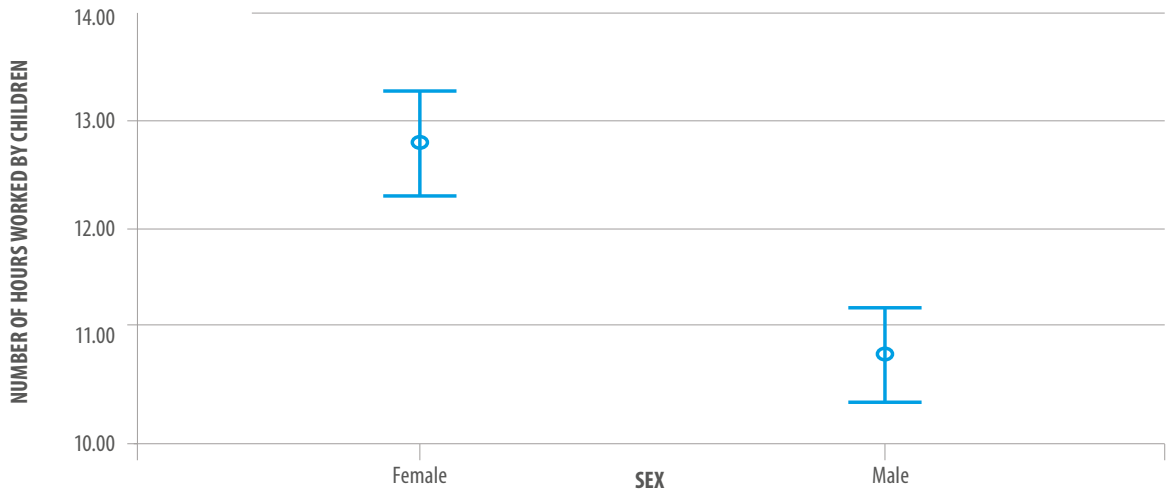
FIGURE 4.2(E): AVERAGE NUMBER OF HOURS WORKED BY RURAL AND URBAN CHILDREN AGED 5–15 YEARS, UNHS 2016/17



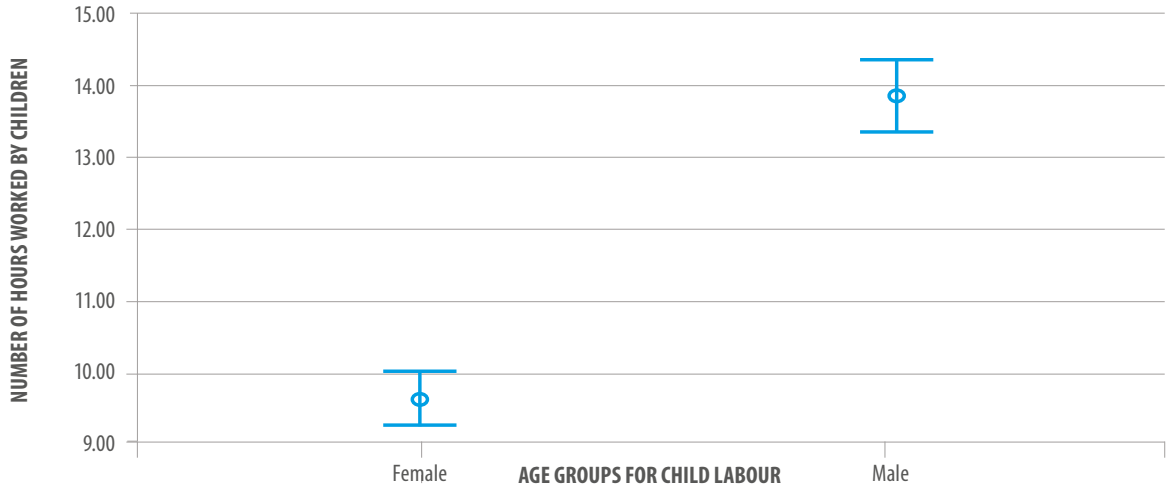
Cases weighted by Sample adjusted for age and sex, weighted down to original sample size

Figure 4.2(f) shows age and gender to be significant with regards to the number of hours worked, with older children and boys working on average more hours. Interestingly, child work, while more prevalent among multidimensionally poor and vulnerable children, is less intense (if we take number of hours worked as a measure of work intensity) than for non-poor children. This is probably related to where these non-poor working children live, which is most likely to be in urban areas.

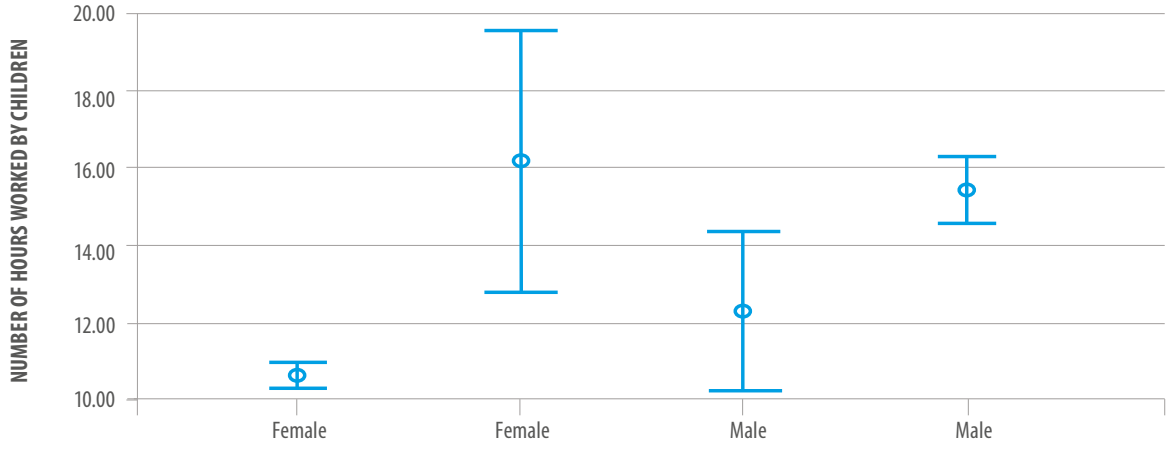
FIGURE 4.2(F): AVERAGE NUMBER OF HOURS WORKED BY RURAL AND URBAN CHILDREN, BY SEX, AGE AND POVERTY STATUS, UNHS 2016/17



Cases weighted by Sample adjusted for age and sex, weighted down to original sample size



Cases weighted by Sample adjusted for age and sex, weighted down to original sample size



Cases weighted by Sample adjusted for age and sex, weighted down to original sample size

4.5 EXPOSURE TO CRIME

The Ugandan Constitution provides protection of life, liberty, property and the family in accordance with the law. The 2016/17 UNHS asked respondents if they, or any household members, had been victims of crime in the 12 months preceding the survey. Respondents could report experience of any of the following crimes against persons and/or property: housebreaking, burglary, theft, child-related crimes, malicious property damage, murder (homicide), defrauding and 'other'. Information on these variables was aggregated to all household members. Children living in homes where one or more of the above crimes were reported were identified as having experienced a crime. Exposure to such crimes undoubtedly has an impact on the social and psychological wellbeing of a child, even if the crime committed is not a violent one.

Overall, more than a quarter of Ugandan children (27%) were exposed to a crime in the 12 months before the survey. Table 4.7 below shows that the most prevalent form of crime children and their families experienced was theft (23%) and housebreaking (6%), both of which can cause significant stress.

TABLE 4.7: REPORTED EXPERIENCE OF CRIME, UNHS 2016/17 (%)

	Crime experienced Prev.
Theft	23.0
Housebreaking	6.0
Malicious property damage	3.0
Defrauding	2.0
Burglary	2.0
Child-related crimes	0.9
Murder (Homicide)	0.2

Table 4.7(a) shows that the prevalence of crime was similar in urban and rural areas, with the main difference being the extremely high rates experienced in Acholi, Tooro, Teso and Lango sub-regions, where between one-third and a half of children had experienced a crime. The sub-regions of Kigezi and Busoga reported much lower rates of crime, at 13% and 16%, respectively.

TABLE 4.7(A): CHILDREN EXPERIENCING CRIME, BY GEOGRAPHY, UNHS 2016/17 (%)

		Experience of any crime	
		Prev.	Distr.
Uganda	National estimate	27	100
Place of Residence	Rural	27	77
	Urban	29	23
Sub-region	Acholi	46	8
	Tooro	39	11
	Teso	36	7
	Lango	35	8
	South Central	29	14
	Bunyoro	29	6
	North Central	28	11
	Bukedi	27	6
	Ankole	26	8
	Kampala	25	3
	Karamoja	24	3
	Bugishu	19	4
	West Nile	19	5
	Busoga	16	6
	Kigezi	13	2

Table 4.7(b) shows that there are few differences in the likelihood of children being a victim of crime by gender, age group or orphan status. However, some types of larger household are more likely to suffer from crime than smaller households – the number of adults in the household seems to slightly increase the likelihood of being a victim of crime.

TABLE 4.7(B): CHILDREN EXPERIENCING CRIME, BY HOUSEHOLD CHARACTERISTICS, UNHS 2016/17 (%)

		Experience of any crime	
		Prev.	Distr.
Uganda	National estimate	27	100
Sex	Male	27	50
	Female	27	50
Age Group (UNICEF)	0–5	27	39
	6–8	28	18
	9–14	28	30
	15–18	28	13
Household Composition	1 adult, 1 child	22	1
	1 adult, 2 children	26	3
	1 adult, 3+ children	23	10
	2 adults, 1 child	23	3
	2 adults, 2 children	28	8
	2 adults, 3+ children	27	42
	3+ adults, 1 child	26	1
	3+ adults, 2 children	33	3
	3+ adults, 3+ children	30	29
Orphan (UNICEF Definition)	No	27	88
	Yes	29	12

Table 4.7(c) shows that poor children are less likely to be victims of crime than children who are not poor. Multidimensionally poor children have the lowest crime victimisation rates, followed by those children vulnerable to poverty. The highest crime victimisation rates are experienced by those children in the rising group and the not poor.

However, even though poor children may be less likely to be victims of crime, the impact of crime can be considerable for the poor. Focus group participants discussed the problem of crime:

'We're very poor because we have many thieves and street kids that snatch the little we've worked for.' (Mbarara)

TABLE 4.7(C): CHILDREN EXPERIENCING CRIME, BY POVERTY STATUS, UNHS 2016/17 (%)

		Experience of any crime	
		Prev.	Distr.
Uganda	National estimate	27	100
Poverty Group	Poor	25	51
	Rising	37	3
	Vulnerable	27	5
	Not poor	31	41
Multidimensional Poverty	Poor	25	51
	Not poor	31	49

4.6 BIRTH REGISTRATION

According to the Constitution, the State is required to register every birth, marriage and death occurring in Uganda. UNICEF has championed the registration of children's births since it *'establishes the existence of the child under law and provides the foundation for safeguarding many... civil, political, economic, social and cultural rights'*.[15] Birth registration provides the means for households to ensure that children have access to health and education services and to protection under the law, from exploitation and trafficking. The UNHS 2016/17 asked all household members if they had a birth certificate. Despite general agreement on the importance and need for birth registration in Uganda, UNICEF reported in 2010 that registration services are inaccessible to many Ugandans, given high fees and other hidden charges.[16] Plans to expand registration services, to reach 80% of children by 2014, were announced by UNICEF in partnership with the GoU and Uganda Telecom[17] but data from the UNHS show that this target is yet to be met. Presented here are data on all children from the UNHS and more detailed information on children under five from the 2016 UDHS.

Table 4.8(a) shows that the UNHS reports that only 11% of children in Uganda have a birth certificate. Given such low national coverage, there is relatively little variation by geography. More urban births are registered (17% vs 10% rural) and in only three regions (Lango, Kampala and Kigezi)) are more than 15% of births registered. Thus, even in the best performing regions, well over three-quarters of children are not registered. There was very little variation by demographic characteristics, although orphans were less likely to have a birth certificate.

TABLE 4.8(A): CHILDREN UNDER 18 WITH A BIRTH CERTIFICATE, BY GEOGRAPHY, UNHS 2016/17 (%)

		Have a birth certificate	
		Yes	
		Prev.	Distr.
Uganda	National estimate	11	100
Place of Residence	Rural	10	67
	Urban	17	33
Sub-region	Lango	24	13
	Kampala	20	6
	Kigezi	16	5
	Acholi	15	6
	North Central	13	12
	Teso	13	6
	South Central	12	14
	Ankole	12	9
	Bugishu	11	5
	Tooro	11	7
	Bunyoro	11	6
	Busoga	5	5
	Bukedi	5	3
	West Nile	4	3
	Karamoja	1	0

15 UNICEF (n.d.) *Child Protection from violence, exploitation and abuse*, www.unicef.org/protection/57929_58010.html
16 UNICEF (2010) *Uganda modernizes birth registration process*, www.unicef.org/infobycountry/uganda_57195.html
17 UNICEF Uganda (n.d.) Keep Children Safe, www.unicef.org/uganda/safe.html

Table 4.8(b) shows that there are few differences by household characteristics in the likelihood of having a birth certificate, with the exception that orphans are slightly less likely to be registered (8% vs 12%)

TABLE 4.8(B): CHILDREN UNDER 18 WITH A BIRTH CERTIFICATE, BY HOUSEHOLD CHARACTERISTICS, UNHS 2016/17 (%)

		Have a birth certificate	
		Yes	
		Prev.	Distr.
Uganda	National estimate	11	100
Sex	Male	11	52
	Female	11	48
Age Group (UNICEF)	0–5	11	38
	6–8	11	18
	9–14	11	30
	15–18	13	14
Household Composition	1 adult, 1 child	11	2
	1 adult, 2 children	12	3
	1 adult, 3+ children	11	11
	2 adults, 1 child	12	4
	2 adults, 2 children	13	9
	2 adults, 3+ children	10	39
	3+ adults, 1 child	13	1
	3+ adults, 2 children	16	3
	3+ adults, 3+ children	12	28
Orphan (UNICEF Definition)	No	12	92
	Yes	8	8

Table 4.8(c) shows that smaller proportions of poor children (7%) and children vulnerable (10%) to multidimensional poverty reported having birth certificates, compared with those either rising out of poverty (23%) or not poor (17%).

TABLE 4.8(C): CHILDREN UNDER 18 WITH A BIRTH CERTIFICATE, BY POVERTY STATUS, UNHS 2016/17 (%)

		Have a birth certificate	
		Yes	
		Prev.	Distr.
Uganda	National estimate	11	100
Poverty Group	Poor	7	37
	Rising	23	4
	Vulnerable	10	5
	Not poor	17	54
Multidimensional Poverty	Poor	7	37
	Not poor	16	63

The UNHS data are at odds with those reported in other household surveys, such as the 2016 UDHS, the results of which are presented below for children under five years of age. Even for the under-fives, rates of birth registration are still under 35% and fewer than one in five young children (19%) has a birth certificate. Gender differences are not apparent but age and household wealth status appear to matter, with older children and children in the top asset index quintile more likely to be registered. Geography is probably where differences are most pronounced, with over half of children in the Northern, Lango and Kigezi regions registered. The regions of Ankole, East Central, Busoga and Bugishu all had registration rates under 20%.

TABLE 4.8(D): CHILD REGISTRATION (UNDER 5S), UDHS 2016 (%)

		Children registered	Children who had a birth certificate	Children who did not have a birth certificate but were registered
Uganda	National estimate	32	19	13
Sex	Male	32	19	13
	Female	32	19	13
Age	Age: 0–1	28	17	12
	Age: 2–4	35	21	14
Place of Residence	Urban	36	22	14
	Rural	31	19	13
Asset Index Quintile	Lowest 20%	31	17	14
	Highest 20%	39	24	15
Sub-region	Kigezi	57	16	42
	Lango	55	27	28
	Northern	50	28	22
	Acholi	45	28	17
	Teso	44	32	12
	Karamoja	42	17	26
	Tooro	40	22	18
	Western	37	24	14
	South Central	36	25	11
	Kampala	35	18	17
	Bunyoro	34	26	8
	South West	30	15	16
	North Central	29	14	15
	West Nile	29	17	13
	Eastern	27	20	7
	Bukedi	24	20	4
	Ankole	19	15	5
	East Central	16	10	6
	Busoga	16	10	6
	Bugishu	11	5	5

Source: UBOS, UDHS 2016

The data show not only clear disparities across Uganda in the registration of children's births but also the generally low levels of registration even as late as 2016. UNICEF's work on ensuring children in Uganda are registered and thus appear on official databases is a critical first step in ensuring access to state provided services and resources, such as health care, education and the fulfilment of other economic and social rights.

4.7 FOOD SECURITY

The Ugandan Constitution makes repeated references to food security. In Article XIV and Article XXII, the duties of the State are outlined – to ensure the establishment of *'national food reserves' and 'to encourage and promote proper nutrition through mass education and other appropriate means'.* Uganda's official poverty line reflects whether households can meet calorie-based norms although, as a method of setting a poverty line. The approach taken here is to use two indicators – the average number of meals consumed by household members in the week before the survey and a measure of food-related SPNs (whether children have three meals a day).

Medical measures of undernutrition in young children from the UDHS 2016 are also examined – stunting and wasting. Stunting (low height for age) is a measure of chronic or longer-term food deprivation; wasting (low weight for height) reflects more acute undernutrition. Both these measures are used to report on progress towards SDG 2. In addition, results are shown on the rates of overweight children (excessive weight for height), which is linked to chronic diseases in later life, such as diabetes. Excessive weight can result not just from an over-consumption of food but also from consumption of calorie-rich but nutrition-poor foods, a growing problem in many low- and middle-income countries.

There was near universal (96%) agreement in Uganda that children should be able to have three meals a day. However, as Table 4.9(a) shows, nearly half (48%) of all children did not receive three meals a day due to a lack of money. Food security, as represented by the ability to have three meals a day, was higher in urban areas (62%) than rural areas (38%). Over half of rural children reported not being able to afford to have three meals a day and 6% reported having only one meal per day.

At the sub-regional level, 70% of children in Acholi and 86% of children in Karamoja were food deprived, lacking three meals a day because of cost, with one-third reporting having only one meal a day on average. This may be one reason why child mortality rates here are so high in Karamoja.

TABLE 4.9(A): FOOD SECURITY AMONG CHILDREN, BY GEOGRAPHY, UNHS 2016/17 (%)

		Average number meals/day by household members in last week						Able to have three meals a day?	
		One		Two		Three or more		No	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	6	100	51	100	44	100	48	100
Place of Residence	Rural	6	82	56	85	38	69	53	86
	Urban	5	18	33	15	62	31	30	14
Sub-region	Karamoja	33	18	58	4	9	1	86	6
	Acholi	11	9	78	7	11	1	70	7
	Bugishu	10	9	55	5	35	4	51	5
	Lango	10	11	66	8	23	3	59	8
	Bukedi	8	8	64	7	27	3	64	7
	Kampala	6	4	31	2	62	5	30	2
	Ankole	5	7	54	9	42	8	49	8
	North Central	5	9	46	10	49	12	40	9
	Teso	4	4	66	7	29	4	60	7
	Kigezi	3	2	46	3	52	4	41	3
	South Central	3	7	37	9	60	17	32	8
	Busoga	3	6	52	11	44	11	52	12
	Tooro	2	3	39	6	59	10	34	5
	West Nile	2	3	50	8	47	8	48	8
	Bunyoro	1	2	38	5	61	8	35	4

Table 4.9(b) shows that, at the individual and household level, larger families (with 3+ children) and orphans report higher rates of deprivation and having only one meal per day on average.

TABLE 4.9(B): FOOD SECURITY AMONG CHILDREN, BY HOUSEHOLD CHARACTERISTICS, UNHS 2016/17 (%)

		Average number meals/day by household members in last week						Able to have three meals a day?	
		One		Two		Three or more		No	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	6	100	51	100	44	100	48	100
Sex	Male	6	53	51	51	43	50	48	51
	Female	5	47	51	49	44	50	47	49
Age Group (UNICEF)	0–5	6	39	49	38	45	41	46	38
	6–8	6	18	52	18	42	18	49	18
	9–14	6	31	52	31	42	29	50	31
	15–18	6	13	50	13	44	13	48	13
Household Composition	1 adult, 1 child	5	1	45	2	50	2	38	1
	1 adult, 2 children	7	3	50	3	44	3	49	3
	1 adult, 3+ children	8	16	54	12	38	10	56	13
	2 adults, 1 child	4	3	44	3	52	5	34	3
	2 adults, 2 children	4	6	43	7	52	10	41	7
	2 adults, 3+ children	6	43	52	43	42	41	49	43
	3+ adults, 1 child	6	1	44	1	50	1	39	1
	3+ adults, 2 children	4	2	42	2	54	3	33	2
	3+ adults, 3+ children	6	25	52	27	42	26	49	27
Orphan (UNICEF Definition)	No	6	86	50	88	44	91	47	87
	Yes	8	14	56	12	37	9	55	13

Food insecurity is greatest among children identified as multidimensionally poor. Table 4.9(c) shows that two-thirds of poor children are unable to afford three meals a day and that 1 in 11 lives on only one meal a day on average. Nearly a quarter of not poor children do not receive three meals a day due to a lack of money, showing that food insecurity remains a problem across Ugandan society. These findings are consistent with previous research which identified that *'Children in rural and urban research localities complained about having insufficient food to eat, commonly reporting eating only one or two meals a day.'* (Pereznieto et al., 2011)

TABLE 4.9(C): FOOD SECURITY AMONG CHILDREN, BY POVERTY STATUS, UNHS 2016/17 (%)

		Average number meals/day by household members in last week						Able to have three meals a day?	
		One		Two		Three or more		No	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	6	100	51	100	44	100	48	100
Poverty Group	Poor	9	88	63	70	28	37	66	78
	Rising	1	0	28	1	71	3	21	1
	Vulnerable	3	3	44	5	53	7	27	3
	Not poor	1	9	34	24	64	53	24	18
Multidimensional Poverty	Poor	9	88	63	70	28	37	66	78
	Not poor	2	12	35	30	63	63	24	22

4.7.1 NUTRITIONAL STATUS OF CHILDREN UNDER FIVE

Assessments of food security often use measures of the outcomes of under/malnutrition. These have been described above and their distribution in Uganda is shown below using data from the 2016 UDHS for children aged under five years (Table 4.9(d)).

Stunting

Rates of stunting were generally high, with 29% of children affected at the mild-moderate level and 9% severely stunted. Boys were more likely than girls to be stunted, as were rural children. Two measures of household socioeconomic status were available – the wealth quintile (top 20% vs bottom 20%) and education level of mother/carer. For both measures, 'poor' children (i.e. those in the bottom quintile or whose mothers had either no education or only primary education) fared worse than non-poor children. There were six sub-regions where over one-third of children were stunted and 10 sub-regions where rates of severe stunting were 10% or higher. Rates of stunting were similar for boys and girls, and for urban and rural children. Where disparities were most pronounced were for children in the poorest quintile, at 5% compared with children in the top quintile, at 2%.

Wasting

Wasting, or low weight for height, reflects more acute or immediate food deprivation or illness (e.g. repeated bouts of diarrhoea or dysentery) and is generally less prevalent than other measures of undernutrition, like stunting. Overall, around 3% of children experienced mild-to-moderate wasting and 1% experienced severe wasting (life threatening levels of undernutrition). In terms of sub-regional level, rates were highest in West Nile and Karamoja, both of which had rates three times the national average.

Overweight

Overweight is a growing public health concern, primarily because it has implications for health in later life, such as links to diabetes and coronary heart disease leading to premature mortality. It has been described by the World Health Organization (WHO) as *'one of the most serious public health challenges of the 21st century'*.[18] Many low- and middle-income countries face a double burden of disease, with their populations facing the challenges of infectious disease and undernutrition alongside growing challenges from non-communicable diseases, driven by overweight and obesity. In Uganda, in 2016 about one in 25 children aged under five were identified as being overweight. Boys were more likely than girls to be affected (5% vs 3%), and (contrary to expectations) overweight was more prevalent among rural children (5% compared with 3% urban). Given that rural areas have been shown to have higher rates of poverty, material deprivation and malnutrition, it is a concern that so many sub-regions also report higher than average rates of overweight. At least five regions report rates of overweight at least 2% higher than the national average, with Kigezi region showing rates of 9% and Bunyoro rates of 7%. The WHO notes that the double burden in many countries is caused and compounded by inadequate prenatal, infant and child nutrition, and *'exposure to high-fat, energy-dense, micronutrient-poor foods and a lack of physical activity'.*

18 WHO (n.d.) *Global Strategy on Diet, Physical Activity and Health: Childhood overweight and obesity*, www.who.int/dietphysicalactivity/childhood/en/ and WHO (n.d.) *Global Strategy on Diet, Physical Activity and Health: Double Burden: a serious risk*, www.who.int/dietphysicalactivity/childhood_consequences/en/

TABLE 4.9(D): MALNUTRITION AMONG CHILDREN UNDER 5, UDHS 2016 (%)

		Stunting	Severe stunting	Wasting	Severe wasting	Overweight
Uganda	National estimate	29	9	3	1	4
Child's Sex	Male	31	11	4	1	5
	Female	27	7	3	1	3
Place of Residence	Urban	24	7	3	1	3
	Rural	30	10	4	1	5
Education of mother/ carer	No education or primary	31	10	4	1	4
	Secondary or higher	20	5	3	1	5
Asset index quintile	Lowest	32	10	5	2	4
	Highest	17	4	2	1	4
Sub-Region	Tooro	41	14	3	1	5
	Western	38	14	3	1	5
	Bugishu	36	13	5	2	4
	Karamoja	35	12	9	3	4
	Bunyoro	35	13	2	0	4
	West Nile	34	12	10	5	7
	Kigezi	31	9	4	1	9
	Acholi	31	6	4	1	4
	South West	30	10	2	1	6
	Ankole	29	10	2	1	4
	East Central	29	11	4	1	6
	Busoga	29	11	4	1	6
	North Central	28	8	2	1	4
	South Central	27	7	1	0	3
	Northern	26	6	4	2	4
	Eastern	23	8	3	1	3
	Bukedi	23	8	3	1	2
	Lango	22	5	5	2	4
	Kampala	18	8	3	1	5
	Teso	14	3	2	0	3

Source: UBOS, UDHS 2016

Focus group participants described the poor diets that some families provided for their children due to lack of money to buy adequate food:

> 'We are poor because we lack food to eat and sometimes beg for residue of local brew to feed our family members, which is not solid food.' ***(Moroto)***

> 'Most people here are surviving on the residue of the local brew, which is squeezed from the maruwa [millet] to make posho [cornmeal]. Mothers come and collect it from the brewing points and take it home. Sometimes, the mothers they boil it and give it to the children to drink because they may be tired of eating the residue. It's what the people are now surviving on.' ***(Moroto)***

These focus group findings are consistent with previous research in Moroto: *'An example of particularly bad nutritional practices, which can potentially harm children, was identified in Moroto. Several mothers participating in FGDs reported that children, sometimes five years old or younger, were often raised on mildly alcoholic brews and forced to eat the dried mash or wort from the brewing process.'* (Pereznieto et al., 2011)

4.8 DECENT SHELTER

Adequate shelter is critical to children's healthy development and growth and to their survival. Several measures are used to reflect the quality of children's living environments, including the dwelling's construction materials, levels of overcrowding, the types of fuel used for lighting and cooking, as well as SPNs related to living standards.

All Ugandan citizens have a constitutional right to decent shelter (Article XIV (b)), which the State shall endeavour to fulfil. Assessing what constitutes 'decent shelter' is open to interpretation but all accepted indicators of housing quality agree that at the very least there should be protection from the elements (reflected by the quality of building materials) and the avoidance of overcrowding.

Overcrowded conditions are common in many urban areas. When people live in homes with four or more people per room, they experience a loss of dignity and are more susceptible to infectious diseases and domestic violence (UN-HABITAT, 2007). Children in particular are affected by overcrowding, which makes them more vulnerable to disease and violence. They are also affected by the lack of a quiet space to do homework and by disrupted sleep through having to share a bed with parents or siblings. UN-HABITAT has also highlighted the importance of dwellings being made with durable materials, according to national building codes and standards.. It estimated that, in 2006, over 10% of urban households in sub-Saharan Africa lived in non-durable housing, made from inferior quality building materials such as mud or dung floors (UN-HABITAT, 2010). No similar estimate was made of the proportion of rural households living in similar conditions.

UNICEF uses a measure of shelter deprivation that combines information on overcrowding and the quality of building materials (Gordon et al., 2003; UNICEF, 2006). The threshold for overcrowding for children is set at five or more people per room and deprivation in terms of building quality is reflected by whether the house has a floor made of natural materials, such as mud, earth or dung. Table 4.10(a) shows two indicators of shelter deprivation. The first, Shelter deprivation I, is the proportion of children living in households which are either overcrowded (5+ people per room) OR who live in a home with a mud floor. The second indicator, Shelter deprivation II, reflects the proportion of children in households who experience both these conditions, i.e. who live in overcrowded conditions AND also in homes with a mud floor. This second measure reflects a more severe level of deprivation, with more serious implications for children's health and development.

Overall, it appears that a large proportion of children in Uganda are shelter deprived, with around 40% living in overcrowded homes or in non-durable dwellings (with a mud floor). This form of deprivation is more prevalent in rural areas (44%) than in urban areas (26%), affecting over half of all children in the Bukedi, Busoga, Bunyoro, Kigezi, Karamoja and Tooro regions. There was little variation by age or sex but larger households, with three or more children, also reported higher rates of shelter deprivation. However, the differences were greatest among the poverty groups, with over half of multidimensionally poor children shelter deprived on the first measure, compared with one-quarter of the not poor. This high proportion of shelter deprivation among the not poor probably reflects the widespread use of mud and dung as a flooring material, even among wealthier households.

If we consider the more extreme measure of shelter deprivation, where children live in overcrowded conditions AND in dwellings with mud or dung floors, we find around one child in 17 (6%) is affected. This figure is much lower among urban households (2%) but above 10% in the Bukedi, Busoga and Karamoja. As noted above, these conditions are likely to be very detrimental to children's health and development and affect their chances of escaping poverty. Larger households and poor children are more likely to be shelter deprived – between 1 in 11 and 1 in 2 multidimensionally poor children are shelter deprived, depending on which of the two measures is used.

TABLE 4.10(A): SHELTER DEPRIVATION AMONG CHILDREN, BY GEOGRAPHY, UNHS 2016/17 (%)

		Shelter deprivation I - mud floor OR overcrowded		Shelter deprivation II - mud floor AND overcrowded	
		Deprived		Deprived	
		Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	40	100	6	100
Place of Residence	Rural	44	85	7	92
	Urban	26	15	2	8
Sub-region	Bukedi	57	8	15	14
	Busoga	57	15	13	23
	Bunyoro	56	8	5	5
	Kigezi	53	5	1	0
	Karamoja	52	4	14	7
	Tooro	50	9	5	5
	North Central	44	12	8	14
	Ankole	35	7	5	7
	West Nile	35	7	5	6
	Acholi	34	4	4	3
	South Central	30	9	5	9
	Bugishu	28	3	2	1
	Kampala	27	2	1	0
	Teso	22	3	2	1
	Lango	19	3	2	2

TABLE 4.10(B): SHELTER DEPRIVATION AMONG CHILDREN, BY HOUSEHOLD CHARACTERISTICS, UNHS 2016/17 (%)

		Shelter deprivation I - mud floor OR overcrowded		Shelter deprivation II - mud floor AND overcrowded	
		Deprived		Deprived	
		Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	40	100	6	100
Sex	Male	40	50	6	50
	Female	41	50	6	50
Age Group (UNICEF)	0–5	43	42	7	46
	6–8	43	19	7	19
	9–14	39	29	6	27
	15–18	32	10	4	8
Household Composition	1 adult, 1 child	27	1	0	0
	1 adult, 2 children	26	2	0	0
	1 adult, 3+ children	47	13	9	16
	2 adults, 1 child	25	2	0	0
	2 adults, 2 children	30	6	0	0
	2 adults, 3+ children	49	51	9	62
	3+ adults, 1 child	22	0	0	0
	3+ adults, 2 children	30	2	2	1
	3+ adults, 3+ children	33	22	5	21
Orphan (UNICEF Definition)	No	40	89	6	90
	Yes	40	11	6	10

TABLE 4.10(C): SHELTER DEPRIVATION AMONG CHILDREN, BY POVERTY STATUS, UNHS 2016/17 (%)

		Shelter deprivation I - mud floor OR overcrowded		Shelter deprivation II - mud floor AND overcrowded	
		Deprived		Deprived	
		Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	40	100	6	100
Poverty Group	Poor	51	72	9	87
	Rising	21	1	1	0
	Vulnerable	33	4	3	3
	Not poor	25	23	2	10
Multidimensional Poverty	Poor	51	72	9	87
	Not poor	26	28	2	13

4.8.1 FUEL USE AND COOKING FACILITIES

Section 39 of the Ugandan Constitution provides that *'Every Ugandan has a right to a clean and healthy environment.'* An important environmental determinant of children's health is the type of fuel used in the home, for lighting and cooking. Some fuels, like electricity and gas, are less harmful than others, such as the burning of wood, charcoal or crop residue (so called 'solid fuels'). The UNHS 2016/17 data show that there were few (if any) households (2% urban vs <1% rural) in Uganda that were not using solid fuels for cooking. This almost universal use means children are exposed daily to damaging pollutants in the smoke from solid fuel fires. Given the universal use of solid fuels for cooking, data on its prevalence are not presented in the tables below. The tables show what proportion of children in Uganda live in households with access to electricity and other forms of lighting and also what households have for cooking facilities – i.e. a separate kitchen or outside space for cooking, which would result in environmental pollution from solid fuel smoke.

In 2017, only around one-third (38%) of children lived in households with access to electricity as the main source of lighting. A similar proportion relied on gas and/or paraffin. Urban areas were better covered by electricity (66%) but only four regions (Kampala, South Central, Bunyoro, and North Central) had more than 50% of households with access to electricity. Only 5% of households in Karamoja had access to electricity, with 41% relying on firewood or dung. Most rural households (41%) relied on gas or paraffin as their fuel for electricity. Most households cooked outside, either in a separate building (62%) or in the open air (20%). Nearly three times the proportion of non-poor children (63%) had access to electricity than multidimensionally poor children (22%), who were more than twice as likely as non-poor children to rely on gas or paraffin as their source of lighting.

A focus group participant from Lira argued that a lack of electricity resulted in her children being at an educational disadvantage:

> 'When children come back from school at night, they should first read their books before they go to bed. Because we do not have electricity, it becomes a problem for them to do so.' ***Lira***

TABLE 4.11(A): FUEL FOR LIGHTING AND COOKING, BY GEOGRAPHY, UNHS 2016/17 (%)

		Fuel for lighting										Type of kitchen					
		Electricity		Gas or paraffin		Candles		Firewood/dung		Other		Inside		Outside, separate building		Open space	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	38	100	36	100	1	100	2	100	22	100	12	100	62	100	20	100
Place of Residence	Rural	30	62	41	88	1	40	3	96	25	89	11	71	68	85	15	59
	Urban	66	38	20	12	3	60	0	4	11	11	16	29	41	15	36	41
Sub-region	Kampala	88	7	5	0	4	11	0	0	3	0	25	7	16	1	52	9
	South Central	63	21	27	9	2	25	0	1	7	4	12	12	50	10	29	18
	Bunyoro	54	8	22	4	2	10	1	4	20	6	4	2	65	6	18	6
	North Central	51	14	33	10	1	8	0	2	14	7	5	4	56	10	33	18
	Tooro	43	8	36	7	2	10	0	1	18	6	3	2	70	8	14	5
	Ankole	43	9	40	9	1	5	2	6	14	5	4	3	78	10	14	6
	Busoga	34	10	52	15	0	3	1	4	13	6	3	3	78	14	16	9
	Kigezi	29	3	37	4	3	9	2	2	29	5	1	0	88	5	8	1
	Bugishu	27	4	71	10	0	0	1	3	1	0	8	3	67	5	16	4
	Lango	25	4	16	3	1	6	2	4	56	16	31	16	57	6	11	3
	West Nile	22	4	40	9	0	2	1	2	37	13	7	5	68	9	22	9
	Bukedi	19	3	70	11	0	2	1	2	9	2	2	1	90	8	4	1
	Acholi	17	2	44	6	1	3	6	12	32	7	52	20	38	3	9	2
	Teso	16	2	25	4	0	0	2	5	56	14	36	16	54	5	7	2
	Karamoja	5	0	2	0	2	4	41	53	51	8	27	7	28	1	40	7

TABLE 4.11(B): FUEL FOR LIGHTING AND COOKING, BY HOUSEHOLD CHARACTERISTIC, UNHS 2016/17 (%)

		Fuel for lighting										Type of kitchen					
		Electricity		Gas or paraffin		Candles		Firewood/dung		Other		Inside		Outside, separate building		Open space	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	38	100	36	100	1	100	2	100	22	100	12	100	62	100	20	100
Sex	Male	38	50	37	51	1	44	3	51	22	51	12	50	62	51	19	50
	Female	39	50	36	49	1	56	2	49	21	49	12	50	62	49	20	50
Age Group (UNICEF)	0–5	37	38	35	38	2	53	3	41	23	43	12	39	59	37	23	46
	6–8	38	18	37	18	1	16	3	20	21	18	11	17	63	18	20	18
	9–14	38	30	38	31	1	19	2	28	21	28	12	29	65	31	17	26
	15–18	42	14	36	12	1	11	2	10	20	12	14	15	66	13	15	10
Household Composition	1 adult, 1 child	38	2	33	2	6	8	2	1	22	2	16	2	38	1	41	4
	1 adult, 2 children	31	2	40	3	4	9	3	3	22	3	12	3	45	2	37	5
	1 adult, 3+ children	27	8	44	14	1	5	5	24	23	12	12	12	56	10	25	14
	2 adults, 1 child	41	4	31	3	4	12	1	2	23	4	14	4	44	3	37	7
	2 adults, 2 children	38	8	34	8	2	11	2	7	24	9	12	8	52	7	29	12
	2 adults, 3+ children	37	41	38	44	1	33	3	47	22	42	10	35	67	45	17	38
	3+ adults, 1 child	50	1	33	1	1	1	1	0	15	1	16	1	61	1	17	1
	3+ adults, 2 children	53	3	27	2	1	3	1	1	18	2	15	3	61	2	19	2
	3+ adults, 3+ children	44	31	33	24	1	18	1	15	20	25	14	32	68	29	12	17
Orphan (UNICEF Definition)	No	39	91	36	88	1	90	2	84	22	89	12	86	63	89	20	91
	Yes	33	9	40	12	1	10	4	16	22	11	16	14	62	11	16	9

TABLE 4.11(C): FUEL FOR LIGHTING AND COOKING, BY POVERTY STATUS, UNHS 2016/17 (%)

		Fuel for lighting										Type of kitchen					
		Electricity		Gas or paraffin		Candles		Firewood/dung		Other		Inside		Outside, separate building		Open space	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	38	100	36	100	1	100	2	100	22	100	12	100	62	100	20	100
Poverty Group	Poor	22	33	47	73	1	42	4	90	26	67	11	49	66	60	17	48
	Rising	66	4	26	1	2	3	0	0	5	1	13	2	60	2	22	2
	Vulnerable	34	5	32	5	1	6	1	3	31	8	9	4	65	6	21	6
	Not poor	63	59	21	20	2	48	0	7	15	25	15	45	56	32	24	43
Multidimensional Poverty	Poor	22	33	47	73	1	42	4	90	26	67	11	49	66	60	17	48
	Not poor	59	67	22	27	2	58	1	10	16	33	14	51	57	40	23	52

4.8.2 HOUSEHOLD NECESSITIES

Respondents to the UNHS 2016/17 were asked about items they lacked (because of affordability) or things they were unable to do requiring money to keep their homes in order. These included being able to replace broken or worn-out furniture and broken pots and pans, being able to repair a leaking roof and being able to make savings for unexpected emergencies (i.e. economic shocks). These indicators are used in a summary measure, reflecting the proportion of children in households where one or more of these important SPNs is lacking due to affordability.

The tables below show how deprivation of these SPNs for households is patterned across Uganda. What is most apparent are the high levels of deprivation for all these items, with 65% of households lacking the resources to replace furniture, a slightly smaller proportion unable to make savings for unexpected emergencies (e.g. health care costs) and just less than half of households able to afford to replace broken pots and pans (41%) or repair a leaking roof (44%). Overall, nearly 80% of children lived in households unable to afford one or more of these SPNs.

Deprivation was higher among rural households but even two out of every three urban households were deprived of one of more of these SPNs. In five sub-regions (West Nile, Bukedi, Bugishu, Acholi and Karamoja), rates of overall deprivation of household SPNs were above 90%.

TABLE 4.12(A): DEPRIVATION OF HOUSEHOLD-RELATED SPNS, BY GEOGRAPHY, UNHS 2016/17 (%)

		Replace furniture		Savings for emergencies		Replace broken pots and pans		Able to repair leaking roof		Household Deprivation	
		Deprived		Deprived		Deprived		Deprived		Deprived	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	65	100	59	100	41	100	44	100	79	100
Place of Residence	Rural	69	82	62	83	45	84	47	83	83	82
	Urban	52	18	46	17	29	16	34	17	66	18
Sub-region	West Nile	87	10	83	11	76	15	84	15	97	10
	Bukedi	87	7	87	8	81	11	78	10	97	7
	Bugishu	76	6	79	7	55	7	59	7	92	6
	Acholi	84	6	49	4	70	8	67	7	92	5
	Karamoja	81	4	85	5	28	2	7	1	91	4
	Kigezi	66	4	52	3	39	3	40	3	83	4
	Busoga	64	11	60	11	47	13	49	12	82	11
	Tooro	68	8	57	7	28	5	43	7	82	8
	Bunyoro	68	6	49	5	30	4	37	5	78	6
	Teso	57	5	65	6	16	2	17	2	77	5
	South Central	61	12	49	10	29	9	31	9	71	11
	Ankole	54	7	58	8	34	7	49	9	70	7
	North Central	50	8	49	9	32	8	35	8	65	9
	Kampala	48	2	46	3	26	2	25	2	63	3
	Lango	52	5	28	3	31	5	28	4	61	5

With regards to household demographics, there was little relationship between deprivation, age and gender, but there were clearer patterns with regards to the number of children in the household, with rates highest (89%) for those households with only a single adult and three or more children. Households with more adults than children had lower rates overall.

TABLE 4.12(B): DEPRIVATION OF HOUSEHOLD-RELATED SPNS, UNHS 2016/17 (%)

		Replace furniture		Savings for emergencies		Replace broken pots and pans		Able to repair leaking roof		Household Deprivation	
		Deprived		Deprived		Deprived		Deprived		Deprived	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	65	100	59	100	41	100	44	100	79	100
Sex	Male	66	51	59	51	41	51	45	51	79	51
	Female	65	49	58	49	41	49	44	49	78	49
Age Group (UNICEF)	0–5	65	39	58	39	41	39	43	38	78	39
	6–8	67	18	59	18	41	18	45	18	79	18
	9–14	66	30	60	30	42	30	46	31	80	30
	15–18	64	13	57	12	40	12	45	13	78	13
Household Composition	1 adult, 1 child	69	2	60	2	42	2	45	2	81	2
	1 adult, 2 children	71	3	61	3	46	3	48	3	83	3
	1 adult, 3+ children	78	14	69	13	50	14	56	14	89	13
	2 adults, 1 child	57	3	50	3	38	4	41	4	71	3
	2 adults, 2 children	61	8	56	8	40	8	44	8	76	8
	2 adults, 3+ children	68	44	60	43	42	43	45	43	81	43
	3+ adults, 1 child	55	1	50	1	30	1	36	1	69	1
	3+ adults, 2 children	50	2	45	2	29	2	32	2	63	2
	3+ adults, 3+ children	60	24	56	25	38	25	40	24	74	25
Orphan (UNICEF Definition)	No	65	88	58	88	40	87	43	87	78	88
	Yes	73	12	65	12	49	13	53	13	85	12

With regards to poverty status, the picture is clear. The multidimensionally poor were more likely than other groups to report deprivation of SPNs, although this is in part due to the methods used (since, in order to be classed as multidimensionally poor, they will probably have reported being deprived of these items anyway). Thus 94% of the multidimensionally poor reported deprivation of one of more household SPNs. Over half of non-poor children were in households where one or more items were lacking, signifying the high levels of overall deprivation in Uganda, even among the non-poor.

TABLE 4.12(C): DEPRIVATION OF HOUSEHOLD-RELATED SPNS, BY POVERTY STATUS, UNHS 2016/17 (%)

		Replace furniture		Savings for emergencies		Replace broken pots and pans		Able to repair leaking roof		Household Deprivation	
		Deprived		Deprived		Deprived		Deprived		Deprived	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	65	100	59	100	41	100	44	100	79	100
Poverty Group	Poor	82	71	74	71	54	75	58	74	94	67
	Rising	70	2	68	2	41	2	44	2	90	2
	Vulnerable	33	3	23	2	7	1	9	1	51	4
	Not poor	44	24	39	24	26	22	29	23	59	27
Multidimensional Poverty	Poor	82	71	74	71	54	75	58	74	94	67
	Not poor	44	29	39	29	24	25	27	26	59	33

4.9 ACCESS TO WATER AND SANITATION

Ugandan children's constitutional right to *'clean and safe water'* is outlined in Articles XIV (b) and XXI, but with no explicit definitions as to what constitutes 'clean' or 'safe'. UNICEF and the WHO have devised standards of water quality, based on the source of water, with two main classifications: 'improved' and 'unimproved'. Improved sources are those considered to be protected from outside contamination and typically include piped water and water from boreholes, protected wells and protected streams, rainwater and bottled water. Unimproved sources include open surface water sources, such as rivers, dams and lakes, as well as water from unprotected wells and springs.

In 2017, the WHO added two indicators to reflect access to water: a basic water service and a limited water service. These later categories reflect those used by Gordon et al. (2003) to indicate moderate and severe water deprivation, by including time to collect water along with source. A basic water service is one where the source of water is improved and the collection time is within 30 minutes. A limited service is use of an improved source but where collection time is greater than 30 minutes. Both are likely to provide lower estimates of deprivation than those of Gordon et al. (2003), as they combine distance and source as elements in the final assessment. The Gordon et al. (2003) indicators of water deprivation showed whether households were either using an unsafe, unimproved source OR had a long collection time for water (of >30 minutes).

Tables 4.13 below present information on four indicators of access to water according to the standard definitions: (i) improved sources and (ii) unimproved sources, as well as (iii) an indicator reflecting moderate deprivation (MDG water deprivation). This includes households who are either using an unimproved water source OR who have a 30 minute water collection time. Finally, (iv) severe water deprivation refers to households using unsafe, open water sources (i.e. even more restrictive than unimproved sources) or who have a greater than 30 minutes collection time (Gordon et al., 2003).

In terms of water source, over three-quarters (78%) of children in Uganda were using water from an improved source in 2017. This impressive level of provision was apparent across all household types. Where differences are apparent it is with regards to collection times, as reflected in the MDG and severe water deprivation indicators. Poorer households are less likely to have a water source close to their home and must travel to collect water for their daily use. Around one-third of households are moderately (MDG) water deprived and one-quarter are severely deprived. Clear socioeconomic gradients are observed when collection times are included in a measure of access, suggesting lower levels of provision and access for poor people in Uganda. This issue is of concern given that many children are likely to be collecting water for the household and carrying heavy loads has known physical impacts on children's health (e.g. musculoskeletal injuries).

Tables 4.13 below also show information on three other indicators – two on access to sanitation and a third on whether households have a facility for handwashing located near the household toilet. This could include a sink for washing hands, with or without soap. The MDG sanitation deprivation indicator shows those households that have access only to unimproved forms of sanitation (shared latrines, unimproved pit latrines, etc.). Severe sanitation deprivation indicates those households with no access to any sanitation facilities whatsoever. These children and other household members are using the bush, fields and, in urban areas, plastic bags and open ground.

Sanitation deprivation, even in its milder form (MDG deprivation) affects one out of five (21%) children in Uganda. This rises to one in four in rural areas (25%) and 1 in 11 in urban areas (9%). Severe deprivation affects a smaller proportion nationally (7%), with almost all cases occurring in rural areas (8% prevalence rate, accounting for 95% of the distribution). This shows the need to ensure better sanitation provision in rural areas. Only one in six (16%) children lived in homes with handwashing facilities located near the toilet. Karamoja has extremely high rates of severe sanitation deprivation, with two out of three children severely deprived, and with only 6% of households with handwashing facilities. There are clear links between poor sanitation and child illness and early mortality.

TABLE 4.13(A) WATER AND SANITATION DEPRIVATION AMONG CHILDREN, BY GEOGRAPHY, UNHS 2016/17 (%)

		Global Water Supply and Sanitation Assessment				MDG water deprivation		Severe water deprivation		MDG sanitation deprivation		Severe sanitation deprivation		Handwashing facility next to toilet	
		Improved water source		Unimproved water source		Deprived		Deprived		Deprived		Deprived		Yes	
		Prev.	Distr.	Prev.	Distr.	Prev	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	78	100	22	100	34	100	24	100	21	100	7	100	16	100
Place of Residence	Rural	75	74	25	90	40	91	29	92	25	91	8	95	14	64
	Urban	91	26	9	10	15	9	9	8	9	9	2	5	25	36
Sub-region	Kampala	93	4	7	1	7	1	1	0	4	1	1	0	26	5
	Busoga	93	13	7	4	17	6	16	7	23	12	12	19	9	6
	Karamoja	92	4	8	1	31	3	29	4	79	12	66	30	6	0
	Teso	92	6	8	2	30	5	27	6	49	12	11	9	11	3
	Bukedi	90	6	10	2	22	4	16	4	17	4	2	2	19	7
	Lango	85	7	15	4	27	5	15	4	23	7	6	6	10	4
	Bugishu	84	5	16	4	23	3	19	4	44	10	5	4	2	1
	West Nile	83	8	17	6	30	7	21	7	19	7	3	3	20	10
	Bunyoro	76	6	24	7	39	7	23	6	19	5	2	2	12	5
	North Central	75	10	25	12	39	12	28	12	15	7	3	4	20	14
	Kigezi	73	3	27	5	54	6	45	7	10	2	0	0	7	2
	Acholi	72	4	28	6	46	6	30	6	42	9	26	17	6	1
	South Central	71	11	29	17	38	14	25	13	9	5	1	1	30	25
	Tooro	62	6	38	13	51	11	33	10	12	4	1	2	14	7
	Ankole	55	6	45	16	55	13	34	11	7	3	1	1	21	11

TABLE 4.13(B) WATER AND SANITATION DEPRIVATION AMONG CHILDREN, BY HOUSEHOLD CHARACTERISTICS, UNHS 2016/17 (%)

		Global Water Supply and Sanitation Assessment				MDG water deprivation		Severe water deprivation		MDG sanitation deprivation		Severe sanitation deprivation		Handwashing facility next to toilet	
		Improved water source		Unimproved water source		Deprived		Deprived		Deprived		Deprived		Yes	
		Prev.	Distr.	Prev.	Distr.	Prev	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	78	100	22	100	34	100	24	100	21	100	7	100	16	100
Sex	Male	78	50	22	51	35	51	24	50	21	50	7	51	16	50
	Female	79	50	21	49	34	49	24	50	22	50	7	49	16	50
Age Group (UNICEF)	0–5	78	39	22	40	34	40	24	39	23	43	8	46	15	37
	6–8	78	18	22	19	35	18	24	18	21	18	7	19	16	17
	9–14	78	30	22	30	35	30	25	31	20	28	6	26	17	31
	15–18	81	13	19	11	32	12	23	12	18	11	5	9	19	15
Household Composition	1 adult, 1 child	82	2	18	1	25	1	14	1	14	1	6	1	10	1
	1 adult, 2 children	81	3	19	2	31	2	22	2	22	3	7	3	12	2
	1 adult, 3+ children	78	11	22	12	38	12	25	12	30	16	12	19	14	9
	2 adults, 1 child	81	4	19	3	27	3	17	3	19	3	6	4	14	3
	2 adults, 2 children	78	8	22	8	32	8	21	7	22	8	8	9	15	7
	2 adults, 3+ children	76	41	24	47	38	47	27	47	23	46	8	46	15	38
	3+ adults, 1 child	83	1	17	1	27	1	21	1	15	1	3	0	38	2
	3+ adults, 2 children	86	3	14	2	25	2	18	2	13	1	4	1	26	4
	3+ adults, 3+ children	81	27	19	23	31	24	23	25	17	21	4	16	20	33
Orphan (UNICEF Definition)	No	78	89	22	89	35	89	24	90	21	88	7	86	17	91
	Yes	79	11	21	11	33	11	23	10	23	12	9	14	14	9

TABLE 4.13(C) WATER AND SANITATION DEPRIVATION AMONG CHILDREN, BY POVERTY STATUS, UNHS 2016/17 (%)

		Global Water Supply and Sanitation Assessment				MDG water deprivation		Severe water deprivation		MDG sanitation deprivation		Severe sanitation deprivation		Handwashing facility next to toilet	
		Improved water source		Unimproved water source		Deprived		Deprived		Deprived		Deprived		Yes	
		Prev.	Distr.	Prev.	Distr.	Prev	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	78	100	22	100	34	100	24	100	21	100	7	100	16	100
Poverty Group	Poor	77	56	23	59	38	62	27	64	29	77	10	84	10	33
	Rising	72	2	28	3	38	2	23	2	7	1	1	0	22	3
	Vulnerable	83	6	17	4	31	5	22	5	19	5	8	6	15	5
	Not poor	80	36	20	34	30	31	19	29	10	17	2	10	26	59
Multidimensional Poverty	Poor	77	56	23	59	38	62	27	64	29	77	10	84	10	33
	Not poor	80	44	20	41	30	38	20	36	11	23	2	16	24	67

There is a clear association between poverty and access to basic water and sanitation services. Poor people are less likely to be using improved sources of water, more likely to be water and sanitation deprived and less likely to have handwashing facilities in the home. This shows that children in poor households are more likely to be exposed to dangerous pathogens linked to poor sanitation and unsafe water and thus at greater risk of illness and premature death. Rates of severe sanitation deprivation are five times higher among the poor than among the not poor, accounting for 84% of the total distribution.

Focus group respondents from Kibuye, Mbarara, Hoima and Moroto explained the serious problems of children having to drink unsafe water and the efforts required to obtain water:

> The community is so badly off it shares the water points with other villages and animals, so this is not safe for the children. When it rains, the rain water is drunk, which is also not safe.' ***(Kibuye)***

> 'They are mostly affected by lack of water for uses such as bathing. They are badly off because they go very long distances to fetch water, which is not even clean water.' ***(Mbarara)***

> 'We have one well, which is on the upper side. If you want water you will walk for a whole mile to get it.' ***(Hoima)***

> 'A person goes to the borehole at 6am, and at this time the line is still long. Your work is to just wait in the lines or, if you have 100 shillings, you go to the tap. That day if the water is not there, a person can charge you 300 or even 500 shillings per jerrycan for ready-fetched water.' ***(Moroto)***

> 'We share drinking water with animals so this affects the children and they easily get affected by diseases.'***(Kibuye)***

Focus group respondents from Mbale and Moroto also explained how poverty results in inadequate sanitation and sometimes the inability to even afford to buy soap:

> 'There is a problem of poor sanitation in the village. People have no toilets and those who have are in sorry state… Others end up going to the bushes.' ***(Mbale)***

> 'We don't have pit latrines here… and the only problem is lack of money. So, you find that the landlords target… building homes for people to rent and get money but don't have money to waste on building toilets.' ***(Moroto)***

> 'So, imagine how you have to struggle to send your child to school… You're too broke to get money even for soap. So this child will end up putting on their uniform until the term ends. It's dirty because you don't have money to buy soap and you're also struggling to feed the child.' ***(Moroto)***

4.10 ADEQUATE CLOTHING

Article XIV (b) of the Constitution provides all Ugandans with the right to *'adequate clothing'*. The UNHS asked several questions about the clothing needs of household members. Clothing has a value not only in protecting people from the elements but also to help avoid shame and stigma and to help feel part of a community during important social occasions, such as weddings, celebrations and funerals. In cold countries, like the UK, surveys using the consensual approach have asked respondents about items such as 'all weather shoes' or coats for rainy or cold days. In a warm country like Uganda, the questions asked were about whether children were able to have at least two pairs of shoes, if they were able to have some new clothes and if they had at least two sets of clothes. The final column of Tables 4.14 shows a summary indicator of whether children are deprived of any of these clothing-related SPNs.

Eighty per cent of households have insufficient resources to meet children's basic needs for clothing. Around one in five children report being deprived of having two sets of clothes, 7 out of 10 lack two pairs of shoes and 6 out of 10 rely on second- or third-hand clothes, with their families unable to afford at least some new clothes for them. These deprivations are prevalent across rural and urban areas (worse in rural areas), with four sub-regions having clothing deprivation rates above 90%.

TABLE 4.14(A) CLOTHING DEPRIVATION AMONG CHILDREN, BY GEOGRAPHY, UNHS 2016/17 (%)

		Two pairs of shoes		Children have some new clothes		Children have 2 sets of clothes		Children Clothing Deprived	
		Deprived		Deprived		Deprived		Deprived	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	71	100	63	100	17	100	80	100
Place of Residence	Rural	78	85	67	83	19	88	85	83
	Urban	49	15	47	17	9	12	61	17
Sub-region	West Nile	93	10	71	9	17	8	95	9
	Karamoja	90	4	72	4	24	5	91	4
	Bukedi	86	7	84	7	42	14	93	6
	Teso	85	6	62	5	6	2	89	6
	Acholi	84	5	75	5	34	9	93	5
	Bugishu	79	6	86	7	31	9	92	6
	Tooro	78	8	68	8	14	6	84	8
	Bunyoro	78	7	63	6	12	4	83	6
	Kigezi	74	4	64	4	13	3	81	4
	Busoga	72	11	61	10	13	8	79	11
	Lango	67	6	50	5	11	4	72	6
	North Central	65	10	59	10	15	9	79	11
	Ankole	62	7	55	7	19	9	69	7
	South Central	48	8	52	10	11	8	63	10
	Kampala	29	1	41	2	8	2	52	2

Clothing deprivation rates are consistent across the main demographic variables, with older children less deprived than the younger ones. A clear gradient is apparent for households with more children, particularly those with only a single adult and three or more children (87%). Orphans were also more likely to be clothing deprived than children living with both their parents.

TABLE 4.14(B) CLOTHING DEPRIVATION AMONG CHILDREN, BY HOUSEHOLD CHARACTERISTICS, UNHS 2016/17 (%)

		Two pairs of shoes		Children have some new clothes		Children have 2 sets of clothes		Children Clothing Deprived	
		Deprived		Deprived		Deprived		Deprived	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	71	100	63	100	17	100	80	100
Sex	Male	72	51	63	51	17	52	80	51
	Female	70	49	63	49	17	48	79	49
Age Group (UNICEF)	0–5	71	39	61	38	17	39	79	39
	6–8	72	18	64	18	18	19	80	18
	9–14	73	31	65	31	18	31	82	30
	15–18	67	12	62	12	16	12	77	12
Household Composition	1 adult, 1 child	52	1	54	1	11	1	63	1
	1 adult, 2 children	68	3	63	3	16	3	77	3
	1 adult, 3+ children	78	13	73	13	18	12	87	12
	2 adults, 1 child	51	3	43	3	8	2	60	3
	2 adults, 2 children	65	7	56	7	14	7	74	8
	2 adults, 3+ children	77	45	66	44	19	47	84	45
	3+ adults, 1 child	51	1	50	1	12	1	64	1
	3+ adults, 2 children	49	2	47	2	10	1	60	2
	3+ adults, 3+ children	69	26	61	26	17	26	79	26
Orphan (UNICEF Definition)	No	71	88	62	88	17	87	79	88
	Yes	75	12	70	12	20	13	84	12

Disparities between the poor and not poor were very clear with regards to clothing, with 9 out of 10 multidimensionally poor children deprived of having two pairs of shoes, 8 out of 10 not having any new clothes, one in four lacking two sets of clothes and 96% deprived of one or more items. However, over half (58%) of non-poor children were also deprived of one or more clothing items.

TABLE 4.14(C) CLOTHING DEPRIVATION AMONG CHILDREN, BY POVERTY STATUS, UNHS 2016/17 (%)

		Two pairs of shoes		Children have some new clothes		Children have 2 sets of clothes		Children Clothing Deprived	
		Deprived		Deprived		Deprived		Deprived	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	71	100	63	100	17	100	80	100
Poverty Group	Poor	90	71	81	72	25	82	96	68
	Rising	59	2	62	2	18	2	75	2
	Vulnerable	51	4	19	2	1	0	58	4
	Not poor	46	23	42	24	7	15	57	26
Multidimensional Poverty	Poor	90	71	81	72	25	82	96	68
	Not poor	47	29	40	28	7	18	58	32

Focus group participants in Lira and Mpigi agreed that clothing deprivation was a mark of poverty:

> 'When you are living a bad life, you don't have food to eat. You cannot even afford clothes. You end up putting on torn clothes.' ***(Lira)***

> 'A person who dresses poorly/ has no good clothes.' ***(Mpigi)***
>
> 'A person without clothes (one pair of clothes).' ***(Mpigi)***

4.11 INFORMATION DEPRIVATION

Section 41 of the Ugandan Constitution provides every citizen with '*the right of access to information*'. In a fast-developing society like Uganda's, having access to reliable information is critical for a wide range of reasons. 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.

Assessing a concept like information deprivation is not without its challenges, given the range of sources available to people. The UNHS asked respondents about access to technologies – such as computers, telephones, radios and televisions – and, while not seeking to downplay the importance of less-technological sources, we use this data to show what proportion of children in Uganda have access to sources of information. Tables 4.14 below set out the extent of computer use, access to the Internet, exposure to mass media through radio and television and, lastly, the extent of severe information deprivation, which we define as children living in households which lack either a radio, TV, computer or phone.

Ownership (and use) of technology such as computers, is very low across Uganda. Only around 2% of children had used a computer in the previous three months (even among the older age groups the figure was only 6%) and use of the Internet was almost non-existent except in Kampala, where 10% of children used it. Only richer children and those rising out of poverty reported any Internet use.

Access to mobile or landline telephones was much more widespread, with 75% of children in households with access to a telephone (71% rural vs 91% urban). Across the regions, access to telephones is generally high, but in Karamoja only 30% of children lived in households with a telephone. Access even among the multidimensionally poor is high, with two-thirds of multidimensionally poor children in households with a telephone.

Over half of all households lack a radio, 85% lack a TV and 97% lack a computer in the home. Around one in five children (19%) lack any source of information at home and so are considered as severely information deprived. The figure is much lower in urban areas (6%) and highest in Karamoja, where 68% of children are severely information deprived. Over one-third of children are information deprived in Acholi and West Nile sub-regions. Multidimensionally poor children were more than four times more likely to be severely information deprived compared with non-poor children (28% and 6% affected, respectively).

TABLE 4.15(A) INFORMATION DEPRIVATION AMONG CHILDREN, BY GEOGRAPHY, UNHS 2016/17 (%)

		Used a computer in the last 3 months		Uses the Internet		Landline or mobile phone in home		Household owns a radio		Household owns a television		Household owns a computer		Severe information deprivation	
		Yes		Yes		Mobile or Fixed		No Radio		No TV		No PC		deprived	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	2	100	1	100	75	100	54	100	85	100	97	100	19	100
Place of Residence	Rural	1	35	1	32	71	73	55	80	93	86	99	79	22	93
	Urban	5	65	4	68	91	27	49	20	55	14	92	21	6	7
Sub-region	Kampala	12	20	10	22	95	4	56	3	27	1	87	3	3	1
	South Central	5	31	4	31	91	15	42	10	57	8	94	12	5	4
	North Central	3	16	2	18	88	12	51	10	79	10	98	11	8	4
	Lango	2	6	2	7	68	6	43	5	91	7	95	6	20	7
	Ankole	2	7	1	5	85	9	39	6	87	8	98	8	9	4
	Kigezi	1	3	1	1	80	4	43	3	91	4	100	4	15	3
	Bunyoro	1	3	1	3	80	6	52	6	88	6	97	6	16	5
	Tooro	1	4	1	5	80	8	40	5	89	8	98	7	12	5
	Busoga	1	4	0	4	75	11	57	12	93	12	99	11	20	12
	West Nile	0	2	0	2	55	6	67	10	96	9	99	8	37	15
	Bukedi	0	1	0	0	68	5	72	8	97	6	100	6	26	8
	Bugishu	0	1	0	1	66	4	64	6	89	5	99	5	25	7
	Karamoja	0	0	0	0	30	1	86	5	100	4	97	3	68	12
	Acholi	0	1	0	1	57	3	66	6	97	5	98	5	36	9
	Teso	0	0	0	0	72	5	58	6	97	6	99	5	21	6

TABLE 4.15(B) INFORMATION DEPRIVATION AMONG CHILDREN, BY HOUSEHOLD CHARACTERISTICS, UNHS 2016/17 (%)

		Used a computer in the last 3 months		Uses the Internet		Landline or mobile phone in home		Household owns a radio		Household owns a television		Household owns a computer		Severe information deprivation	
		Yes		Yes		Mobile or Fixed		No Radio		No TV		No PC		deprived	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	2	100	1	100	75	100	54	100	85	100	97	100	19	100
Sex	Male	2	58	2	64	75	50	54	51	85	51	97	51	19	51
	Female	2	42	1	36	76	50	53	49	85	49	97	49	18	49
Age Group (UNICEF)	0–5	0	1	0	0	75	39	54	40	85	40	97	40	19	41
	6–8	0	5	0	6	75	18	53	18	85	18	98	18	19	18
	9–14	1	29	1	22	76	30	54	30	85	30	98	30	19	30
	15–18	6	64	5	72	78	13	50	12	82	12	95	12	16	11
Household Composition	1 adult, 1 child	2	2	1	1	64	1	70	2	85	2	99	2	29	3
	1 adult, 2 children	3	4	2	4	59	2	63	3	87	3	99	3	30	4
	1 adult, 3+ children	1	5	1	7	56	8	71	15	91	12	99	12	36	22
	2 adults, 1 child	3	3	2	3	76	4	52	4	78	4	97	4	16	3
	2 adults, 2 children	1	3	1	5	75	8	53	8	84	8	98	8	19	8
	2 adults, 3+ children	1	35	1	23	76	43	53	42	87	44	99	43	18	42
	3+ adults, 1 child	4	2	3	2	85	1	42	1	68	1	92	1	10	0
	3+ adults, 2 children	6	9	6	11	86	3	38	2	70	2	91	2	10	1
	3+ adults, 3+ children	2	40	2	44	84	30	46	23	81	25	94	26	11	15
Orphan (UNICEF Definition)	No	2	86	1	83	76	90	53	88	84	89	97	89	18	85
	Yes	2	14	2	17	67	10	60	12	87	11	98	11	26	15

TABLE 4.15(C) INFORMATION DEPRIVATION AMONG CHILDREN, BY POVERTY STATUS, UNHS 2016/17 (%)

		Used a computer in the last 3 months		Uses the Internet		Landline or mobile phone in home		Household owns a radio		Household owns a television		Household owns a computer		Severe information deprivation	
		Yes		Yes		Mobile or Fixed		No Radio		No TV		No PC		deprived	
		Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.	Prev.	Distr.
Uganda	National estimate	2	100	1	100	75	100	54	100	85	100	97	100	19	100
Poverty Group	Poor	0	8	0	8	64	48	63	67	97	65	100	58	28	85
	Rising	5	6	4	7	92	2	47	2	66	2	97	2	3	0
	Vulnerable	1	1	1	1	80	6	49	5	93	6	100	6	14	4
	Not poor	4	84	3	84	91	44	39	26	65	27	93	34	5	10
Multidimensional Poverty	Poor	0	8	0	8	64	48	63	67	97	65	100	58	28	85
	Not poor	4	92	3	92	90	52	41	33	68	35	94	42	6	15

CHAPTER FIVE

THE ROLE OF SOCIAL PROTECTION IN ERADICATING CHILD POVERTY

Social protection across the life cycle can play a key role in addressing the deprivations highlighted in this analysis and in strengthening the resilience of poor families. A social protection investment case has demonstrated the positive impact social protection can have and the feasibility of other potential programmes (UNICEF, 2017). The International Labour Organization (ILO) has also shown that universal coverage programmes can be successfully funded for as little as 1% of GDP in the case of basic pensions, 2% of GDP for child-focused transfers and 2–3% of GDP for primary health provision (Niño-Zarazúa et al., 2010, 2012).

In 2012, at the ILO, governments and employers' and workers' organisations from 185 countries, including Uganda, agreed to implement National Social Protection Floors. ILO Recommendation 202 states:

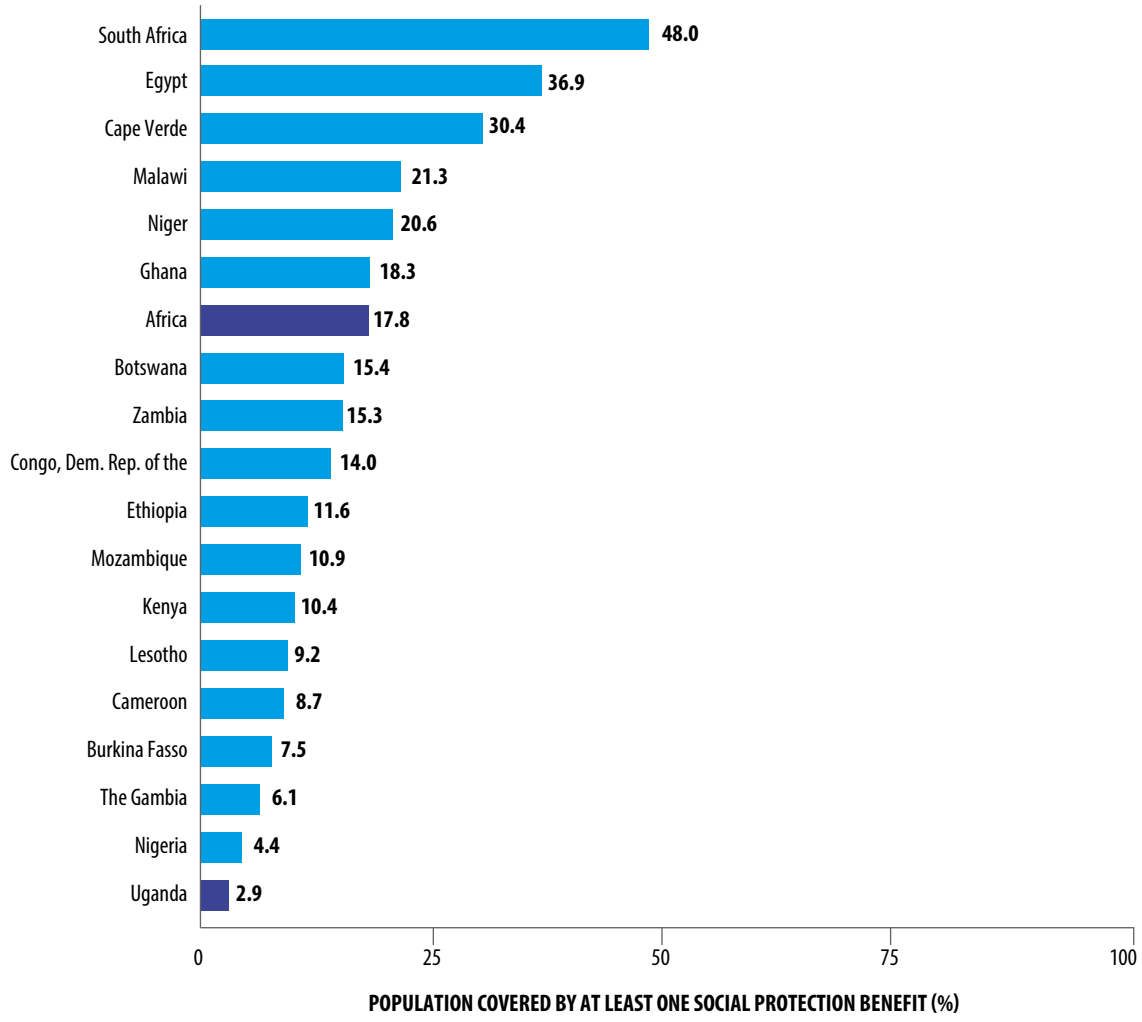
> *'National social protection floors should comprise at least the following four social security guarantees, as defined at the national level:*
>
> - *access to essential health care, including maternity care;*
> - *basic income security for children, providing access to nutrition, education, care and any other necessary goods and services;*
> - *basic income security for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability;*
> - *basic income security for older person.'* (ILO, 2012)

In 2016, the GoU adopted the National Social Protection Policy. It has also signed up to the SDGs, the primary goal of which is to eradicate poverty everywhere by 2030, and leave no one behind. It was agreed that a key way to achieve this noble aim was to *'implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.*[19]

It has been estimated that Uganda would need to spend 6.6% of its GDP on social transfers and health services to achieve the minimum level of income and health security required by ILO 202 (Bierbaum et al., 2017). Currently, however, the GoU allocates relatively less money to health and social security compared with similar low-income countries in Africa. For example, in 2015, Uganda spent only 0.78% of its GDP on social protection. Spending on direct income support (DIS) was *'only 0.33 percent of GDP which is significantly lower than the 1.1 percent of GDP which is spent on DIS on average by other low income African countries.'* (NPA, 2015)

19 SDG Target 1.3

FIGURE 5.1: SDG INDICATOR 1.3.1: PERCENTAGE OF POPULATION IN AFRICA COVERED BY AT LEAST ONE SOCIAL PROTECTION BENEFIT (EFFECTIVE COVERAGE), 2015



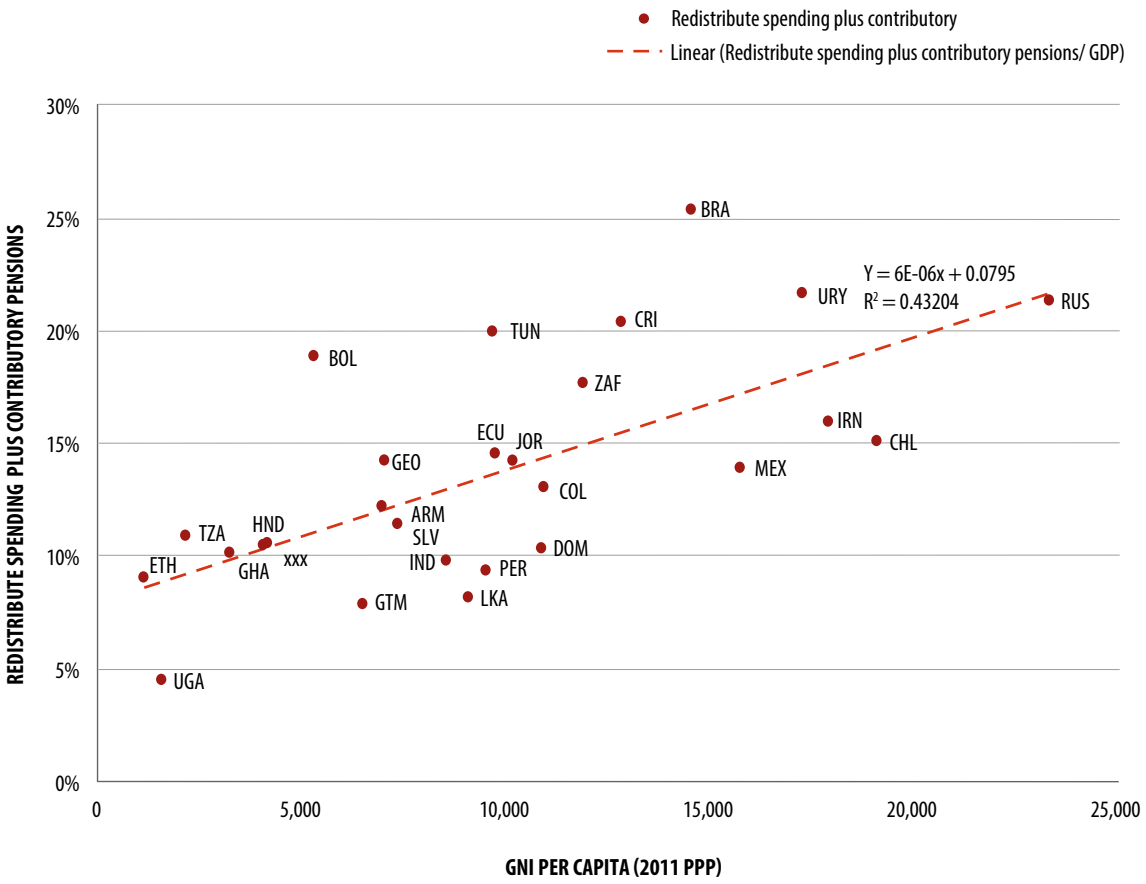
Source: World Social Protection Report 2017–19. Geneva, ILO

The GoU has implemented a range of social protection programmes for vulnerable groups: for example, the Youth Livelihood Programme, the Uganda Women Entrepreneurship Programme, Senior Citizen Grants and the Social Assistance Grant for Empowerment (SAGE). However, less than 3% of the population receives any kind of social protection benefit (Figure 5.1). The estimated budget allocation on social development in 2018/19 is only UGX205.9 billion (0.9%) of the 2018/19 budget (Owori, 2018). It is clear that the social protection budget thus far is too low and too few people benefit for it to have a significant impact on reducing child poverty.

Other government spending and the tax system can also have positive redistributive effects that can help to alleviate poverty. Recent analyses found that

'Fiscal policy in Uganda is equalizing and does not increase poverty. However, the redistributive impact is quite small, especially when compared with similar low-income countries such as Ethiopia and Tanzania.' (Jellema et al., 2016, p.4)

FIGURE 5.2: REDISTRIBUTIVE SPENDING BY GNI PER PERSON (CIRCA 2010)



Source: Jellema et al. (2016) *The impact of taxes, transfers, and subsidies on inequality and poverty in Uganda.* London, International Growth Centre S-43304-UGA-1

Figure 5.2 shows that Uganda is an outlier, spending less of its national wealth on redistributive spending (including spending on pensions) than any other developing country for which data are available, including neighbouring low-income countries like Ethiopia and Tanzania. Based on this spending Uganda is currently ranked 44th out of 52 African countries in providing for its children's basic needs, largely as a result of its relatively low expenditures on social protection, education and health services for children compared with other African countries (ACPF, 2018).

The findings of this research show that many Ugandan children are hungry and malnourished and are therefore susceptible to infectious diseases and often unable to concentrate at school. Providing school meals (breakfast and/or lunch) will increase school attendance and educational attainment and improve the health of poor children. This policy has been successfully implemented in many countries, and is relatively low cost and highly effective (Bundy et al., 2009; WFP, 2013; Drake et al., 2016). Similarly, providing adequate and safe water, sanitation and hygiene (WASH) facilities and education in schools (e.g. toilets, soap, etc.) has been shown to improve both the health and educational attainment of children (Freeman, 2011; Trinies et al., 2017: Chard et al., 2018)

There is a significant opportunity in using social protection as a tool and contextualising it to

respond to the most pressing deprivations. There are consistent findings that children living in certain sub-regions (e.g. Karamoja and West Nile) suffer from very high levels of deprivation, as do children in some of the most densely populated sub-regions (i.e. Busoga, Bukedi and Bugishu). Area-based anti-poverty programmes can complement individual-level programmes aimed at reducing child poverty.

The people and Government of Uganda are united in their desire to see an end to child and adult poverty in all its dimensions and manifestations. Suitable, valid and reliable poverty measures are needed in order to target resources accurately and to help develop effective and efficient anti-poverty policies that command widespread public support. Without valid and reliable poverty measures it is impossible to assess if anti-poverty policies and programmes are working effectively and if public monies are being well-spent or wasted.

Uganda Vision 2040 aims to reap the demographic dividend, as the children of today become economically productive adults and transform *'Ugandan Society from a Peasant to a Modern and Prosperous Country within 30 years'.* In order to achieve this vision, the importance of rapidly reducing and eventually eradicating child poverty cannot be overstated.

CHAPTER SIX

CONCLUSIONS AND POLICY RECOMMENDATIONS

This report has presented the first analyses of the extent and nature of multidimensional child poverty in Uganda. These results are based upon rigorous scientific evidence from the consensual deprivation question module included in the 2016/17 Uganda National Household Survey (UNHS). The specific purpose of this module was to develop a valid and reliable measurement of multidimensional poverty for both adults and children.

According to the national (monetary) poverty line, 23% of Uganda's children are poor. However, our results show that the majority (56%) of children in Uganda live in multidimensional poverty. Children are considered to be multidimensionally poor if they live in a household with a low expenditure and are multiply deprived of six or more of the things they need due to a lack of money.

Parents, carers and other Ugandan adults believe that child poverty is about more than mere subsistence and that children have both material and social needs, such as access to health services when sick, a social and family life, clean and safe drinking water, housing that is not squalid and overcrowded, adequate clothing, regular meals and nutritious food and, for school-aged, children the things they need to participate in school and do their homework. These are not unreasonable things for parents to want for their children but the majority of Ugandan parents simply cannot afford to provide their children with the basic things they need to be healthy and happy and participate fully in society.

The consensual deprivation question module provides direct measures of the possessions, services and activities the large majority of parents want for their children. The results of this study speak for themselves about the situation of Ugandan children:

3 in 4 do not have their own bed

2 in 3 do not have their own blanket.

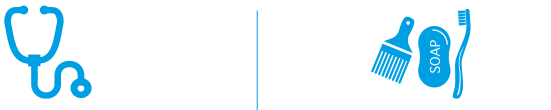
7 in 10 do not have two pairs of shoes

6 in 10 have no new clothes - just handed-down or second-hand clothes.

1 in 2 do not get three meals a day – hunger and malnutrition are widespread and almost one-third of young children are stunted.

6 in 10 do not have any books at home that are suitable for their age.

1 in 2 of school-aged children do not have a chair to sit on or a desk or table to write on to do their homework.



1 in 3 cannot visit a health facility or get the medicine they need when they are sick.

3 in 10 do not have soap and toiletries they need to keep themselves clean.

The economics of child poverty are very simple and are entirely concerned with redistribution – where sufficient resources are redistributed from adults to children there is no child poverty; where insufficient resources are redistributed from adults to children, child poverty is inevitable (Gordon, 2004). Children cannot and should not be expected to generate the resources they need to escape from poverty. Children should be spending their time playing and learning not working at paid labour. It is, of course, the role of parents to provide their children with the things they need, but where parents are too poor to do this it is the role of the state to intervene and protect children from poverty. The Constitution of Uganda provides all adults and children with economic and social rights and requires the Government to help poor children to ensure that their rights are fulfilled.

Children are unfortunately sometimes viewed as 'victims of poverty' rather than citizens with agency whose basic human rights have been ignored. Despite the fact that children make up the majority of the Ugandan population, they lack political influence and their needs are often ignored in both Uganda and other countries. Minujin et al. (2006) reviewed the literature on the concept and measurement of child poverty and found that:

> *'there is a lack of consideration of children's issues in the debate on poverty. The lack of visibility has negative implications for anti-poverty strategies, which seldom consider that children and their rights are central to their design and implementation.'*

Uganda has made tremendous progress over the past 100 years and has ambitious plans to reduce and eventually eradicate extreme poverty by 2030. However, there is a grave danger of wishing for noble ends but not providing the necessary means.

According to the recently concluded *IMF 2019 Article IV consultations*, Uganda's economy maintains momentum. The economy grew by 6.1% in 2017/18, supported by improvements in the services sector and a rebound in agriculture from the previous year's drought. Growth is projected at 6.3% in 2018/19, as manufacturing, construction and services continue to expand. Against this backdrop, however, social indicators show mixed progress. Literacy and numeracy improved until 2010 but have stagnated since. Primary education completion rates have declined. Improvements in child and maternal mortality rates are visibly slowing down, and the proportion of Ugandan households living in monetary poverty increased from 19.7% to 21.4% of the population between 2012/13 and 2016/17.

Uganda has a young and fast-growing population. With an increasingly young labour force, and between 600,000 and 700,000 individuals entering the labour market each year, the need for skills development is rising rapidly. These workers require good-quality education to gain competency for high-waged jobs and become competitive in regional and global markets. The emergence of the oil sector and advances in communications technology make the provision of high-quality education a matter of urgency if Uganda is to have a young labour force equipped with the skills needed in new jobs being created in these sectors.

6.1 POLICY RECOMMENDATIONS

Child poverty hampers children's development, educational outcomes, job prospects, health and behaviour, often resulting in the chronic intergenerational transmission of poverty. The assimilation of child poverty measures in national statistics, through the institutionalisation of multidimensional child poverty in the Uganda National Household Survey series, reaffirms GoU's firm commitment to achieve the SDG target of *reducing by at least half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions* by 2030. Ending poverty in all its dimensions during the 21 st century will require deliberate efforts to move from measurement to action by integrating multidimensional child poverty targets in the national development plan, and ultimately revisit the balance between economic and social sector public investments to improve the quality of basic services.

Building on the discussion above, the analysis presented herein supports GoU's efforts to transition from output-oriented budgeting (OOB) towards programme-based budgeting (PBB) as an important, and necessary, precondition to embrace a more comprehensive and strategic approach to prioritise public investments on the basis of thematic areas of intervention, e.g. nutrition, sanitation. To illustrate with an example, alleviating the burden of multiple deprivations on children requires a healthy and carefully calibrated mix of interventions aimed at addressing both social and economic exclusion, while protecting children from violence and exploitation. Nested within GoU's strengthened implementation of the National Social Protection Policy to increase the income of poor families with children, the figure below displays key areas of thematic, programme-based financing to address some of the most prominent areas of deprivation identified in this report.

CHILD AND MATERNAL HEALTH AND NUTRITION

Programme objective

Reduce maternal and child morbidity and mortality by:

- Improving health and nutritional status of mothers and children
- Increasing access to and utilisation of safe water
- Promoting sanitation and hygiene at all levels
- Controlling and minimising environmental conditions that negatively affect health-related outcomes
- Harnessing non-health sector interventions that impact on maternal, newborn and child vulnerability and deaths.

Programme outcome

Children are healthy and grow up in safe and clean environments.

EARLY LEARNING AND CARE

Programme objective

Provide equitable access to high-quality and child-friendly integrated early childhood development and education programmes and services to all children, supported by trained caregivers and teachers by:

- Ensuring that all children aged 0–3 years are exposed to early stimulation
- Preparing children aged 3–6 years for a smooth transition to Primary 1
- Providing equitable access to high-quality and developmentally appropriate learning activities for better learning outcomes.

Programme outcome

Children achieve appropriate developmental milestones.

CHILD PROTECTION AND PARTICIPATION

Programme objective

Provide equitable access to high-quality and child-friendly integrated early childhood development and education programmes and services to all children, supported by trained caregivers and teachers by:

- Ensuring that all children aged 0–3 years are exposed to early stimulation
- Preparing children aged 3–6 years for a smooth transition to Primary 1
- Providing equitable access to high-quality and developmentally appropriate learning activities for better learning outcomes.

Programme outcome

Children achieve appropriate developmental milestones.

FAMILY STRENGTHENING AND COMMUNITY SUPPORT

Programme objective:

Foster socioeconomic empowerment of families and communities so that they can better support children's development by:

- Providing caregivers and families with parenting skills, and fostering community engagement and the social support networks
- Extending social assistance and financial support to vulnerable families and communities.

Programme outcome:

Families and communities are empowered to provide adequate care for children's wellbeing.

The policy recommendations articulated above can be further strengthened through the effective national and sub-national roll out and implementation of the GoU's Key Family Care Practices (KFCPs), a set of 22 high-impact strategies and interventions directed at parents and carers to promote better parenting and encourage early childhood development.

KEY FAMILY CARE PRACTICES

22 high impact strategies and interventions to ensure that:

- every pregnant woman attends eight antenatal care visits and has support from her family and community before, during and after delivery
- pregnant women and children sleep under insecticide-treated mosquito nets
- men are involved in women's care before and during pregnancy, after birth and when accessing family planning services
- unintended pregnancies are avoided, and children are appropriately spaced by using appropriate contraception methods
- every child is registered at birth
- all babies are breastfed exclusively until the age of six months
- starting at six months, babies are fed freshly-prepared energy- and nutrient-rich complementary food while continuing to be breastfed to at least two years of age
- hands are always washed with clean water and soap after using the latrine, before preparing/serving/eating food, and before feeding children
- mental and social development is promoted during early childhood through responsive and stimulating care by talking, playing, showing affection and providing a stimulating learning and safe environment
- children and women are protected from harmful social norms such as female genital mutilation/cutting, rape, defilement and child marriage
- children are enrolled and kept in school until the age of 18
- children, adolescents and pregnant woman receive psychosocial support and timely medical and appropriate care

The full list of KFCPs is available at: www.unicef.org/uganda/resources_22184.html.

REFERENCES

ACPF (2018) *The African Report on Child Wellbeing: Progress in the child-friendliness of African governments.* Addis Ababa, Ethiopia: Africa Child Policy Forum.

Appleton, S. (2001) Changes in Poverty and Inequality. In Collier, P. and Reinnikka, R. (eds) *Uganda's Recovery: The Role of Farms, Firms and Government.* Washington DC: World Bank, pp. 83-121

Appleton, S. (2003) Regional or National Poverty Lines: The Case of Uganda in the 1990s. *Journal of African Economies*, 12, 4, 598-624.

Asankha, P. and Takashi, Y. (2011) Impacts of Universal Secondary Education Policy on Secondary School Enrollments in Uganda. *Journal of Accounting, Finance and Economics,* 1, 1, 16-30.

Barro, R. and Lee, J.W. (2013) A New Data Set of Educational Attainment in the World, 1950-2010. *Journal of Development Economics,* 104, 184-198. Ver 2.2 June 2018 http://www.barrolee.com/

Basu, A. (2002) Why Does Education Lead to Lower Fertility? A critical review of some of the possibilities. *World Development*, 30, 1779-90.

Bequele, A. (2018) African governments should make long-term investments in children, youth: report. http://www.xinhuanet.com/english/africa/2018-11/03/c_137577619.htm

Bierbaum, M., Schildberg, C., and Cichon, M. (2017) *Social Protection Floor Index 2017: Update and Country Studies.* Berlin: Friedrich-Ebert-Stiftung.

Black, R., Morris, S. and Bryce, J. (2003) Where and Why Are 10 Million Children Dying Every Year? *Lancet,* 361, 2226-34.

Black, R.E., Victora, C.G., Walker, S.P., Bhutta, Z.A., Christian, P., de Onis, M., et al. (2013) Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet,* 382, 427–451. http://dx.doi.org/10.1016/S0140-6736(13)60937-X

Boltvinik, J., Chakravarty, S., Foster, J., Gordon, D., Hernández Cid, R., Soto de la Rosa, H. and Mora, M. (2010) *Medición Multidimensional de la Pobreza en México* (Multidimensional Measurement of Poverty in Mexico – in Spanish). México, D.F: El Colegio de México and Consejo de Evaluación de la Política de Desarrollo Social.

Booth, C. (1902) *Life and Labour of People in London. Poverty Series Vol. 1.* London: Macmillan and Co. Limited.

Bundy, D.A.P., Burbano C., Grosh, M., Gelli, A., Jukes, M. and Drake, L. (2009) *Rethinking School Feeding: Social Safety Nets, Child Development, and the Education Sector.* Washington, DC: World Bank.

Chapman, D.W., Burton, L., and Werner, J. (2009) Universal secondary education in Uganda: The headteachers' dilemma. *International Journal of Educational Development,* 30 (1), 77–82.

Chard A.N., Trinies V., Moss D.M., Chang H.H., Doumbia S., Lammie P.J., et al. (2018) The impact of school water, sanitation, and hygiene improvements on infectious disease using serum antibody detection. *PLOS Neglected Tropical Diseases*12(4) e000641 https://doi.org/10.1371/journal.pntd.0006418

CONEVAL (2010) *Methodology for Multidimensional Poverty Measurement in Mexico*. Mexico City: CONEVAL.

Doyal L. and Gough I. (1991) *A Theory of Human Need*. London: Macmillan.

Drake L., Woolnough A., Burbano C. and Bundy D. (2016) *Global School Feeding Sourcebook: Lessons from 14 Countries.* London: Imperial College Press.

ECOSOC (UN Economic & Social Council) (1991) Committee on Economic, Social & Cultural Rights, *Report on the Fifth Session, Supp. No. 3 , Annex III,* 10, U.N. Doc. E/1991/23 (1991) [Often referred to as General Comment No. 3].

ECLAC/DGEC (Economic Commission for Latin America and the Caribbean/Dirección General de Estadística y Censos del Uruguay) (1988) *La heterogeneidad de la pobreza: una aproximación bidimensional* (LC/MVD/R.12/Rev.1.): Montevideo.

Fifita, V. (2016) *Child and Adult Poverty in a Small Island Developing State: A Case Study of Tonga.* PhD Thesis, University of Bristol.

Freeman, M.C. (2011) *The impact of a school-based water, sanitation and hygiene program on health and absenteeism of primary school children.* PhD thesis, London School of Hygiene & Tropical Medicine. DOI: https://doi.org/10.17037/PUBS.00682433

Gordon, D. (2000) The Scientific Measurement of Poverty: Recent Theoretical Advances. In Bradshaw, J. and Sainsbury, R. (Eds) *Researching Poverty,* Aldershot, Ashgate. pp37-58.

Gordon, D. (2004) Poverty, Death & Disease. In Hillyard, P., Pantazis, C., Tombs, S. and Gordon, D. (Eds) (2004) *Beyond Criminology: Taking Harm Seriously.* London, Pluto. pp. 251-266.

Gordon, D. (2006) The concept and measurement of poverty. In Pantazis, C., Gordon, D. and Levitas, R. (Eds) *Poverty and Social Exclusion in Britain: The Millennium Survey.* Bristol: Policy Press. pp. 29-70.

Gordon, D., Adelman, A., Ashworth, K., Bradshaw, J., Levitas, R., Middleton, S., Pantazis, C., Patsios, D., Payne, S., Townsend, P. and Williams, J. (2000), *Poverty and social exclusion in Britain.* York: Joseph Rowntree Foundation.

Gordon, D., Nandy, S., Pantazis, C., Pemberton, S. and Townsend, P. (2003) *Child Poverty in the Developing World.* Bristol: Policy Press.

Gordon, D. and Pantazis, C. (Eds) (1997) *Breadline Britain in the 1990s.* Aldershot: Ashgate.

Gordon, D. (2010) Metodología de Medición Multidimensional de la Pobreza para México a partir del Concepto de Privación Relativa (Methodology for Multidimensional Poverty

Measurement in Mexico Using the Concept of Relative Deprivation – in Spanish). In Boltvinik, J., Chakravarty, S., Foster, J., Gordon, D., Hernández Cid, R., Soto de la Rosa, H. and Mora, M. (coord.), *Medición Multidimensional de la Pobreza en México* México, D.F: El Colegio de México and Consejo de Evaluación de la Política de Desarrollo Social. pp. 401-497.

Gordon, D. and Nandy, S. (2012) Measuring child poverty and deprivation. In Minujin, A. and Nandy, S. (Eds) *Global Child Poverty and Well-Being: Measurement, Concepts, Policy and Action.* Bristol: Policy Press. pp. 57-101.

Gordon, D. and Nandy, S. (2016), Policy relevant measurement of poverty in low, middle and high income countries. in: Wright, G., Braathen, E., May, J. and Ulriksen. M. (eds) *Poverty and Inequality in Middle Income Countries: Policy Achievements, Political Obstacles.* London: Zed Press.

GoU and UNICEF (2019) *Multidimensional Child Poverty and Deprivation in Uganda Vol. 2: Views of the Public. Kampala: Government of Uganda and UNICEF.*

Guillén, Y.B. (2017) *Multidimensional poverty measurement from a relative deprivation approach: a comparative study between the United Kingdom and Mexico.* PhD Thesis, University of Bristol

Heckman, J.J. (2006) Skill Formation and the Economics of Investing in Disadvantaged Children. *Science,* 312, 1900-1902.

Heckman, J.J. and Masterov, D.V. (2007) The Productivity Argument for Investing in Young Children. *Review of Agricultural Economics* 29(3): 446-493.

ILO (2012) *Recommendation Concerning National Floors of Social Protection (No. 202).* 101th Session, Geneva, 14 June 2012: International Labour Conference.

ILO (2017) *World Social Protection Report 2017-19: Universal social protection to achieve the Sustainable Development Goals.* Geneva: International Labour Organization.

Jellema, J., Lustig, N., Haas, A. and Wolf, S. (2016) *The impact of taxes, transfers, and subsidies on inequality and poverty in Uganda.* London, International Growth Centre S-43304-UGA-1

Kaijage, F. and Tibaijuka, A. (1996) *Poverty and social exclusion in Tanzania.* Research Series No.109. Geneva: IILS.

Kaztman, R. (1999) *Activos y estructuras de oportunidades: Estudios sobre las raíces de la vulnerabilidad social en Uruguay* (LC/MVD/R.180). Montevideo: Economic Commission for Latin America and the Caribbean (ECLAC).

Lansdown, G. (1998) 'The Convention: history and impact' in L. Carlson, M. Mackeson-Sandbach and T. Allen (Eds) *Children in Extreme Situations.* Working Paper Series, LSE Development Studies Institute: London. http://www.lse.ac.uk/internationalDevelopment/pdf/WP/WP05.PDF

Lawson, D., McKay, A. and Okidi, J. (2006) Poverty persistence and transitions in Uganda: a combined qualitative and quantitative analysis. *Journal of Development Studies,* 42(7), 1225–1251.

Mack, J. and Lansley, S. (1985) *Poor Britain.* London: Allen and Unwin.

Mtapuri, O. (2011) Developing an asset threshold using the consensual approach: Results from Mashonaland West, Zimbabwe. *Journal of International Development,* 23, 29–41.

MFPED (1997) *Poverty Eradication Action Plan: A National Challenge for Uganda,* Volume I. Kampala: Ministry of Finance, Planning and Economic Development.

MFPED (2000a) *Poverty Reduction Strategy Paper, Uganda's Poverty Eradication Action Plan, Summary and Main Objectives.* Kampala: Ministry of Finance, Planning and Economic Development.

MFPED (2000b) *Uganda Participatory Poverty Assessment Report.* Kampala: Ministry of Finance, Planning and Economic Development.

(2002) *Uganda Second Participatory Poverty Assessment Report: Deepening the Understanding of Poverty.* Kampala, Ministry of Finance, Planning and Economic Development.

MFPED (2012) *Poverty Status Report 2012: Reducing vulnerability, equalising opportunities and transforming.* Kampala: Ministry of Finance, Planning and Economic Development.

MFPED (2014) *Poverty Status Report 2014: Structural Change and Poverty Reduction in Uganda.* Kampala: Ministry of Finance, Planning and Economic Development.

Misinde, C. (2015) Child Poverty In Uganda: Is Orphanhood Enough Explanation? PhD Thesis, Queen's University Belfast.

Misinde, C. (2017) 'An Intrinsic characteristics and Value of Poverty Indicators': a New Method for Deriving Child Living Condition Scores and Poverty, in Uganda. *Child Indicators Research,* 10, 1, 141–170

Nandy, S. and Main, G. (2015) *CROP Briefing: The Consensual Approach to Child Poverty Measurement,* November 2015, Bergen: Comparative Research on Poverty. https://www.crop.org/viewfile.aspx?id=825

Nandy, S and Pomati, M. (2015) Applying the consensual method of estimating poverty in a low income African setting, *Social Indicators Research,* 124(3):693-726

NPA (2010) *National Development Plan, 2005/11-2014/15.* Kampala: National Planning Authority.

NPA (2013) *Uganda Vision 2040.* Kampala: National Planning Authority.

NPA (2014) *Harnessing the Demographic dividend – Accelerating socioeconomic transformation in Uganda.* Kampala: National Planning Authority.

NPA (2015) *Second National Development Plan (NDPII), 2015/16-2019/20.* Kampala: National Planning Authority.

NPC (2018a) *State of Uganda Population Report 2018.* Kampala: National Population Council.

NPC (2018b) *Harnessing Uganda's Demographic Dividend: Evidence From National Transfer Accounts.* Kampala: National Population Council.

Nino-Zarazua, M., Barrientos, A., Hulme, D. and Hickey, S. (2010) *Social Protection in Sub-Saharan Africa: Will the green shoots blossom?* Brookings World Poverty Institute Working Paper 116, April 2010.

Niño-Zarazúa, M., Barrientos, A., Hulme, D. and Hickey, S. (2012) Social Protection in Sub-Saharan Africa: Getting the Politics Right. *World Development,* 40. 163–176.

Noble, M., Ratcliffe, A. and Wright, G. (2004) *Conceptualizing, defining and measuring poverty in South Africa: An argument for a consensual approach.* Oxford: Centre for the Analysis of South African Social Policy, University of Oxford.

Noble, M., Wright, G., Magasela, W. K. and Ratcliffe, A. (2008) Developing a democratic definition of poverty in South Africa. *Journal of Poverty*, 11, 117–141.

Nteziyaremye, A. and Mknelly, B. (2001) *Mali poverty outreach study of the Kafo Jiginew and Nyesigiso credit and savings with education programs.* Davis, CA: Freedom from Hunger

Okidi, J. and Mugambe, G. K. (2002) An overview of chronic poverty and development policy in Uganda. *Chronic Poverty Research Centre Working Paper* (11), University of Manchester.

Owori, M. (2018) *Pro-poor analysis of the 2018/19 Uganda budget how are government's spending decisions likely to impact poor people?* Bristol: Development Initiatives.

Paasonen, K. and Urday, H. (2016) Youth Bulges, Exclusion and Instability: The Role of Youth in the Arab Spring. *Conflict Trends* 03/2016.

Pantazis, C., Gordon, D. and Levitas, R. (Eds) (2006) *Poverty and Social Exclusion in Britain.* Bristol: Policy Press.

Pemberton, S., Gordon, D., Nandy, S., Pantazis, C. and Townsend, P. (2005) The relationship between child poverty and child rights: the role of indicators, in Miujin, A., Delamonica, E. and Komarecki, M. (Eds) *Human Rights and Social Policies for Children and Women.* New York: The New School, pp 47-62.

Pemberton, S., Gordon, D., Nandy, S., Pantazis, C. and Townsend, P. (2007) Child Rights and Child Poverty: Can the International Framework of Children's Rights Be Used to Improve Child Survival Rates? *PLoS Medicine.* 4(10): e307. Published online 2007 October 23. doi: 10.1371/journal.pmed.0040307

Pereznieto, P., Walker, D., Villar, E. & Alder, H. (2011) *Situation analysis of children and poverty in Uganda: Voices of children.* London: Overseas Development Institute.

Pereznieto, P., Walker, D., Villar, E. and Alder, H. (2014) *Child poverty and deprivation in Uganda: Voices of children.* Kampala: Ministry of Gender, Labour and Social Development; UNICEF Uganda; Overseas Development Institute.

Piachaud, D. (1981) Peter Townsend and the Holy Grail, New Society 10, September.

Pomati, M. and Patsios, D. (2018) *The distribution and dynamics of economic and social well-being in the UK: An analysis of recession using multidimensional indicators of living standards (MILS).* London, Nuffield Foundation.
https://nuffieldfoundation.org/sites/default/files/files/Patsios%2042858%20-%20Nuffield_EAD_MILS_SummaryFindings_Nov2018_final.pdf

Saunders, P. and Wong, M. (2012) *Promoting Inclusion and Combating Deprivation: Recent Changes in Social Disadvantage in Australia,* Sydney: Social Policy Research Centre, University of New South Wales.

Ssewanyana, S. and Okidi, J.A. (2007). Poverty estimates from the Uganda National Household Survey III, 2005/6. *Economic Policy Research Centre Occasional Paper No.34.* Kampala

Townsend, P. (1979) *Poverty in the United Kingdom.* London: Allan Lane and Penguin Books.

Townsend, P. (1987) Deprivation, *Journal of Social Policy,* 16 (1), pp. 125-146.

Townsend, P. and Gordon, D. (1989) *Low Income Households,* Memorandum of Evidence to the House of Commons Social Services Committee, 579, 45-73.

Trinies, V., Garn, J.V., Chang, H.H. and Freeman, M.C. (2016) The Impact of a School-Based Water, Sanitation, and Hygiene Program on Absenteeism, Diarrhea, and Respiratory Infection: A Matched-Control Trial in Mali. *The American journal of tropical medicine and hygiene.* 94(6):1418–25. https://doi.org/10.4269/ajtmh.15-075

UBOS (2007) *Projections of demographic trends in Uganda 2007-2017.* Kampala: Uganda Bureau of Statistics.

UBOS (2012) *Compendium of Statistical Concepts and Definitions [Edition IV].* Kampala: Uganda Bureau of Statistics.
https://www.ubos.org/wp-content/uploads/publications/03_2018Compendium_Vol4.pdf

UBOS (2017) *Population Projections 2015-2020.* Kampala: Uganda Bureau of Statistics.
https://www.ubos.org/population-projections-2015-to-2020/

UBOS (2018) *Population Projections 2018.* Kampala: Uganda Bureau of Statistics.
https://www.ubos.org/explore-statistics/20/

UBOS and ICF (2018) *Uganda Demographic and Health Survey 2016.* Kampala, Uganda and Rockville, Maryland, USA: UBOS and ICF

UNDP (2000) *Human Development Report 2000: Human Rights and Development.* New York: UNDP.

UNESCO (2005) *Children in Abject Poverty in Uganda: A Study of Criteria and Status of those in and out of School in Selected Districts in Uganda.* Paris: United Nations Educational, Scientific and Cultural Organization (UNESCO), Ministry of Finance, Planning and Economic Development (MFPED) and Ministry of Education and Sports (MOES).

UN-HABITAT (2007) *State of the World's Cities 2005/07. Slums: Overcrowding or the "Hidden Homeless".* Nairobi: UN-HABITAT Feature/Backgrounder. http://mirror.unhabitat.org/documents/media_centre/sowcr2006/SOWCR%206.pdf

UN-HABITAT (2010) *The State of African cities 2010. Governance, Inequality and Urban Land Markets.* Nairobi: United Nations Human Settlement Programme.

UNICEF (2007) Global Study of Child Poverty and Disparities handbook, available at: www.unicef.org/socialpolicy/index_45357.html

UNICEF (2014) *Situation Analysis of Child Poverty and Deprivation in Uganda.* Kampala:

Ministry of Gender, Labour and Social Development; UNICEF, Uganda; Economic Policy Research Centre, Uganda.

UNICEF (2017) *Social Protection Investment Case.* Kampala: Ministry of Gender, Labour and Social Development; UNICEF, Uganda; Economic Policy Research Centre, Uganda.

Witter, S. (2002) *The Silent Majority: Child Poverty in Uganda.* London: Save the Children.

Witter, S. and Bukokhe, J. (2004) Children's perceptions of poverty, participation, and local governance in Uganda. *Development in Practice,* 14(5), 645–659.

WFP (2013) *State of School Feeding Worldwide.* Rome: World Food Programme. https://www.wfp.org/content/state-school-feeding-worldwide-2013

UNICEF
Uganda Country Office
Plot 9 George Street
PO Box 7047
Kampala, Uganda

Telephone: +256 4 1717 1000
Email: kampala@unicef.rg
www.unicef.org/uganda

unicefuganda
@unicefuganda