



2016 -2020

# NATIONAL *CHILD-FOCUSED* POLICY RESEARCH AGENDA



THE REPUBLIC OF UGANDA



# Acknowledgements

In the wake of Government's recent launch of the Situation Analysis of Children in Uganda (2015), the national child-focused policy research agenda aims to stimulate a new wave of evidence to inform policy dialogue and programme design, while complementing ongoing research and advocacy efforts.

The research and drafting of the national child-focused policy research agenda was led by Sophie Busi, in close collaboration with the National Council for Children (NCC), the AfriChild centre, the Uganda Bureau of Statistics (UBoS), and UNICEF, under the visionary leadership of Martin Kiiza, Timothy Opobo, James Muwonge and Diego Angemi.

The national child-focused policy research agenda was formulated and validated through a highly-consultative process with a wide range of stakeholders committed to the full realisation of children's rights in Uganda.

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



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# List of Abbreviations

**ECD** – Early Childhood Development

**HIV/AIDS** – Human Immunodeficiency Virus/ Acquired Immune Deficiency Virus

**MoGLSD** – Ministry of Gender, Labour and Social Development

**NCC** – National Council for Children

**PF4C** – Public Finance for Children

# Foreword

This research agenda represents a real opportunity for the Government of Uganda to establish a systematic approach to generating a timely and constant flow of rigorous research to inform policy discussions and decisions and to advocate for sustained and cost-effective investments in children at national and sub-national level.

As a guiding document for research on children it is hoped that this agenda will result in the generation of further evidence on the various dimensions of the multiple deprivations experienced by children in Uganda. Availability of more and relevant data will help overcome some of the challenges faced in producing the recent Situation Analysis of Children in Uganda (2015). In line with identified national priorities for children and the UN Convention on the Rights of the Child, it will be instrumental in stimulating positive change for children while working towards the eradication of child poverty and fostering children's well-being and social inclusion.

I thank and congratulate my colleagues, the Uganda Bureau of Statistics (UBoS), the AfriChild centre, UNICEF, and everyone who contributed to the development of this national child-focused policy research agenda.



**MARTIN KIIZA**  
**SECRETARY GENERAL**  
**NATIONAL COUNCIL FOR CHILDREN**

# 01

## National Child-Focused Policy Research Agenda (2016–2020)



With more than 56% of the population below 18 years of age, and over 78% under the age of 35, Uganda's vision of becoming a middle-income country by 2040 remains highly contingent on the Government's ability to safeguard its children's right to contribute to national development.

While there has been considerable progress in improving children's wellbeing and promoting their rights, it is clear that more needs to be done. According to the *Situation Analysis of Children in Uganda* (MoGLSD and UNICEF, 2015), child survival has improved but 167,000 children under five still die every year. Primary school enrolment is almost universal, but primary education is of poor quality and secondary school dropout rates are high. Only two-thirds of children are registered at birth and children continue to experience high levels of violence – at home, in school and on the streets.

Statistics from the *Situation Analysis* also revealed great disparities between children in different parts of the country and between those living in rural and urban areas. Children in rural areas are three times more likely to live in extreme poverty than those in urban areas (MoGLSD and UNICEF, 2014). Children aged 0–8 years are particularly vulnerable, especially if they live in the rural north of the country or are from poor families and, even more so, if they live in female-headed households or are orphaned or disabled. Adolescent girls are particularly vulnerable because they are more likely to be poor, marry early and miss out on secondary education.

## 1.1 Why is a research agenda needed, and why now?

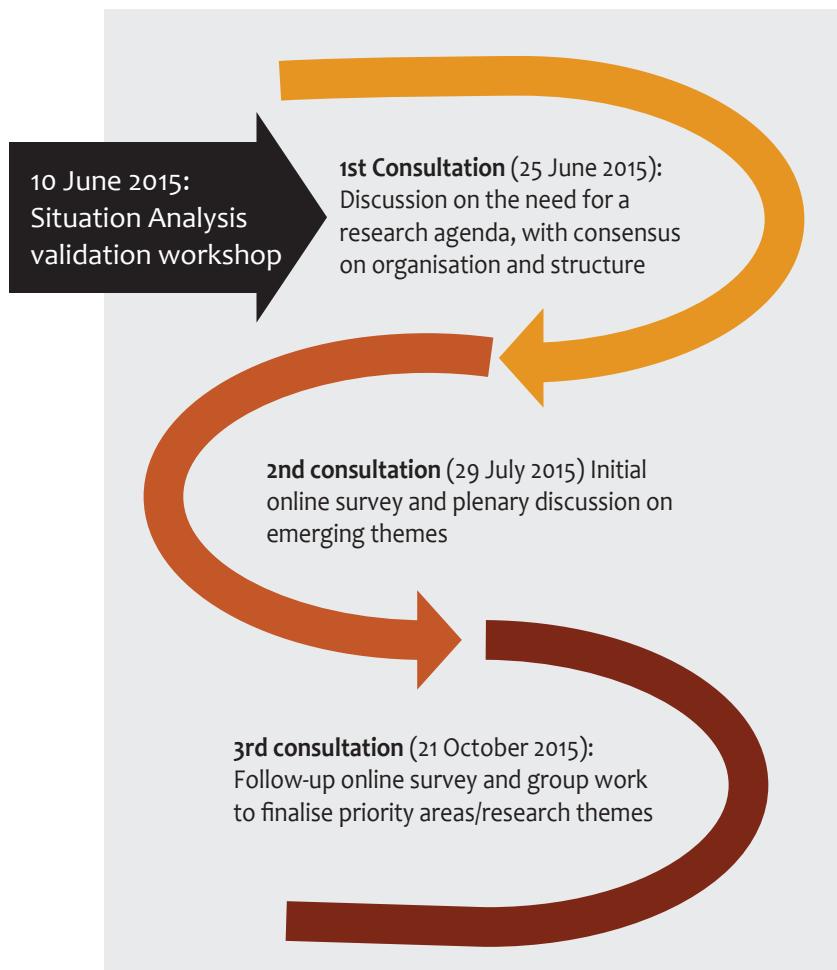
The 2015 *Situation Analysis* provides an excellent and inclusive understanding of the situation of children in Uganda today. In conjunction with the National Development Plan II (NDP II) 2016–2020, and the United Nations Development Assistance Framework (UNDAF), it has also created a unique opportunity to identify gaps in evidence, data and policy for further research and analysis. Although not conclusive or exhaustive, this agenda represents a bold attempt to identify and prioritise key areas/research themes stemming from the *Situation Analysis* (2015) and other available evidence on the status of children in Uganda. The five-year life span of this research agenda (2016 – 2020) aims to align it to the NDP II and UNDAF, while providing an opportunity to focus on policy areas of concern identified in the *Situation Analysis*.

With this framework in mind, this child-focused policy research agenda aims to:

- stimulate and guide a new wave of child-centred policy research and evidence that is fully compatible with national policy priorities on children and overall socio-economic development
- ensure that national policies and interventions for children are equity sensitive, have a sound empirical base and are in compliance with the UN Convention on the Rights of the Child
- provide guidance to a broad spectrum of stakeholders – from academic researchers to development practitioners – through the clear articulation of a series of research questions to inform policy formulation and enhance the delivery of basic services and programmes that affect children in Uganda.

## 1.2 Development process of the research agenda

The development of this national child-focused policy research agenda was led by a steering committee comprised of officials from the Uganda Bureau of Statistics (UBoS), the National Council for Children, the AfriChild Centre at Makerere University and UNICEF Uganda, and was highly consultative. It involved a wide range of stakeholders from relevant government ministries and institutions, civil society, the private sector and development partners (see Figure 1). Themes and priorities were selected using the Delphi methodology (see Box 1).



### BOX 1

The Delphi methodology of priority selection was used because it facilitates development of a consensus of expert opinions and also encourages stakeholder investment in the final established research areas. This approach has been used before in the development of similar national research priorities in Australia, Hong Kong, Ireland, Korea and Spain. (L.A. Spies et al., 2015).

In the first phase, participants were introduced to the Delphi methodology of consensus building. Working in pairs, each group generated a list of five maximum priority research areas for each of the rights, and cross-cutting issues. The priority research areas discussed were guided by criteria which included whether there were any identified knowledge gaps in that specific area. Also if further research was likely to bring change and the feasibility of developing research questions.

The second part of the exercise involved consolidation of the issues that had been identified and discussion of priorities for inclusion in the final list. Finally each participant was required to vote on three issues that he/she felt were most pertinent to research on. Using this approach recurring themes could already start being identified. Ranking of the themes identified would be done based on the list generated.

Figure 1: Development process

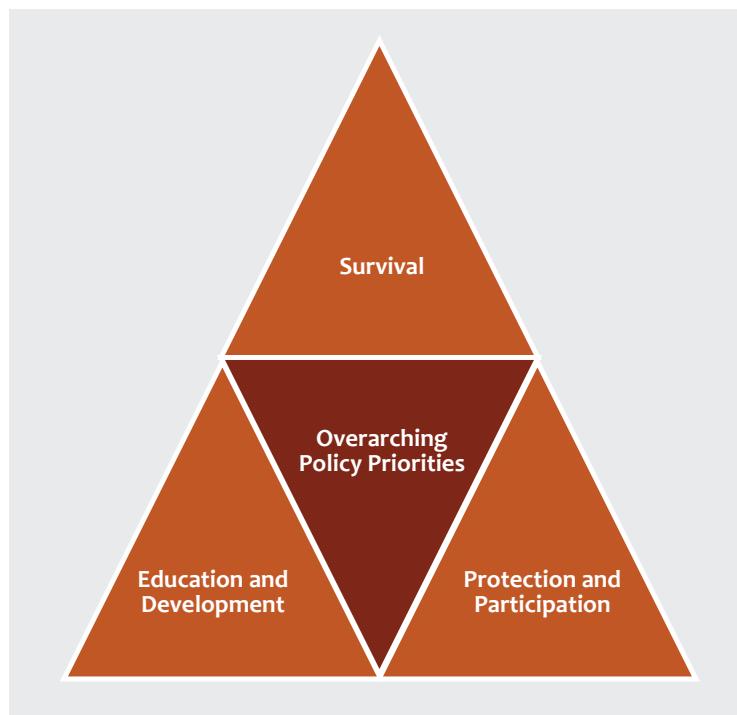


# 02

## Key pillars for research classification



The proposed structure of the national child-focused policy research agenda is founded on four interacting areas of investigation based on key dimensions of children's rights as highlighted in the *Situation Analysis of Children in Uganda 2015* – namely, survival, education and development, and protection and participation – and on a set of overarching policy priorities. Figure 2 highlights the overlapping nature of these different areas of investigation. The research agenda also centres on the life-cycle approach, which recognises that children's vulnerability is often determined by factors that are present before conception and is also affected by additional, overlapping and mutually-reinforcing deprivations and rights violations.



**Figure 2: Key areas of investigation**

## 2.1 Overarching policy priorities

Data from the *Situation Analysis 2015* indicated improvements in, among other things, child survival rates, primary school enrolment and access to water and sanitation. However, more than half of Uganda's children still live in poverty (MoGLSD and UNICEF, 2014). The 2015 *Situation Analysis* also revealed that:

- integrated early childhood development (iECD) initiatives remain scattered and poorly funded
- adolescent girls remain highly vulnerable
- children's vulnerability is being exacerbated by a lack of child-sensitive social protection policies and programmes
- rapid urbanisation has resulted in the emergence of concentrated service deprivations for the most vulnerable populations, including children
- climate change is resulting in large areas of Uganda being affected by prolonged dry spells and an increase in the frequency and intensity of flooding, placing children – who are particularly vulnerable – at more risk

### Overarching policy priorities

- Early childhood development
- Child poverty and adolescent vulnerability
- Child-sensitive social protection
- Urbanisation
- Climate change
- Public Finance for Children (PF4C)

## Early childhood development (ECD)

The early years in a child's life are a critically important period where profound and long-lasting development occurs. ECD is normally associated with pre-primary education but a child's development involves much more than just education. Basic health care, adequate nutrition, water and sanitation and stimulation within a safe and clean environment are all important. Since the brain grows to 90% of its adult weight by age five, and since 40% of Uganda's population is below five years of age, investing in ECD provides a unique opportunity to improve the cognitive, physical, social and emotional development of the country's future workforce. ECD is particularly important for the 55% of Ugandan children living in poverty and for other vulnerable children, including those with disabilities.

- Q1.** What is the longitudinal impact of investing in the effective delivery of ECD services?
- Q2.** What are the biggest barriers preventing the effective delivery of universal ECD services?
- Q3.** What is the role of social protection in fostering the socio-economic empowerment of families and communities so that they can better support children's development?
- Q4:** What traditional and/or cultural practices promote ECD and how can these be incorporated within existing national strategies/policies?

## Child poverty and adolescent vulnerability

Notwithstanding Uganda's remarkable record in reducing income poverty from 56.4% to 19.7% of the population between 1992 and 2012, child poverty remains high and widespread across the country. With over 50% of children under five living in poverty and one in five living in extreme poverty, children's experience of poverty and deprivation in Uganda varies widely by region, geographic location and socio-economic status.

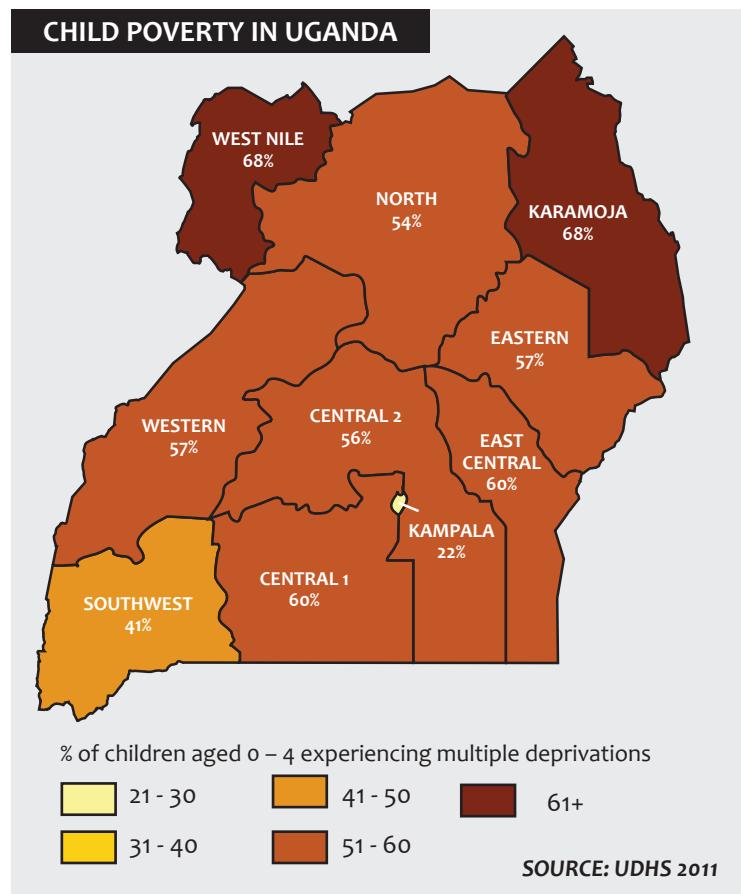


Figure 3: Child poverty in Uganda

Adolescents (aged 10–19 years) make up 25% of Uganda's population. Investments in their health and development are therefore vital to sustainable development. While all adolescents — both boys and girls — have the same rights, according to the Adolescent Girls Vulnerability Index (MoGLSD and UNICEF, 2013) girls are highly vulnerable, especially at individual and community level. Girls are also more likely to drop out of school, marry at an early age, experience sexual violence, and bear the brunt of sexual and reproductive health issues.

- Q1.** What is the relationship between income poverty and multiple overlapping deprivation approaches aimed at capturing the extent and depth of poverty suffered by children?
- Q2.** What are the key determinants of child poverty and adolescent girls' vulnerability?
- Q3.** What is the role of social protection in reducing the burden of poverty and vulnerability among children, and keeping adolescent girls healthy, in school and actively engaged in Uganda's development?



## Child-sensitive social protection

Child-sensitive social protection is globally recognised as an important component of poverty reduction strategies and efforts to reduce vulnerability to economic, social, natural and other shocks and stresses as well as key to achieving inclusive, pro-poor, and equitable development. The impact of social protection on child development lasts beyond childhood, enhancing the transition to adulthood, the accumulation of human capital, and the interruption of intergenerational poverty and exclusion.

Children who are healthy, nourished and educated grow up to be productive citizens who can contribute to economic and social development. The cost of inaction – in terms of malnutrition, missed schooling or inappropriate care – exacerbate vulnerabilities throughout the life cycle, affect adolescent development and ultimately hinder adult productivity and earnings.

- Q1.** What is the impact of social protection in reducing child poverty and vulnerability to promote inclusive, pro-poor and equitable growth and development?
- Q2.** What is the impact of child-sensitive social protection interventions that are effectively integrated into sector-specific investment plans (e.g. health, education)?
- Q3.** What actions can government take to increase the fiscal space for sustained investments in (child-sensitive) social protection?

## Urbanisation

Urban centres present great potential for cost-effective service delivery through economies of scale. Cities of all sizes have therefore become engines of economic growth and social development. Theoretically, urban children should be ‘better off’ than their rural counterparts. Yet, some of the worst forms of inequality and exclusion are found in cities, putting millions of children at risk. Uganda is no exception to this.

Although most of Uganda’s population is rural, with just 16% living in urban areas, at 4.5% the rate of urbanisation is among the highest in the world (UNICEF, 2014). Furthermore, approximately 60% of Kampala’s residents live in informal settlements, where housing, sanitation and access to basic services are lacking. This presents a number of challenges for the government, particularly in relation to service provision. Although no data has been collected on urbanisation specifically, it is an area of growing concern.

- Q1.** What is the effect of urbanisation on child welfare and access to basic services in Uganda?
- Q2.** What is the role of social protection in supporting the needs of urban children and addressing exclusion and marginalisation?
- Q3.** How can (local) government and municipal authorities ensure that children’s rights are realised in urban settings?

## Climate change

Several studies have confirmed that Uganda is highly vulnerable to climate change, due to its heavy reliance on climate-dependent resources such as rain-fed agriculture, the increased frequency and intensity of natural disasters, and persistent poverty. At the same time, adaptive capacity is low due to shortages of human capital, economic resources and technology. Human-induced climate change is likely to increase average temperatures in Uganda by an unprecedented 1.5 °C in the next 20 years and by up to 4.3 °C by the 2080s.

Children – particularly the 55% living in poverty – are especially vulnerable to the environmental effects of climate change due to their physical, cognitive and physiological immaturity. There is increasing evidence that many of the main killers of children (e.g. malaria, diarrhoea and undernutrition) are highly sensitive to climatic conditions.

- Q1.** What is the impact of climate-related hazards on children’s welfare?
- Q2.** Through which pathways do climate-related hazards affect children’s welfare and the full realisation of their rights?
- Q3.** Do climate-related hazards result in worse outcomes for young and adolescent girls in particular?

## Public Finance for Children (PF4C)

Although Uganda has achieved much, there is still significant scope for improvement in child-related outcomes that would enable children to contribute to the country's socio-economic future. Strengthening PF4C provides a unique opportunity in Government's efforts to generate comprehensive information that will help remove key implementation bottlenecks, enhance transparency and accountability, and ultimately improve the delivery of basic services that affect children.

- Q1.** To what extent are budgetary allocations to social sectors and other areas of policy implementation affecting children, in line with the UN Convention on the Rights of the Child?
- Q2.** What are the key bottlenecks preventing the effective delivery of basic services that impact on children?
- Q3.** How can (local) government and municipal authorities ensure that national programmes delivering basic services affecting children are adequately funded and effectively implemented?
- Q4.** How do harmful social norms (e.g. violence against women and children) hinder the effective delivery of national programmes providing basic services affecting children?



## 2.2 Survival



Uganda has made significant progress in improving children's health and chances of survival over the past two decades. Under-five mortality dropped from 147 deaths per 1,000 live births in 1995 to 90 deaths per 1,000 live births in 2011. However, it is estimated that 167,000 children under five and 101,000 under one year die every year (UBoS and ICF International, 2012). Child mortality levels are higher in rural areas and in Karamoja, West Nile and South-West regions.

Undernutrition is an underlying cause in 40% of child deaths (Shively and Hao, 2012). Furthermore, with 2.4 million under-fives stunted and more than 1 million underweight, it is estimated that Uganda loses 3% of its GDP annually to chronic undernutrition. Despite being the country's food basket, the South-West region has the highest rates of stunting, illustrating that the causes are not limited to low income of food insecurity.

Despite the reduction in maternal mortality from 527 deaths per 100,000 live births in 2005 to 438 deaths per 100,000 live births in 2011, uptake of antenatal care remains low with only 48% of women completing the minimum recommended four

visits. Only 58% of births are assisted by a skilled attendant, and a growing proportion of under-five deaths occur at or shortly after birth.

Preventable diseases are still the most common causes of under-five mortality. While immunisation rates have improved, only 52% of children less than two years were fully vaccinated in 2011. Although basic health care is officially free, informal charges remain, with 61% of families having to meet their children's health care costs. Children also face ongoing risks to their health due to poor sanitation and hygiene, and lack of access to clean water. At least 30% of the rural population does not have access to a latrine and more than 70% of households have no soap and water for children to wash their hands, putting them at risk of disease (MoGLSD et al., 2014).

Despite the remarkable reduction in the number of children becoming infected by HIV, the number of adolescents becoming infected has more than doubled in the last 15 years, with a third of new infections now occurring among adolescent girls. AIDS-related orphans have increased from a quarter of a million in 1990 to 1.4 million in 2012. In addition, 18% of new infections are now due to mother-to-child transmission.

### Child survival policy research priorities

- Nutrition
- HIV/AIDS
- Maternal and newborn health
- High-quality health care and practices for children

## Nutrition

- Q1.** What are the key drivers of malnutrition in Uganda? What interventions are in place to tackle the causes of malnutrition, and how can we learn from existing efforts?
- Q2.** Why is the prevalence of stunting still of concern despite several years of nutrition intervention in affected areas? And why is there persistent stunting in Southwestern Uganda – the food basket of the country?
- Q3.** How do gender dynamics, knowledge, attitudes and practices affect nutrition outcomes (with a particular focus on the Southwest)?
- Q4.** What are the contributing factors to persisting micronutrient deficiency (iron deficiency anaemia, vitamin A) in Uganda?

## HIV/AIDS

- Q1.** What are the factors hindering adolescents from accessing HIV/AIDS services (testing, prevention and treatment)?
- Q2.** What are the factors hindering implementation of the elimination of mother-to-child transmission (eMTCT) strategy at community level?
- Q3.** How do orphans and other vulnerable children access child-friendly HIV services?

## Maternal and newborn health

- Q1.** What are the barriers to health care-seeking behaviour among expectant mothers?
- Q2.** What is the role of social protection in improving newborn health and child-related outcomes?
- Q3.** What are the strengths and weaknesses of the current interventions to reduce child and maternal mortality in Uganda?

## High-quality health care and practices for children

- Q1.** What are the determinants of health-seeking behaviour, including for mental health care, for children?
- Q2.** How does social health insurance and performance-based financing deliver results for child health?
- Q3.** What are the key constraints to effectively boosting hygiene and sanitation practice among children?

## 2.3 Education and development

The introduction of universal primary education (UPE) led to close to universal net enrolment rates. However, 33% of children who start primary school drop out before completing P7 and the quality of primary education remains poor. Only one in five primary school teachers are competent in English and maths, only 60% are in school teaching at any one time, and only 40% of students are literate by the end of primary school. On average, classes have 47 pupils and schools have one latrine per 70 pupils. Two-thirds of schools have no handwashing facilities. Introduction of the thematic curriculum in 2007, which promotes the use of local languages, has also affected the quality of education and dropout rates.

Violence at school is widespread and is an important contributor to dropout and poor performance. High numbers of pupils in primary schools continue to report having been emotionally abused by a teacher or bullied in school. At secondary level – where overall enrolment is just 25% – girls are more likely to drop out due to social norms that favour boys' education, teacher attitudes and curriculum bias, and because of poor sanitary and hygiene facilities in schools.

Although primary education is officially free, parents are still expected to contribute. Household income is therefore one of the clearest determinants of children's enrolment and attendance in school, creating wide differences between regions. West Nile, Karamoja and some of the western regions have the highest primary dropout rates. Of the approximately 2.5 million children with disabilities in Uganda, only 5% are able to access education within an inclusive setting in regular schools while 10% access education through special schools and annexes.



### Education and development policy research priorities

- Infrastructure
- Teacher effectiveness and curriculum
- Child-friendly and gender-sensitive school environment
- Education for vulnerable children

## **Infrastructure**

- Q1.** What are the most effective methods of ensuring access to education for children in hard-to-reach areas, including refugee-hosting districts?
- Q2.** What is the impact of improved WASH in schools on learning outcomes?
- Q3.** What impact does improved teacher housing have on teacher absenteeism rates?

## **Child-friendly and gender-sensitive school environment**

- Q1.** To what extent does violence against children in schools affect learning outcomes?
- Q2.** What are the most effective methods of minimising violence against children in schools?
- Q3.** To what extent do menstrual hygiene issues impact on girls' education?
- Q4.** How does increased parental and community involvement in education affect enrolment, retention, completion and learning outcomes, specifically for adolescent girls?

## **Teacher effectiveness and curriculum**

- Q1.** What is the impact of teaching in local languages on literacy rates?
- Q2.** Does the content of the curriculum correspond to the learning needs at each level of primary school and what is its impact on learning outcomes?
- Q3.** Do music, dance, drama and sports have an impact on attendance and completion rates?
- Q4.** Does increased and enhanced supervision and appraisal improve teacher attendance rates and teaching methods?
- Q5.** What pre-service training, ECD instructors training and Continuing Teacher Professional Development (CTPD) methods have the biggest impact on learning outcomes?

## **Education for vulnerable children**

- Q1.** What are the specific bottlenecks to enrolment, completion, retention and literacy/numeracy rates in certain regions (e.g. Karamoja)?
- Q2.** What proportion of Ugandan school-going children are performing poorly or drop out of school due to a learning/developmental/intellectual disability?
- Q3.** What is the impact of child labour on learning outcomes?
- Q4.** What is the impact of providing free uniforms, books and school meals on key learning outcomes?
- Q5.** What are the most effective methods of ensuring access to education for children who have been marginalised and disadvantaged by an emergency, including having been displaced?

## 2.4 Protection and participation



There is a lack of nationally representative data on violence against children in Uganda, yet it is clear from a number of studies conducted in different regions that violence within households, at school and in the community is a major concern. The 2011 Uganda Demographic and Health Survey (UDHS) found that 58% of 15–19-year-old women had experi-

enced physical or sexual violence and that 25% and 23% of women in Eastern and West Nile regions respectively had experienced violence during their pregnancies (UBoS and ICF International, 2012). Children in Uganda also face exposure to conflict and displacement, engagement in child labour, and trafficking.

A key barrier to improved child protection is lack of implementation of the existing policies and laws that make up Uganda's child protection system. For example, kinship care is not covered by the law and there is a proliferation of childcare institutions, most of which are either not registered or fail to comply with rules and regulations.

Despite good progress, only 60% of babies are registered at birth which means that a third of children cannot prove their age, a crucial piece of information for their protection.

Early marriage continues to be of great concern, with 49% of women aged 20–49 years being married before the age of 18 and 15% by the age of 15 (UBoS and ICF International, 2012). For men, the figures are 9% married by the age of 18 and 25% by the age of 20.

There are currently more than half a million refugees and asylum seekers registered in Uganda, more than two-thirds of them children. They represent 1% of the national population, 9% of the population of the nine districts in which they reside, and 30% of the population of their nine sub-counties. Although Uganda has a robust legal and policy framework and refugees are included in Uganda's Vision 2040 and the National Development Plan (NDP) II, refugee boys and girls face disproportionate levels of violence (including sexual violence), neglect, exploitation and abuse. Negative coping mechanisms, such as early marriage, and keeping girls and boys out of school to do heavy and sometimes exploitative work, are not uncommon. Birth registration for refugee children is still hampered by lack of civil registration services in the remote refugee hosting districts and a lack of awareness of the importance of birth registration among the refugee populations.

It is also estimated that there are approximately 2.5 million children living with some form of disability in the country. These children are disproportionately vulnerable to emotional, physical and sexual violence, a lack of access to services and socio-cultural beliefs. Female genital mutilation/cutting (FGM/C) is practised by particular ethnic groups living in specific geographic areas (Eastern and Karamoja sub-region, and among Somali and Ethiopian nationals from the refugee community). In communities affected by disasters, such as floods and landslides, children – along with people with disabilities, breastfeeding mothers, pregnant women and people living with HIV – are most affected by displacement.

In general, attitudes within Ugandan society are not conducive to children and young people expressing their views as they are not considered capable and their concerns and demands are often ignored. However, in a society where many children enter the labour force in their early teens, carry out domestic or farm duties as soon as they are physically able, and often get married or have children before they turn 18, it is particularly important to develop ways in which they are able to influence decisions that affect them.

### **Protection and participation policy research priorities**

- Vulnerable children and those living in high-risk environments
- Child protection systems and structures
- Protection of children from violence
- Children's and young people's participation

## Vulnerable children and children living in high-risk environments

- Q1.** What are the most effective methods of reducing child marriage and teenage pregnancy rates?
- Q2.** How can we effectively increase service uptake for children with disabilities (health, protection, education, psychosocial)?
- Q3.** What is the impact of natural disasters and/or displacement (internal and across borders) on children's welfare?
- Q4.** What are the most effective strategies for returning children living outside family care (on the street, in institutions) to family care?
- Q5.** What are effective interventions for the reduction of FGM/C?

## Child protection systems and structures

- Q1.** What are the most effective methods of increasing birth registration? How can issues of access to birth registration be addressed?
- Q2.** What are children's perceptions of child protection services, systems and structures, and how can these services, systems and structures be made more child-friendly?
- Q3.** How can regulation and registration of childcare institutions be enforced, and how can enforcement lead to improved child protection in childcare institutions?

## Protection of children from violence

- Q1.** What is the national prevalence of violence against children in the community, at school and at home in Uganda?
- Q2.** What are the economic costs of violence against children?
- Q3.** What are the most effective methods of preventing violence against children at all levels (school, household, and community)?
- Q4.** What are the long-term impacts of violence against children on a range of outcomes, including risky behaviour in adolescence, academic achievement, and psychosocial well-being?
- Q5.** What are the prevalent behaviours and attitudes towards children in different regions of Uganda, and among different ethnic groups and nationalities, and how do these relate to protection of children from violence?

## Children's and young people's participation

- Q1.** What is the impact of increased child participation on the quality of services children receive?
- Q2.** How do children understand/perceive the risks and consequences of engaging in risky behaviour?
- Q3.** What services and programmes are considered priorities by children?

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