

GOVERNMENT OF UGANDA



MINISTRY OF GENDER, LABOUR AND SOCIAL
DEVELOPMENT

.....

NATIONAL

CHILD POLICY

2020

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FOREWORD

The National Child Policy is in fulfilment of the Government of Uganda's Constitutional mandate on the welfare of children and also a fulfilment of the Ministry of Gender, Labour and Social Development Mission, "To Mobilize and Empower Communities to harness their potential while, protecting the rights of Vulnerable Population groups".

The National Child Policy (NCP) demonstrates the commitment by the Government of Uganda to ensure the well-being of all children. It is another big stride in the Country's efforts to uphold children rights and protect them from all forms of abuse, neglect, exploitation and violence. The Government of Uganda recognizes the critical importance of ensuring children's four cardinal rights to survival, development, protection and participation through a well-built and coordinated protection system. In addition to focusing on the four cardinal rights, the Policy also recognises the need for a strengthened protection system hence the inclusion of the fifth priority area of system strengthening. The Policy, therefore, provides a National Framework for Ministries, Departments and Agencies (MDAs) to plan and deliver interventions that address children's rights holistically. The Policy has an Institutional mechanism to ensure it is implemented in a multi-sectoral and multi-disciplinary manner.

The National Child Policy was developed through a highly participatory process that involved a wide range of stakeholders with very vast knowledge on children at National, Regional, district and community levels. In fulfilment of the right to participation, children were also consulted separately at all levels.

I would like to thank all our partners who have supported the Policy development process at all levels. Special thanks go to UNICEF for the tremendous technical and financial support towards the development of this Policy.

This policy recognises the Para Social Workers as a critical community group to work with other structures in reporting and responding to child abuses at community level. I call upon partners to support and work with them at community level

I, therefore, call upon all stakeholders including Government at all levels, Development Partners, Civil Society Organisations, Private Sector, Religious and Cultural Institutions, Academic and Research Institutions, Communities and Families to embrace this Policy with renewed commitment to enable the children

of Uganda grow and develop to their full potential. Investing in children is a cornerstone of Uganda's Human Capital Development enshrined in the National Development Plan III. Government cannot afford the cost of inaction.

For God and my Country,



Frank K. Tumwebaze, MP.

Minister for Gender, Labour and Social Development

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DEFINITIONS AND CONCEPTS

Alternative care: Alternative care is provided where the child’s own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child. It may take the form of informal care or formal care. With respect to the environment where it is provided, alternative care may be: kinship care, foster care, other forms of family-based or family-like care placements, residential care, or supervised independent living arrangements. In all cases, the family based alternative care is the most preferred to small or large scale institutional care arrangements.

Best interest of the child: Best interest of the child is a child rights principle, which derives from Article 3 of the UNCRC, which states; “in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration”. Assessing the best interests of a child means to evaluate and balance “all the elements necessary to make a decision in a specific situation for a specific individual child or group of children”

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

Child development: Entails the biological, psychological and emotional changes that occur in human beings between birth and the conclusion of adolescence, as the individual progresses from dependency to increasing autonomy.

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

Whilst child labour takes many different forms, a priority is to eliminate without delay the worst forms of child labour which as reflected in Article 3 of ILO Convention No. 182, these include slavery, or practices similar to slavery such as trafficking; procurement and use of children for prostitution, pornography and illicit activities; and work likely to harm the health, safety and morals of children.

Child participation: Informed and willing involvement of all children, including the most marginalised and those of different ages and abilities, in any matter concerning them directly or indirectly, in accordance with Articles 12 and 13 of the United Nations Convention on the Rights of the Child.

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

Child protection system: Child protection systems seek to address the full spectrum of risks faced by children and their families, and comprise the related set of laws, policies, regulations and services across all social sectors, particularly social welfare, education, health, security and justice. A well-functioning child welfare and protection system has the following:

- Strong leadership and governance, including strong policies, legislation, and regulations
- Effective coordination and networking mechanisms to ensure commitment and collaboration among key stakeholders, leaders, sectors, and services
- Good service models and delivery mechanisms for identifying vulnerable children, supporting child well-being, and preventing and responding to abuse, neglect, exploitation, violence, and family separation
- Adequate financing to ensure continuity and sustainability of services
- Effective information management and accountability systems
- A well-performing workforce

Child welfare system:

The child welfare system is a group of public and private services that are focused on ensuring that all children live in safe, permanent and stable environments that support their well-being. Child welfare services may interact with entire families, or they may be focused on direct intervention with children.

Child rights:

The inherent fundamental entitlements and freedoms of children, which they have merely by virtue of being human. Child rights are fully defined in the United Nations Convention on the Rights of the Child, the most widely ratified human rights treaty in history, to which Uganda is a signatory. The Convention on the Rights of the Child contains 54 articles, each of which entails a different type of right. These can be broken down into four broad categories:

- **Survival rights** cover a child's right to life and the needs that are most basic to existence; these include an adequate living standard, shelter, nutrition and access to medical services.
- **Developmental rights** include those things that children require in order to reach their fullest potential. Examples are the right to education, play and leisure, cultural activities, access to information, and freedom of thought, conscience and religion.
- **Protection rights** require that children be safeguarded against all forms of abuse, neglect and exploitation. They cover issues such as special care for refugee children, torture, abuses in the criminal justice system, involvement in armed conflict, child labour, drug abuse and sexual exploitation.
- **Participation rights** allow children to take an active role in their communities and nations. These encompass the freedom to express opinions, to have a say in matters affecting their own lives, to join associations and to assemble peacefully. As their abilities develop, children are to have increasing opportunities to participate in the

activities of their society, in preparation for responsible adulthood.

Children in adversity:

Children in adversity is a term used in reference to children living in conditions of serious deprivation or danger. These include children who experience violence or are exploited, abandoned, abused, or severely neglected (in or out of families) and also face significant threats to their survival and well-being as well as profound life cycle risks that have an impact on human, social, and economic development.

Children in street situations:

The term is used to comprise: (a) children who depend on the streets to live and/or work, whether alone, with peers or with family; and (b) a wider population of children who have formed strong connections with public spaces and for whom the street plays a vital role in their everyday lives and identities. This wider population includes children who periodically, but not always, live and/or work on the streets and children who do not live or work on the streets but regularly accompany their peers, siblings or family in the streets. Traditionally used terms; “street children”, “children on the street”, “children of the street”, “runaway children”, “throwaway children”, “children living and/or working on the street”, “homeless children” and “street-connected children”.

Children without parental care:

All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.

Compassion:

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

Early Childhood Care and Education:

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

Family:	'Family' is defined in its widest sense, including parents, those acting in the place of parents (<i>loco parentis</i>), siblings, grandparents and extended family members, foster and adoptive parents.
Family-centred practice:	A way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children. It focuses on children's safety and needs within the context of their families and communities and builds on families' strengths to achieve optimal outcomes.
Foster care:	A situation where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family, that has been selected, qualified, approved and supervised for providing such care.
Gatekeeping:	A recognized and systematic procedure to ensure that removal of children from their families including foster and adoptive families and/or placement in alternative care is used only when necessary and appropriate, and that the child receives the most suitable support to meet their individual needs.
Inclusive Education:	According to UNESCO, inclusive education is seen as, "a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion from education and from within education."
Parents:	'Parent' or 'parents' are defined as a person or persons with parental authority or responsibility. Parenting refers to all roles undertaken by parents, or others acting in place of parents (such as foster or adoptive parents) in caring for, raising and protecting children.

Pre-primary education:	Pre-primary education is formalized early learning immediately preceding primary school. Pre-primary schools can be attached to primary schools or can be entirely separate.
Primary caregiver(s):	The person(s) who is/are recognised by the State as being responsible for the care and upbringing of the child.
Psychosocial support:	A continuum of care and support that addresses the social, emotional, spiritual and psychological well-being of a person, and influences both the individual and the social environment in which people live.
Refugee children:	Children who are outside of their country of nationality or habitual residence and whose families are unable or unwilling to return due to a well-founded fear of persecution and/or having fled war or events that seriously disrupted public order.
Special Needs Education:	Special Needs Education is education for students with disabilities, in consideration of their individual educational needs, which aims at full development of their capabilities and at their independence and social participation.
Vulnerable children:	Children who face conditions of serious deprivation and danger and/or likely to suffer any form of violence, exploitation, abuse and neglect or other serious violations of their rights.
Social protection:	A set of public policies, programmes and systems that help poor and vulnerable individuals and households to reduce their economic and social vulnerabilities, improve their ability to cope with risks and shocks, and enhance their human rights and social and economic status.

Social service workforce:

Paid and unpaid, governmental and nongovernmental professionals and paraprofessionals working to ensure the healthy development and well-being of children and families. The social service workforce focuses on preventative, responsive and promotive programs that support families and children in our communities by alleviating poverty, reducing discrimination, facilitating access to needed services, promoting social justice and preventing and responding to violence, abuse, exploitation, neglect and family separation.

Social service system:

A set of interventions, programs and benefits that are provided by governmental, civil society and community actors to address both the social welfare and protection of vulnerable populations.

Transparency:

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

Violence against children:

Any form of physical, emotional or mental injury or abuse, neglect, maltreatment and exploitation, including sexual abuse, intentional use of physical force or power, threatened or actual, against an individual which may result in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation. This includes online violence, which involves use of online digital devices or services to engage in activities that result in physical, psychological, and emotional self-harm or cause harm to children.

LIST OF ACRONYMS AND ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of the Child
ART	Anti-Retroviral Therapy
CSAM	Child Sexual Abuse Material
CSEM	Child Sexual Exploitation Material
CSO	Civil Society Organisation
CSS	Children in Street Situations
CwDs	Children with Disabilities
EAC	East African Community
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
EID	Early Infant Diagnosis
EMIS	Education Sector Management Information System
EMTCT	Elimination of Mother to Child Transmission of HIV/AIDS
EPRC	Economic Policy Research Centre
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender Based Violence
GDP	Gross Domestic Product
GoU	Government of Uganda
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ILO	International Labour Organisation
IMR	Infant Mortality Rate
JLOS	Justice Law and Order Sector
KCCA	Kampala Capital City Authority
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MGLSD	Ministry of Gender, Labour and Social Development
MMR	Maternal Mortality Rate
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MTCT	Mother to Child Transmission
NCA	National Children Authority
NCP	National Child Policy
NCPIU	National Child Policy Implementation Unit
NGO	Non-Governmental Organisation
NSC	National Steering Committee
OAG	Office of the Auditor General

OCSE	Online Child Sexual Exploitation
OPM	Office of the Prime Minister
OVC	Orphans and other Vulnerable Children
RMNCH	Reproductive, Maternal, Newborn and Child Health
SDGs	Sustainable Development Goals
TWG	Technical Working Group
UAIS	Uganda AIDS Indicator Survey
UBOS	Ugandan Bureau of Statistics
UDHS	Uganda Demographic Household Survey
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNHCR	United Nations High Commission for Refugees
UNHS	Uganda National Health Survey
UNICEF	United Nations Children’s Fund
UPE	Universal Primary Education
UPHIA	Uganda HIV Impact Assessment
USAID	United States Agency for International Development
USE	Universal Secondary Education
VAC	Violence against children
VACiS	Violence Against Children in Schools
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

1. INTRODUCTION

Uganda has a young population with over 56 percent of its population under the age of 18 and about half (48.7 percent) under the age of 15 years (UBOS, 2016). According to the 2014 National Housing and Population Census Report, children 0 to 8 years constitute 30.9 percent, children 0 to 14 years constitute 50.3 percent and children 0 to 17 years constitute 55.1 percent of the 34.6 million total population of Uganda. This amounts to an estimated 19.2 million children below the age of 18 years. The report also indicated that 8.4 percent (2.9 million) have been orphaned. Approximately 51 percent (8.1 million children) are either critically or moderately vulnerable, while 63 percent live with caregivers other than their biological parents. Estimates indicate that up to 96 percent of Ugandan children experience some level of vulnerability. Of this number, 51 percent (more than 8 million children) are considered moderately or critically vulnerable (OVC Situational Report, 2010).

Poverty is one of the leading causes of child vulnerability in Uganda and is associated with many forms of child rights violations (MGLSD and UNICEF, 2015). The child poverty rate for children under five years of age is 55 percent – with one in five children (24 percent), living in extreme poverty (MGLSD, UNICEF and EPRC, 2014). In addition, children in Uganda face various risks at different stages of childhood including malnutrition and stunting, disease, inadequate access to education, inadequate access to HIV treatment and a range of child protection violations (MGLSD and UNICEF, 2015; World Bank, 2016). Additionally, there are new and emerging challenges such as online threats towards children including online child sexual exploitation, increasing vulnerability of children due to climate-related hazards and urbanization (Government of Uganda and UNICEF, 2017).

Over the past 20 years, Uganda has progressively passed various laws, policies, and sector-specific strategies and initiatives intended to facilitate the transition from poverty and vulnerability to prosperity and security for all of its citizens. While this has led to notable achievements in poverty reduction, there are still gaps in regards to reducing child mortality, improving access to HIV treatment and preventing malaria, malnutrition and stunting, children's literacy and advancement to secondary school, and protection of children from abuse, neglect, exploitation and violence. The cost of inaction has serious implications including the current limited child protection services at all levels in the country, increasing vulnerability of children. It leads to denial of children to access essential services; education, primary health care, adequate nutrition, safe water and sanitation and child protection services which not only violates children's human rights but also contributes to drawbacks on the human development index and future social inequity and political instability (UNICEF/UNIADS report (2004).

Furthermore, the Government of Uganda is committed to achieving the Sustainable Development Goals (SDGs) by 2030. This will require the country to optimally invest in children in order to achieve equitable, inclusive growth and sustainable development. Government of Uganda, therefore, needs to mainstream social protection interventions targeting children and families in all its sectors and programs plans and budgets (MGLSD, Issues Paper No.1, 2011).

1.2 Problem Statement

A review of the Orphans and Other Vulnerable Children (OVC Policy, 2004) in 2016 revealed that there was increasing child vulnerability. The identified causes of the increasing child vulnerability are; family breakdown due to mistrust among couples, poor parenting practices, moral decadency, weakened extended family and community system support, death of parents/orphan hood, low household income due to unemployment, household and community poverty leading to failure to provide basic needs, Gender Based Violence (GBV), alcoholism/drug abuse, unemployment, catastrophes and chronic illnesses. Child vulnerability is also caused by low holistic development and learning of children as a result of limited access to Integrated Early Childhood Development (ECD) and Early Childhood Care and Education (ECCE) services, limited access to primary and secondary education, limited access to relevant trainings and apprenticeship, poor education infrastructure, limited effectiveness of systems and low involvement of children in decision making as a result of low value given to children, cultural and religious norms and practices that violate rights of children ignorance and low self-esteem that leads to children exclusion. These has resulted in among others; Increased juvenile delinquency, increased mortality rates, increased malnutrition, low productivity, illiteracy, poor performance in class and increased school drop outs, physical and psychological harm, increased cost on medical expenses, mental health problem featured by stress, depression, post-traumatic stress disorder and death.

Child vulnerability is compounded by a weak institutional framework emanating from a weak regulatory framework, poor implementation of policies and plans, enforcement of laws, corruption, limited data on children, limited capacity of staff and lack of knowledge/awareness on child human rights. This National Child Policy has therefore been developed to coordinate the efforts of the different sectors that have a direct and indirect mandate on children and deliver a comprehensive package of services encompassing all the four cardinal rights of the child in a multi-sectoral approach.

1.3 Legal and Policy Framework

This policy draws its context from the existing international, regional and national instruments and frameworks that support the realization of the rights and welfare of children.

1.3.1 International and Regional Frameworks

Uganda has ratified a number of international and regional treaties, minimum rules, standards and guidelines, which uphold children's rights and obligate that all feasible measures to protect and realise those rights are taken. The international and regional treaties include:

- a) The International Labour Organisation (ILO) Convention on Minimum Age of Admission to Employment (1973)
- b) Convention on the Elimination of All Forms of Discrimination Against Women (1979)
- c) The UN Convention on the Rights of the Child (UN) (1989) ratified by Uganda in 1990 and enacted in 1996 in a law for children, the Children Statute, now Children Act (Cap 59).
- d) The ILO Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour 182 (1999)
- e) The Geneva Convention on Adoption (1993)
- f) The UN Convention for the Suppression of the Trafficking in Persons and of the Exploitation of Prostitution of Others (1949) and The Palermo Protocol (2000)
- g) The Optional Protocol Prohibiting the Sale of Children, Child Prostitution and Pornography (2000)
- h) The Optional Protocol on Involvement of Children in Armed Conflict (2000)
- i) The UN Convention on the Rights of Persons with Disabilities (UNCPRD) (2007)
- j) The African Charter on the Rights and Welfare of the Child (ACRWC) (1990)
- k) The African Youth Charter (2006)
- l) The East African Community (EAC) Child Policy (2016)

The policy is also inspired by the international minimum rules, standards and guidelines adopted by the UN General Assembly, including:

- a) The United Nations (UN) Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules) 1985
- b) The UN Guidelines for Alternative Care of Children, 2010
- c) The United Nations Rules for the Protection of Juveniles Deprived of their

Liberty (Havana rules), 1990,

- d) The United Nations Guidelines for the Prevention of Juvenile Delinquency (The Riyadh Guidelines)
- e) The United Nations Standard Minimum Rules for Non-Custodial Measures (1990)

1.3.2 National Legal and Policy Frameworks

The Constitution of the Republic of Uganda (1995) is the overriding national legal framework for ensuring that the rights of children and the general population are protected. The Children's Act, Cap 59 (Amended, 2016) provides the overarching legal framework, articulating constitutional provisions on children and emphasising the rights, protection, duties and responsibilities as contained in the UNCRC and the ACRWC. Other legislation that relates and effects issues of children includes:

- a) The Divorce Act, Cap 249 (1904)
- b) The Succession Act, Cap 162 (1906)
- c) The Criminal Procedure Code Act, Cap 116 (1950)
- d) The Witchcraft Act (1957)
- e) The Births and Deaths Registration Act, Cap 309 (1973)
- f) The Customary Marriage Act (1973)
- g) The Employment Act (2006)
- h) The Local Governments Act (Cap.243)
- i) The Land Act (1998)
- j) The Uganda People's Defence Forces Act (2005)
- k) The Employment Act (2006)
- l) The Persons with Disabilities Act (2006)
- m) The Prisons Act (2006)
- n) The Police Act (2006), as amended
- o) Local Council Court Act (2006)
- p) The Penal Code (Amendment) Act (2007)
- q) The Education Act (2008)
- r) The Prevention of Trafficking in Persons Act (2009)
- s) The Domestic Violence Act (2010)
- t) The Prohibition of Female Genital Mutilation Act (2010)
- u) The Computer Misuse Act (2011)
- v) The Children (Approved Homes) Rules (2013)
- w) The Anti-Pornography Act (2014)
- x) The Registration of Persons Act (2015)
- y) The Children Act (2016), as amended

z) The Immunisation Act (2016)

The National Child Policy has been developed within the context of, and builds on existing policies, strategies and guidelines impacting on children. These include:

- a) National Social Protection Policy (2015)
- b) Universal Primary Education (UPE) Policy (1997)
- c) National Orphans and other Vulnerable Children Policy (2004)
- d) National Child Labour Policy (2006)
- e) National Adolescent Health Policy for Uganda (2004)
- f) National Policy on Disability in Uganda (2006)
- g) Universal Secondary Education (USE) Policy (2007)
- h) The Second National Health Policy (2010)
- i) The Special Needs and Inclusive Education Policy (2011)
- j) The Special Needs Education and Non-Formal Education Policy 2013
- k) National Framework for Alternative Care (2012)
- l) The Uganda National Land Policy (2013)
- m) The Integrated Early Childhood Development Policy (2016)
- n) National Youth Policy and Action Plan (2016)
- o) The National Ethical Values Policy (2013)
- p) The National Culture Policy (2006)
- q) Uganda National Gender Policy (2007)
- r) The National Equal Opportunities Policy (2006)
- s) Gender in education Sector Policy (2016)
- t) The National Strategic Programme Plans of Interventions for Orphans and Other Vulnerable Children (2005/6 -2009/10 and 2011/12–2015/16)
- u) The National Strategy to End Child Marriage and Teenage Pregnancy 2014/2015 - 2019/2020
- v) The National Policy and Action Plan on the Elimination of Gender Based Violence in Uganda (2016)
- w) The National Action Plan for Child Well-being (2016-2021)
- x) The National Disability Inclusive Planning Guidelines for Uganda (2017)
- y) The National Child Participation Strategy 2017/18 - 2021/22
- z) National Strategic Plan on the Elimination of Violence Against Children in Schools (2015-2020).

1.4 Policy Development Process

The National Child Policy (NCP) is in line with Uganda Vision 2040, which demonstrates the Government's commitment to ensuring the well-being of all children. The policy is structured around four broad categories of children's rights; survival, development, protection, and participation plus system strengthening to anchor and sustain its effective and coordinated

implementation in the short and long run. The National Child Policy provides for all children in Uganda, including refugees in accordance with International laws and National legislations. Thus, refugee children are provided for under provisions of the policy unless otherwise stated.

The policy was informed by a comprehensive review of the National Orphans and Other Vulnerable Children Policy (2004), the National Social Protection Policy (2015), National Youth Policy and Action Plan (2016) and other various policies, plans and strategies related to child welfare and protection domiciled in different sectors of government such as the Universal Primary Education (UPE) Policy (1997), National Adolescent Health Policy for Uganda (2004), National Policy on Disability in Uganda (2006), Universal Secondary Education (USE) Policy (2007), the Second National Health Policy (2010), the Special Needs and Inclusive Education Policy (2011), the National Framework for Alternative Care (2012), the EAC Child Policy and its accompanying strategic plan and reports relevant to realisation of the four broad rights of a child.

In 2016, the Ministry of Gender, Labour and Social Development constituted a multi-sectoral Technical Working Group (TWG) to oversee the National Child Policy development process. The TWG steered a participatory process that entailed extensive consultations with a wide range of stakeholders at national, regional, district and community levels. Stakeholders including; technical and political leaders from relevant Government Ministries, Departments and Agencies (MDAs) and LGs, Development partners, Academic and Research Institutions, Civil Society Organizations, cultural and religious leaders, Private Sector and children.

2 SITUATIONAL ANALYSIS

This section presents the current situation of children in Uganda in relation to the critical areas of child health and survival, education and development, protection and participation and system strengthening. This analysis lays the foundation for the policy.

2.1. Child Survival

Child survival is a field of public health concerned with reducing child mortality especially in children under five years while child survival strategies are defined as steps taken for children aged 0-3 years by individuals and communities to reduce risk, duration or severity of an adverse health condition that detrimentally affects the survival of infants and children. The interventions are designed to address the most common causes of child deaths which include; diarrhoea, pneumonia, malaria, and neonatal conditions.

2.1.1 Infant, Child and Maternal Mortality

Uganda has made substantial progress in child survival over the last decade. There are several policies and programmatic measures in place to ensure the survival and development of children into adulthood. These are implemented from the health, nutrition, legal, and educational perspective under various plans, strategies and policies in Uganda. The National Integrated Early Childhood Development Policy Action Plan (2016-2021) articulates these aspects. It targets all children, including the vulnerable and marginalized, from conception to eight years of age, to provide holistic services for nutrition, health, nurturing, protection, stimulation and training. Consequently, Under-five mortality rate has reduced over the years from 90 deaths per 1,000 live births in 2011 to 64 deaths in 2016 (UDHS, 2016). The Infant Mortality Rate (IMR) reduced from 54 deaths per 1,000 live births in 2011 to 43 deaths in 2016 while the child mortality rate declined from 38 deaths per 1,000 live births in 2011 to 22 deaths in 2016, indicating improvements in child health care. Despite the progress, thousands of children under five years of age continue to die, mostly from preventable and treatable diseases including pneumonia, malaria and diarrhoea. Some of the factors underlying high infant mortality rates (IMR) are inequitable access to maternal health services, inadequate or delayed care-seeking during pregnancy and childbirth, and poor household and child care practices (MoH, 2013).

Maternal health has an impact on child survival prospects. According to the 2016 UDHS, maternal mortality ratio stands at 343 maternal deaths per

100,000 live births (UBOS and ICF, 2017). This equates to an estimated 5,595 maternal deaths each year due to complications of pregnancy and childbirth in the first month, which inevitably jeopardizes the life of surviving children. The major causes of maternal deaths are largely preventable conditions such as haemorrhage/bleeding, obstructed or prolonged labour, hypertensive disorders, complications from unsafe abortions and sepsis (MoH, 2013). It is imperative to ensure equitable access to and provision of family planning (to reduce unintended pregnancies), antenatal care, skilled care at birth, timely emergency obstetric care, postnatal care, and post-abortion care (MoH 2014a).

2.1.2 Nutrition

Nutrition is a fundamental pillar of human life, health and development across the entire life span. Optimal nutrition during childhood is critical for child growth and development, both in the immediate and in the longer-term. While Child nutrition indicators have improved slightly over the past 15 years, stunting, severe wasting and intrauterine growth retardation cause half of all under-five deaths in Uganda. According to the 2016 UDHS, 29 percent of children under five are stunted (considered to be short for their age) and 4 percent are wasted (UBOS and ICF, 2017), while in refugee settlements stunting ranged between 40 and 7 percent (Development Pathways, 2018). The prevalence of severe stunting and wasting stands at 9 and 1 percent, respectively. Children in rural areas and from poor households are disproportionately affected. Micronutrient deficiencies are also common. Anaemia, iodine, zinc and Vitamin A deficiencies are the most common micronutrient deficiencies in Ugandan children. More than half of young children aged 6-59 months are anaemic (UBOS and ICF, 2017). The major causes of malnutrition among children in Uganda are majorly attributed to household food insecurity and these include; inadequate dietary intake due to poor feeding frequency, poor feeding practices, insufficient diverse diet and limited awareness about the problem of nutrition. In addition, childhood obesity is a growing problem (at 4%) especially among the middle class income households. This is attributed to unregulated eating and an alarming reduction in physical activity.

According to the Uganda Nutrition Action Plan (2011-2016), malnutrition among Uganda's young children and mothers has significant economic costs for the malnourished individuals, their households and communities and the nation as a whole. These costs stem from the need to deal with its consequences in terms of increased disease burden and other physical and mental problems related to malnutrition and the enormous reductions in human potential and economic productivity throughout life caused by hunger and malnutrition (UDH, 2011).

Addressing malnutrition is part of the Sustainable Development Goal 2 that

countries have committed to, with the aim of ending hunger, achieving food security and improving nutrition by 2030.

2.1.3 Immunisation

Uganda has registered big strides in regards to immunization since the implemented of the National Expanded Programme on Immunisation (UNEPI) from 2015- 2016 (World Bank, 2016; GoU and UNICEF 2017). Uganda's immunisation menu includes; tuberculosis, polio, measles, diphtheria, tetanus, whooping cough, hepatitis B and haemophilus influenza type B (MoH, 2012a). Albeit this, there has been stagnation in the national vaccine coverage rate. The national immunisation coverage rate measured by percentage of children receiving the third dose of the diphtheria-tetanus-pertussis vaccine (DTP3) stagnated at 78 percent since 2012. This is below the Global Vaccination Action Plan target of at least 90% coverage. Measles-containing-vaccine first-dose (MCV1) coverage has stagnated at 82 percent since 2012, putting the country at risk of missing the 2020 elimination target. Similarly, poor response to vaccination against Human papillomavirus (HPV), especially after receiving the first dose stagnated. While the coverage for the first dose stands at 80 percent, the second dose has remained low at 23 percent (MoH 2019). In FY 2018/19, DPT3 coverage increased by only 1% from 95% in FY 2017/18 to 96 percent. Only 34 percent (43/128) of the districts achieved the HSD target of 97 percent. Measles coverage for one year olds remained stagnant at 88% in FY 2018/19, far below the target of 95 percent. Only 21 percent (27/128) of the districts met the HSD target (MoH 2019). Some factors including maternal education (especially at post-secondary level), exposure to media, maternal healthcare utilization, maternal age, occupation type, immunization plan and regional and local peculiarities have significant association with childhood immunization.

1.2.4 Children and HIV and AIDS

According to the 2016 Uganda HIV Impact Assessment (UPHIA), the prevalence of HIV among children aged 0-14 years is 0.5 percent. This equates to approximately 95,000 children living with HIV in Uganda (MoH, 2017a). Despite a reduction in mother-to-child HIV transmission (MTCT) in the last five years, there were still an estimated 3,500 new paediatric infections in 2015 (UAC, 2016). Moreover, just under half (47 percent) of the children (aged 0–14 years) living with HIV are on treatment (UNAIDS, 2016). This indicates that a significant proportion of children living with HIV and AIDs lack access to proper care and treatment.

Children and adolescents living with HIV and AIDs and their families face numerous psychological, social and physical challenges which impact on their

on their health. This underscores the need to ensure that all children have timely access to Antiretroviral Therapy (ART) and are retained in care through adolescence and into adulthood. Additionally Children and adolescents living with HIV and AIDs need comprehensive support to ensure treatment, adherence, as well as enjoy healthy relationships.

1.2.5 Adolescent Health and Well-being

Adolescents aged 10-19 years in Uganda face several challenges including those related to sexual and/or reproductive health. According to the 2016 UDHS, 1 in every 4 adolescent girls aged 15-19 years has begun childbearing (is pregnant with their first child or has had a live birth-UBOS and ICF, 2017). This interferes with and undermines girls' ability to achieve high standards of health, education, and future economic well-being. Adolescent child bearing is strongly associated with early marriages, which is largely attributed to household poverty (UBOS and ICF, 2017). Adolescent child bearing contributes to maternal morbidity by increasing the risk of complications such as obstetric fistula, new-borns and infants, low birth weight and high risks to morbidity and mortality due to poor pre-natal and child care practices (MoH, 2013).

Early sexual activity is a growing concern to adolescent development in Uganda. In the National Cross Sectional Study of Adolescent Health Risk Behaviours in Uganda, almost 22 percent of adolescents (girls and boys) reported some form of sexual activity. Up to 10 percent of the sexually active adolescents aged 15-19 years had their first sex encounter before the age of 15 years (MoH et al., 2016). For many girls, first sexual intercourse happens as a result of coercion or violence. According to the National Violence Against Children Survey report (2018), nearly 1 in 4 girls aged 13-17 years who had ever had sex reported that their first sexual intercourse was unwanted (defined as the adolescent having been forced, pressured, tricked or threatened). Despite early onset of sexual intercourse among adolescents, contraceptive use is low which is attributed to gender roles, norms and practices among adolescents (USAID/ Pathfinder International 2011). Many adolescents also lack access to sexual and reproductive health-care services, including family planning information, and comprehensive sexuality education (MoGLSD and UNICEF, 2015).

Management of menstruation continues to present substantial challenges to adolescent girls in Uganda; negatively impacting on girls' school attendance and engagement. Some adolescent girls miss school during menses and eventually drop out because of menstruation-related issues such as lack of affordable sanitary pads, lack of adequate or separate washrooms for males and females and bullying by peers. In addition, taboos around the topic mean many adolescent girls are unprepared for menarche and that management practices

are not discussed openly.

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

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

1.2.6 Water, Sanitation and Hygiene

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

2.2. Child Development

Child development is a composite right that aims to ensure the child's abilities to fulfil her or his human potential to the maximum during childhood and adulthood alike. Article 29 of UNCRC stipulates;” States Parties agree that the education of the child shall be directed to the development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own”.

2.2.1 Early Childhood Care and Education

Early Childhood Care and Education (ECCE) provides an indispensable foundation for lifelong learning and development. The formative years of children is very essential for survival and growth of a child, including the GDP returns in later years as an adult. The quality of parenting and stimulation in infancy plays an important role in enhancing child development and school readiness by providing valuable educational and social experiences. However, very limited attention is given to ensuring high quality childcare and only a few formal interventions in Uganda focus on the development of children 0-3 years, for example, through exercise and play.

In addition, while pre-primary education is considered to have the highest rate of economic returns of all levels of education (World Bank, 2011); the enrolment of children (ages 3 to 5 years) in pre-primary education remains very low in Uganda, at 9 percent (MoES, 2015a). This is primarily due to lack of physical infrastructures. The ECCE centres are annexed to government primary schools. Public funding for early childhood care and education (ECCE) provision also remains negligible. Overall, there is limited availability of pre-primary programmes particularly in rural communities, and the predominance of unaffordable private sector pre-primary education in urban areas.

2.2.2 Basic Education

Uganda has registered substantial improvement in primary and secondary education enrolment with the introduction of Universal Primary Education (UPE) in (1997) and Universal Secondary Education (USE) in (2007). However, up to 30 percent of children enrolled in primary school drop out before completing Primary Seven (MoES, 2017). Furthermore, there are widespread concerns about the quality of education-as reflected in the low literacy and numeracy rates. The national achievement levels in primary school for literacy are currently at 60.2 percent for P3 and 51.9 percent for P6. Numeracy rates are at 71.7 percent in P3 and 52.6 percent in P6. In both numeracy and literacy in English at P3, approximately a third (30 percent) of the districts had over 75 percent of their pupils rated as proficient. There are also vast differences between well-performing and poorly performing districts with literacy rates at P3 varying anywhere between 14.8 percent and 99.1 percent; and between 0.4 percent and 79.7 percent at P6 level (MoES, 2015b).

The quality of education is largely affected by shortage of scholastic materials, low levels of teacher competency, inadequate teacher training and school infrastructure, ineffective inspection and condition of schools, high levels of teacher and pupil absenteeism. In addition, majority of schools do not provide

safe and supportive learning environments. For example, according to the study by UNICEF, Violence against Children in Schools (VACiS) is widespread and children are subjected to different forms of violence. Corporal punishment is common in schools. About 3 in 4 children in primary schools in Uganda are subjected to caning by teachers under the pretext of “pushing” them to attain higher academic grades while over 4 out of every 5 children are made to do difficult work such as digging, slashing and collecting water at school as a punishment to instil discipline. Bullying is also reported common in schools; for example, the VACiS reported that more than 2 in every 5 children (46%) in primary schools in Uganda experienced bullying and it affected children from poor families and those with disabilities most. In the same study, 46.7% of children surveyed experienced emotional abuse by teachers. Sexual violence especially against girls was reported widespread with 77.7% of the primary school children having experienced sexual violence (UNICEF, 2013).

2.2.3 Special Needs and Inclusive Education

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

2.2.4 Adolescent Development

About 25% (9 million) of the population of Uganda are adolescents. This particular cohort of the population is faced with a set of vulnerabilities including: poverty, HIV and AIDS, early marriage, teenage pregnancy, gender-based violence and low participation in secondary education. The 2018 National VAC survey findings revealed that of 18-24-year-old Ugandans, one in three girls (35%) and one in six boys (17%) reported experiencing sexual violence during their childhoods. This included 11% of girls experiencing pressured or forced sex.

Of Ugandans ages 13-17 years, one in four girls (25%) and one in ten boys (11%) reported sexual violence in the past year. Of Ugandans ages 18-24 years, six in ten females (59%) and seven in ten males (68%) reported experiencing physical violence during their childhoods, while four in ten girls (44%) and six in ten boys (59%) ages 13-17 experienced physical violence in the last year. One in three 18-24-year-old Ugandans reported suffering emotional violence during their childhoods. More than one in five 13-17-year-old children reported experiencing emotional abuse in the last year. These make it difficult for the young people to fulfil their potential (MGLSD and UNICEF, 2018).

2.3. Child Protection

Child protection is about the protection of children from abuse, neglect, Violence and exploitation. Article 19 of the UN Convention on the Rights of the Child provides for the protection of children in and out of the home environment.

2.3.1 Children and Family Care

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

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

Children living outside of family care typically lack adequate adult protection and are highly vulnerable to abuse, exploitation, and are more likely to engage in higher-risk activities that lead to HIV. They also do not receive the adult care that

is critically needed for developing social competencies, psychological and emotional development that would eventually affect behaviour that fosters positive relationships with others.

2.3.2 Child Birth Registration

Birth registration is a key step towards protecting children and ensuring that they receive the services they need to survive and thrive. The right of every child to be registered at birth is provided for in both international and Ugandan law, with neither making a distinction between children born to refugees or asylum seekers, and those born to citizens of Uganda. Albeit this, two-thirds of children under age 5 have never had their births registered with the civil authority (UBOS and ICF, 2017). Similarly, only one in three refugee children in Uganda (aged 0-17 years) have a birth registration certificate (UNICEF and EPRC, 2018). Major barriers to birth registration include: political, legislative, administrative, economic, neglect of cultural and community realities, and geographic, as well as lack of awareness of the parents.

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

2.3.3 Violence, Abuse and Exploitation

The Uganda Constitution (1995) expressly states that ‘No person shall be subjected to any form of torture or cruel, inhuman or degrading treatment or punishment.’ The Prevention and Prohibition of Torture Act 2012 prohibits acts of torture carried out in official or private capacity, and torture of a child can lead to a sentence of life imprisonment. This is further augmented by the Children Act as amended (2016) that prohibits any employment of children that can be deemed torturous or abusive in any way. Thus, Government has invested resources in sensitization of the public against child abuse and the torture of children. A national toll-free Child Helpline (116) was established by MGLSD in

2014 to facilitate the reporting of cases of child abuse by victims and community members.

In spite of the Constitutional provision, thousands of children in Uganda continue to experience violations of their rights to care and protection, while many more children are inadequately protected against risks. According to UDHS 2016, 44% girls and 59% boys aged 13-17 years had experienced physical violence in the year preceding the survey. Efforts to effectively protect children from violence, abuse, exploitation and neglect continue to be undermined by the weak implementation and enforcement of existing policies and laws, inadequate safe guards and weak enforcement for instance during planning and implementation of infrastructure development projects (roads, railways dams etc construction) poverty, limited capacity of a proactive and responsive statutory workforce and the weak family structures (MGLSD and UNICEF, 2018). Results from the National Violence Against Children (VAC) survey indicate a high prevalence of all forms of violence—physical, sexual, and emotional. Among 13 to17-year-olds, 4 in 10 girls and 6 in 10 boys reported physical violence in the year preceding the survey. In addition, 1 in 4 girls (25 percent) and 1 in 10 boys (11 percent) reported sexual violence in the past year. The lifetime prevalence of sexual abuse in childhood was 35 percent and 17 percent for girls and boys, respectively (MGLSD et al., 2018). Also, about 3 in 4 children in primary schools are subjected to Corporal punishment, 2 in every 5 children (46%) in primary schools experienced bullying while 46.7% of children surveyed experienced emotional abuse by teachers (UNICEF, 2012).

Furthermore, while children from all cultural and socio-economic backgrounds are vulnerable to violence, children infected and/or affected by HIV and AIDS, children with disabilities, children outside family care and children from socio-economically disadvantaged families are at increased risk of violence compared to their peers. Children affected by armed conflict, and children in contact with the law are also exposed to a wide range of child rights violations including exposure to violence, abuse, and exploitation. (Human Rights Watch, 2014; OAG, 2013). These children require special care and protection.

Exposure to violence has far-reaching health and development consequences. For instance, it can affect children's physical and mental health, impair their ability to learn and socialize, and undermine their development— leading to emotional, social, and behavioural problems (UNICEF, 2014). The exposure to violence in childhood may also result in greater susceptibility to health-risk behaviours such as substance abuse and early sexual activity during adolescence and adulthood (UNICEF, 2014). Further, children subjected to violence are at risk of disability and death, HIV infection, homelessness and interpersonal/ Gender Based Violence in future. Children exposed to violence are more likely to drop out of school, and are at heightened risk for later

victimization and/or perpetration of violence.

2.3.4 Orphan-hood

According to the Uganda National Household Survey (UNHS) 2016, at least 11 percent of the children under the age 18 years have lost one or both parents; about half of them are orphaned as a result of AIDS. On the other hand, it is estimated that 18.7 percent of the refugees are orphaned children (UNICEF/EPRC, 2018). Orphan-hood reduces the network of care and protection available to children, and is associated with multiple deprivations with far reaching implications for child survival, growth and development. While most orphaned children continue to live in families – typically with a surviving parent or sibling or members of their extended family – a considerable number, fall through the cracks of regular familial support networks. Consequently, a large number of children in Uganda are living outside of protective family care. If not supported, these children are prone to exploitative work and or abuse as means of survival.

2.3.5 Child-Headed Households (CHHs)

According to the UNHS 2016, about 0.3% of the households in Uganda are headed by children. Therefore, it is estimated that over 24,063 children are heading households in Uganda. Children living in child headed households are more vulnerable to deprivation, abuse and exploitation, miss education, have limited access to health services, food security and nutritional support, lack parental love, care, guidance and psychological support.

2.3.6 Children in the Justice system

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

In 2017, 14,567 cases of defilement were reported to Uganda Police Force, up from 7,690 in 2011. Among the reported defilement cases, suspects are

arrested in less than half of the cases. Furthermore, according to statistics from the Office of Director of Public Prosecutions (ODPP), out of 1,594 new rape and defilement cases referred by Uganda Police Force to the ODPP in 2015/16, only 57% were sanctioned. It is evident that there are many cases involving children within the legal system, some of which do not even make it through to a successful conclusion. In the period of 2017/2018, there were 21,520 cases of children in the High Court and only 9,156 (42.5%) were concluded. Although this is an improvement from 40.9% in 2016/2017, there are still a high number (57.5%) of children's cases within the system. This backlog immensely reduces access to justice for children because they experience prolonged trauma and continued difficulties. Similarly victims and witness give up and in the end the perpetrators go free due to backlog of cases in the system.

Further, while evidence is clear that institutionalization and deprivation of liberty for children is harmful, ineffective, costly, and carries a high risk of violence against these children, children are arrested and detained for not only allegedly committing capital offences such as defilement, robbery, and murder, but also other offences, including theft, assault, child-to-child sex (JLOS, 2017). The Kampiringisa National Rehabilitation Centre, where many children in contact with the law are committed to, is under resourced and has limited provisions for counselling and reintegration of children back to their communities. Refugee children in contact with the law face additional challenges, including lack of translation services or fear of discrimination in the justice system. It is therefore important to strengthen systems that will provide child friendly services, effective child justice duty bearers and institutions and to ensure the speedy disposal of child related cases at all levels of the justice chain.

2.3.7 Children of Prisoners

The 2015, Foundation for Human Rights Initiative report estimated that 200,000 children in Uganda have a parent in prison at any one time. Children of prisoners in Uganda and across Africa face many violations of their rights when their parents or primary caregivers are arrested and detained. They are confronted with the trauma of separation but also have to contend with subtle stigma and discrimination because of their parent's involvement with the criminal justice system. Similarly, children living in prison with their mothers often live in intolerable conditions with inadequate access to nutrition, play and education. According to a study by Public Interest Law Clinic (PILAC), as of August 2016, there were 237 children detained with their mothers and by the same time 2017, this number had increased to 256 children. This means that about 11 percent of the female prison population is being detained with a child. The children suffer from stigma and discrimination, they are deprived of care and

protection, as the arrest of the mother (in situations where she is a single caregiver) does not take this into consideration to prepare for alternative care; and in the case where they have to live with their mothers in prison, the conditions should be adequate and appropriate to provide a safe and caring environment.

2.3.8 Children with disabilities and other special needs

Estimates suggest that there are at least 2.5 (13%) million children with disabilities in Uganda (MGLSD, 2015). However only 9 percent of CwDs at school going age attend primary school, compared with a National average of 92 percent, and only 6% of them continue studying in secondary schools compared to the National average of 25percent (UNHS 2016). Further, while children with disabilities have the potential to lead fulfilling lives and to contribute to the social, cultural and economic vitality of their communities, surviving and thriving can be especially difficult for them. Discrimination against and exclusion of children with disabilities renders them disproportionately vulnerable to violence, neglect and abuse. In addition, many children with disabilities are disproportionately denied their right to education and have challenges accessing health services and other services essential for their optimal growth and development.

2.3.9 Refugee and internally displaced Children

UNHCR indicate that Uganda has 1.42million (April, 2020) refugees mainly from South Sudan, DR Congo, Burundi, Somalia and Rwanda. Over 60% of all refugees in Uganda are children and nearly 10% of child refugees are unaccompanied and/ or separated. During and after displacement, these children face a range of child protection risks including; violence, abuse, neglect, and exploitation, including sexual and physical violence. This is partly due to lack of first line of protection. Additionally, they face psychological and psychosocial distress since they experience and / or witness violence, disturbing events, or separation from parents and families, which puts them at greater risk of severe and longer-term mental health concerns. Often their education is also disrupted. Therefore, responding to their specific protection needs and supporting their families and communities remains a key priority for the Government of Uganda.

Currently, the refugee children do not optimally benefit from the existing childcare and protection services provided by local governments (districts) due to limited capacity of the district Community Based Services department in the refugee hosting districts and to some extent limited access to refugee settings. Even Uganda Police to some extent are limited to handle cases of abuse and

other rights violations in refugee settings. Providing for refugee populations remains a mandate of Office of the Prime Minister (OPM) with support from UNHCR, although there are efforts to make refugee response an integrated multi-sectoral response. There is therefore need for a comprehensive Child Policy that integrates refugee children in the national legal framework.

2.3.10 Children affected by other emergencies

Children are particularly vulnerable during natural disasters and hydrometeorological impacts like epidemics, droughts, flooding and landslides among others. In such situations, children are at increased risk of violence, exploitation, stigma, isolation, abandonment, neglect, separation from their parents and families, distress due to displacement, loss of family members or friends, lack of care and disruption of their daily life including access to routine activities like schooling. This requires early identification of protection concerns and the provision of adequate response services for children and their families affected by natural disasters and disease outbreaks. Consider the example of the COVID-19 pandemic, which led to closure of schools, places of worship, entertainment places and above all the lockdown where people including children confined to their homes some with even insufficient basic necessities. With a span of two months, the country recorded a surge of GBV and VAC cases.

2.3.11 Child Labour

Child labour violates children's rights and remains a serious issue in Uganda. According the 2016/17 Uganda National Household Survey, more than 2 million children are engaged in child labour. Of these more than 1,000,000 children (age 14-17 years) are involved in the worst forms of child labour doing work in hazardous conditions— including working in extractive industries (including mines), working with chemicals and pesticides in agriculture or with dangerous machinery. Some are toiling as domestic servants in homes. The proportion of children in hazardous work was more than double in urban areas as compared to the rural (Urbanization: Emerging Global Challenges, 2018). Child labour negatively impacts on child health and education—impairing their opportunities for normal growth and development.

2.3.12 Child Trafficking

Uganda remains a source, transit and destination country for children trafficked for various exploitive purposes, including labour and sexual exploitation. Internal child trafficking is estimated to be the most significant form of trafficking in the

country; typically characterized by trafficking of children, especially girls, from poor rural areas to urban areas. The Ugandan Police Force 2017 Annual Crime Report cited 154 cases of child victims of trafficking (down from 200 in 2016). Although, it is not possible to tell, the number of trafficked children for sexual purposes specifically, traffickers target girls and women aged 13-24 years for domestic sex trafficking to be exploited in the vicinity of sports tournaments and road construction projects, bars, restaurant, nightclubs, but also as street vendors, or commercial sex workers (CSWs). Majority of the reported cases of internal child trafficking are Karamojong.

2.3.13 Sexual Exploitation

Ugandan children who come from very poor households and lack adequate education experience higher vulnerability to sexual exploitation (UNICEF, 2015). This includes the approximately 10,000 children in Uganda who are in street situations (UNICEF, 2015). An estimated 23% of girls in Uganda drop out of school due to pregnancy (The World Bank Group, 2016). Among girls aged 15-19 years in Uganda who become pregnant, 45% have no education and 34% are among the poorest fifth of the population (UNICEF, (2015). The Uganda Violence Against Children survey (2018) revealed that approximately 25% of girls and boys who experienced sexual abuse in childhood, the first incident of sexual abuse occurred at or before age 13. Both boys and girls experienced violence in a range of settings, including in the street, in their homes and in school (MGLSD, et al, 2018). More girls than boys face higher risk of sexual exploitation and abuse in schools (school (MGLSD, et al, 2018), hence making staying at home or getting married safer alternatives (VSO, 2016). Nearly 1 in 5 girls and 1 in 7 boys in the VAC survey reported that they had previously exchanged sex for material support or other form of help in the year preceding the survey (VAC 2018).

With the increased access and use of internet, there is an increase in the prevalence of online child sexual exploitation (OCSE) which includes child sexual abuse/exploitation material (CSAM/CSEM). The corona virus (COVID 19) pandemic has further accelerated the use of internet among children and adolescent for purposes of promoting home schooling. A study conducted by Centre for Justice and Crime Prevention in 2016 on child sexual abuse, including online abuse in Uganda revealed that children can easily access pornography and that images of children are shared without permission. The report affirms that cases of CSAM and trafficking, sex extortion, were reported on internet and social media platforms. Unfortunately, children do not report what occurs online. In 2015, the Government of Uganda launched a portal for Ugandan citizens to report child sexual abuse materials/ child sexual exploitation materials (CSAM/CSEM). Other cases of commercial sexual exploitation have been reported with the tourism sector, fishing sector as well as along transport

corridors.

Lack of responsible parental care is one of the major factors that have rendered children susceptible to CSEC. Other factors pushing children into CSEC include migration of children from small towns to big towns looking for employment opportunities mainly as domestic workers, peer pressure, early school dropout.

2.3.14 Harmful Traditional Practices

The 2016 UDHS indicate that up to 20 percent of adolescent girls and young women (AGYW) aged 15-19 years are married or in union. Child marriage occurs more frequently among girls who are the least educated, poorest and living in rural areas. A number of social and economic drivers for child marriage, range from poverty to gendered social norms that place high value on girls' reproductive capabilities. Girls who marry early are more likely to have lower earning capacity than their peers, earlier and more frequent childbearing and complications in pregnancy, higher maternal mortality, increased risk of HIV infection, and higher infant mortality. One percent (1%) of girls age 15-19 have experienced obstetric fistula. In addition, girls who marry before the age of 18 are more likely to suffer domestic violence, including sexual violence at the hands of their partners. Additionally, due to social and cultural norms combined with hardship of life in refugee settlements, refugee communities continue to marry children before adulthood, exposing them to additional protection concerns. Besides, 95 percent of adolescent girls in Pokot community in Amudat district (Karamoja), are still faced with female genital mutilation/cutting (FGM/C) to make them more 'marriageable'. Both practices have devastating and lasting physical and psychological effects on the girls (UBOS and ICF, 2017).

Furthermore, while the Penal Code Act (Cap 120), the Children Act (Amendment, 2016) criminalizes the act of murder and all rituals that result in child sacrifice; the practice of ritual killing and child sacrifice continues to take place in Uganda. Children disappear frequently, murdered or mutilated by witch doctors as part of ceremonial rituals. The practice is rooted in the belief that blood sacrifice can bring fortune, wealth and happiness.

2.3.15 Children in Street Situations

The phenomenon of children in street situations has been an increasing concern over the past decade. "Push" and "pull factors" including poverty, war, HIV/AIDS, poor parenting, GBV, mistreatment and parental death among others have caused the numbers of children in street situations to rise sharply in the past few years. UNICEF estimates more than 10,000 children to be living and working streets, which is a 70% increase in the number of children on the streets since 1993, with approximately 16 new children coming to the Kampala streets every

day. These children face many difficulties including lack of shelter, malnutrition, health challenges, physical, sexual and mental abuse as well as, stigmatisation, mistreated by law enforcement agencies and hostile communities. A significant number of the children take alcohol and drugs to help them deal with the harsh conditions on the street. Life on the streets also leads to the vicious circle of vulnerability whereby children on the streets give birth to children and raise them on the streets hence living the same lives just like their 'parents'.

In 2008, Government developed a Strategy that guides planning, advocacy and decision making at National and District level to address the challenge of street children. However, the street children challenge still persists which necessitates Government to invest in addressing the root causes in addition to withdraw, rehabilitation and resettlement of street connected children.

2.4. Child Participation

Children's right to participate is clearly articulated in international instruments, to which Uganda is a signatory, as well as in several national legal frameworks and policy documents. Article 12 of the UNCRC states that "every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. Article 13 provides for the right to of every child to freely express their thoughts and opinions and to access appropriate information, as long as it is within the law. Article 14 states that, "every child has the right to think and believe what they choose and also to practice their religion, as long as they are not stopping other people from enjoying their rights. Article 15 asserts that, "every child has the right to meet with other children and to join groups and organizations, as long as this does not stop other people from enjoying their rights".

Article 36 of the Constitution of the Republic of Uganda, affirms that, minorities have a right to participate in decision-making processes, and their views and interests shall be taken into account in the making of national plans and programmes. The Children Act Cap.59 (as amended) entails various provisions aimed at upholding the right of children to participate in all issues that affect their survival and development. Similarly, Section 8 of the third schedule of The Local Government Act (Cap.243) provides for the right of children to play an active role within their local communities. The National Child Participation Strategy 2017 provides a clear framework for engaging children at all levels. This includes participation in child-led initiatives and spaces created by adults for purposes of allowing children the opportunity to voice their views in decision-making.

However, ensuring meaningful child participation in Uganda is still a challenge. Key barriers to child participation include: a lack of understanding of what

comprises meaningful child participation, introducing a foreign language to young children who have been taught in their mother tongue negatively affects their participation, unequal power relations between children, caregivers and other adults, and entrenched attitudes regarding child participation rooted in cultural and normative beliefs. For example, in some cultures, it is a deeply rooted belief that children should be silent in the presence of adults, considering that they lack the competence and that such participation encourages bad behaviour. Failure to allow children to participate often has negative consequences. Moreover, there are no actual penalties or forcible measures imposed on the various actors who do not engage children in meaningful participation pertaining the issues and decisions affecting them.

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

Overall, the cost of failure to allow children to participate leads to young people with negative attitudes towards participation in national affairs, governance; youth that are disrespectful, rude and limited in critical thinking at family, community and institutional levels.

2.5 Child Protection system

Child Protection System includes the set of laws, policies, regulations, services, capacities, monitoring, and oversight across all social sectors especially social welfare, education, health, security and justice organised around the goal of preventing and responding to protection risks such as abuse, neglect, abandonment, violence and exploitation. These systems are part of social protection, and extend beyond it. At the level of prevention, their aim is to support and strengthen families to reduce social exclusion, and to lower the risk of separation, violence and exploitation. The Ministry of Gender, Labour and Social Development (MGLSD) is the pivotal institution in child protection in the country. Outside the MGLSD, there other ministries that share the mandate for child protection. These include the Ministry of Internal Affairs, Ministry of Justice and Constitutional Affairs, Ministry of Education and Sports, Ministry of Health, Ministry of Local Government, Office of the Prime Minister (particularly for refugee children).

At the district level, the mandate for child protection is within the Community

Based Services Department (CBSD) under the Probation and Social Welfare Office (PWO) that is responsible for the day-to-day childcare and protection work. At the Lower Local Government level, day –today child protection work is entrusted with a Community Development Officer (CDO. Furthermore, Article 17(c) of the 1995 Constitution of Republic of Uganda (as amended), enjoins every Citizen a responsibility to protect children and vulnerable persons against any form of abuse, harassment or ill-treatment. In this regard, therefore, the government recognises the role of community level child protection structures such as Para-Social Workers (PSWs), Village Health Teams(VHTs), Child Protection Committees (CPCs, Village Case Management Committees(VCMCs), Parish and Village Local Councils and others as essential formal and informal structures for ensuring an effective child protection prevention and response. Therefore, a multiplicity of Ministries, Departments and Agencies at National and Sub-National levels plus community level structures involved in child protection indicates a need for coordination if effective child care and protection services are to be provided to children.

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

A child protection systems mapping study in Uganda undertaken in 2013, revealed that most of the weaknesses and gaps in the functionality of the child protection system in Uganda were attributed to inadequate public resourcing of child protection structures, institutions and programmes. Apart from salaries of government child protection staff, most of the funding for child protection programmes was donor dependent. The study partly attributed this to the failure of the sector to package and communicate child protection services in a manner that makes them amenable to increased public financing as well as the fact that the bulk of donor support was provided outside the government budget framework. This does not create obligations for government to invest in child protection, as well as effective mechanisms for tracking and monitoring the use of resources allocated to institutions with a child protection mandate and CSOs that receive direct funding from development partners and donors to deliver

services.

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

3 POLICY DEVELOPMENT CONTEXT

Children need an enabling environment to ensure their survival, development, care and protection, as well as their full participation in matters affecting them. Despite the progress that has been made in recent years, the lives and futures of thousands of children in Uganda are in jeopardy. Ensuring child survival, positive child development and protection remain critical challenges, given that nearly all children in the country can be classified as “vulnerable”. The situation has been exacerbated by a lack of a coherent policy framework; one that articulates broad areas where we as a country collectively work to ensure our children are safe, healthy, educated, developed to their full potential, and are able to participate in matters affecting and important to them.

The National Child Policy, therefore, seeks to provide a framework for addressing issues related to children’s rights and well-being in a holistic and coordinated manner. The policy is also intended to create an enabling environment for duty bearers and ensure that sufficient resources are mobilised and efficiently utilised towards delivering appropriate interventions for children in a coordinated, transparent, and accountable manner.

The National Child Policy effectively replaces the National OVC policy (NOP) 2004 that focused narrowly on Orphans and other Vulnerable Children (OVC) rather than all children in the last 16 years. The NCP reflects a paradigm shift from a “need-based” to a “rights-based” approach. Specifically, the policy is structured around four basic children's rights: survival, development, protection, and participation. In addition, the policy takes into account the recent changes in legal and normative framework (including the recent amendment of the Children’s Act, Cap 59) and new and emerging challenges that impact children such as online child sexual abuse and exploitations. The NCP further reflects recent national and international priorities for children, reflected in the National Development Plan III (2019/20 -2023/24) and Sustainable Development Goals, respectively. Notably, National Development Plan III identifies human capital development (HCD) as one of the fundamental pillars poised to drive Uganda’s socio-economic development and structural transformation.

4. POLICY VISION, MISSION, VALUES, GOAL AND GUIDING PRINCIPLES

Vision

A Uganda where the rights of all children are respected, promoted, protected and fulfilled.

Mission

To promote the realisation of all children's rights to survival, education and development, protection and participation through a coordinated, comprehensive interdisciplinary and multi-sectoral approach.

Values

Care, respect, equity, rights-based, transparency and accountability.

Goal

Improved realization and enjoyment of all children's rights to survival, development, protection, and participation by all children in Uganda.

Specific Policy Objectives

- a) To prevent child mortality and promote children's health, including refugee children
- b) To promote nurturing, care, stimulation and holistic development and learning for all children
- c) To prevent, respond to, and protect children from all forms of violence, abuse, neglect and exploitation
- d) To promote the right of all children to be heard and express their opinions in all matters that affect their lives according to their developing capacities
- e) To strengthen systems for planning, programming and delivery of quality child care and protection services

Guiding Principles

The policy was developed in accordance with key principles that underpin and guide the implementation and monitoring of the rights-based policy.

Rights and Responsibility based approach: This is based on recognition that all human beings, adults and children, have rights and responsibilities. Children by virtue of their age and needs are entitled to specific rights, including education, health, survival, development, protection and participation. However, children also have their age appropriate responsibilities to accomplish, thus, the rights should not override the responsibilities

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

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

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

Non-discrimination: This policy is for all children in Uganda without exception, and no part of the policy excludes children based on sex, gender, disability, ethnicity, religion, circumstances, age, nationality, status of residency or political orientation of the family. That notwithstanding, most vulnerable children (such as children infected and affected by HIV and AIDS, children with disability and special needs, children out of school, orphans, sexually abused children and children outside family care) may require additional and tailored support.

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

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

Multi-sectoral: Children's needs are multi-sectoral and interconnected, requiring coordinated and collective action and partnership across sectors (e.g. health, education, social development) and among stakeholders, including individuals, families, local communities, government, NGOs, civil society, faith-based

organisations, media, and the private sector. The active involvement and participation of stakeholders in securing and ensuring fulfilment of the rights of the child.

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

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

5. PRIORITY AREAS AND ACTIONS

The National Child Policy development process identified five core priority areas that have informed the Policy objectives, strategies and interventions. The four priority areas are hinged on four cardinal rights of a child: Survival, Development, Protection and Participation. The fifth priority area is System Strengthening that is cross cutting/supporting nature.

5.1 Child Survival and Health

The objective of this policy is to support programmes aimed at preventing child mortality and promoting children's health, including for refugee children. The government will therefore work with development partners to develop and implement programmes and strategies aimed at enhancing access to user-friendly: maternal and new-born healthcare; appropriate care and treatment of major childhood diseases; vaccination against preventable diseases; nutrition interventions; malaria prevention and treatment; HIV prevention and treatment; water and sanitation interventions.

5.1.1 Strategies and priority actions

Strategy 1: Increase access to and improve provision of reproductive and maternal health care services

- a) Strengthen and expand programs to reduce unmet need for reproductive health and increase opportunities for healthy timing and spacing of pregnancies (family planning)
- b) Eliminate all harmful practices such as female genital mutilation, child marriages, early sexual initiation and associated challenges such as teenage pregnancy, fistula,
- c) Promote sexual reproductive health among young people
- d) Support and promote safe delivery of all new-borns by skilled health personnel
- e) Ensure universal access to quality antenatal and postnatal care services to improve perinatal and maternal outcomes
- f) Improve emergency obstetric care coverage and quality to reduce maternal mortality and morbidity and other child birth related challenges such as fistula
- g) Improve early diagnosis of maternal mental health problems and provision of psychosocial support (PSS) in maternal and child health services, particularly during the sensitive postnatal period
- h) Strengthen family and community based support for women seeking appropriate care before and during pregnancy, delivery, and postpartum period

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- i) Promote male involvement in positive social norm change, maternal and child health service planning and delivery
 - j) Advance community mobilization efforts to build capacity of women, families, and communities to actively engage with each other and with health providers and managers to improve the quality of services, and to hold health systems accountable.
 - k) Improve capacities of health service providers to provide quality, respectful, gender-responsive healthcare to women – including through training on new-born care and safe motherhood.

Strategy 2: Promote essential new-born care practices in the home, and health facility level

- a) Provide on-going training for health workers on Integrated Management of Neonatal Childhood Illnesses (IMNCI)
- b) Promote evidence-based behaviour change and communication efforts to improve essential new-born practices at family and community levels.

Strategy 3: Prevention and better management of childhood illnesses/conditions

- a) Strengthen access to and ensure optimal utilization of immunization and other preventive services
- b) Develop support mechanisms within communities for disease prevention, early detection and health seeking for childhood illness
- c) Scaling-up the Integrated Community Case Management (ICCM) of childhood illness approach
- d) Improving the quality of child health services provided at the facility and community levels
- e) Strengthen the capacity of families, community health workers and primary health care providers to promote health, prevent disease and manage common childhood illnesses.
- f) Improve the quality of child health services provided at the facility and community levels
- g) Develop and strengthen child-centred programmes to deliver specialized services to infants and young children with developmental delays, disabilities and complex medical challenges.
- h) Provide children with disabilities with assistive devices based on their needs
- i) Encourage those intending to have babies to first go for HIV, sickle cell and other transmittable diseases from parents before engaging into marriages.
- j) Promote nutrition
- k) Promote health seeking behaviours

Strategy 4: Increase effectiveness of health systems to improve maternal, neonatal and child health

- a) Strengthen supply chain management to improve the availability of life-saving reproductive, Maternal, New-born and Child Health Commodities
- b) Address human resource for health gaps and constraints outlined in the Reproductive Maternal, New-born and Child Health Sharpened Plan for Uganda) and National Child Survival Strategy
- c) Strengthen the capacity of the health system to prevent and respond to violence against children, including capacity to identify, refer and provide appropriate treatment and support to children and adolescents who have been sexually abused
- d) Strengthen early identification, diagnosis, referral, treatment and support for children with special needs, including, but not limited to physical and/or mental health disabilities, and provide an appropriate continuum of care.
- e) Ensure that refugee children benefit from provision of integrated basic health services provided by national authorities in refugee hosting districts
- f) Develop, test and refine metrics that assess norms and behaviours, service availability, equity and quality of maternal and prenatal care, coverage of key interventions, and maternal morbidities
- g) Strengthen M&E and information systems to improve maternal and child health outcomes.

Strategy 5: Improve provision of and access to Adolescent-Friendly Health Services (AFHS)

- a) Review and implement a minimum package of Adolescent Health (ADH) services for all levels of the health system
- b) Build the capacity of health service providers to deliver adolescent responsive services
- c) Promote behaviour change among adolescents through comprehensive sexual and reproductive health education, and life skills education through school and community-based interventions
- d) Ensure equitable access to mental health, services for all adolescents, and strengthen rehabilitation services for all adolescents with addictive behaviours.
- e) Train medical personnel (especially working in district and lower health centres) in the correct approaches, procedures and protocols for handling cases of sexual violence against children and associated trauma
- f) Provide psychosocial support among pregnant women and girls and nursing mothers

Strategy 6: Improve access to SRHR education, HIV prevention, care and treatment services for children and adolescents

- a) Strengthen the integration of elimination of Mother to Child Transmission (eMTCT) into Reproductive, Maternal, New-born and Child Health (RMNCH) services
- b) Provide accessible and comprehensive HIV services for children and adolescents (early infant diagnosis, prevention, HTS, linkage to treatment, adherence and viral suppression)
- c) Strengthen structures that support positive health outcomes for children and adolescents on SRHR and HIV treatment
- d) Mitigating the impact of STIs including HIV/AIDS on families and children

Strategy 7: Develop and promote evidence-based interventions to improve food security and nutrition at national, community and household levels

- a) Promote sustainable food production and implement resilient agricultural practices to increase productivity in a socially, economically and environmentally sustainable manner
- b) Promote and support adoption of post-harvest handling and storage technologies at the household and community levels
- c) Strengthen early warning information systems to provide accurate and timely information on the food and nutrition situation, at national and district level
- d) Design and implement comprehensive and context-sensitive social protection systems for food security and nutrition
- e) Support the establishment of emergency food reserves at national and district level
- f) Engage communities to promote the adoption of healthy nutrition behaviours, community-based growth monitoring and linkage of malnourished cases to care
- g) Integrate management of severe and moderate acute malnutrition into routine health services and improve scale and quality of community-based management of acute malnutrition.
- h) Support local production of ready-to-use therapeutic and complementary foods.

Strategy 8: Increase access to and improve provision WASH services and facilities.

- a) Scale up evidence-based WASH interventions in schools, communities and health facilities.
- b) Build capacity in menstrual health management and education
- c) Promote public-private partnerships for innovative sanitation technologies and maintenance of WASH facilities.
- d) Support and strengthen the participation of local communities in

improving water and sanitation management.

5.2 Education and Development

The Government of Uganda already has in place a number of policies and strategies that addresses the need for timely reach of essential ECD services and support for all children 0-8 years, responding to diversity, engagement of parents and families as partners, and harmonizing and maximizing investment across the respective ECD sectors; access to free, universal and equitable primary, secondary education and vocational training. The existing policy also promotes access to special needs and inclusive education. The objective of the Child Policy is therefore to promote nurturing care, stimulation and holistic development and learning for all children.

5.2.1 Priority Actions and strategies

Strategy 1: Ensure equitable access to quality Early Childhood Care and Education (ECCE) for holistic development

- a) Promote positive child development through culturally relevant parenting education and support; with focus on infant stimulation, parental care and early relationships
- b) Promote and scale-up family based/ community based ECCE service delivery models and pre-school programmes
- c) Provide for comprehensive early assessment of children to establish and provide for their special learning needs
- d) Provide for in-service training for all ECCE teachers inclusive ECCE provision
- e) Promote inclusive and equitable play opportunities for all children
- f) Establish early learning centres at all existing primary schools to facilitate access and ease transitions for young children
- g) Provide and promote crèche and day care facilities for children of working mothers and single parents.
- h) Develop and implement support systems that address delayed social, cognitive and emotional development through primary caregiver support, education, counselling
- i) Develop a national curriculum framework for ECCE to promote play based, experiential and child friendly ECCE provision
- j) Develop quality standards and specifications for all types of ECCE provision
- k) Strengthen quality assurance of informal and formal early education and care programs and services
- l) Provide professional development opportunities, and rewards and incentives for ECCE service providers at all levels
- m) Promote and support research and innovations in Early Childhood care

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- and Education
- n) Support ECCE centres to harness ICT potential to enhance ECCE service provision
 - o) Develop mechanisms for regular collection, compilation and analysis of the data on ECCE.

Strategy 2: Improve access to and strengthen the provision of equitable, inclusive and quality primary and secondary education

- a) Ensure access to education facilities within the reach of the children
- b) Ensure that all children of school-going age, including the orphans and other Vulnerable Children are enrolled, transition and complete their education cycles
- c) Provide for early and comprehensive assessment of enrolled children to identify and provide for children special learning needs within the inclusive class
- d) Ensure that children with special education needs are provided for with appropriate learning aids, devices and equipment such as hearing aids, reading glasses, Braille materials, and appropriate ICT equipment and software, as well as for co-curricular activities
- e) Provide for in-service training for all head teachers and classroom teachers to manage and effectively teach inclusive classes
- f) Ensure equitable safe, secure, inclusive and effective learning environments for all children— in both public and private schools
- g) Design and roll out an education system which is not primarily based on standardized and test-based approaches; which take into consideration continuous assessment, participation and creativity
- h) Improve the relevance and quality of education by regularly revising and adapting curricula to comply with the recognized international standards (as adopted by MoES) as well as children’s individual needs
- i) Improve the quality of teaching through targeted in-service training for teachers, regular school inspection, and teacher monitoring
- j) Promote and support innovations for inclusive education (e.g. innovations and technology to produce learning materials in formats accessible to children with special needs) and technology-based learning.
- k) Strengthen efforts to eliminate gender disparities and promote equitable education and learning opportunities, including promoting the increased uptake of Science, Technology, Engineering and Mathematics subjects by girls
- l) Promote programmes for supporting to children from extremely poor households to meet their direct and indirect schooling costs such as school fees, school uniforms, textbooks, transportation to school, feeding, special equipment for children with disabilities such as wheel chairs, hearing aids, laptops with appropriate software, etc.

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- m) Expansion of the school-based feeding program (SBFP) to all schools /Promote in-kind transfer schemes, including food for education schemes for critically vulnerable children and young people in schools
 - n) Ensure access to quality education for children residing in institutional settings such as detention centres.
 - o) Develop and implement school re-entry programs for young mothers and school drop-outs
 - p) Promotion of appropriate and child friendly physical education (games, sports) and other types of recreational as well as cultural and scientific activities in schools, community centres and other institutions
 - q) Ensure proper menstrual health management for adolescent girls including access to appropriate sanitary and other relevant sexual reproductive and health education, services and facilities that can be provided at school level
 - r) Ensure that refugee children benefit from provision of integrated education services provided by national authorities in refugee hosting districts

Strategy 3: Increase access to and improve provision of relevant training and quality apprenticeship, technical, vocational and tertiary education

- a) Promote and expand Apprenticeship, vocational and technical and alternative skills training, giving priority to out-of-school youth, drop-outs, over-age children and children in street situations, young people with disabilities, as well as young people and youths in hard-to-reach areas such as refugee settlements, marginalised communities like mountainous areas, pastoral communities, fishing communities on lakeshore areas and islands.
- b) Provide educational opportunities to develop relevant skills for employment, decent jobs and entrepreneurship.
- c) Develop and implement a model of vocational and skill-oriented training for children and young people with disabilities.
- d) Provide start-up kits to orphans and other Vulnerable children who benefit from these training to enable them to have a good starting
- e) Promote technology based education and training

Strategy 4: Increase effectiveness of education systems to improve planning and delivery of quality and relevant age appropriate education outcomes

- a) Strengthen M&E and information systems to improve learning outcomes.
- b) Undertake periodic research, reviews and assessments to inform curriculum revisions
- c) Design and operationalize systems for early detection and management of any form of violence against children for appropriate

5.3 Child Care and Protection

The objective of this policy is to provide a coordinated national framework to prevent, respond to, and protect children from all forms of violence, exploitation, abuse and neglect. At the core of this policy is strengthening the capacity of families to care for children and prevent unnecessary child-family separation, and where not possible to improve the permanency planning through quality of alternative care options for children deprived of family care.

5.3.1 Priority Actions and strategies

Strategy 1: Scale up the provision and improve access to family strengthening and support services to families especially the vulnerable families

- a) Expand household economic strengthening (HES) programs for vulnerable families that are appropriate to their unique situations and context, with a focus on improving caregiving environments and ability to provide for children's basic needs
- b) Develop and implement programmes that mitigate economic vulnerabilities associated with child exploitation
- c) Develop and implement child-sensitive social protection programmes to support and protect families at-risk
- d) Develop and implement parenting education and support programs
- e) Expand provision of social and specialized services for families at risk or in need, including preventative, supportive and rehabilitative services
- f) Provide specialised support for families whose children require special attention due to certain conditions (e.g. mental health, addiction, disability, etc.) and/or situations (e.g. early pregnancy, children in street situations, children of incarcerated parents etc.).
- g) Promote and sensitize the general public about the right to maternity and paternity leave for working mothers and fathers.

Strategy 2: Improve permanency planning for children including those who are deprived of family care through quality alternative care services for children living outside family care

- a) Strengthen the capacity of the National Alternative Care Implementation Unit (ACIU) to better lead, plan, implement and monitor childcare reform in Uganda
- b) Establish Alternative Care Panels in all districts to ensure functionality of gate keeping
- c) Development of basic minimum standards for alternative care service provision for children
- d) Develop and enforce a comprehensive deinstitutionalization strategy and clear guidelines and protocols for closure and/or transformation of residential care institutions to assure and ensure effective community

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- based care for children deprived of family care
 - e) Ensure that licensing, regulation, monitoring and inspection processes are in place to ensure the quality of alternative care services and foster care
 - f) Review the National Framework for Alternative Care to ensure it is consistent with the UN Guidelines on Alternative Care
 - g) Ratify The Hague Convention on Protection of Children and Cooperation in Respect of Inter-Country Adoption, and strengthen efforts to regulate and track intercountry and domestic adoption
 - h) Promote and support measures to improve the collection, analysis, and use of data relating to alternative care
 - i) Support permanency planning of care including identification, documentation, tracing, and sustainable reintegration of children into their family from alternative care settings
 - j) Support the development of a national system for identifying, enumerating, and documenting children deprived of family care, including approaches that can be used rapidly in emergencies.
 - k) Encourage able parents/caregiver to buy insurance policies for their children that will help them in case of any calamities

Strategy 3: Strengthen capacity of the national childcare and protection sector for effective response to prevent, and protect all children against all forms of violence, exploitation, abuse and neglect

- a) Support the development and strengthening of civil registration system, to ensure universal birth registration.
- b) Develop and roll out a national case management system, with protocols on the support of children in adversity to ensure a coherent and coordinated service delivery approach.
- c) Develop and implement institutionalized in-service training mechanisms for relevant professionals involved in provision of child protection services.
- d) Ensure sufficient resources are available to social service and justice workforce to carry out their mandatory functions.
- e) Strengthen mechanisms and services for early identification, diagnosis, referral, treatment and support for all children exposed to any form of violence, exploitation, abuse and/or neglect including children affected by emergencies
- f) Strengthen the capacity of the justice law and order sector institutions to enforce GBV/VAC-related laws and eliminate impunity for violence against children
- g) Develop and implement interventions to address cyber-crimes, including online child sexual abuse and other internet-based child protection risks and violations.
- h) Develop and implement rehabilitation programs targeting perpetrators

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- of violence with the aim of reducing recidivism.
- i) Develop measures to prevent children from coming into contact with the law, and promote rehabilitative and restorative approaches for children in contact with the law, including diversion and alternatives to detention.
 - j) Promote a child-friendly and gender-sensitive justice system for child victims and witnesses, and children in conflict with the law.
 - k) Prevent trafficking of children and implement specific measures for rescue and rehabilitation, re-integration of children and prosecution of traffickers.
 - l) Ensure that refugee children and their families benefit from provision of integrated child protection services provided by national authorities in refugee hosting districts
 - m) Support the use of technology to improve child protection responses and systems.
 - n) Strengthen networking and coordination across all sectors and government and non-governmental actors to foster commitment towards child protection.
 - o) Support and implement measures to address cross-border child rights violations in line with the East African Community (EAC) Child Policy, 2016.
 - p) Develop a mechanism for assessment of district performance on child care and protection service delivery
 - q) Build a partnership with the media to develop and roll out a sustained nation-wide campaign to increase awareness on, and a call to action to stop violence against children
 - r) Strengthen the National Toll Free Child help line “SAUTI” 116 for reporting and responding to child abuse cases.

Strategy 4: Strengthen the capacity of the local government and community childcare and protection structures for effective response to prevent, and protect all children against all forms of violence, exploitation, abuse and neglect

- a) Strengthen capacity of all child care and protection personnel through regular in-service practice training and/or induction on effective child care and protection
- b) Provide support for each district to have safe alternative care spaces for temporary safe-guarding of children in emergency need such as lost children, rescued children from offenders, children being processed in the crime justice system, and others
- c) Strengthen capacity of relevant local government staff especially (CDOs, Labour Officers, Police, Inspectors of Schools, etc) to effectively carry out monitoring and inspections for enforcement of government policies, regulations and compliance of service providers to set guidelines

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- d) Promote the use of, and strengthen the capacity of para-social workers, community health extension workers and other community-based child protection structures to promote and provide child protection services.
 - e) Strengthen the capacity of families and communities to care for and protect their most vulnerable children, including children with disabilities.
 - f) Support families and communities to identify child protection risks and provide appropriate responses.
 - g) Improve the functionality and community use of the national helpline for reporting and referral to all districts.
 - h) Promote formation of community based child led VAC monitoring committees to monitor and report all acts of violence, exploitation and abuse against children within the community
 - i) Support programs especially for out-of-school youth that promote behaviour change and positively impact cultural and social norms to reduce violence against, and exploitation and abuse of children.
 - j) Promote behaviour change to eliminate harmful practices, including early and forced marriages, female genital mutilation, child abuse, child neglect and child labour.
 - k) Raise awareness at all levels and in all settings on the impact of violence, on the safety, well-being and development of children, and develop programmes to help children understand risks and their right to protection.
 - l) Engage men, youth, and boys as allies in interventions to prevent violence against, and exploitation and abuse of children.

Strategy 5: Develop and implement measures for prevention and protection of all children in and out of school from all forms of violence, exploitation and abuse

- a) Foster positive and progressive attitudes and behaviour towards the protection of children against violence in schools in all its forms
- b) Promote formation of school based child led VAC monitoring committees to monitor and report all acts of violence, exploitation and abuse against children
- c) Promote child participation and empowerment to prevent and report cases of violence in school and seek appropriate support for recovery and effective re-integration into the school system.
- d) Strengthen the capacity of key institutions to provide appropriate prevention and response services that address the needs and interests of children.
- e) Strengthen research and knowledge management for evidence based policy advocacy on violence against children in schools in Uganda
- f) Strengthening coordination, collaboration and partnerships among actors in the prevention and response to violence against children in schools.

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- g) Implement the INSPIRE (Implementation of laws and Policies, Norms and Values change, Safe Environments, Parenting and care giver support Income and Economic Strengthening, Response and support services and Education and Life Skills).

Strategy 6: Develop and implement a national response for prevention of and resettling of all children in crises, disasters and emergencies including street situations

- a) Establish a permanent desk at the Ministry of Gender Labour and Social Development to sustainably handle issues of rehabilitation and resettlement of children in street situations
- b) Establish and strengthen the existing transitional homes for the rehabilitation of children in street situations
- c) Support a nation-wide awareness campaign on issue of children in street situations
- d) Constitute and operationalise a permanent task force from MGLSD, OPM, Ministry of Justice and constitutional Affairs, Ministry of Internal Affairs (Police), UNICEF, KCCA and Ministry of Local Government whose role is to monitor and ensure that children in street situations are effectively withdrawn, rehabilitated and reintegrated
- e) Establish and support Alternative Care Panels to support the reintegration of children in street situations
- f) Roll out an operation for removal, screening, rehabilitation and resettlement of all children in street situations in Kampala and other towns of Uganda.
- g) Address the factors that attract or push children to be on the streets
- h) Develop a National Plan and District Plans to rescue, provide emergency support and resettle children with their parents/guardians/ care givers during emergency situations
- i) Develop a National mechanism to mobilise resources and tract utilisation at National and Sub-national level for interventions targeting children in crises, disasters and emergencies including street situations

Strategy 7: Strengthen economic livelihoods of young people

- a) Promote and expand alternative market-led approaches for financial inclusion for youth ensuring household economic resilience
- b) Strengthen youth participatory agro-enterprise approaches for household economic resilience with relevant value chain systems.
- c) Establish (in partnership with the private sector) Business/Enterprise Incubation Centres in every district to support young entrepreneurs in management training, office space, capital, mentorship, networking connections and solutions.
- d) Provide accessible and affordable credit schemes for funding economic enterprises for young people

Strategy 8: Strengthen capacity of the child protection structures at all levels to provide effective and appropriate child-child friendly services to victims of violence against children

- a) Ensure there are safe shelters in every district to provide suitable temporary alternative care for abused children; as well as those in contact with the law
- b) Train social service workforce on appropriate approaches, protocols, knowledge, skills for case management of children in various situations, such as sexually abused children, children in contact with the law, children with disabilities and other disabling conditions, refugee children, children rescued from child traffickers, internally displaced children etc
- c) Ensure that child victims of sexual abuse have access to appropriate services such as emergency medical care, forensic medical examination, HIV post-exposure prophylaxis (PEP) services and other basic necessities at least within 72 hours of the abuse
- d) Advocate for establishment of child-friendly spaces at police stations and courts of law for interviewing victims of child abuse, recording their statements, and giving testimonies during trial

5.4 Child Participation

The aim of this policy is therefore to promote the right of all children to be heard and express their opinions in all matters involving and affecting them, according to their developing capacities. The government will work with partners to ensure that child participation is more systematically practiced in child rights governance mechanisms as a contribution towards the realization of their rights, but also all sectors and processes.

5.4.1 Priority Actions and strategies

Strategy 1: Ensure observance and implementation of the domesticated international and regional standards on child participation

- a) Review all the laws and applicable policies to identify what needs to be added or removed
- b) Remove legal and policy barriers to the full recognition of child's right to be heard
- c) Involve children in law reform processes through ensuring their participation
- d) Ensure that national law provides for access to justice for children where their rights are violated
- e) Enact national legislation to domesticate all international standards that

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- have been ratified
 - f) Submit regular State Party reports to the treaty monitoring bodies
 - g) Involve children in reporting to treaty bodies, including in the validation of State party and CSO reports
 - h) Ensuring that children are able to give evidence to the widest possible extent in justice processes
 - i) Translate laws into local languages and disseminate to children

Strategy 2: Ensure that children are valued as key stakeholders and members of society, without discrimination

- a) Develop programs to raise awareness and develop understanding about children's views, their rights and participation in society.
- b) Build capacity of stakeholders at all levels, including families and communities on child rights and meaningful child participation, to help children express their views in a safe and supportive environment where they feel valued and respected
- c) Develop mechanisms to promote and amplify children's voices through formal and informal, sustainable and influential, local, national and international structures; utilizing media, technology and advocacy related to matters that concern children.
- d) Support inclusive child-led initiatives, processes and programmes to build children's confidence to participate and link with other children and their communities on matters that concern them.

Strategy 3: Put in place nationally recognized governance processes, guidelines and mechanisms that enable child participation to be deliberate, systematic and accountable

- a) Develop national child participation guidelines and an implementation manual
- b) Ensure that Children's Platforms that promote their participation and influence are institutionalised e.g. through giving them a legislative basis
- c) Promote and incorporate child participation as a standard practice into all government processes affecting children e.g. education and health policy design and implementation
- d) Ensure that children's views are taken into account in the development of all, policies, and programmes e.g. in Constitutional reform, legal developments, national plans of action and poverty reduction strategies
- e) Establish/strengthen formal and informal structures to enable systematic participation of children (Child School Committees, Child Rights Clubs, students Councils/Associations. Children Parliaments etc.).
- f) Ensure mechanisms are put in place to monitor and evaluate the processes and the outcomes of child participation
- g) Ensure the National Human Rights Institutions have mechanisms in place to facilitate access to children, including channels for them to

lodge complaints and receive feedback

Strategy 4: Ensure inclusion of especially vulnerable children in child participation mechanisms through targeted measures

- a) Ensure processes and mechanisms of governance are accessible to children with special needs such as children with disabilities, nomadic children or children in rural or remote areas, and children in street situations and refugee children in refugee settings
- b) Strengthen the understanding of the views and capacities of vulnerable children
- c) Develop systems to ensure the fair, transparent and representative participation of all children in all processes
- d) Strengthen capacity of children's leaders at all levels to understand and appreciate the need for universal child participation of all children

Strategy 5: Ensure that children and children's issues are visible and heard in local and national government processes

- a) Develop mechanisms at different levels in communities, faith-based settings, schools and government offices, to ensure children's views are taken into account by the formal, political and policy-making processes, and that timely feedback to the children is always provided.
- b) Ensure that children are provided with the opportunity to be heard in all legal and administrative proceedings; either directly or through a representative.
- c) Strengthen and promote children's meaningful participation in local government decisions related to children's services across sectors, including planning, reviewing, budgeting and programming.
- d) Ensure all government departments and public entities to have a link for children on their websites, which provides them with child-friendly information on policies, legislation and programmes.

Strategy 6: Combat negative attitudes and beliefs on child participation and promoting positive cultures, practices and beliefs

- a) Increase children's visibility in civic engagement by openly endorsing and reinforcing their status as citizens and active members of society capable of and entitled to civic engagement e.g, calling for children to express views on laws or constitutional reforms through schools, clubs or other settings where they often find themselves
- b) Ensure that administrative and civil law processes are fully compliant with child participation principles, and that decisions makers regularly listen to and reflect children's views in their decisions
- c) Engage with cultural and traditional leaders to influence their attitudes to child participation
- d) Encourage children's participation in cultural, artistic, recreational and

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- leisure activities at community and Institution levels
- e) Support parents to promote teaching of language, religion and socialization through artistic, leisure and recreation activities

Strategy 7: Creating an evidence-based and enabling learning environment to facilitate and inform effective child participation processes, with data collection and evaluation as a basis for future initiatives

- a) Document and share good practices of effective child participation
- b) Ensure that research tools and methodologies systematically create opportunities for children's perspectives to be considered
- c) Establish national benchmarks and targets against which to measure the extent of children's participation, such as the number of policy and legal provisions directly attributable to children's participation
- d) Develop impact assessment tools for evaluation of children's participation in both formal and informal child participation structures
- e) Ensure data collection on child participation, and ensure that such data is disaggregated by age, sex and socio-economic situation
- f) Ensure that ethical considerations are fully accounted for in research processes that involve children
- g) Ensure that child participation is reported on in the sector specific reports.

5.5 Systems Strengthening

The aim of this policy is to strengthen systems for planning, programming and delivery of quality child rights friendly and comprehensive services to children to ensure their growth and development to full potential. The Government will, therefore, work with partners to build and strengthen holistic and integrated systems and models to promote the best interests of the child as well as devote all efforts and work with all partners to build and maintain a strong evidence base on which all future child targeted interventions and programmes can be effectively planned, implemented, monitored and evaluated.

5.5.1 Priority Actions and Strategies

Strategy 1: Strengthen leadership and governance structures

- a) Conduct reviews of all relevant policies, laws, guidelines and standards to ensure that they address the rights, needs and concerns for all categories of children
- b) Strengthen treaty reporting and compliance on the UNCRC, CRPD, ACRWC
- c) Support processes for ratification, adoption, amendment and development of laws and policies including bye laws for the protection of children

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- d) Promote development of workforce-supportive strategies and guidelines
 - e) Strengthen organizational and leadership capacity of central and local governments to plan and deliver effective social welfare and child protection services
 - f) Develop and enforce accountability and ethical codes of practice for all agencies, institutions, CSOs, private sector companies doing business in Uganda as a standard norm for their commitment to protecting children from exploitation and abuse

Strategy 2: Strengthen social services workforce

- a) Systematically assess and address social service workforce gaps at national and sub-national levels
- a) Ensure recruitment and placement of adequate frontline social service staff at local governments, alternative care institutions, police and other critical service points
- b) Support on on-going and continuing opportunities for staff training and professional development of formal and informal frontline workforce such as para-social workers and VHTs
- c) Support orientation of Local Councillors at every level on their mandates and roles in child protection
- d) Improve the remuneration, career pathways, and training of the formal social service workforce to improve performance, job satisfaction, advancement and retention
- e) Streamline social service workers' caseload and roles
- f) Ensure adequate resources for social service workers to engage with communities and families so as to effectively identify children's needs and make appropriate referrals
- g) Strengthen capacity of social work training institutions - in carrying out client satisfaction assessment, curriculum reviews, development and adaptations to keep their training relevant to the current needs
- h) Strengthen the National Association of Professional Social Workers so as to play an active role in facilitation, certification and regulation of the training of social service workers in the country
- i) Develop/strengthen a gatekeeping system to prevent unnecessary separation.

Strategy 3: Increase financing

- a) Assess funding and financing status for local governments and alternative care institutions to determine funding gaps
- b) Support Local Governments and Child Care and Protection Institutions

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- to develop Resource Mobilisation Strategies for child protection services
 - c) Ensure that all local governments and child care institutions have comprehensive, functional financial management systems, financial controls, procedures and processes for budgeting and spending resources for child care and protection work
 - d) Provide adequate financing to ensure continuity and sustainability of services

Strategy 4: Strengthen coordination and networking mechanism

- a) Review mandates of Probation and Social Welfare Officers and the Police in view of their roles and responsibilities as officers of court in the administration of juvenile justice
- b) Establish a coordination mechanism for all actors in child protection at national and subnational levels to implement policy, share information, network, and coordinate services
- c) Develop a referral mechanism for effective identification of vulnerable children, referral and provision of services
- d) Support joint comprehensive mapping and needs assessments
- e) Support joint support supervision and quality assurance
- f) Support periodic joint programme reviews and sharing of lessons and good practices.

Strategy 5: Improve social service delivery models and mechanisms

- a) Review and ensure a comprehensive package of child sensitive social protection services that addresses social, health, education, nutrition, psychosocial and economic vulnerabilities that children face in Uganda
- b) Map and assess the national child protection system
- c) Support legal documentation and birth registration of all children in Uganda
- d) Promote citizens' engagement
- e) Organise community groups to protect children and promote positive social norms
- f) Promote the use of para-professionals to improve case management and/or augment the delivery of services to children and families.

Strategy 6: Promote evidence based planning and programming for children

- a) Update and upgrade the existing OVC MIS to a comprehensive Child Wellbeing Information System (CWIS) to improve access to and

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- availability of quality data, information-sharing and national tracking of outcomes;
- b) Improve the interoperability of existing management information systems, including the Health Management Information System (HMIS), Education Management Information systems (EMIS), Local Government Information Communication System, and other child welfare-related management information systems such as the Remand Homes Management Information system and the Alternative Care Management Information System, and the Child Helpline Case Management and MIS, GBV MIS.
 - c) Invest in rigorous research based on the priorities identified in the National Child-Focused Policy Research Agenda.
 - d) Develop a robust M&E system that drives systematic research and analysis and dissemination of data on child protection at both national and subnational levels
 - e) Ensure that evidence is used to inform and improve policies
 - f) Strengthen the capacity of the social service workforce to use the data in planning, coordination, and service delivery.
 - g) Improve the consistency between the national level key performance indicators for child policy and data collected by the MIS.
 - h) Invest in systems for data protection (including data collection, data storage, processing and sharing)

6. POLICY IMPLEMENTATION PLAN

6.1 Implementation Approach

The implementation of the policy will be underpinned by a “whole-of-government” approach. Taking such an integrated approach will ensure that children’s issues are integrated in and across government Ministries, Departments and Agencies at National and Sub-National levels. The policy will be implemented in the context of decentralization. Furthermore, the policy is aligned to Uganda’s commitment to the SDG agenda through 2030, and the NDP III. To operationalize the policy, five-year implementation plans will be developed, identifying specific actions, responsibilities and timeframes for action. From each 5-year Implementation Plan, an Annual Costed Work Plan will be developed and funded by government through MDAs Ministerial Policy Statements plus support from Development Partners. District Local Governments will be provided with technical support by line MDAs to integrate/ mainstream policy implementation interventions into their 5-year rolling plans and annual work plans and budgets across responsible sectors. The first 5-year Implementation Plan covers the period FY 2020/2021 – FY 2025/2016.

6.2 Leadership at National Level

The Ministry responsible for overseeing and coordinating the implementation of the policy will be the Ministry of Gender, Labour and Social Development (MGLSD). Within the MGLSD, the Department of Youth and Children Affairs under the Social Protection Directorate that is the responsible for child care and protection will take lead in coordinating the implementation of the policy.

The policy envisages the establishment of a National Child Policy Implementation Unit (NCPIU) to replace the OVC National Implementation Unit (OVC-NIU) under the Department of Children and Youth Affairs. The unit shall coordinate and oversee the development of five-year implementation plans, resource mobilisation, coordination with MDAs, partners and District Local Governments, monitor implementation at all levels and report on progress among others key roles. The NCPIU will also work in collaboration with the Children’s Authority has a mandate to provide advice, monitor and supervise all activities, programmes, policies, strategies and plans relating to the promotion, protection and realization of children’s rights.

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

coordinating meetings, working and sub-working groups will report to. The Committee shall monitor progress and ensure that the principles of this policy are respected in all sectors and at all levels in the formulation and implementation of laws, policies, and programmes affecting children. The committee shall consist of representatives from relevant government ministries and departments, appointed by their respective Permanent Secretaries or Directors. The committee will also include representatives from Development Partners, Academic and Research Institutions, Cultural and Religious leaders, Civil Society Organisations and the Private Sector. The committee shall meet at least twice a year, and more often as when required. The Committee shall operate on a clearly outlined terms of reference (TOR), which will be developed by the MGLSD. The NC WC will be answerable to the Minister responsible for Children.

6.3 Leadership at the Sub-national level

At the sub-national level, a District Child Well-being Committee (DCWC) and City Child Well-being Committee(CCWC) will be constituted to coordinate policy implementation within the district, and or City authorities as per the terms of reference developed by the NCWC. Like the NCWC, the DCWC and CCWC will monitor progress and ensure that the principles of this policy are respected in all sectors within their jurisdiction during formulation and implementation of work plans and budgets, enactment and enforcement of ordinances and by-laws, and generally in the implementation of laws, policies, and programmes affecting children. The committees shall consist of representatives from relevant departments, and some select members of the political wing (LC V and City Councils, particularly those holding executive positions responsible for Children's affairs).

The committees will also include representatives from Development partners, Academic and Research institutions, Cultural and Religious leaders, Civil Society Organisations and the Private Sector operating within their areas of jurisdiction. The committee shall meet on quarterly basis and more often as when required. The committees will report to the District Council / City Council through the Standing Committee of Council responsible for Children's welfare. The Committee will provide a copy of the quarterly report to the NCWC and the Minister responsible for Children. Child Well-being Committee will be constituted and operationalized at Lower Local Government levels, Paris/Ward and Village/Cell levels based on guidelines provided by the MGLSD. The functionality of Child Well-being Committees will be financially and logistically supported from funds leveraged for coordination of child-wellbeing in the MGLSD Ministerial Statement, KCCA and Sub-District work plans and Budgets complemented by resources mobilised from development partners and other

child well-being promoters at all levels.

6.4 Stakeholders, roles and responsibilities

Policy implementation shall involve different government Ministries, Departments and Agencies (MDAs), District Local governments, Private sector, Civil Society Organizations, Academic and Research Institutions, Development partners, Cultural Institutions, Religious Institutions, communities, families and children. Coordination mechanisms and structures established at all levels under 6.3 will oversee inter-sectoral collaboration and alignment to other existing government structures. A summary of key stakeholders and their roles in policy implementation is presented in the table below.

Key actors and their responsibilities in the implementation of the National Child Policy

Key Actors	Roles and Responsibilities
Ministry of Gender, Labour and Social Development	<ul style="list-style-type: none">• Provide leadership and oversight in coordinating the implementation of this policy.• Lobby for adequate funding for policy implementation from Government and development partners• Coordinates other MDAs to ensure smooth policy implementation• Ensure that systems are in place and functional for effective implementation of the policy at national and sub-national levels. The key system is a National Child Well-being System to replace the OVC-MIS system at National and Sub-National levels
Ministry of Local Government	<ul style="list-style-type: none">• Ensuring that District Local Governments integrate/mainstream interventions that contribute to improving child-wellbeing in regard to survival and Health, Education and Development, Care and Protection and Participation and Systems strengthening in their 5 year and annual Work Plans and Budgets.• Ensure that LG annual performance assessments include child care and protection performance indicators• Liaise with Ministry of Public Service and District Service commissions to ensure that District

	Local Governments recruit and employ the social service workforce decentralised personnel
Other Government Ministries, Agencies and Departments	<ul style="list-style-type: none"> • Ensure implementation of the policy in their respective sectors. The roles and responsibilities shall vary according to their mandates and functions. This calls for planning and budgeting for interventions in the policy implementation plan in their Sector Plans and Ministerial Policy Statements/ Annual Work Plans and Budgets. • Mobilise resources
Local governments and City Authorities	<ul style="list-style-type: none"> • Deliver a range of services to children, and engage children and their families in the delivery of services. • Coordinate, supervise, monitor, mobilise and account for resources mobilised to implement interventions in the policy implementation plan. • Disseminate the policy at district and lower levels • Enact Ordinances and Bye-laws to protect and promote child well-being
National Children Authority	<ul style="list-style-type: none"> • Advise Government on formulation of policies, strategies and plans relating to the promotion, protection and realization of children's rights • Monitor the enforcement and implementation of Child related laws, policies and programmes by different actors including Government Ministries, MDAs, International agencies and NGOs Support MGLSD and UBOS to undertake studies on child well-being and effectiveness of policy interventions implemented
Development Partners	<ul style="list-style-type: none"> • Provide funding for child-related programs and activities at national and local government level • Provide technical support and build capacity of all stakeholders to implement the policy • Build and strengthen linkages and

	<p>collaborations and partnership at international, national and local governments</p>
<p>Civil Society Organizations (CSOs)</p>	<ul style="list-style-type: none"> • Build partnerships and networks with government, other agencies, and communities in the implementation of this policy. • Deliver services (including on behalf of governments), contribute to the development of policy, evidence-based programs, and actively promote child safety, protection, rights, and wellbeing.
<p>Business and corporate sector</p>	<ul style="list-style-type: none"> • Support parents to raise their children through family-friendly policies. • Support programs and initiatives to directly assist children and families; including direct financial assistance, pro bono activities of their staff or professional support to community organisations. • Design and implement work place policies that protect children from exploitation and abuse; and • Collaborate with government and other actors to implement this policy.
<p>Academic and Research Institutions</p>	<ul style="list-style-type: none"> • Undertake and promote research to facilitate evidence-based programming • Workforce development through pre-service and in-service training • Integrate community based interventions that foster child well-being in the curriculum
<p>Cultural and religious institutions</p>	<ul style="list-style-type: none"> • Promote values and norms that support healthy growth and development of all children, including children with special needs • Mobilise families and community members to provide cash and in-kind support to vulnerable children, care givers /vulnerable households • Support government to denounce and contain

	<p>harmful practices that violate rights of a child</p> <ul style="list-style-type: none"> • Enact bye-laws that promote parenting and citizenry responsibility to promote child well-being at family and community levels
Local Communities	<ul style="list-style-type: none"> • Support and protect all their members, and support families to raise their children, particularly vulnerable families. • Mobilize resources to improve the care and support for children. • Support government to enforce laws, ordinances and bye-laws that protect children and promote child well-being • Mobilise households and Community members to mobilise cash and in-kind support for vulnerable children and vulnerable households
Families/Households/ Alternative Care Institutions	<ul style="list-style-type: none"> • Provide quality parenting to children through fulfilling parental responsibilities in view of children's rights • Impart productive and life skills to children Educate children on their cultural /moral values and norms • Educate children on their responsibilities to foster harmony in the family • Guide and control children with access to computers –for education and leisure under guidance of responsible adults. • Trace and resettle children in their communities (Alternative Care Institutions)
Children	<ul style="list-style-type: none"> • Participate in identifying factors that cause their vulnerability. • Participate in identifying and planning initiatives that improve their welfare. • Participate in monitoring the implementation of this policy.

	<ul style="list-style-type: none"> • Participate in consultation, monitoring and implementation of the national polices and plans. • Fulfil child responsibilities based on age and ability to foster a harmonious relationship in the family
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6.5 Funding Mechanism

Financing the policy will require a concerted effort from the Government of Uganda (GoU), Development Partners and non-state actors including the Private sector, Civil Society and Local Communities. The primary funding mechanisms shall be: (i) GoU funding from both domestic revenues and, (ii) development support through the budget support.

6.6 Communication and Dissemination

The MGLSD shall take lead in communicating and disseminating the policy to ensure that children’s best interests and rights are accorded the highest priority in areas of policy, planning, resource allocation, governance, monitoring and evaluation at all levels. An advocacy and communication strategy shall be developed to guide the communication and dissemination efforts. In addition, simplified version of the policy shall also be developed. Resources shall also be committed towards translating the policy in several languages.

6.7 Monitoring and Evaluation

The Government of Uganda shall assess the effectiveness of implementation through monitoring and reporting on progress over time. Monitoring and Evaluation of the policy shall be anchored on Results Based Management and aligned to the National Integrated Monitoring and Evaluation System under the Prime Minister’s Office.

Five-year implementation plans will be developed to provide a roadmap and a common agenda of action to operationalise the National Child Policy. The plans will specify the activities, timeframes, key responsibility bearers at the village, parish, sub-county, district and national levels, and key indicators for measuring progress. A monitoring and evaluation framework will be developed to monitor progress on the key indicators identified.

The National OVC MIS shall be updated and upgraded to a comprehensive National Child Well-being Welfare Information System (CWIS) to improve access

to and availability of quality data, information-sharing and national tracking of outcomes. Measures will also be undertaken to strengthen administrative data sources and improve interoperability of existing management information systems across the different sectors.

6.8 Reporting on Progress

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

6.9 Policy Review

The implementation of the new policy will be reviewed every five years. Periodic appraisals will also be made to assess progress of implementation and make mid - term course corrections, if and when required.

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