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INVESTING IN UGANDAN CHILDREN:

A RESPONSE TO UGANDA'S NATIONAL DEVELOPMENT PLAN II

THE AFRICHILD CENTRE

THE CENTRE OF EXCELLENCE FOR THE STUDY OF THE AFRICAN CHILD

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PREFACE / FOREWORD

Science provides evidence that a critical window for brain development exists during early childhood, when new neural connections are formed during rapid proliferation. Then, through the process of pruning, the connections are refined as those that are not used frequently are pruned away, and those used more frequently are reinforced (Center of the Developing Child, n.d.). Thus, a child's early experiences and interactions with the physical, emotional and social stimuli of their environment play a large role in dictating future cognitive and behavioural development. In adulthood, the brain's malleability is reduced and it will become increasingly more difficult to alter cognitive functions and behaviours that have already been wired. Studies have shown that many issues in physical and mental health, economic productivity, and social citizenship can be traced back to adverse experiences during childhood; these will be discussed more in-depth in the body of the paper.

The new Uganda National Development Plan II (NDP-II) issued by the Government of Uganda in 2015 acknowledges room for improvement in the focus of the country's human capital development, as well as the need to boost national progress with priority investments in health, education, and other skills training of its population (Government of Uganda, 2015). Combining political will and scientific evidence that points to higher rates of return when investments are made in early childhood development interventions, we can open the door for government ministries, bilateral development agencies, multilateral and civil society actors to invest differently. Namely, the potential move from a sector silo approach to an integrated approach would facilitate closer collaboration and a high degree of responsibility-sharing between key actors. This is essential to coordinate combined interventions that incorporate everything from nutrition support and responsive social care, education and learning, to preventing violence against children and addressing the unique needs of children outside of family care.

The future envisioned for the children of Uganda rests upon an evidence-based and targeted sustainable development agenda set today. Within the Ugandan context, this position paper identifies 4 key areas for investment in child health and development and aims to open dialogue and promote critical thinking among the country's policymakers, non-government agencies, and civil society actors. Research and data synthesis for this paper was led by Drs. Neil Boothby and Sarah Meyer, Ms. Lily Zhi Ning Lu and Ms. Rachel Webster on behalf of the AfriChild Centre. This paper was endorsed by members of the Uganda Child Rights Network. The study was undertaken in response to the recently completed Ugandan National Development Plan, and the upcoming National Forum on the State of the Ugandan Child, to be held in Kampala in October 2015.

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Professor Edward Kirumira,

Chairman, Advisory Board of the AfriChild Centre

The Centre of Excellence for the Study of the African Child

EXECUTIVE SUMMARY

The Centre of Excellence for the Study of the African Child (AfriChild Centre) recognizes that the promotion of child health and development must adapt a holistic approach to address the myriad of biological, social, and environmental factors that determine the wellbeing of the child. By assessing the current available data on the state of children in Uganda, we have identified 4 key investment areas that encompass the most pressing and neglected needs of the Ugandan child:

1) Nutrition support and responsive social care and stimulation
2) Early childhood and primary education and learning
3) Preventing violence against children
4) Children outside of family care

The process of early childhood development has crucial bearings on the future health, psychosocial, and economic outcomes of the child once they enter adulthood, and this inevitably determines, on the population level, the entire country's development potential. In light of reaching the target end date for the Millennium Development Goals (MDGs), we look to assess the progress made by Uganda in child health and development and to identify key investment areas that must be increased if the nation's sustainable development goals are to be achieved.

While each of the four key investment areas is discussed separately, the goal is to provide a continuous range of services for children and their families from before birth through the first years of primary school. Nutrition and responsive care during the first two to three years of life must be followed by services that support the child's early learning and school readiness. These children should arrive at school on time and be ready to learn in safe, supportive environments that pay particular attention to the quality of teaching and learning in early primary. Preventing violence against children, is a cross cutting theme and programs should be designed and implemented from before birth through primary school. Building on these efforts, programs to support children outside of family care should focus on the quality of early care and learning for children in existing institutions while at the same time strengthening families' ability to care and provide for their children.

This report highlights the main findings emerging from the position paper on investment in child health and development spearheaded by Africhild and endorsed by over forty Civil Society Organizations. The purpose of this document is to:

- Consolidate available data relevant to the four key investment areas, and to identify gaps in existing data;
- Provide evidence-based analysis assessing each investment area with regards to unmet needs and their consequences;
- Analyze existing policy frameworks and successful interventions in each of the key investment areas, and identify gaps in available and feasible interventions in Uganda;
- Give overarching recommendations regarding investment in children in Uganda

Methodology/Data Sources

Data and statistics used in this report were extracted from secondary sources, including reports by government agencies and non-government organizations, as well as smaller-scale qualitative and quantitative studies conducted by civil society organizations. Literature reviews were conducted to identify relevant policy frameworks at the international and national level, as well as to produce examples for successful intervention studies. Where several studies were available, those conducted within the Ugandan context were prioritized over those conducted in other East African countries. If evidence was still not found, studies conducted in other low and middle-income countries were consulted before those conducted in high-income countries.

Key Findings

Nutrition support & responsive social care and stimulation

- Though the prevalence of stunting, an indicator for chronic malnutrition, has declined over the past decade, the most recent data (2011) indicates that the proportion of children under five who suffer from stunting is 33.0% (UNICEF, 2011)
- Studies have shown that certain interventions are effective for promoting responsive parenting behaviour, leading to increased psychosocial stimulation of the child for improved cognitive outcomes, in both stunted and non-stunted children
- There are currently no large scale early childhood development programs in Uganda that integrate both nutrition interventions and phychosocial stimulation

Education

- Although primary education in Uganda has been universal since 1997, the net enrolment rate has been stagnant since 2001, and dropout rates continue to be high (UNICEF, 2011).
- Children are unable to afford education, because although there are no school fees, children must pay for uniforms, scholastic material, and meals (International Labour Organization & Uganda Bureau of Statistics, 2013).
- For each year of delay into primary school a child has, his or her lifetime wealth drops by 3% (Behrman et al., 2004b).

Violence against children

- There is lack of representative, national data on violence against children in the community, at school, and at home in Uganda
- Prevailing cultural and social norms result in violence being widely used as a method of discipline

- According to the Ugandan Police Annual Crime and Traffic/Road Safety Report, defilement was the second-leading crime registered with the police in 2011 and 2013, but less than 50% of the cases are prosecuted in court (Uganda National Police, 2011 & 2013)

- Combined Demographic Household Survey (DHS) and Multiple Indicator Cluster Survey (MICS) data show that Uganda has the third-highest percentage of girls aged 15 to 19 who ever experienced sexual violence, among 42 low and middle-income countries surveyed (UNICEF, 2014a)

Children outside of family care

- Most children in Uganda are placed in institutional care, a group living situation for 10 or more children, due to material poverty (Walakira et al., 2015).
- 85% of children in institutional care in Uganda have identifiable and traceable family members, but few institutional care centers attempt to reunite the children with their families (Riley, 2012).
- Children raised in institutional care are more likely to have difficulty forming and maintaining relationships during childhood and this can carry on into adulthood (Williamson & Greenberg, 2010).
- Institutions often restrict a child's environmental experiences, which can cause physical underdevelopment, cognitive impairment, hearing and vision problems, and motor skill delays (Browne, 2009).

Core Recommendations

- Begin primary prevention of stunting in children as early as possible; promote programs that combine maternal support, nutrition support, and responsive social care and stimulation at the household level
- Allocate a portion of the education budget to finance pre-primary school education and training women to run pre-primary schools; Increase the universal primary budget by 8%, to provide each child with one uniform every year
- Focus on violence prevention through promotion of community dialogues and wide-reaching campaigns to change cultural and social norms that currently condone violence against women and children; empower women and educate parents, teachers and community leaders on the negative long-lasting consequences of violence against children
- Develop a national action plan to reduce the percentage of children living outside of family care, including measurable targets, indicators and required resources

PROPOSED KEY INVESTMENT AREAS

KEY INVESTMENT 1: NUTRITION AND RESPONSIVE CARE AND STIMULATION

Inadequate nutrition and stimulation are key risk factors associated with the poor development of children. While there has been progress globally in reducing child deaths, among those who survive, it is estimated that close to 200 million children fail to meet their developmental potential in their first five years. This leads to lower education attainment, reduced economic productivity, and poorer physical and mental health outcomes (Grantham-McGregor et al. 2007). Interventions cannot focus on survival alone, but must support the basic building blocks including adequate nutrition, and stable, responsive and nurturing environments combined with early learning opportunities (Yousafzai, Aisha K, 2015).

Biological and psychosocial risk that affect children's early development include maternal infant and young child malnutrition, intrauterine growth restriction, infections, exposure to environmental toxins, and exposure to violence, and maternal depression (Walkeret al, 2007; 2011a). Exposure to these risks compromises early brain development which is shaped by continuous interaction between genes, environment and experience, and impacts long term health and learning. For children growing up in disadvantaged environments, these risk factors co-occur and accumulate and further compromise early development. Among the most significant risks affecting children development are malnutrition and poor responsive care and stimulation.

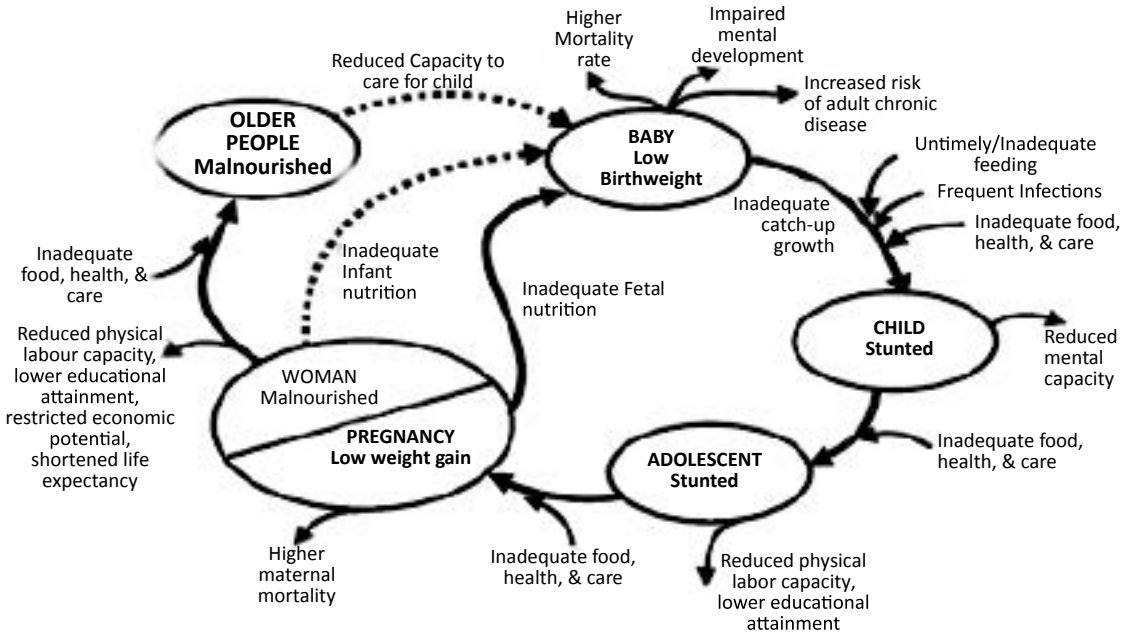
Malnutrition, with particular attention to the first 1000 days (conception to 2 years), is a risk factor for survival and development. It is estimated that under nutrition including fetal growth retardation, suboptimal breastfeeding, stunting, and micronutrient deficiencies account for 45% of child deaths annually. Maternal under nutrition is associated with increased risk of maternal mortality and morbidity and for the child an increased risk of fetal growth retardation. Micronutrient deficiency or "hidden hunger" is still widespread (Yousafzai, Aisha K, 2015).

For young children, the most significant nutrition related factor is stunting (low height for age, defined as more than two standard deviation below the median for the child's sex and age) (Grantham-McGregor et al. 2007). Stunted children are more likely to have impaired cognitive and self-regulation skills, poorer academic attainment and retention in school, and subsequent lower economic productivity (Walker et al. 2007). Recent evidence suggests that stunting has an impact on two generations by also affecting the cognitive development of the offspring of persons with early stunting (Walker, Chang, & Osmond, 2015).

Poor school performance and decreased psychosocial skills impact economic wellbeing over the life course. A review of studies from 51 countries showed that for every year of schooling, wage earning increases by 9.7% (Grantham-McGregor et al., 2007). Using data on the prevalence of

stunting and educational attainment, Grantham-McGregor et al. (2007) calculated that in 79 countries, every 10% increase in stunting was associated with 7.9% decrease in the proportion of children who reach the final grade of primary school, and that even stunting alone, without additional disadvantages such as living in poverty, results in 22.2% loss in adult income. A compilation of studies linked lower adult height with reduced earnings after controlling for various other characteristics; prolonged inadequate nutrition intake during childhood is one of the causes of arrested linear growth in children, leading to shorter height-for-age even as adults (Behrman et al., 2004). Subsequently, the productivity and economic contributions of the adult worker who experienced chronic malnutrition as a child is markedly lower than those of children who grew up without nutritional deficiencies. The prevalence of childhood stunting can therefore be a key predictor for a country's potential development in terms of human capital and economic productivity, with the impact felt across generations (Figure 1. From the Ugandan Nutrition Action Plan, 2011)

Figure 1. Malnutrition's Impact on Productivity during the Life-cycle and across Generations



Another significant risk factor, associated with poor early developmental outcomes, is inadequate stimulation. Stimulation is a process where an external object, event or person elicits a physiological or psychological response from a child. Optimal child development does not depend on the provision of stimulation materials alone but also on the interaction of the child with responsive caregivers to promote learning opportunities and social and emotional interactions. Promoting adequate nutrition combined with opportunities for learning and responsive social interactions is essential to support the healthy development of young children.

There is growing movement to promote partnerships between nutrition and programs that promote responsive care and opportunities for early learning. The promotion of child growth and development share a window of opportunity especially in the first 2-3 years of life. Interventions to promote healthy development and nutrition adequacy include appropriate feeding practices and supplementation, and are focused on the first 1000 days of life. This window overlaps with a

period of rapid and sensitive brain development where protective interventions such as nutrition and the promotion of opportunities for learning and social interactions can effectively moderate the quality or early brain development (Black and Dewey, 20014).

Landmark research in Jamaica on stunted children who received either nutritional supplementation, stimulation (play), both interventions and standard care, found that each intervention had independent benefits to child development and nutritional supplementation also benefited child growth (Grantham-McGregor et al. 1991.) The Jamaican cohort was followed to adulthood and by 22 years of age; the stimulation intervention also increased education attainment and improved behavior. However, no long term benefits were observed as a result of the nutritional supplementation (Walker et al. 2011 b). Research on integrated nutrition and stimulation interventions generally shows that the integrated approach can benefit multiple child outcomes. Recent meta-analysis found that stimulation interventions had a medium sized impact on cognitive development while nutrition interventions had only a small impact (Aboud and Yousafzai, 2015). While adequate nutrition is critical for child growth and contributes to development, promoting nutrition on its own is not sufficient to promote optimal early child development.

In summary, chronic childhood malnutrition and stunting negatively affects cognitive development later in life. Primary prevention of stunting in children must begin as early as possible, during the postnatal sensitive period when the brain's plasticity is at its greatest. Subsequent nutritional supplements should be provided throughout childhood in already-stunted children, but should not serve as the sole solution to stunting. With evidence that stimulation through play activities during early childhood positively impacts cognitive developments and learning later in life, programs that integrate both nutrition and early psychosocial stimulation during the first five years are critical.

Nutrition Programs in Uganda

Chronic malnutrition in Uganda results from an inadequate quantity of nutritious food, (known as food insecurity), combined with diseases that affect food intake and nutrient absorption. In 2009, the World Food Programme (WFP) estimated that 6% of the households in Uganda are food insecure, while 21% are moderately food insecure and at risk of becoming food insecure. Low income and rising food prices are important factors in determining food security (USAID, 2010). Chronic diseases such as malaria, childhood diarrhea, and acute respiratory infections are the main causes of disease-associated malnutrition in Uganda (USAID, 2010). The rate of diarrheal disease ranges from 17% to 44% for children under-five (USAID, 2010). DHS survey data reported a decline in stunting from 45.0% in 2000 to 33.0% in 2011 (Situation Analysis, 2011). A similar decline was found for the prevalence of children under five with extreme stunting in children under five. In spite of this progress, one in three Ugandan children is chronically malnourished.

Several studies in Uganda have shown the impact of responsive parenting on child development, as well as the effectiveness of relevant interventions to improve caregiver responsiveness (Eshel et al., 2006). One program, implemented in the Kitgum district, demonstrated the effectiveness

of psychosocial education programs in increasing maternal awareness and participation in improving children's cognitive functions (Morris et al., 2012). The project combined emergency feeding for internally displaced mother-infant pairs with psychosocial stimulation for the infants. In a cluster-randomized study in Lira, rural communities were randomly assigned to receive a parenting intervention on child care and maternal wellbeing (Singla et al. 2015). The intervention included activities for psychosocial stimulation of the child and diversifying the child's diet, as well as sessions to improve maternal wellbeing. The control group received nutrition information only. Follow up found that children in the intervention group achieved higher cognitive scores than those in the control. In addition, higher maternal depressive symptoms were found in the control group than the intervention group (Singla et al., 2015).

The Ugandan Nutrition and Early Child Development Program (NECDP), funded through the World Bank, was developed and implemented between 1998 and 2003, in 25 districts of Uganda (Britto et al., 2009). Communities in the intervention group received public health announcements on child stimulation, health, and nutrition through the radio and newspapers. Community-wide Child Health Days were held every six months to provide immunization, deworming, growth monitoring, and additional health promotion activities (Engle et al., 2007). Unfortunately, few studies have evaluated the impact of the program comprehensively, and longitudinal follow-up is lacking. One study examined the outcome of family caregiving behaviours and attitudes, and found that intervention households who received education and guidance in early childhood development saw significant improvements in parental behaviours related to early learning activities for children (Britto et al., 2009). While changes in the cognitive functions of the participating children were not measured, the findings suggest that provision of parental education can lead to increased use of stimulation and interaction with infants. This can in turn improve the early learning processes of the child, with psychosocial and cognitive benefits that extend into adolescence and even adulthood.

Current Nutrition Interventions

In Uganda, nutrition interventions are implemented by both government and non-government organizations. Key players include; the Ministry of Health, the Ministry of Education and Sports, USAID, UNICEF, and the Food and Agriculture Organization of the United Nations (FAO), the World Food Programme (WFP). There is little coordination between non government agencies and relevant ministries. Moreover, non-government organizations implement community-based nutrition programs with little opportunities for scale-up on a national level (USAID, 2010). The lack of coordination is a major barrier limiting the effectiveness and efficiency of programs to curtail the developmental and economic consequences of childhood stunting and malnutrition. Despite the long term developmental and economic consequences resulting from high rates of stunting and chronic malnutrition, in a ranking of health sector priorities, nutrition was ranked behind that of hospitals and health centre infrastructure, immunization, and medical staff salaries (Situation Analysis, 2011). Greater recognition and political commitment to reducing malnutrition and stunting in early childhood is critical.

Nutrition Policy and Legal Framework for an action plan.

In 2003, the National Food and Nutrition Policy established the Food and Nutrition Council to centralize and coordinate country-wide nutrition activities. The Parliamentary Bill on Food and Nutrition was designed to address food security and to reinforce the delivery of nutrition-related activities at the district and sub-county level (USAID, 2010). Without careful program monitoring and evaluation, little program progress has been documented. In 2011, the government outlined its commitment to improving the nutritional status of children in the Ugandan Nutrition Action Plan for 2011-2016. Nutrition support was also included in the National Minimum Health Care Package. Funding to collect outcome indicators, such as the percentage stunting in children under five, was never secured, follow up actions were not proposed, and there is little documentation to assess progress (CAADP, 2013).

The Health Sector Strategic Plan III & the National Minimum Health Care Package.

The Health Sector Strategic Plan III 2010/11-2014/15 of Ministry of Health recommended a National Minimum Health Care Package (UNMHCP), which included the minimum standards for 4 clusters: (i) health promotion, disease prevention and community health initiatives; (ii) maternal and child health; (iii) prevention and control of communicable disease; and (iv) prevention and control of non-communicable disease. Nutrition was established as a priority within the UNMHCP and included attention to school-based nutrition services. But progress has been limited resulting from the lack of coordination between the Ministry of Health and the Ministry of Education and Sports. The HSSP III also included improved access to deworming and micronutrient supplementation, as well as screening and identification of underweight children (an indicator of acute malnutrition, often reversible). However, programs addressing stunting and chronic malnutrition in young children were not included.

Currently there are no large-scale programs to combat the issue of chronic childhood malnutrition and stunting or to promote positive parenting and psychosocial stimulation in children. Armed with evidence-based research on the benefits of nutrition supplementation combined with psychosocial stimulation on brain development and learning, proposed initiatives must build on the insights emerging from this research.

Recommendations

- Increase parents' and caregivers' knowledge and skills to provide adequate nutrition and stimulation as a primary prevention for stunting. Interventions must begin during pregnancy and continue through the first 1000 days of life;
- Increase knowledge and skills on the importance of responsive social care, psychosocial stimulation and improve the quality and quantity of caregivers' time spent on play activities and other early learning activities;
- Increase investments and budget allocation for the implementation of nutrition supplement programs as secondary solution to stunted children;
- Incorporate parent-child activities for psychosocial stimulation into existing or future nutrition supplement programs to facilitate one-stop access;
- Support outcome studies and efficacy research on the benefits of combined nutrition and early child development programmes.

KEY INVESTMENT 2: EARLY CHILDHOOD AND PRIMARY EDUCATION

Early Childhood Education

Great strides have been made in achieving the second MDG goal of universal primary education. This goal also includes efforts to ensure that all children arrive at school on time and ready to learn. More children are in primary school than ever before; for the period 2003-2008, net primary school enrolment rose to 88 per cent for the developing world as a whole. Almost all regions have attained gender parity in primary education with around two thirds of countries and territories having reached this mark by the target year of 2005. These impressive gains have brought new challenges. Increased demands raised questions of education quality and efficiency. The explosive rates of school enrolment have not led to higher rates of school completion. Rather, there are higher rates of drop out and repetition. (UNICEF, 2010)

Performance in primary school, school completion and literacy levels are strongly associated with the quality of the early learning experiences both at home and in preschool programs. Recognition of the importance of the early years in achieving educational outcomes is reflected in the Education For All, Universal Primary Education, and the guidance provided by General Comment 7 of the United Nations Committee on the Rights of the Child, endorsed by the Secretary General's Report and the Omnibus Resolution on the status of CRC (CRC, 2005)[1]. These international efforts underscore that early learning begets later learning and improves efficiency throughout the system.

Fueled by recent scientific advances, economic data and program evaluation results, interventions in the earliest years of life continue to receive attention on global public policy platforms. Neurological and biological sciences have documented the malleability of early neuron and biological development to environmental influences. Economic evidence highlights particularly high returns to early investment in terms of human capital. Advances in evaluation science underscore that quality early learning programs impact both early and later human development in terms of cognitive, health, and social-emotional domains. The benefits are greatest when interventions prioritize support to families and children most at risk.

As renowned economist James Heckman has argued, traditionally, equity and economic efficiency have often been viewed as competing goals—what is fair may not be economically efficient and conversely what is efficient may not be fair. However, as Heckman underscores in his analysis, investing in the early years of disadvantaged children is a policy that is both fair and efficient (Heckman, 2011). The evidence is quite clear that inequality in the development of human capabilities produces negative social and economic outcomes that can and should be prevented with investments in early childhood education, particularly targeted toward disadvantaged children and their families.

1 *The UN Secretary General's Status of the CRC report of August 2010 focuses specifically on early childhood which was followed by an adoption of the Third Committee Omnibus Resolution (A/65/452) at the UNGA 65th Session in December 2010.*

Early learning programs are a component of a broader Early Child Development (ECD) framework which includes programs for children from birth through age eight. Early learning includes activities to facilitate the development of cognitive, language, motor, and social-emotional skills, and to promote readiness for school-based learning. Early learning programs can take place in a variety of settings for example; standalone early learning or preschool programs as well as those attached to primary schools, home-based programs, playgroups and community-based early learning centers. In most of these settings, activities are organized for children of preschool age. The definition of preschool age differs: in some countries it is defined as children between 3-5 years, in others it includes children between 3-6 years of age[2] .

Since the 1990s preschool has been established within the education systems of developing economies. The number of preschool children (3-6 years) enrolled in preprimary education has tripled in the past 3 decades. Focusing on lower and middle income countries, on average approximately 10% of preschool aged children have access to some type of ECD activities (UNESCO, 2007). However this average masks the serious age related differentials. For children, 3 years of age participation rates range from 5% to 20%; for 4-years-olds from 25% to 75% and for 5-year-olds from 2%-55% (UNESCO, 2007). In sub-Saharan Africa, although increased by 39% during 1999 and 2006, the preprimary enrolment rate is just 14%. More than half of the sub-Saharan Africa countries report a GER of less than 10%.

Although programs are growing and serving greater numbers of children, the quality of these programs as well as equity of access is uncertain. While early education has the potential to prevent educational inequity, evidence is clear that it will only do so if the quality of those services pays attention to several key elements. Without attention to quality, programs can perpetuate the very inequalities they seek to change.

Primary Education

While great strides have been made in primary school enrolment, a crisis brewing during the initial years of primary education in many parts of the developing world is undermining this achievement. Many children are dropping out or repeating classes particularly in the first two years (UNESCO, 2005, 2006, 2008). The problem is worse in countries where poverty, exclusion and other systemic factors such as overcrowded classrooms and high child teacher ratios exacerbate the situation. High dropout levels are often combined with even worse repetition rates. In Guinea-Bissau, Rwanda, Equatorial Guinea, Madagascar and Nepal, more than half the children who enroll either repeat first grade or drop out. When dropout information is available by grade one, dropout rates are usually at least double those of grade two. In South Asia children are 3 times more likely to drop out of Grade 1 as they are to drop out of Grade 4.

Of those children who remain in school, many repeat classes and become locked in patterns of under achievement. Millions of children leave school without even the basic literacy and numeracy skills. Repetition and failure to learn inhibits motivation and prevents children from

2 *This definition is taken from UNICEF's Monitoring System: Strategic Result Area 5. "Increasing access to early learning opportunities for children from disadvantaged and marginalized communities to increase readiness for primary school", Early Child Development Unit working document, 2011*

completing primary school. Of those who do complete primary school, few have sufficient literacy and problem solving skills. Research suggests that if children cannot read after about three years of education it is unlikely that they will ever achieve basic competency. They may be promoted regularly and complete school but they will be functionally illiterate. Failure during the first year or two of school to establish basic literacy skills creates inefficiencies that reverberate throughout the system (Abadzi, 2006). This is especially true for children whose homes are devoid of reading materials and who speak a language different from the language of instruction.

Primary Education in Uganda

In 1997, Uganda became one of the first African countries to introduce universal primary education a goal achieved largely through eradication of primary school fees (Batana et al 2011). Following universal access, net enrolment rate increased from 63% in 1992-1993 to 83% in 2000-2001. Despite this increase, gross enrollment rates have remained around 120% reflecting in part over age enrolment and grade repetition (Millennium Development Goals Report for Uganda 2013).

Although primary education is universal, it is not compulsory. The net enrolment rate has remained stagnant since 2001 and the age of enrolment for students continues to increase (Batana et al. 2011). Children from households in lower wealth quintiles are less likely to be at the appropriate grade level for their age. As enrolment increased, the number of classrooms has remained low. In 2009 estimates indicate an average of 72 students per classroom (Batana et al 2011).

Dropout rates remain high. According to the National Labour Force and Child Activities Survey, 66.4% of children between the ages of 13 and 17 have not finished primary school. The most commonly cited reason is the inability to afford the cost of fees including school uniform, learning materials and meals (The National Child Labour Force and Child Activities Survey 2013). Moreover, families must be able to go without the income the child could bring to the family. High dropout rates are also attributed to lack of interest and poor performance (The National Child Labour Force and Child Activities Survey 2013). This could partly be due to the increasing enrollment age. Previous studies have shown that when children are involved in learning at an early age, they are more likely to cultivate an interest in learning and more likely to finish both primary and secondary school (Batana et al 2011).

Education as a path to productive and healthy workforce is dependent upon the ability to provide high quality education within a safe and secure environment. Efforts have focused on getting more children to complete primary school yet little attention has been given to the specific points where education efforts break down (Bartlett, Arnold, Shallwani, & Gowani, 2010).

One effort to improve quality primary education in Uganda included the Reading to Learn (RTL) initiative. Developed in Australia to ameliorate reading skills of children who had fallen behind their grade level, it was implemented for Ugandan children in primary classes 1-3 (Lucas et al 2014). RTL uses a five-step approach to reading including background preparation, reading aloud, word recognition, repetition, and spelling. In a final step, children are asked to rewrite the story. Lower primary school teachers were trained in the RTL process, and learning materials were provided to the classrooms (Lucas et al 2014).

A follow up study of RTL involved ten sub-counties and 106 schools located in Districts with a history of low educational performance. Four of the ten sub-counties were randomly assigned to receive RTL, while the other six were used as controls. Literacy tests were given at the beginning and end of a school year. At the end of the school year, students in schools that were using RTL had higher literacy rates compared to their counterparts in schools without RTL (Lucas et al 2014). By providing the instructors with the proper training and supplies, it is possible to improve literacy rates for young children, without making any other major changes to the classroom. As this study was performed in districts with low-performing students, the gains in literacy across the country could be larger, leading to a more educated population. Focusing on the neglected early primary grades while simultaneously supporting children's early learning before they enter school is a powerful and critical way to move towards closing the educational equity gap.

As discussed in the following section, the prevalence of school-based violence is a risk factor for poor educational outcomes. Children, who experience violence, perform poorly on school tests, are more likely to miss class and drop out (Devries et al 2013). For female students, sexual violence and harassment are common, especially in secondary school (Devries et al 2013) and a factor in the low rates of secondary school enrolment(The National Child Labour Force and Child Activities Survey 2013).

Recommendations

- Define a compulsory primary school enrolment age which, when combined with family care practices and community early learning activities, will help to ensure on time enrolment, progress and performance;
- Design program and strategies to increase access to quality early learning and primary education for the poorest children, including addressing the hidden costs of education;
- Support the expansion of a range of quality Early Childhood Development programmes. Create greater linkages in the quality of teaching and learning between ECD and the first two years of primary school;
    - Invest in infrastructure and adequate learning environments and materials;
    - Strengthenntraining, mentoring, and supervision for preschool and primary education teachers with particular attention on the skills needed during grades 1-3;
    - Address chronic teacher absenteeism;
    - Revise curriculum to address active interactive and individualized learning with greater emphasis on the role of play and exploration in enhancing learning outcomes.
- Increase stakeholder involvement (communities, ministries, policy makers) in the design and development of a coordinated high quality preschool and primary education;
- Allocate a portion of the education budget to finance pre-primary school education. Increase the universal primary budget by 8%, and provide funding to offset auxiliary costs that prevent children's enrolment and attendance.

KEY INVESTMENT 3: PREVENTING VIOLENCE AGAINST CHILDREN

In 1990, Uganda ratified the United Nations Convention on the Rights of the Child. General Comment No. 13 of the Convention specifies the right of the child to freedom from all forms of violence, including physical, emotional, sexual abuse and exploitation and economic neglect (UN Committee on the Rights of the Child, 2011). This broader definition of violence is widely accepted in the research literature and underlines the strategies proposed in this document. In addition to the bodily harm, physical violence can lead to depression, anxiety and post-traumatic stress disorder. (UNICEF, 2014b). Sexual violence against children can result in sexually transmitted infections such as HIV, adolescent pregnancy, as well adverse psychological outcomes (UNICEF, 2014b). Experiences with any type of violence during childhood has been shown to impact schooling and other educational achievements, due to either behavioral issues, inability to focus, and absenteeism (UNICEF, 2014b).

Violence against children in Uganda is yet to be thoroughly and systematically addressed and national data is sorely lacking. The Multiple Indicator Cluster Survey (MICS), complements data collected by the Demographic and Household Survey (DHS), includes data on the percentage of children between 2-4 years who experience violent discipline at home. Data from 62 countries found that four out of five children experienced corporal punishment. Although Uganda has not implemented the MICS, based on these trends, combined with evidence from selected data sources and several qualitative studies, the problem is widespread with violence against children taking place in the community, at school, and within the family.

A study conducted by the non-government organization Raising Voices on 1093 adults and 1406 children from the ages of 8 to 18 revealed a staggeringly high prevalence of physical, emotional, sexual, and economic violence against children at both home and school. The most common forms of violence included caning, slapping, shouting, pinching, and insulting (Naker, 2005). Adult surveys revealed the belief that punishment for children's poor behaviour must involve physical pain. Child beating was referred to as "mistreatment" and the term "violence" was only used to refer to excessive punishment for moderately bad behaviour (Naker, 2005). While the majority of adults (80.7%) believed that physical punishment of children is a reflection of good parenting (Naker, 2005), 51.9% did not know if such behaviors had the results intended. This contradiction illustrates a need to the improve knowledge regarding the negative and long-lasting consequences of violence against children and alternative forms of discipline. While the Ministry of Education and Sports has published guidelines on positive discipline methods that do not involve violence, the African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN) found that compliance and use is minimal (ANPPCAN Uganda, 2011).

In 2011, ANPPCAN conducted a survey of education officers and students in 5 districts to determine the extent of child abuse (ANPPCAN Uganda, 2011). Of the cases of child abuse reported to local ANPPCAN offices in the previous year, defilement, neglect, physical abuse, and abandonment were the most common offences. The number of cases by category and district reported to ANPPCAN district offices in 2013 are illustrated in the following Table (ANPPCAN Uganda, 2013).

CHILD ABUSE CASES BY CATEGORY AND DISTRICT

NATURE	APA	ARU	GUL	IGA	JJA	KLA	KAS	KIT	MUK	NPK	RAK	TOTAL
Sexual Abuse	48	29	116	29	303	64	76	91	34	0	5	795
Neglect	319	61	99	134	38	74	100	133	40	1	120	1119
Physical Abuse	32	11	27	10	28	15	17	53	18	0	19	230
Murder	0	1	0	0	0	2	1	1	0	0	1	6
Children living with HIV/AIDS	0	13	7	7	1	10	3	3	1	0	0	45
Emotional abuse	4	0	3	4	1	2	9	2	0	0	0	25
Property Rights	5	7	0	4	3	6	10	0	0	0	3	38
Children in conflict with the law	1	4	17	7	1	0	8	3	4	0	1	46
Orphans in extremely vulnerable situations	1	445	34	93	35	75	23	459	1	0	0	1166
Children in need of alternative care	32	34	23	11	15	27	14	20	11	0	34	221
Child Exploitation	0	6	8	1	135	78	5	62	2	0	54	351
Children in need of extensi	0	6	5	45	1	3	2	2	11	0	0	75
TOTALS	442	617	339	345	560	356	260	829	122	1	232	4117

In addition to these studies, government data sources such as the Ugandan Police Annual Crime and Traffic/Road Safety Report capture some of the violent acts against children in the community reported to the police. In 2011, an analysis of reported cases revealed that 65.1% of "child as victim" were categorized as child neglect (Situation Analysis, 2011). In the same year, child desertion comprised 15.9% of the cases, with abuse and torture accounting for 14.3%. In terms of absolute numbers, the report captures an increasing trend, from 3760 total cases of crimes against children in 2008 to 4821 cases in 2009, 12,690 cases in 2010, and 12,410 cases in 2011.

Although increased community awareness and proactive reporting should be considered, the data indicate an alarming fourfold increase in crimes against children during the past three years. The actual rate is likely to be higher because of underreporting and an acceptance of behaviors such as slapping and spanking children. The widespread acceptance of using corporal punishment to discipline children in school and at home downplays the severity of the current state of violence against children in Uganda.

Data from 2008 to 2011 found that the percentage of child defilement cases (a sexual act performed with a person under the age of 18) prosecuted in court is generally below 50% (Situation Analysis, 2011). Although the offence carries a maximum sentence of life imprisonment, the low prosecution rate reflects the inability of the system to deter and punish perpetrators. In both 2011 and 2013, child sexual abuse was the second leading crime registered with the Police. Of

the cases investigated in 2013, 51% cases were taken to court. Of those, only 3.7% cases resulted in convictions (Uganda National Police, 2013). The Uganda Police noted challenges in making criminal arrests as well as prosecution. Primary caretakers of the child victims often negotiate with the perpetrators outside of the legal system and in some cases take bribes while sacrificing the child's rights.

DHS and MICS data from 2005 to 2014 for 42 low and middle-income countries collected data on the proportion of adolescent girls (15 to 19) who experienced physical violence since age 15. Uganda ranks second with a rate of over 50% (UNICEF, 2014a). The consolidated data also found that Uganda has the third-highest percentage of girls aged 15 to 19 who ever experienced forced sexual intercourse or any other forced sexual acts (UNICEF, 2014a).

Uganda is one of the few countries in Africa yet to fully prohibit the use of corporal punishment in schools (UNICEF, 2014b). In an attempt to promote school as a safe environment, the Ministry of Education and Sports implemented the Basic Requirements and Minimum Standards (BRMS) guidelines for educational institutions, using 13 indicators to measure the performance of schools in addressing violence against children (Plan Uganda, 2012). Indicators include physical safety, violence prevention procedures, violence reporting mechanisms, and response protocols to violence. However, there have been no published reports containing performance data. Improved data reporting is needed to determine the effectiveness of school based violence reduction interventions.

Several important interventions have recently been implemented including The Good School Toolkit; Raising Voices National Dialogue on Preventing Violence against Children; ANPPCAN Uganda Community Conversations; ANPPCAN Uganda Child Parliament and Letter Boxes, BRAC Empowerment and Livelihood for Adolescents. Evaluation of the Good School Toolkit has highlighted some interesting insights on the complexity and barriers to reporting and follow up. Through school-wide goal setting and reward systems, the intervention aims to change teacher behavior and use of harsh discipline. Teachers are provided with information on non-violent discipline techniques, and students are encouraged to have discussions about the use of violence. The school administration is responsible for overseeing and reinforcing the program (Devries et al., 2015). From the sample of schoolchildren recruited for the evaluation, researchers analyzed the systems that are in place in the community to take concrete action against reported cases of violence (Child et al., 2014). Referrals were made by the study's researchers based on interview questions where children recounted experiencing violence. Of the children interviewed, 52.9% revealed that they had never disclosed being victims to violence. In most cases, children who had consulted with a parent, caregiver, and teacher received little or no responsive action or follow up (Child et al., 2014).

Qualitative responses from ANPPCAN's 2011 survey indicated that factors preventing school children from reporting violent abuse in school included fear, the impression that they deserved the punishment, and uncertainty regarding where to report these incidents. Data from Uganda's DHS reveal that more than 50% of girls aged 15 to 19 who ever experienced physical and/or sexual violence has never told anyone about the incidence (UNICEF, 2014a).

School-based violence has been used as a starting point here to evaluate the responsiveness of Uganda's child protection system. However, the lack of responsive action and length of time involved in handling reported cases of violence is a pervasive throughout the system.

Recommendations

- Develop national systems to collect data to define the scale and magnitude of violence against children. Utilize data to inform and shape public policy;
    - Implement UNICEF's Multiple Index Cluster Survey (MICS)
    - Utilize data from the Violence Against Children Survey (VACS), currently underway in October, 2015
    - Collect and utilize data from the Ministry of Education and Sport's Basic Requirements and Minimum Standards (BRMS) guidelines
- Develop community dialogues as well as national advocacy campaigns to change cultural and social norms that currently condone violence against women and children;
    - Educate parents, teachers and community leaders on the negative long-lasting consequences of violence against children
- Prohibit corporal punishment in schools and enforce the implementation of the guidelines on positive discipline developed by UNICEF and the Ministry of Education and Sport in all private and public schools;
    - Conduct periodic evaluations of their effectiveness (ANPPCAN Uganda, 2011).
- Implement life skills workshops and other programs to support children exposed to or victims of violence;
- Strengthen identification, response, and reintegration of child victims through greater coordination and collaboration of key partners including civil society organizations, Ministry of Health, Ministry of Gender, Labour and Social Development, Ministry of Education and Sports, and the Uganda Police;
- Design and support outcome research and efficacy studies violence prevention programs in households, schools, and communities.

KEY INVESTMENT 4: CHILDREN OUTSIDE OF FAMILY CARE

In Uganda, an estimated 63% of children live with caregivers who are not their biological parents. (Government of Uganda, 2011a). Family care is defined as children who are living with at least one parent and with at least one adult who is diligent in maintaining the child's wellbeing (Stark et al., 2014). However, only 11.3% of children in Uganda are orphans, meaning that at least one biological parent is deceased (UNICEF, 2015). This data therefore indicates that families are choosing to place their children in alternative care facilities, defined as any living situation other than living with biological parents, rather than caring for them in family care settings. Most often children are sent to institutional care settings for financial reasons believing that they will receive better care and education (Miles & Stephenson, n.d.). Unfortunately, most often, this is often not the case.

Children raised in institutional care settings face many challenges. Institutional care is defined as a group living situation for 10 or more children, without parents or a primary caregiver (Browne, 2009). In a study examining parents' reasons for placing children in institutional care in Uganda, 40.8% reported poverty as the primary cause. Many parents put their children in institutions when they were unable to provide for their child's needs, suggesting that access to basic needs, including education, acts as a pull factor for institutions (Walakira et al., 2015).

High child to staff ratios in institutional care facilities prevent the kind of responsive social care required for healthy child development. Children who are raised in institutional care are more likely to have difficulty forming and maintaining relationships during childhood and this can carry on into adulthood (Williamson & Greenberg, 2010). A study from 32 European countries in 2004 found that the risk of attachment disorder and developmental delay is much greater for children in institutional care than children raised in family care situations (Williamson & Greenberg, 2010). Limited opportunities for exploration and stimulation often result in physical underdevelopment, hearing and vision problems, and motor skill delays (Browne, 2009).

One review reported that 85% of Ugandan children living in childcare institutions had identifiable and traceable relatives (International Save the Children Alliance, 2003). This trend reflects a combination of factors including lack of knowledge of the negative impact of institutional care on development, increasing rates of poverty, and families' inability to provide adequate basic care. Although many children in institutional care are in contact with relatives, a study of Ugandan institutional care facilities found that 52.5% of facilities had no resettlement programs promoting care outside of institutional care (Riley, 2012). Institutional care is also costly. A study done in Tanzania found that the cost of one child in institutional care was over USD$1,000 per year, while providing resources for vulnerable families was one-sixth the cost per year, and placing the child in foster care was one-fourth the cost per year (Williamson & Greenberg, 2010).

The Ugandan Children Act requires authorities to be informed when an orphan is placed in foster care, adopted, or placed in institutional care. However, this policy is rarely enforced. In addition,

the Children Act does not include care by family other than birth parents (Situation Analysis 2015). Similarly, there is weak regulation surrounding childcare institutions—many are not registered and do not adhere to rules and regulations (Situation Analysis 2015). An assessment of alternative care facilities by UNICEF and the Ministry of Gender, Labour, and Social Development (2012) found that although most children had families, institutions admitted that donors were unwilling to finance resettlement activities. Overall, there was limited knowledge of legal requirements for institutional care facilities, and standards between facilities varied greatly. Record keeping in these facilities was also extremely limited (Riley 2012). An electronic database, The Child Care Institution Directory, has been created to collect information on all childcare institutions in Uganda. Currently, over 400 childcare institutions are listed in the directory. However, it is estimated that there are at least 200 childcare institutions not included and many new childcare institutions are established informally without the knowledge of and permission from the Ministry of Gender, Labour, and Social Development (Riley 2012).

In 2011, the Ministry of Gender, Labour, and Social Development partnered with the Child's i Foundation to create a campaign known as Ugandans Adopt. The goal of this campaign was to promote domestic adoption, both by increasing awareness of adoption in Uganda as well as encouraging childcare facilities to look for Ugandan families to take in children, before turning to international adoptions. The campaign was successful on a small scale, and in one year resulted in 30 Ugandan families adopting a child. While the campaign continues today, most childcare institutions prefer to make children available to international adoption instead of domestic adoption (Riley 2012).

Although Ugandans Adopt has shown that family placement within Uganda is possible, such efforts have not been prioritized and institutional care remains prevalent in Uganda. More effort needs to be put forth to allow families to care for their children, and to change the cultural acceptance of institutional care as an acceptable alternative. At the same time, strengthening and enforcing existing institutional care regulations is critical to protecting the health and development of children living in these facilities.

Recommendations

Develop a national action plan of action to address the scale and scope of children living outside of family care. The action plan shoulddefine measurable goals, timelines, and funding required to:

- Develop educational campaign on the developmental impact, economic and societal cost of placing children in institutional care;
- Increase support for vulnerable families, enabling them to care for their children and eliminating dependence on institutional care;
- Increase knowledge of alternative family options, including fostering children and local adoptions. Encourage families to become either temporary or permanent alternative families for children in institutional care;
- Strengthen and enforce regulations to improve the quality of institutional care, and expand the Child Care Institution Directory to include all child care institutions in Uganda.

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ANPPCAN-UGANDA
UGANDA WOMEN'S EFFORT TO SAVE ORPHANS
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Retrak
No child forced to live on the street
HOPE AFTER RAPE
UNBOUND
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OODEN
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Actief voor de Rechten van het Kind
Every Child Ministries
children's hopechest
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