Universal Periodic Review of Uganda

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Executive Summary

1. The Government of Uganda has not taken sufficient action to fulfill its commitments to ensure universal access to sexual and reproductive health information, education and services, in particular for young people, including adolescents. In line with the Ugandan policy definitions, 'adolescents' refer to 10 to 19 year olds, and 'young people', 10 to 24 year olds[1]. Comprehensive sexuality education, access to contraceptives for young people, and legal and safe abortion are not sufficiently addressed by the Government, resulting in, amongst others, high rates of unintended pregnancy, sexually transmitted infections (STIs) including HIV, unsafe abortion, and maternal mortality and morbidity.

2. Adolescents and young people in Uganda do not have access to comprehensive sexuality education nor a range of modern contraceptives to support their choices and needs. The Ministry of Education has developed a new curriculum on sexuality education but this only targets lower secondary school students, leaving the majority of adolescents, in primary schools or who dropped out of school before reaching the secondary level, unreached. Moreover, the curriculum that is offered is not comprehensive and omits crucial information about, for instance, sexual and gender diversity, and, focuses on abstinence. Other policies, such as the School Health Policy and the National Adolescent Health Policy have either not been adopted, or are not adequately implemented and resourced. Existing policies provide avenues to provide youth-friendly information and services; to train health workers; and to set up youth-friendly corners in health centers. However, as these policies are not rolled out, nor are they financed, the Government of Uganda fails to sufficiently equip its adolescents and young people to protect themselves against unintended pregnancies, unsafe abortion, and STI and HIV infections.

3. The incidence of unsafe abortions is increasing, accounting for over 1500 deaths among girls and women per year. The Government of Uganda has not sufficiently invested in capacitating service providers to provide safe abortion care, increasing knowledge among the general public on the legal provisions on safe abortion, and eliminating stigma surrounding abortion. In 2015, the Ministry of Health issued standards and guidelines for reducing maternal mortality and morbidity from unsafe abortions. As a result of petitioning by a group of religious leaders, the roll-out of the guidelines has been put to a halt and the guidelines have been shelved.

Progress and gaps in the implementation of recommendations from the 1st cycle of the UPR

4. [112.41. Increase access to sexual and reproductive health services by raising the health budget to 15 per cent in line with the Abuja declaration (Belgium)] This recommendation was accepted by the Government of Uganda. Sufficient investments in the health sector are a precondition for improving availability and quality of sexual and reproductive health services, through targeted budget allocations. However, the health sector

[1] National Adolescent Health Policy, 2000, Ministry of Health, Uganda

budget has been oscillating; it was 8.6% of the total national budget in the 2013-2014 fiscal year, 9% in 2014-2015, and now 7% of the total budget in the 2015-2016 fiscal year[2]. Therefore until today, it has not realised the required 15 percent health budget in line with the Abuja Declaration.

5. [111.31. Strengthen efforts to fulfil its obligations under CEDAW, including by full implementation of the Domestic Violence Act (Australia)] Under CEDAW, the Government of Uganda is obliged to ensure "access to specific educational and information needs to help ensure the health and well-being of families, including information and advice on family planning" (article 10.h) and to develop family codes that guarantee women's rights "to decide freely and responsibly on the number and spacing of their children and to have access to information, education and means to enable them to exercise these rights" (article 16.e). However, the government of Uganda has not taken adequate action to realise this commitment. Comprehensive sexuality education does not directly target all adolescents, as the official curriculum is restricted to lower secondary schools. In addition, the Domestic Violence Act (DVA) remains largely unimplemented due to limited public awareness of the DVA as well as the wide human and financial resource constraints that impede proper enforcement of the law. Therefore, the Government of Uganda has not adequately strengthened efforts to fulfil its obligations under CEDAW.

6. [111.91. Improve health indicators, particularly decrease maternal mortality rates which remain short of the 2015 MDGs target (Turkey). **111.86. Advance in designing a health programme allowing to tackle Malaria, Tuberculosis and HIV/AIDS, and continuing decreasing the child and maternal mortality rates, and increase life expectancy (Cuba). 111.88. Continue to work with the World Health Organization and other relevant international agencies to further reduce the prevalence rate of HIV/AIDS and enhance access to quality health services for its people (Singapore)]** These recommendations were accepted by the Government of Uganda. However, it has not made sufficient efforts to stop the spread of HIV/AIDS and reduce maternal mortality rates, as too little has been done to improve access to quality health services and to adequate information and education for particularly young people and adolescents. In addition, the Government of Uganda has not made sufficient efforts to harmonise laws and policies to ensure safe abortion services are available and accessible for those who need and are entitled to them. Most of the health centres are not youth-friendly, and fuel stigmatisation of young people and adolescents who are in need of sexual and reproductive health information, education and services.

7. [111.4. Put in place a comprehensive strategy, including review and formulation of legislation, to modify or eliminate traditional practices and stereotypes that discriminate against women (Poland).] This recommendation was accepted by the Government of Uganda. In 2015, a resounding landmark constitutional court ruling banned repayment of bride price by the woman's family in instances of separation or divorce. Most men were using bride price to justify violence against their wives. Despite this positive court ruling, the Government of Uganda has largely failed to implement this recommendation. The Domestic Violence Act (2009), the Prevention in Trafficking in Persons Act (2010) and the Female Genital Mutilation Act (2010) have

[2] Uganda, National Budget Framework Paper, Supra Note 57, Annex 6, at 704.

not been adequately implemented due to low resource allocation for their enforcement. Although the Government of Uganda has a National Gender Policy[3], it was developed in 1997 and has not been revised ever since. In addition, the Penal Code Act (sections 136, 137 and 139) criminalises sex work, and many sex workers face violence from the public, police and other law enforcement agencies across the country. Women involved in sex work cannot freely access sexual and reproductive health information, education and services for fear of the institutionalised stigma and discrimination by the relevant service providers. Hence, the Government of Uganda has failed to put in place a comprehensive strategy to elimination traditional practices and stereotypes that discriminate against women.

8. [112.23. Enact the Marriage and Divorce Bill (Norway).] This recommendation was accepted by the Government of Uganda. The Marriage and Divorce Bill, however, has not been enacted. This delay is particularly caused by legislators, who resist passing the law on the basis of social, cultural and religious grounds. The failure to enact and implement the Marriage and Divorce Bill aggravates the high sexual and gender-based violence rates. According to the 2011 AIDS Indicator Statistics (AIS), the proportion of ever-married or partnered women aged 15-49 who experience physical or sexual violence from a male intimate partner in a year is 80.3%; and the proportion of ever-married or partnered men aged 15-49 who experience physical or sexual violence from a female intimate partner is 68.9%[4]. The Government of Uganda should therefore take more action to ensure the Marriage and Divorce Bill is enacted, by increasing public awareness and demand for the Bill, involve civil society including youth and women's organizations during implementation, allocate sufficient financial resources, and establish monitoring mechanisms to ensure its effective implementation.

Background

9. The Government of Uganda signed international agreements that include commitments to promote, protect, and fulfill all human rights, including sexual and reproductive health and rights (SRHR). These include the Universal Declaration of Human Rights, the Beijing Declaration and Platform of Action (1995); the Programme of Action of the International Conference on Population and Development; Transforming our World: The 2030 Agenda for Sustainable Development; the Convention on the Elimination of Discrimination against Women; the Convention on the Rights of the Child; Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa; the International Covenant on Economic, Social, and Cultural Rights; The Eastern and Southern Africa (ESA) Commitment; The African Charter on People's and Human Rights; the African Charter on the Rights and Welfare of the Child; the Abuja Declaration, among others. The above mentioned commitments reaffirm and recognize that it is the duty of the Government of Uganda to undertake actions to the maximum of its available resources to realize the human rights of all people in Uganda, to life, health, education, security of person, and protection from all forms of discrimination in accordance with the country's 1995 constitution (as amended). Despite the signing and ratification of these

[3] http://www.mglsd.go.ug/uploads/2009/09/Uganda-Gender-Policy.pdf

[4] http://www.unaids.org/sites/default/files/country/documents/UGA_narrative_report_2015.pdf

human rights instruments, there exists a sizeable divergence between these universal human rights obligations and commitments on the one hand, and national human rights norms and practices on the other.

10. The Government of Uganda is party to the ESA Commitment which contains provisions regarding initiating and scaling up comprehensive sexuality education during primary school education, including as core elements decision making about sexuality, relationships, gender equality, and sexual and reproductive health. Yet, the Government of Uganda has not lived up to this commitment. The Government of Uganda has developed a curriculum on sexuality education, but this curriculum is to be rolled out in 2017 and is not comprehensive. It fails to cover important issues such as sexual and gender diversity, masturbation and condom demonstrations in schools. It also only targets lower secondary schools and therefore fails to reach adolescents in primary schools. The Government of Uganda has drafted a School Health Policy, which has a component on sexuality education. However, the process to pass it has been derailed for long and the policy remains in draft. In addition, the Government of Uganda developed a national strategy to address teenage pregnancies and early marriages, with a component on sexuality education. However, this strategy is not fully implemented due to resource constraints. The Children Act has no reference to comprehensive sexuality education as a right for children, despite the fact that Uganda has ratified the United Nations Convention on the Rights of the Child (UNCRC) which places on a State party an obligation to ensure that children's views and opinions are taken seriously in decision-making processes on matters that affect them (article 12) as well as ensure that they access information (article 17) and pursue full implementation of their right to enjoy the highest attainable standard of health (article 24). General Comments No. 4 and 14 of the Committee on the Rights of the Child interpret these obligations to include ensuring access to education, information and services regarding sexual and reproductive health and prevention of gender-based violence. The Government of Uganda has put in place the National Adolescent Health Policy (NAHP), which aims to mainstream adolescent health concerns in the national development process in order to improve the quality of life, participation and standard of living of young people[5]. One of the specific objectives of this policy is to protect and promote the rights of adolescents to sexual and reproductive health education, information, services and care, and mandates establishment of youth-friendly corners in all schools and health centers in the country. However, in practice, most schools and health centers do not have special corners for adolescents and youth that would otherwise enable them to access sexual and reproductive health information, education and services, including contraceptives, in a youth-friendly manner. Sufficient resource allocation and meaningful involvement of adolescents and youth in the implementation process by the Government of Uganda is crucial for putting the Adolescent Health Policy in practice and fulfilling the Ugandan commitments to sexual and reproductive health and rights.

11. Abortion is permitted by law in Uganda to preserve the life and health of the pregnant woman, where health is understood as the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity[6]. This could include instances when pregnancy occurs as a result of rape or incest. To implement this law and to reduce the deaths and injuries caused by unsafe abortions, the Ministry

[5] http://www.youth-policy.com/Policies/Uganda%20National%20Adolesecent%20Health%20Policy.pdf

[6] Reducing Maternal Morbidity and Mortality from Unsafe Abortion in Uganda: Standards and Guidelines, April 2015

of Health has developed and approved national standards and guidelines for safe abortion. The new guidelines seek to address the primary, secondary and tertiary levels of prevention of unsafe abortions, and systematically address unsafe abortion by improving services related to reducing unintended pregnancies and expanding access to safe, legal abortion care, including post abortion care services. These guidelines need to be implemented in health facilities across Uganda, and are designed to improve the health system's capacity to deliver safe abortion care and to increase community awareness about the dangers of unsafe abortion. They are also meant to improve knowledge on how, when and in what circumstances a safe abortion can be performed. According to the new guidelines, when a woman undergoes an unsafe abortion and is in dire need of medical care, such treatment should be provided by a professional medical worker in a competent health facility. They state that medical doctors, clinical officers, nurses and midwives are the only acceptable personnel to administer post-abortion care to the patients. They also indicate that the health facility where complications arising from unsafe abortion are treated should have adequate space, lighting, privacy and clean water. Despite the passing of the new guidelines, a group of religious leaders petitioned the Ministry of Health in 2015 not to roll out these guidelines since they intend to covertly "legalise" abortion. As a result, the roll-out of the guidelines has been put to a halt and the guidelines have been shelved.

Problem identification

12. Comprehensive Sexuality Education. According to the AIS 2014-2015, the proportion of young people who become sexually active increases every year. However, the lack of sexual and reproductive health information, education and services necessary for safe sex predisposes them to unintended pregnancy and STIs, including HIV. Pregnant adolescents are at a high risk of illness and death and are less likely to seek medical help for problems or complications related to their reproductive health[7]. Children born to adolescent girls are more likely to die before their first birthday and more likely to have low birth weights, which increases the risk for serious illness and death. According to Guttmacher Institute, only 33.8% girls and 22% boys aged between 12 and 14 are reported to have received sexuality education in schools[8]. With the majority of adolescents and young people being in school, the school system would be ideal for providing comprehensive sexuality education to this population. Most Ugandan youth, however, continue to get information about their sexuality from alternative sources, such as their peers, media, the internet and for some young women - from their aunties, just before marriage. The information from these sources is generally not evidence-based, not comprehensive and predominately driven by myths, norms and stereotypes that contribute to misinformation, stigma, discrimination and poor health outcomes.

13. Comprehensive sexuality education, which is evidence-based, enables young people to make informed choices about whether, when and with whom to have sex. It promotes safe and healthy relationships and helps to prevent intimate partner violence. This is highly necessary as, according to the available statistics, 15

[7] UNFPA, 2014

[8] Guttmacher Institute (2008).Protecting the Next Generation in Uganda: New Evidence on Adolescent Sexual and Reproductive Health Needs

percent of women report that they have at least once been physically forced to have sex against their will[9] and the 2011 AIS show that the proportion of ever-married or partnered women aged 15-49 who experience physical or sexual violence from a male intimate partner in a year is 80.3%[10]. Comprehensive sexuality education also provides crucial reproductive health information, such as on menstruation. As Uganda's sexuality education curriculum does not target upper primary schools, which where most girls experience their first menstruation, girls are not reached with essential information when they need it most. Many adolescent girls in Uganda therefore lack adequate knowledge on menstruation; a situation worsened by the secrecy and embarrassment around this topic. In 2002, a study conducted by IRC International Water and Sanitation Centre and partners in selected schools in Uganda found that around half of the girls reported missing 1-3 days of primary school per month due to menstrual related challenges. This translates into a loss of up to 11% of learning days[11].

14. Uganda's international commitments to comprehensive sexuality education have not been sufficiently integrated in the key laws, policies and plans. The new sexuality education curriculum targets in-school lower secondary students, thereby leaving out 60% of young people who drop out before completing the primary education school cycle[12]. The deliberate effort by the Government of Uganda to promote abstinence-only sexuality education, and ban condom demonstrations in schools, denies young people access to reliable information, services and supplies that could enable them to protect themselves from unintended pregnancies, STI and HIV infections, and unsafe abortion. Despite these campaigns, premarital sex is common in Uganda with one in three never-married women aged 15 to 24 years admitting to have already had sex. The failure by the Government of Uganda to recognize different sexual orientations in the new sexuality education curriculum as well as in the draft School Health Policy is an indicator that selective, conservative social pressure as opposed to a rights- and evidence-based approach is influencing the policy making processes on sexuality in Uganda. This contributes to severe discrimination, stigma and ultimately violence against young non-conforming boys and girls in schools. Refusal to discuss sexual and gender diversity and masturbation, and allow for condom demonstrations in schools through a school based sexuality education curricula breeds immediate, midterm and long term challenges. Comprehensive sexuality education is necessary to address stigma, discrimination and violence against people with different sexual orientations, high maternal deaths due to unsafe abortions, and high unintended and adolescent pregnancy rates.

15. Access to contraceptives for young people. The use of modern contraceptives by young people is low in Uganda, contributing to high unintended pregnancy rates among this group. Low contraceptive use among young people in Uganda is driven by poor access to sexual and reproductive health information and education, in school and in the communities, and by lack of youth-friendly health services. According to the 2011 Uganda Demographic and Health Survey (DHS), 24% of females aged 15-19 had had a pregnancy or were having their first child, with the rate being higher among the uneducated (45%) than those with secondary education

[9] Opio, A., et all. (2008). Trends in HIV-related Behaviors and Knowledge in Uganda, 1989-2005: Evidence of a Shift toward More Risk-taking Behaviors.

[10] http://www.unaids.org/sites/default/files/country/documents/UGA_narrative_report_2015.pdf

[11] https://mhmconference2014.wordpress.com

[12] http://www.uwezo.net/wp-content/uploads/2012/08/2013-Annual-Report-Final-Web-version.pdf

(16%). Over all, Ugandan young women, on average, give birth to nearly two children more than they want, one of the highest levels of excess fertility in Sub-Saharan Africa, illustrating the difficulty for young women to meet their fertility desires. Contraceptive use has not risen in the past decade among sexually active unmarried young women who have even higher levels of unmet need for contraception (43%) than married women (33%). Commonly cited reasons for not using contraceptives among married women with unmet need include personal or partner opposition to use (26%) and fear of side effects (22%). One of the most common reasons that sexually active 15–24-year-old unmarried women cite for not using a method is that they are not married, which underscores the stigma surrounding sex outside of marriage in Uganda[13].

16. The existing government programs encourage abstinence until marriage, yet, the age at first sex is reported at 16.8 years in females and 18.6 for males. Young people in a school setting cannot witness condom demonstrations, as this is not part of the curriculum. The National Adolescent Health Policy (NAHP) as well as the draft School Health Policy would provide avenues for reaching adolescents and young people with contraceptive information, education and services. The two policies also intend to increase capacities of educators and health care providers to provide a wide range of services for adolescents and young people in a youth-friendly manner, including on contraceptives. However, the implementation of the NAHP is weak while the School Health Policy has not yet been passed.

17. Safe and Legal Abortion. Unsafe abortion is one of the leading causes of preventable maternal mortality in Uganda. Every year, about 1,500 adolescent girls and women in Uganda die from complications resulting from unsafe abortion contributing to the slow progress in reducing the number of women who die due to pregnancy-related complications. According to experts, the official statistics should even be worse as unsafe abortion is in most cases hidden in the haemorrhage and sepsis figures and not captured by most official statistics on abortion due to the stigma associated with it[14]. The 2008 Ministry of Health statistics estimate that abortion-related causes account for 26% of maternal deaths in Uganda. This is significantly higher than the World Health Organisation's estimate of 18% for the East African sub-region and 13% for the world. Besides the violation of the rights to life and health, the consequences of unsafe abortions cost Uganda about 7.5 billion shillings annually.

18. Due to the lack of targeted sensitisation programs by the government, and misconceptions about the laws on abortion, young women are forced to procure unsafe abortions, even in cases where abortion would have been permissible by law[15]. Furthermore, the lacunae in the existing laws on abortion have left many public health workers without explicit knowledge of the legal provisions for abortion, and they often deny young women and adolescents' access to safe abortion services, even when they fall within the law. This indicates the Government's failure to implement its own laws as there has not been sufficient effort to deliberately build capacities of the workforce within the health system to offer safe abortion services. Given the limited capacities within the government facilities, many young women in need of post abortion care opt for private

[13] UBOS, UDHS 2011

[14] Report of the Association of Gynaecologists and obstetricians of Uganda, 2014

[15] http://www.guttmacher.org/pubs/IB-Unintended-Pregnancy-Uganda.html

service providers. However, the costs of post abortion care resulting from unsafe abortions from private health care providers is high ranging from 280,000 to 1,050,000 Uganda Shillings. Given the economic status of many young women in Uganda, these fees are too high, leaving particularly vulnerable young women to revert to clandestine providers who charge much lower fees.

19. Implementing the safe abortion guidelines developed by the Ministry of Health is of key importance as they are designed to improve the health system's capacity to deliver safe abortion care and to increase community awareness about the dangers of unsafe abortion. Also, these guidelines indicate the responsibility of health workers to provide post-abortion care to women who have undergone an unsafe abortion and are in dire need of medical care. Currently, young women face stigma and discrimination by health workers in those circumstances, which the guidelines may help to overcome.

Recommendations for action:

20. The Government of Uganda should enhance investment in the health sector by increasing budget allocations and monitoring health system performance in accordance with the Abuja Declaration commitment of 15% budget allocation to health, and ensure increased investments of the total health budget in sexual and reproductive health services, particularly for adolescents and young people.

21. The Government of Uganda should eliminate all social, legal and economic barriers to access to safe abortion services, and roll out, with sufficient resources, the national guidelines on safe abortion developed by the Ministry of Health, while establishing mechanisms to monitor the implementation of the guidelines and collect feedback for review and follow-up.

22. The Government Uganda should amend, pass and implement the School Health Policy. Amendments to the policy need to ensure its content is comprehensive by including information about a wide range of issues including sexual and gender diversity and masturbation.

23. The Government of Uganda should incorporate comprehensive sexuality education into curricula for primary, secondary and tertiary institutions, train teachers to roll out these programs, and allow participation of adolescents, youth groups and civil society organizations to monitor, review and improve the comprehensive sexuality education curriculum.

24. The Government of Uganda needs to ensure that all young people have access to a wide range of contraceptive methods to satisfy their sexual and reproductive needs at different life stages, including by removing service-provider barriers through training of health workers, and establishing youth-friendly services.

25. The Government of Uganda should develop, allocate resources for, and implement a comprehensive adolescent sexual and reproductive health policy and plan of action, with the participation of adolescents, youth groups and civil society organizations.

26. The Government of Uganda should review the current National Gender Policy and develop a revised comprehensive National Gender Policy with participation of adolescents, youth groups, women's organizations and civil society organizations.

27. The Government of Uganda should integrate sexual rights of young people in the Children Act which is currently under review.

28. The Government of Uganda should allocate sufficient resources to the implementation of the National Strategy on Teenage Pregnancies and Child Marriages, the Domestic Violence Act, and the Female Genital Mutilation Act.

29. The Government of Uganda should pass the Marriage and Divorce Bill into law, allocate sufficient resources for its implementation, and set up monitoring mechanisms, enabling civil society participation, including youth-led civil society organizations.

30. The Government of Uganda should harmonise laws to legalise sex work.