

ARTICLE 8

8.1 INTERNATIONAL REPRESENTATION AND PARTICIPATION OF WOMEN

103. *Low numbers of women in the diplomatic service, particularly in postings outside Uganda was an area of concern for the Committee. Related to this is the small number of Ugandan women working in international organizations.*

The GoU was urged to take measures in accordance with Article 4, Paragraph 1, of the Conventions, to encourage women to enter the diplomatic service. In addition the Ugandan government was advised to introduce measures to encourage women to seek employment in international organizations.

8.1.1 Progress registered by the State Party in Encouraging Women to enter the Diplomatic Service and International Organisations

104. While the numbers of women holding international and diplomatic jobs may not have changed significantly since the last status report a number of women have since been appointed to high profile positions in the United Nations System and other regional bodies. Ugandan women now hold the position of:

- ☞ UN Assistant Secretary General,
- ☞ AU Commissioner for Agriculture and Rural Development
- ☞ Deputy Secretary General of the East African Community
- ☞ Director of the UNDP Gender Team/ Bureau for Development Policy
- ☞ FAO Representative in China
- ☞ WHO Representative in Lesotho

105. Two other women have been seconded by Government to participate in high profile International Court Tribunals in Sierra Leone and Rwanda. This is perhaps the one area where Ugandan women have more visibility and are enjoying a higher profile than their male counterparts.

106. The reverse is true when it comes to the diplomatic ranks. Women's representation in the higher ranks within the diplomatic service is still low, with only 3 women holding Ambassadorial positions in comparison to 21 men (as of October 2008). Women are more visible in the deputy, middle and lower cadre positions in the country's foreign missions.

107. While the Government of Uganda is generally supportive of promoting women's representation, mechanisms to ensure their adequate representation in the top positions of the Foreign Service are lacking. Perceived weaknesses include informal mechanisms through which potential candidates are identified. These mechanisms which often operate at the political level are

male dominated - hence reducing opportunities for capable women. With regards to international representation, the absence of properly established information-sharing and nomination channels to ensure that as many capable women candidates are notified of the available opportunities is also a challenge.

108. It is, however, anticipated that when operationalised, the Equal Opportunities Commission will provide an institutional framework for promoting equal gender representation in diplomatic service ranks as well as international organisations.

9.0 ARTICLE 9

9.1 NATIONALITY

109. *The Committee was concerned about the discriminatory provisions of the Passport Regulations which required a married woman to get written consent of her husband as a prerequisite to being issued with a passport. In addition the Regulations required a woman to secure the written consent of the father of her minor children before she could include them in her passport.*

The Committee therefore recommended revision of the Passport Regulations in conformity with the constitutional provisions on citizenship.

9.1.1 Progress registered by the State Party in Amending the Passport Regulations

110. The current status of the law is that children should acquire their own passports to reduce on incidences of child trafficking. Both fathers and mothers have equal rights to acquire passports for their children. In addition written consent from a spouse is also no longer required when applying for a passport.
111. Following the 2005 Constitutional Amendment, Uganda now permits dual citizenship and recognises that a person who is not a citizen of Uganda may acquire the citizenship of another country, while retaining their Ugandan citizenship. The Ugandan Citizenship and Immigration Control (Amendment) Bill has been tabled in Parliament. The new law will operationalize this constitutional provision.

10.1 EQUALITY IN THE FIELD OF EDUCATION**10.1.1 Progress registered by the State Party in ensuring Equality in Education and remaining difficulties****Primary Education**

112. The Universal Primary Education (UPE) policy has contributed to narrowing enrollment disparities in primary school education. The proportion of girls in primary schools improved from 44.2% in 1990 to 49.8% in 2006.
113. In order to bridge gender gaps in education, UNICEF supports the Girls' Education Movement (GEM) school clubs to increase children's participation and girls' empowerment, as well as the United Nations Girls Education Initiative (UNGEI) camp and community education committees that aim to increase community engagement for education of girls and other vulnerable children.

Secondary Education

114. In a bid to strengthen its program of expanding access to education the Government has introduced the Universal Post Primary and Technical Education Policy which was adopted in 2007. Under this scheme free secondary education is provided by Government.

Tertiary Education

115. Gender equality efforts in tertiary education have entailed implementation of the 1.5 scheme. The scheme was introduced in 1990 in a bid to increase enrolment figures for women at the Makerere University as well as enable more women to enroll in male-dominated courses such as engineering veterinary and human medicine. Under the scheme all female applicants enrolling for undergraduate courses are automatically awarded a bonus point of 1.5. The scheme has contributed to an increment in enrolment of female students from 25% in 1990 to 43% in 2003. The University registered a higher ratio of female to male graduands (51.6%) at the graduation of the academic year 2005/06 where 6,519 students graduated.⁴⁷
116. Makerere University has implemented the Female Scholarship Initiative (FSI) for 7 years (2001 - 2007).⁴⁸ The objective of the scheme was to enhance enrolment, retention and academic performance of female undergraduates at the University. The scheme targeted female students who have been admitted under private sponsorship but are unable to finance their studies.

⁴⁷ Gender Mainstreaming Division, Makerere University (2007) Situational Analysis of the Gender Terrain at Makerere University 2007, Fountain Publishers, Kampala

⁴⁸ Makerere University with the support of the Carnegie Corporation

During the selection process priority was given to female orphans and those from under - represented and disadvantaged districts from Uganda and from poor family backgrounds. One of the core objectives of the FSI is to increase female enrolment in the science disciplines by reserving 70% of the awards for science disciplines against 30% for the humanities. The Initiative has contributed to increased female enrolment in science disciplines. Between 2001/2 and 2002/03, 233 female students had benefited from the scheme and of these 150 received scholarships to pursue science related courses.⁴⁹

117. However, at primary school level, the dropout rate for girls remains high at 53.5% in comparison to 46.3 for boys. The gender gap is worse in areas affected by conflict in Northern Uganda and Karamoja. This is due to a number of reasons, inter alia, early marriages; pregnancies; absence of gender sensitive sanitation facilities in schools; preferential treatment to boys as opposed to girls in accessing education; family responsibilities; sickness; financial constraints; sexual harassment in the communities and at school; and the absence of life-skills or guidance and education on adolescents' reproductive health and rights.⁵⁰

TABLE VI: ENROLMENT AND COMPLETION RATES IN PRIMARY SCHOOL EDUCATION

	Female	Male
Enrollment figures	48%	52%
Completion	42%	55%
Drop out	53.5%	46.3%

Source: Millennium Development Goals: Uganda's Progress Report 2007

118. Current statistics indicate gender differentials in enrollment for secondary school and retention. For instance, estimated secondary school enrollment for 2005/06 was 900,000; of these 53% were boys and 47% girls. The enrollment figures decreased substantially for girls at higher levels. The number of girls enrolled at Senior Four was 42% while boys were 58%.⁵¹
119. Uganda adopted the National Strategy on Girl Child Education to improve on retention of the girl child. The Strategy has identified development of gender-sensitive materials; provisions of adequate and separate sanitation facilities for boys and girls in mixed schools; improving quality of education for both boys and girls as well as strengthening governing bodies of schools to respond to the basic needs of pupils (including those of the girl child) as interventions that should improve on retention of the girl child in primary education.

⁴⁹ Ibid.,

⁵⁰ Millennium Development Goals; Uganda's Progress Report, 2007

⁵¹ Ibid.,

120. A school feeding program has been introduced targeting children in Karamoja and Northern Uganda. The Alternative Basic Education for Karamoja is a context-specific education program that has been adapted to suit agro-pastoralist communities. Under this program children attend schools in the morning or evening hours when they are not required to herd cattle or other household chores. The program has witnessed an increment in enrolment of children.⁵²

⁵² Obligations Unfulfilled: The Rights to Education and Health in Karamoja and Northern Region of Uganda, HURINET, 2008

11. ARTICLE 11

11.1 EMPLOYMENT

121. *The Committee noted the lack of gender disaggregated data on women in employment. The Committee was also concerned about the high rate of unemployment among women, disparities between the wages of women and men, disparities in social security and lack of legal protection for women against sexual harassment at the workplace. In addition the Committee was concerned about the delay in adopting the Draft National Employment Policy and the lack of legislation to operationalise the provisions of Article 40 of the Constitution which protects the rights of persons in employment.*

The Committee urged the State Party to provide gender disaggregated data on women's participation in the labor market and employment conditions, including wages in the private and informal sectors. The Committee further encouraged the State Party to enact legislation to protect the rights of persons in employment which complies with the provisions of Article 11 of the Convention and adopt the Draft National Employment Policy. In addition the State was tasked to introduce temporary special measures in accordance with Article 4, paragraph 1 of the Convention to create employment opportunities for women. The Committee furthermore recommended the introduction of specific legislation with accessible procedures and compensation for victims, and penalties for perpetrators to address sexual harassment in the workplace.

11.1.1 Progress registered by the State Party in Eliminating Discrimination in Employment and remaining difficulties

122. Labor legislation passed by the State Party contains a number of provisions which comply with the constitutional provisions on economic rights of women. Of particular relevance is the Employment Act⁵³ which contains a number of provisions that protect the rights of women in employment. These are ⁵⁴:

- A broad definition of discrimination, which includes discrimination on the basis of sex in field of employment⁵⁵
- Prohibition of sexual harassment in employment and requiring employers to put in place measures to prevent sexual harassment. The definition of sexual harassment is extensive and includes both express and implied incidences of sexual harassment.
- Prohibition of employment of children.

⁵³ Act 6 of 2006

⁵⁴ Interview with Harriet Luyima, Commissioner of Labor, MGLSD, 24th January 2008; Op.cit at 4;

⁵⁵ Discrimination is defined as "any distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin, and HIV status or disability".

- Increment of maternity leave from 45 calendar days in the public service and 6 weeks in the private sector to 60 working days for both the public service and private sector. This applies to both childbirth and miscarriage.
 - Provision for 4 days` paternity leave.
 - A right to return to the same job after maternity leave, even in sickness related to pregnancy and child birth.
123. In line with the new labour legislation, the Ministry of Public Service has revised its Code of Conduct to contain provisions on sexual harassment at the workplace.
124. Unions played a significant role in advocating for enactment of the Employment Act. This has been followed by sensitization sessions for workers on the provisions of the Act and negotiations for recognition and collective bargaining agreements with employers. All these measures are geared at ensuring that workers can benefit from the provisions of this legislation.
125. Gender disaggregated data generated⁵⁶ on labor force and time use reveals a slight improvement on the status of women in labor sector but disparities still exist between women and men as reflected in the tables VII and VIII below. These inequalities include:
- Women are paid less than men in both the private and public sectors; but wage differentials are more pronounced in the private sector where men's wages double those of their female counterparts.
 - Women constitute 79% of the labor force in the agricultural sector which is characterized by uncertainty, low returns and yet employees in this sector earn the lowest wages in comparison to other sectors.
 - There are more women employed in low paid jobs or sectors of the economy than men.
 - Women constitute only a third of all employed persons.
 - Women spend 9 hours on care labor activities compared to 1 hour for men per day. Care labor activities have no monetary value attached to them. Care labor activities include cooking, fetching firewood and looking after the young and sick.
 - Women in the informal sector are not covered by the social security system and efforts are underway to transform the entire system to increase coverage.

⁵⁶ Uganda Bureau of Statistics which conducted the Uganda National Household Survey (UNHS)

Table VII: Distribution of Occupation and Median Income earned by Sex of Household

Occupation %	Income earned ('000)	
	Female	Male
Legislators/Professionals	0.5	1.4
Technicians and Associated workers	1.9	3.5
Clerks	0.9	1.1
Service and Sales Workers	8.9	9.9
Agriculture and Fisheries Workers	79.1	61.6
Crafts and Related Traders	1.3	5.9
Plant and Machine Operators	1.2	3.2
Elementary Occupation	5.2	14.4

Source: Uganda National Household Survey 2005/2006

Table VIII: Percentage of Labor Force and the Growth Rates (%)

Employment status	Women	Men
Composition of Labor force	51.4 which is a decline from 52.6	48.6 an increase from 47.4
Labor participation rate	80.9 an increase from 80	83.5 an increase from 80.5
Labor growth rate	2.9	4.4
Employment growth rate	3.6	4.75
Composition of non - agricultural employment	36	53
Unemployment rate	2.1 a decline from 4.2	1.7
Self-employment	40	52
Unpaid Family Worker	50.1	23.5
Permanent employee	2.6	6.5
Temporary/Casual employee	6.4	17.4
Time spent on economic activities (hours)	6	7.3

Source: Uganda National Household Survey 2005/2006

126. Women's low economic status has been attributed to their low literacy levels, limited access to productive assets such as land, credit and other resources.
127. The Employment Act (2006) contains a number of exemptions and shortcomings which limits its scope to offer adequate protection to women in employment. These are⁵⁷:
- ▶ Its non-application to the informal sector which is predominantly occupied by women viz. family businesses, domestic work. For example the 2005/2006 UNHS indicated that women constitute 50.1% of the unpaid family workers. This therefore leaves women in the informal sector vulnerable to exploitation.
 - ▶ Exclusion of the provision on discrimination from particular professions which can justify such 'distinctions, exclusions or preferences in respect of a particular job as inherent requirements of that job'. Such a proviso can be used to justify exclusion of women from given professions.
 - ▶ Limiting the incidences of sexual harassment that are actionable to those that are committed by an employer or his representative to an employee. This therefore means that incidences of sexual harassment between employees of the same rank are not actionable under the Act. On another front, the provision requiring employers to put in place measures that prevent sexual harassment is only applicable to workplaces with more than 25 employees.
 - ▶ Failure to recognise taking time off to care for sick family members as good cause for absenteeism from work. Given that women spend 9 hours on care labor activities, this therefore inevitably means that women in employment face the risk of having their wages reduced or foregone altogether when they take time off to look after sick relatives.
 - ◆ Failure to provide for measures that would enable breastfeeding mothers who have resumed work to continue breastfeeding during a working day. The Act provides that an employee who works for a maximum of 8 hours is entitled to a break of 30 minutes. Such a break is insufficient to enable a mother get to the place where the baby is and return to work in time. This provision would only be practical if employers provided child care facilities at the work place. However the Act places no such obligation on employers.
128. Further there are challenges in enforcing these laws and guaranteeing safe working conditions due to limited institutional capacity and acute staffing constraints⁵⁸. Small scale firms are experiencing difficulties in implementing provisions of the Employment Act due to insufficient resources. Of particular relevance are the provisions on maternity leave. Such firms find it difficult to

⁵⁷ Gender Audit of Key Laws Affecting Women in Uganda

⁵⁸ Weak supervision and enforcement measures have exposed workers to deplorable working conditions characterized by long working hours, low wages, unfair dismissal, and general mistreatment of workers.

offer maternity leave and at the same time employ another person to cover the employee on maternity leave.⁵⁹

129. A National Employment Policy is being formulated. The Policy will serve as a comprehensive framework for employment in the country. Its scope is expected to cover different categories of workers, including women, youth, migrant workers, workers living with HIV/AIDS and People with Disabilities.
130. Other policies in place include a National Child Labour Policy and the National Policy on HIV/AIDS in the Workplace. A draft action plan to implement the child labor policy is being finalized, as well as one on Youth Employment. The MGLSD has also embarked on consultations for development of an action plan on HIV/AIDS in the Workplace.

⁵⁹ Interview with Lillian Keene, Executive Director, Platform for Labor Action and Susan Acen (Program Officer), 9th February 2008

12.0 ARTICLE 12

12.1 EQUALITY AND ACCESS TO APPROPRIATE HEALTH CARE

131. *The Committee was disheartened about the high rate of teenage pregnancy and its implications for girls' rights to education and health. Related to this was the high rate of maternal mortality among teenage girls, particularly in the rural areas, frequently as a result of clandestine abortion.*
132. *The Committee was concerned about the high incidence of violence against women, such as domestic violence, rape including marital rape, incest, sexual harassment at the workplace and other forms of sexual abuse of women. The lack of a legal and policy framework to address violence against women was also another area of concern. The continued existence of Female Genital Mutilation in some districts was identified as another area of concern.*

The Committee proposed the design and implementation of a national health programme that includes reproductive health programmes designed to prevent early pregnancies and induced abortions in rural and urban areas. Another area for further improvement was the development and implementation of sexual and reproductive health programmes targeting both girls and boys. The Government of Uganda was also urged to provide safe and affordable contraceptives.

12.1.1 Progress registered by the State Party in ensuring Equality and Access to Health Care and remaining difficulties

133. Women's health continues to be an area of concern and particularly the issues related to women's sexual and reproductive rights which have been aggravated by the HIV/AIDS pandemic. According to the UDHS 2006, the number of women in Uganda who die due to pregnancy complications has declined slightly from 505 in 2001 to 435 per 100,000 in 2006; while the number of children who die before their first birthday has reduced from 88 to 75 per 1000 live births during the same period. Yet while the statistics indicate some improvement, it is almost insignificant in relation to the MDG targets on reducing maternal mortality to 131 deaths per 100,000 live births by 2015.

TABLE IX: STATUS OF REDPRODUCTIVE HEALTH

Indicator	1995	2001	2006
Maternal Mortality	506	505	435
Infant Mortality (<1)	81	88	75
CMR (<5)	72	69	137
TFR	6.9	6.9	6.5%
CPR	15%	23%	24%
Adolescent pregnancies	43%	32%	
Unmet FP need	29%	35%	

Source: UDHS

134. The Government of Uganda has put in place a number of measures aimed at reversing these trends. Sexual and Reproductive Health issues are being addressed through an elaborate policy framework that includes: the National Health Policy; the Health Sector Strategic Plan (HSSP II); the National Strategic Framework for HIV/AIDS; the Population Policy; and the Universal Primary Education, Population Policy. Sexual and Reproductive Rights form one of the priority areas under the National Minimum Health Care Package. The core areas of focus include:

- Adolescent Sexual and Reproductive Health.
- Safe motherhood (prenatal, antenatal, postnatal and breast-feeding).
- Family planning.
- Sexually Transmitted Infections, including HIV/AIDS.
- Reproductive Health Cancers (Cervical and breast)
- Gender issues in Reproductive Health (domestic violence, rape and male involvement).

Safe motherhood

135. Emergency obstetric care (EmOC), family planning and skilled attendance are some of the key interventions proposed to further reduce the maternal mortality rates to 300 per 100,000 live births or below by 2010. An Infant and Maternal Mortality Task force established that the main causes of maternal deaths in Uganda are: abortion, anemia, hemorrhage, obstructed labour and infections; which have been caused and or aggravated by: poverty, illiteracy; early/ frequent pregnancies and a poorly-equipped health system.
136. The near universal first attendance at antenatal clinic has continued, although the proportion of women who reach the national target of 4 attendances per pregnancy and those who deliver in health facilities has only marginally improved. These improvements have, however, not been matched with availability of EmOC. A national survey⁶⁰ of EmOC in 2003/2004 found an unmet need for EmOC of 86%. Access to basic emergency obstetric care, the main determining factor for improved maternal and neonatal survival remains extremely low at 5.1% nationally, compared to the UN recommended minimum rate of 15%.
137. Interventions being taken by the State Party to address this situation have included: building a community of skilled health workers with the capacity to support mothers (including traditional birth attendants); strengthening linkages between the communities and formal health care system; mobilising communities on health-seeking behaviour and the extension and improvement of the district health care delivery system. There are on-going efforts to upgrade and equip Health Centres with the necessary drugs and attendant equipment to manage emergency obstetric care, blood transfusions

⁶⁰ Status of EmOC in Uganda, October 2004)

and post-abortion care. National Minimum Health Care package and theatre facilities are only available at Health Centre IV. However, the idea is to use the available resources as efficiently as possible by building a functioning referral system.

138. Related interventions have included integration of reproductive health programmes with the Malaria Control Programme and specifically the inclusion of Intermittent Preventive Treatment (IPT) as part of the ANC package; and promotion and provision of free/subsidized insecticide-treated nets (ITN) to pregnant mothers and children under five, albeit on a very limited scale. However, coverage of IPT is still low, in particular as a result of late utilization of ANC.
139. Despite these efforts, Government continues to experience many challenges in ensuring access to quality health services and promoting utilization of key health services. The issue of funding on maternal health issues remains a critical one. Maternal health issues are yet to receive the required level of prioritization at both the policy and implementation levels. Although statistics indicate substantial funding to the health sector, they mask the inequalities in disbursements to the different areas of health care, with the bulk of funds going towards HIV/AIDS activities. For example, while the Ministry of Health needs at least 40 billion UGS annually to reduce maternal and child mortality, it receives only 80 million – which is only 0.2% of the required amount. The sector-wide approach has resulted in less funding for reproductive health today, as most donors who previously supported RH initiatives have joined SWAP, and so they cannot support reproductive health projects. The fragmentation of related RH issues i.e. HIV/AIDS, Population issues, SRH and Safe Motherhood under different bureaucracies has also not helped matters.
140. The health delivery system is particularly inadequate in the rural areas where the decentralization system and autonomy in allocation of resources has not been favorable for women's health issues. There are still huge challenges in relation to securing proper infrastructure, the regular supply of drugs and the recruitment and retention of well-trained health personnel. The situation is particularly bad in the conflict - affected northern Uganda and the Karamoja region. The health indicators in these regions remain way below the national average. For example access to primary health care (PHC) services in Karamoja stands at 7.1% in comparison to 100% in Kampala.
141. Some of the remedial measures being taken to improve health care in these regions and most rural areas include: development of special programmes (Northern Uganda and Karamoja) and the institution of the private partnership policy as a policy strategy for the increased decentralization of service delivery. Measures are being taken to ensure better coordination and collaboration between the Ministry of Health and private, not-for-profit

providers (including NGOs, Churches). Traditional and complementary medicine practitioners are yet to be formally included.

142. Another measure being taken to increase resources available for reproductive and maternal health is through synergistic integrated programming. Some success has already been registered with the Malaria Control Programme and the HIV/AIDS programme. The need for additional resources, however, remains critical, in order for Government to improve health outcomes in general, and to meet the MDG goals of reducing maternal mortality. An increase in resources for the Health Sector will enable the sector to adequately equip and staff the health facilities that have been constructed around the country.
143. The Ministry of Health has also made available a drug known as *Misoprostol*, which can prevent women from bleeding after birth. The drug can be accessed at no cost right up to Health Centre IV and will be administered to women who experience haemorrhage after birth.

Family Planning

144. The issue of family planning is of critical importance in light of the high fertility rates (6.7 children per woman) and population growth. According to the World Population data sheet (November 2007), Uganda has the world's third fastest growing population (3.2% per annum) and will, as a result, have the biggest population increase in the next four years. Uganda's population estimated at 30.66 million by mid 2009 will grow to 55.9 million by 2025 and 117 million by 2050; i.e. indicating a 307% increase between 2007 and 2050. It is recognised that Uganda is unlikely to meet its national poverty reduction and MDG goals unless efforts to reduce population growth and total fertility are accelerated in the immediate future.
145. The high unmet need for family planning has led to an increase in unplanned births from 38% in 2000 to 41 percent in 2006⁶¹. An estimated 775,000 women have unplanned pregnancies each year (approximately 25% of these being adolescents) and hence the high number of induced abortions - estimated at 297,000 per year⁶².
146. However, although women want to reduce the number of children that they have, only one fifth of married women (24%) practice birth control. This is due to many factors, including: misconceptions about family planning, lack of information, limited access to services, costs, limited decision-making power on reproductive choices and opposition from male partners.

⁶¹ Study by the Family Planning Association of Uganda, 2006/7

⁶² Guttmacher Institute: Unintended Pregnancy and Induced Abortions in Uganda: Causes and Consequences

147. Government aims at reducing the total fertility rate (TFR) from 6.9 to 5.4 and contraceptive prevalence rate from 23% to 40% by 2009 by tackling the problem through different fronts including: integrated reproductive health services; information & education programmes for women and *sensitisation* efforts to increase male involvement in family planning programmes; as well as provision of a range of family planning services and information targeting adolescents.
148. Complementary efforts by CSOs include the vigorous social marketing of family planning services and birth spacing.
149. The correlation between formal education and early pregnancies is well understood. According to a recent study, 6% of young women in school have ever had a pregnancy, compared to 73% of those out of school.⁶³ The Government is therefore committed to increasing access to formal education through the Universal Primary Education and more recently the Universal Post Primary and Technical Education Policy. It is hoped that these programmes, which will be backed with the National Girls Education Strategy, will increase educational and other livelihood opportunities for girls.

Adolescent Sexual and Reproductive Health (ASRH)

150. HIV/AIDS prevention remains a core component of the Government's programmes on ASRH. In terms of policy, the State Party is continuing with its ABC strategy on HIV/ AIDS with emphasis on *abstinence* for the youth. Current measures to promote Adolescent Sexual and Reproductive Health (ASRH) include the *Health Promoting School Initiative (HPSI)* that includes sex education, counseling and life skills. Others include the Presidential Initiative on AIDS Strategy for Communication to Young People (PIASCY) and the Young Empowered and Healthy (Y.E.A.H) Initiative started in July 2004 by the Uganda AIDS Commission to prevent HIV and early pregnancy among school going and out-of-school youth.
151. MGLSD is implementing the Programme for Enhancing Adolescent Reproductive Life (PEARL) program with support from UNFPA. The community-based programme is aimed primarily at out-of-school youth aged 10-24. The approach is multi-pronged with the following aims:
 - to create a safe environment where adolescents can engage in recreational activities;
 - to create awareness and provide reproductive health counseling and services.;

⁶³ Guttmacher Institute, Protecting the Next Generation in Uganda: New Evidence on Adolescent Sexual and Reproductive Health Needs 2008.

- to involve parents and religious and community leaders and to sensitize them on the importance of providing such counseling and services.

In fact, the importance of involving parents has been one of the most valuable lessons learned during the course of the programme.

152. There are also a range of media campaigns being led by CSOs⁶⁴. These include the campaign against *Cross Generational Sex* - a key contributing factor to HIV prevalence rates among young women. The campaign will be extended to girls and young women in universities and 50 secondary schools. The Straight Talk Foundation (STF) has also been instrumental in relaying IEC materials on ASRH through newspaper publications, open dialogue, radio programmes in 14 local languages; and the establishment of 1200 *Straight Talk* clubs in communities and schools⁶⁵.
153. As the epidemic has matured, the population groups most severely affected have shifted from young, unmarried individuals to older and married or formerly married individuals. The recent HIV/AIDS Sero-Behavioural Survey (2006) indicated a shift in the epidemic from the younger age groups to the 30 - 49 age group which could be an indicator that young people are adopting safe behaviours and practices. There has also been a reported decline in teenage pregnancies from 41 % in 1995 to 31% in 2001 and 25% in 2006.
154. While progress has been registered, the remaining challenge is extending and expanding the availability of ASRH services. This so far has been addressed by Government through pursuing an *integrated* approach - (integrated sexual and reproductive health services) in health units, PHC and community programmes as a cost effective means of addressing reproductive health issues. Unfortunately, these are not always user-friendly for the youth and more, therefore, needs to be done in terms of training and sensitizing staff to respond effectively to the adolescent's SRH needs.
155. Another emerging challenge is that of HIV positive adolescents i.e. many of whom acquired the infection at birth. A study⁶⁶ conducted indicated that they are a time bomb source of infection. It was noted that this category of adolescents still have knowledge gaps relating to RH, HIV transmission & contraceptive use. The study also revealed that poverty, peer pressure, stigma and the fear of rejection have been a hindrance to disclosure. This calls for tailored interventions to support the needs of these youth, including the adoption of appropriate behavioural skills.

⁶⁴ Population Services International (PSI)

⁶⁵ Straight Talk Campaign in Uganda: Impact of Mass Media Initiatives.

⁶⁶ Pediatric Infectious Disease Clinic of Mulago Hospital, Uganda/ Institute of Tropical Medicine and Centre for Evaluation and Programme Development, Antwerp, Belgium.

Sexually Transmitted Infections, including HIV/AIDS

156. Statistics from the 2004-05 HIV/AIDS Sero-Behavioural Survey indicated that HIV prevalence among women is higher (8%) than that of men (5%). Currently, HIV prevalence peaks among women aged 30-34 years and men aged 40-44 years, a shift of five to ten years from the early 1990s⁶⁷. The survey also showed a rise in the number of discordant couples (5%). Three fifths of the infected partners in these couples are men. This poses a serious risk to married women, who because of low couple counseling and testing and limited negotiation power for condom use, are continuously exposed to HIV infection.
157. Government measures to address these challenges include the introduction of free STI testing and treatment in all Government facilities. Voluntary counseling and testing (VCT) is also high on the agenda in light of the rise in discordant couples and as a prevention strategy. A communication strategy is being drafted to sensitise the population on the importance of HIV testing and counseling (HCT).⁶⁸ In the interim, Government in collaboration with CSOs have invested significantly in VCT centres and are working on making it universally available and accessible.
158. HCT and specifically routine counseling and testing are becoming an integral component of ANC in most health facilities. The State Party is also planning on making HCT a requirement for supporting decisions on getting pregnant among women of reproductive age; and for those already pregnant to avoid transmission to babies. HCT has played an invaluable role in identifying HIV positive mothers in need of special care, support and anti retroviral therapy. Government has fairly successfully introduced the Prevention of Mother to Child Transmission (PMTCT) service package which has reduced the rate of HIV infection of new born babies from 25% in the 1990s to 6% in 2006. At least 60-70%⁶⁹ of all pregnant HIV positive mothers now access PMTCT. Figures show that by 2006, 500,000 women were accessing PMTCT and there are plans to expand this number to 800,000 in 2008. A pilot programme is underway in 5 district hospitals where PMTCT services are being expanded to include HIV services and ART treatment to the families of HIV+ mothers.
159. Despite these measures, PMTCT has been challenged by limited uptake of increasingly available services. Failure of some mothers to access PMTCT is due to some limitations in the health care facilities at the lower community level - inadequate and inexperienced health workers, inadequate supply of drugs for opportunistic infections and ART, testing kits and other essential sundries. Inadequate access to IEC messages as well as the fact that many women do not seek early ANC nor deliver at health facilities presents a

⁶⁷ National HIV and AIDS Strategic Plan (2007/8 – 2011/12)

⁶⁸ Ministry of Health

⁶⁹ Dr Saul Onyango: Early HIV/ AIDS Testing saves the Baby – Saturday Vision December 1, 2007.

problem to the programme. Male co-operation, which is vital in realizing PMTCT, is also still lacking.

160. Imbalances in decision making/ negotiating power at the household level, lack of autonomy on RH, low unavailability of women-friendly HIV barrier methods and the absence of legal protection, i.e. against the various forms of gender based violence, continue to pose serious threats to women's protection against HIV and other sexually transmitted infections.
161. Responses to these challenges have included the introduction of female condoms whose distribution has, however, been suspended due to low uptake; as well as vaccine trials carried out in Uganda and 3 other countries on the use of microbicides, which were unfortunately not successful.

Cervical Cancer

162. In Uganda, over 80% of women with cervical cancer are diagnosed in advanced stages of the disease thus making it the leading cause of cancer deaths in the country. Women with cervical cancer account for over 40% of radiotherapy patients in Mulago Hospital.
163. The high costs and inaccessibility of services have weighed down the fight against cervical cancer. Cervical cancer screening is not yet widely available and is mainly restricted to urban centres. Many lower cadre care providers, who form the bulk of staff in upcountry clinics, have not been exposed to its use. The problem is aggravated by the lack of awareness for the need for regular pap smears among sexually active women.
164. The Health Sector is responding to this challenge through utilization of vaccines. Uganda is one of the countries that is involved in a pilot initiative aiming at the vaccination of 10 to 12-year-old girls against the HPV virus, before they become sexually active. There is, however, need for IEC campaigns and low cost screening tools for women above that age. Infact it is paramount that a policy that encourages screening for prevention, early detection and effective treatment of cervical cancer is formulated.

Sexual and Gender-Based Violence (SGBV)

165. SGBV remains both a serious human rights and public health issue for women especially. In Uganda, women are subjected to different forms of gender-based violence, including FGM (which is still practiced in some parts of the country) battery/ assault; defilement; rape and marital rape; which increase the risk of gynecological problems and women's vulnerability to sexually transmitted infections and HIV/AIDS.

Table X: Prevalence of VAW

Sexual and Gender Based Violence	Average	Urban	Rural
Experience of Physical violence	60%	54%	61%
Experience of Sexual violence	39%	31%	41%
Experience of Violence during pregnancy	16%	7%	17%

Source: 2006 Demographic and Health Survey, Uganda

166. Some of the predisposing factors include: the low socio-economic status/dependency; discriminatory laws and the cultural values, practices and attitudes regarding women in marriage (polygamy, payment of bride price, non-disclosure of marital woes). At the secondary level, the absence of legal protection mechanisms including the absence of law enforcement agencies in some areas e.g. conflict affected regions, has further increased women's vulnerability

Measures to address these predisposing factors and challenges include the following:

167. In addition to provisions under the Constitution, Uganda Gender Policy, National Health Policy, the Land Amendment Act, the Penal Code Act (Cap 120) has recently been amended to cover the offences of simple and aggravated defilement. In addition, it has conferred jurisdiction to try defilement cases to magistrates in an effort to ensure the speedy dispensation of justice. The draft DRB and Sexual Offences Bill are also expected to boost legal protection mechanisms for women.
168. A draft Domestic Violence Bill which seeks to criminalize the different forms of domestic violence and to make provisions for appropriate penalties and civil remedies, has also been prepared by the Law Reform Commission and forwarded to the Attorney General for consideration. It is anticipated that it will be tabled as soon as the attendant processes are completed.
169. Indeed one of the challenges in accessing the legal system continues to be the painfully slow process of law reform and especially in relation to gender sensitive legislation. For example, whereas discriminatory sections of the Divorce and Succession Act (extensively discussed under Art. 15) have been repealed, new laws are yet to be put in place.
170. Government through the MGLSD has taken a number of measures designed to address SGBV in its policies and practices and has registered the following achievements:
- o Establishment of an SGBV Reference Group
 - o Development of a strategy to address GBV (work in progress)
 - o Inclusion of SGBV in the Minimum Health Care package provided by the MoH
 - o Development of a training manual, information and emergency kits

- o Establishment of a training team on SGBV composed of both government and CSO representatives.
- o Generation of Data with UBOS on status of SGBV to support policy interventions

So far training has been undertaken in five districts ⁷⁰ reporting some of the highest SGBV prevalence rates. 80% of all health workers have received some training and this has led to an increase in the number of SGBV cases being reported to police.⁷¹ Efforts to establish a model SGBV Recovery Centre in Gulu District are underway through a joint undertaking by MGLSD and Ministry of Health.

171. Other related interventions include the implementation of an SGBV project (2006-2010) which aims at increasing access to information, counseling, social support and treatment of and protection against SGBV and other harmful practices.⁷² Under this project, community-based media campaigns against SGBV were carried out in the project area constituted by 5 districts. Sensitization seminars at parish level, radio talk shows and advertisements on SGBV were carried out. Increased awareness on SGBV, pre-disposing factors and appropriate steps to take in the event of SGBV are the outcomes associated with this initiative. Community willingness to report cases of SGBV is gradually increasing in the project area, in addition to commitment of local leaders to address SGBV. The project has recently concluded a *study on gender issues in trafficking of human persons* that will inform implementation of the UN Protocol on Trafficking in Persons.
172. In addition to these special projects, other measures to address violence against women have included: increasing protection mechanisms through the establishment of the Police Family Protection Units; provision of HIV/AIDS post-exposure prophylactic (PEP) kits at Health Centre III and IV; and capacity building/gender sensitisation programmes for law enforcement agencies.
173. Government is also in the process of re-establishing and strengthening the Police and Judicial services in the conflict affected regions⁷³ where the incidence of SGBV is extremely high. However, apart from resource constraints which have affected logistical operations and staffing of law enforcement agencies, attitudinal issues towards GBV particularly from the Police Officers remains a challenge. It is, however, anticipated that this could change if the law that criminalizes domestic violence is passed.
174. The above efforts are complemented by CSO initiatives, e.g. the National Domestic Violence Prevention Initiative, which aims at strengthening GBV

⁷⁰ Training has been undertaken in the districts of Gulu, Kitgum, Pader, Lira, Kapchorwa

⁷¹ The training has been conducted in the Acholi and Lango regions

⁷² The project is a partnership between the GoU and UNFPA and is being coordinated by the MGLSD

⁷³ National Peace, Recovery and Development Plan for Northern Uganda (PRDP)

prevention at the community level. Some of the CSOs⁷⁴ have undertaken integrated projects which include legal literacy programmes, capacity building, legal aid services, counseling services and shelters for abused women. These initiatives have increased the visibility of GBV; mobilised communities including men in the fight against GBV; and strengthened civil-state relations in the handling of survivors of violence.

12.2 Female Genital Mutilation

Progress registered by the State Party in Eliminating FGM

175. A proposed law was drafted and presented to Parliament '*The Prohibition of Female Genital Mutilation*' Bill. The Bill defines FGM as *violation or attempted violation of the physical integrity of the female organ, either by total or partial ablation, excision, infibulations or desensitization*. If enacted, it provides that a person found guilty of FGM is liable to imprisonment (7 to 10 years) or liable to pay a fine of no less than 1 m UGX. The Bill is a result of the efforts of the Kapchorwa Local Government, REACH programme and those of LAW Uganda - a CSO that recently petitioned the Constitutional Court to declare FGM illegal.
176. Efforts to eliminate harmful practices, e.g. Female Genital Mutilation (FGM), have focused on awareness campaigns aimed at changing attitudes and eroding its social acceptability in the communities where it is practiced. The anti-FGM campaign spearheaded by the REACH project in partnership with the Kapchorwa Local Government has contributed to a reduction of the practice in some areas of the district from 80% in 1996 to below 10% in 2006.

⁷⁴ CEDOVIP, Mifumi, Raising Voices, SC (U), ActionAid, LAW-U

13.0 ARTICLE 13

13.1 ECONOMIC AND SOCIAL BENEFITS

13.1.1 Progress registered by the State Party in Reducing Prevalence of Poverty among Women and remaining difficulties

177. Poverty in Uganda has a predominantly female face. 31% of the Ugandan population lives below the poverty line – the majority of whom are women. Research studies have shown that women experience severe constraints, including limited access to the key factors of production: land, capital as well as several legal and administrative obstacles that constrain their level of entrepreneurship. Women frequently lack the necessary information and connections to procure sizeable business opportunities.
178. Since the last status report, there has been considerable progress in making poverty reduction policies and programmes more gender responsive. A significant breakthrough was achieved through the Uganda Participatory Poverty Assessment Process (UPPAP, 2002) which provided evidence of how differently women and men perceive and are affected by poverty; and therefore made the case for the integration of gender perspective in order to increase the effectiveness of the existing poverty reduction policies.
179. The process has been progressive and the State Party's efforts to strengthen gender integration in its policies have included the establishment of a PEAP Gender Group (PEAP/GG); gender reviews of Uganda's poverty eradication initiatives; and development of PEAP sector guidelines for gender mainstreaming. The analysis from these processes informed the PEAP revision exercise and the PEAP 2004/2008 for the first time explicitly recognised gender inequality as a key poverty issue, causing both deprivation and inefficiency.
180. Efforts are also underway to increase women's access to credit and hence their ability to engage in medium sized enterprises. The Government is therefore planning to expand rural financial services under its Rural Development Strategy and specifically the Prosperity for All Programme. The aim of programme is to promote economic growth and improve household incomes through the establishment of Savings and Credit Cooperatives (SACCO) at every sub-county.
181. In addition to efforts to amend the Land Act and increase security of occupancy, plans are also underway to establish a Land Fund which Government hopes will enable households to acquire land and increase landholding to enable more productive engagement in agriculture. The modalities of how this Fund will be accessed are still at an early stage – but women are expected to benefit from it.

182. A Gender and Growth Assessment Coalition⁷⁵ supported by the World Bank identified a number of legal and administrative barriers experienced by women with regards to investment in Uganda. In addition to those listed in other sections, these include: barriers to formalizing businesses; difficulties in complying with tax administration requirements; labor laws that do not take into account the specific gender needs of women; and limited access to commercial justice due to women's lack of information about their legal rights and access to mechanisms that can satisfactorily enforce them.
183. Members of the Coalition have since supported groups of women in the small, medium and large businesses through: entrepreneurship training programmes; mentorship programmes; tax clinics; development of business guides and product development guides; as well as awareness creation on the labour laws, banking policies and products.
184. The Uganda Women Entrepreneurs Association Limited also has:- i) a Girls Entrepreneurship Programme (GEP) - an initiative aimed at inspiring young women to engage in businesses of their own; (ii) the Access programme that aims at building capacity of women entrepreneurs to participate effectively in export trade and (iii) partnership with a bank (DFCU) whereby loans are made easily available to SMEs run by women.

⁷⁵ Council for Economic Empowerment of Women of Africa, Uganda Chapter, (CEEWA – Uganda) Uganda Investment Authority (UIA), Private Sector Foundation Uganda (PSFU), Uganda Association of Women Lawyers (FIDA-U), Uganda Women Entrepreneurs Association Limited (UWEAL), Uganda Women's Network (UWONET) and the Africa Women's Economic Policy Network (AWEAPON)

14.0 ARTICLE 14

14.1 RURAL WOMEN

185. *The Committee expressed concern about the situation of rural women in particular the prevalence of customs and traditional practices in rural areas that prevent women from inheriting or acquiring ownership of land and other property.*

The Committee recommended the adoption of measures that ensure that rural women benefit from policies and programs in all spheres, as well as participate in decision-making, have full access to education and health services and credit facilities. The elimination of all forms of discrimination with respect to the ownership, co-sharing and inheritance of land and the introduction of measures to address negative customs and traditional practices which affect full enjoyment of the right to property by women was another recommendation.

14.1.1 Progress registered by the State Party in Improving the Socio-Economic Status of Rural Women and remaining difficulties

186. GoU programs target primarily the rural population where the majority of the poor, including women, live. A number of measures have been implemented by Government in the agricultural, education, health sectors, and rural financial services as well as in the political sphere to address the low socio-economic status of rural women.

Agricultural Sector

187. Gender mainstreaming activities have been implemented in the agricultural sector to ensure that women participate in and benefit from agriculture on an equal basis with men. Gender mainstreaming in the PMA is discussed under Art. 3.
188. A number of the PMA components have undertaken work on mainstreaming gender in their pillars. However, special focus will be on NAADS which is regarded as the most advanced in terms of implementing gender mainstreaming initiatives. These include:
- an operational framework that takes cognizance of gender disparities in resource distribution and women's relative high work load compared to men,
 - Policy documents that incorporate gender equity and focus on gender targeting; As a consequence 60% of the members of 5,005 registered farmer groups are women;
 - Reviewing enterprise selection to ensure that NAADS service providers target farmers producing food crops. One of the gender gaps in NAADS service delivery was that NAADS service providers tended to focus on cash crops rather than food production which was the responsibility of women.
189. The National Agricultural Research Policy needs to be strengthened to respond more adequately to women farmers' technological needs. Its focus has been on research to produce crop varieties for higher yields or for

technology that is multi-functional for large-scale farming. In order to respond to women farmers' needs NARO has focused on developing labor-saving technology which takes into consideration women's multiple roles.⁷⁶

190. Private sector service providers have also played a key role in addressing gender inequality issues in agriculture. Their areas of focus have been providing women with agricultural in-puts and animals, agricultural machinery, skills development and knowledge. Women participating in these projects have benefited in a similar manner as those participating in NAADS activities. Factors constraining their participation in these programs are similar to those identified in the NAADS program.
191. A review of implementation of the NAADS program in selected districts established that women farmers have benefited from the program in terms of skills development, exercising control over proceeds from sale of agriculture proceeds and increased production and income.⁷⁷ However, women are yet to benefit comprehensively from NAADS for a number of reasons:⁷⁸

- **Gender unresponsive and insensitive enterprise selection process:** Enterprises promoted by NAADS are long term and require long gestation periods whereas women farmers are involved in and gain more from short-term agri-businesses. The method of selecting enterprises to benefit from NAADS involves a show of hands which limits women farmers' ability to exercise a free choice particularly when their choice differs from that of their spouses. As a consequence priority enterprises preferred by women are left out.
- **Limited gender capacities of NAADS service providers to integrate gender in their work:** Many NAADS service providers tend to perceive gender as the number of women and do not focus on gender relations at the household level.
- **Limited participation of women in a farmer and procurement committees:** This is reflected in the choice of district enterprises which do not meet the needs of women in terms of time required and costs of production.
- **Gender imbalance in NAADS service providers:** NAADS service providers are predominantly male yet cultural practices do not permit women to interact with males hence restricting women's participation in NAADS activities.
- **Gender insensitive information dissemination strategy:** The information dissemination strategy employed by NAADS does not take into account women's low literacy rates and time poverty.
- **Discriminatory cultural practices:** These tend to deny women the right to access and control land and other resources for production.

⁷⁶ Interview with Carol Laker, former Social Development Advisor, PMA Secretariat, 14th February 2008; interview with Francis Muhanguzi, Social Development Officer, NAADS Secretariat

⁷⁷ The Extent of Gender Mainstreaming in the Implementation of the NAADS Program, Council for Economic Empowerment of Women of Africa – Uganda Chapter (CEEWA), June 2006

⁷⁸ Improving NAADS to benefit Women better, New Vision, 14th November 2007; PMA Gender Mainstreaming Guidelines

192. The NAADS Program has been revised to include a component on provision of inputs. Under the new arrangements 30 farmers will be selected per sub-county and at least 6 per parish. A key recommendation is that gender balance should be ensured in the selection of farmers in order to ensure that women benefit from the revised NAADS. Structural changes in the revised program include setting quotas for representation of women at in NAADS structures.

14.2 Education Sector

14.2.1 Progress registered by the State Party in addressing the low literacy levels of rural women

193. The Functional Adult Literacy Program (FALP) implemented by the State Party seeks to enhance adult literacy rates in Uganda.⁷⁹ The Program proposes to improve adult literacy through provision of numeracy and literacy skills to Ugandans aged 15 years and above who have no or little education. In view of the high illiteracy rates among women, the Program lays special emphasis on women. Currently the Program has a national coverage and its course content has been modified over the years to reflect the emerging learning needs of the targeted population.⁸⁰ 70% of participants at these classes are women who have been empowered in the following ways ⁸¹:
- + Improved literacy and numeracy skills as demonstrated by their ability to read and write letters, read road signs
 - + Improved self-confidence exemplified by their participation in village meetings and local development initiatives
 - + Improved general welfare in terms of personal and household hygiene
 - + Enhanced ability to manage businesses and these have recorded an increase in profits
194. In spite of the achievements registered by the FALP, gender variations exist in the literacy rates - female literacy rates are estimated to be at 63% while those for men stand at 76%.⁸² Some of the reasons for this situation are the competing demands on women's time which constrains their participation in FAL classes and limited resources to extend geographical coverage of FALP.

⁷⁹ MGLSD in partnership with Icelandic International Development Agency

⁸⁰ The two additional courses are English for Adults and a Small Business Course which were included in the FALP program in Kalangala District

⁸¹ Hróbjartur Árnason, External Evaluation of ICEIDA Support to the Implementation of FALP in Kalangala District, 2005

⁸² UNHS 2005/2006

195. The State Party recognises the importance of conducting gender awareness sessions during FALP classes to encourage sharing of roles and domestic chores at household level.

14.3 Health Sector

14.3.1 Progress registered by the State Party in enhancing access to health services for rural women

196. A number of interventions have been undertaken by the GoU to enhance access to health services for rural women. These include establishment of Health Centres II - IV to enhance physical access, stocking Government health facilities with core essential drugs all year round and an increase in the number of trained health workers. An offshoot of these interventions has been an increase in the number of people using health care facilities from 40%-45%. Of particular relevance to rural women is the slight improvement in the percentage of deliveries in health care centers from 25%-29%. However it should be noted that there is a general preference for private clinics in comparison to Government health centres due to presence of professional staff, provision of credit facilities and short distances in private clinics. Adolescents, however, prefer public health facilities to private clinics because they are accessible and their services affordable.
197. Gender disparities still exist between men and women with regard to accessing health care facilities. The gender variations in the proportion of the population that falls sick are a reflection of the gender inequalities in accessing health care facilities. The UNHS 2005/06 estimates that women constitute 43.9% of the sick population in rural areas in comparison to men who account for 39.4%. From the table below distance to health facilities, unavailability of drugs and high treatment impact on women's access to health care facilities in higher proportions compared to men. On the other hand, unavailability of staff and negative staff attitudes are more keenly felt by men than women.

Table XI: Percent Distribution of Persons that Fell Sick and did not Visit Government Health Facility by Residence, Reason and Population Category

Reason for not visiting govt health facility	Children		Adults		Elderly	
	Female	Male	Female	Male	Female	Male
Facility too far	40.3	39.6	40.2	39.0	49.7	44.9
Drugs not available	29.8	31.1	27.3	29.9	15.7	22.0
High cost of treatment	6.0	5.6	6.7	5.9	12.8	11.4
Sickness mild	10.9	10.3	9.9	9.6	5.2	5.5
Staff not available	1.4	1.5	1.8	1.5	0.6	2.6
Negative staff attitudes	2.0	2.1	2.5	2.7	3.1	3.2
Long waiting time	4.4	4.2	4.4	4.7	4.4	3.4

Reason for not visiting govt health facility	Children		Adults		Elderly	
Others	5.2	5.6	7.2	6.7	8.5	6.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: Gender Disaggregated Data for Health Sector (The National Service Delivery Survey, 2004), September 2007

14.4 Rural Financial Services

14.4.1 Progress registered by the State Party in Improving Rural Women's Access to Financial Services

198. Since rural women constitute 79% of the agricultural labor force, a number of measures have been taken by GoU and development partners to facilitate equitable access to agricultural financing. The Microfinance Outreach Plan (MOP) is a Government initiative that seeks to facilitate the spread of sustainable financial services to the rural communities. Available information indicates that majority of borrowers of Micro Finance Institutions (MFIs) are women who are mainly engaged in commercial activities and are resident in urban areas. This therefore means that rural women are highly underserved by MFIs and are therefore unable to expand their livelihood opportunities.
199. A number of reasons have been advanced for the current status quo. Lack of micro finance service providers providing tailor made financial products targeting the agricultural sector. MFIs regard agriculture as a high risk investment sector due to long gestation periods and its high dependence on weather vagaries. This perception is reflected in the high interest rates and short term borrowing periods characteristic of MFIs.⁸³
200. Care Uganda with support from DFID, Government of Austria, NORAD and Danida has been implementing a Village Savings and Loans Association (VSLA) which seeks to meet the financial needs of the rural poor particularly women. Under this scheme members of a group (25 - 30) contribute savings and lend only group members for a specified period of time. The Association also has an insurance fund facility which group members can access to meet emergency family issues. A number of features associated with the scheme have made it attractive to the rural population. These include:
- ☒ Accessibility and transparency
 - ☒ Simple loan procedures
 - ☒ Flexible repayment terms
 - ☒ High returns on savings
 - ☒ Tailored to the needs of rural women
 - ☒ Frequent opportunities to save, withdraw savings and borrow

⁸³ Strengthening Linkages between Gender and Poverty Analysis in Uganda

201. The VSLA has been credited with empowering women in terms of financial management and improved standard of living. Female group members have learnt how to save and have been able to diversify to animal husbandry.⁸⁴
202. A gender policy for the micro-finance sector in Uganda is being developed⁸⁵. The proposed policy will among other objectives seek to address issues of access, utilization and management of credit and financial credit among women farmers.

14.5 Measures taken by the State Party to address Negative Customs and Traditional Practices which affect full Enjoyment of the Right to Property by Women and remaining difficulties

203. The Ministry of gender Labour and Social Development formulated the Uganda National Culture Policy which, among other objectives, seeks to mobilise communities to take action on cultural practices that impinge on human dignity. The Policy goes further to provide for key actions to be taken to realise this objective. Copies of the Policy have been distributed to all districts and municipalities in the country. A strategy and action plan for the policy is currently being developed.
204. The MGLSD currently faces limitations with regard to financial and human resources to oversee implementation of the Policy. It is hoped that this situation will be addressed given that social and cultural development constitute one of the 10 working papers of the National Development Plan. This is an opportunity to allocate more resources and reinstatement and recruitment of Cultural Officers at district level.⁸⁶

⁸⁴ Boosting Access to Rural Financial Services, Daily Monitor, 27th February 2008

⁸⁵ CEEWA

⁸⁶ Interview with Pamela Batenga, Ag Principal Culture Officer, MGLSD, 29th January 2008

15.1 EQUALITY BEFORE THE LAW

Enhancing access to justice for women

2.4.1 Progress registered by the State Party and remaining difficulties

205. A number of measures have been taken by Government to develop the capacity of justice agencies to address gender-based obstacles in accessing justice. Constitutional guarantees on non-discrimination of women are enforceable by competent courts as provided for in Art. 50 (1) of the Constitution of the Republic of Uganda 1995.⁸⁷ The Constitutional Court has been successfully petitioned to repeal laws that discriminate against women.⁸⁸
206. The Justice Law and Order Sector (JLOS)⁸⁹ Sector Investment Plan II (*SIP II 2006-2010*) lays down a policy framework which can go a long way in bridging the gap between justice delivery agencies and the poor and marginalized particularly women. The SIP II has among its objectives: *to foster a human rights culture across JLOS institution; to enhance access to justice for all particularly the poor and marginalize; to enhance community involvement in JLOS.*

Envisaged actions to address gender- based obstacles in the justice delivery system include:

- ❑ De-concentration of JLOS institutions such as the Judiciary and the Directorate of Public Prosecutions (DPP) characterized by the construction of courts and Resident State Attorney offices, recruitment of staff and purchase of equipment
 - ❑ Expansion and strengthening the statutory legal aid system to improve financial access to justice for the poor and marginalized.
 - ❑ Addressing technical barriers to accessing justice through the development of information materials, institutionalization of court users' committees, strengthening staff capacity to adequately respond to gender issues and providing interpretation services for those not proficient in court language
207. Geographical de-concentration of JLOS institutions such as the Judiciary and DPP has enhanced physical access to justice through construction of courts and offices for Resident State Attorneys, Police stations, Prisons wards in the districts, increasing the number of high court circuits and recruitment and posting of judicial officers and purchase of equipment such as cars and computers. Special attention has focused on Northern Uganda given the impact of the conflict on the justice system. Support (financial resources)

⁸⁷ These courts include Magistrates courts, High Courts, Constitutional Court and the Supreme Court.

⁸⁸ Op. cit,

⁸⁹ JLOS institutions include UPF, UPS, MIA, DPP, Judiciary, JSC, MoJCA, ULRC, MGLSD (Probation Services), MoLG (Local Council Courts) and the UHRC.

from the Office of the Prime Minister (OPM) under the Northern Uganda Rehabilitation Program to the High Court in Gulu resulted into a reduction of the case backlog (cases that have delayed in the justice system for 2 years or more) from 500 cases to 200 cases in 2007.

208. A slight improvement has been noted with regard to the number of women obtaining legal redress. Findings of a baseline study⁹⁰ on demand, use and access to JLOS services in Uganda indicated a higher proportion of urban women (40%) in comparison to men (36%) expressing satisfaction with the quality of justice. The reverse is true in the rural areas where women's access to justice is still a going concern.
209. Part of the problem could be attributed to limited gender capacity across JLOS institutions. The other could be the high costs of litigation. Another challenge within the JLOS institutions is the delay to develop a Gender and Access to Justice Strategy, the limited capacity of the gender focal persons and the inability of the JLOS working groups to adequately address *access to justice* issues for poor women within their respective mandates⁹¹.

Table XII: National Perceptions on JLOS institutions

Perceptions	Members of the Public
Satisfaction with Police response to crimes reported	40% dissatisfied 57% very or somewhat satisfied
Bribery and corruption	85% (Police and related branches score highest)
Fairness	43%
Efficient	21% (mainly at magisterial level)
Awareness of JLOS institutions	99% (Police scored highest, followed by local government bodies)
Accessibility and affordability	81% Police scored highest, followed by local government bodies)

Source: A National Integrated Household Baseline Survey on the Demand, Use and Access to JLOS Services in Uganda (Draft Report), JLOS, 2007

210. Local Council Courts (LCCs) are other dispute resolution fora that can be frequently utilized by poor women and men to resolve disputes relating to child maintenance, domestic violence, marital disputes and land disputes.

⁹⁰ A National Integrated Household Baseline Study on the Demand, Use and Access to JLOS Services in Uganda, 2007, The Steadman Group

⁹¹ Interview with Evelyn Edroma, Senior Technical Advisor, JLOS Secretariat; Rachel Odoi, Technical Advisor, Commercial Justice, 24th January 2008

Table XIII: Community perceptions on how LC courts have ensured access to Justice

Perceptions	Men	Women	Youth	Total
Accessible	35	28	27	90
Cheap	19	17	21	47
Fast	16	19	22	57
Open all hours/available	6	6	6	18
They are the government	16	7	9	32
Approachable	11	12	9	32
Conciliatory	23	25	17	65
Gender Sensitive	2	1	3	6
Advisory	7	6	1	14
Knowledge	17	10	11	38
Referrals to higher authorities	4	5	10	19
Total	156	136	136	

Source: Joint Survey on Legal Aid Providers and Local Council Courts, UNDP/UNCDF, LABF, 2006

Notwithstanding their positive ratings, LCCs have sometimes fallen short of effecting justice on account of gender biases and a limited appreciation of the principles of natural justice.⁹²

211. Other measures to improve access to justice by bodies such as the UHRC include the establishment of tribunals, regional offices and provision of legal representation to facilitate the investigation of complaints of human rights violations.⁹³ Gender disaggregated data of the complainants registered at the Commission's offices shows that more males than females registered complaints as indicated in the table below.

Table XIV: Gender disaggregated data on complaints registered at UHRC

REGION	FEMALE	MALE
Headquarters	125	179
Gulu	59	56
Soroti	14	150
Moroto	40	20
Jinja	76	101
Mbarara	40	82
Fort Portal	40	38
Total	394	626
Percentage	35%	55%

Source: 9th Annual Report, Uganda Human Rights Commission, 2006

⁹² Ibid.,

⁹³ Article 52 (a), Constitution of the Republic of Uganda

However the absence of disaggregated data on successful applications makes it difficult to ascertain to what extent these initiatives have effectively responded to women's complaints.

212. The National Association of Women Judges (NAWJ) has been engaged in building capacity of judicial officers to use international instruments when deciding cases involving discrimination against women and or violence against women.⁹⁴ Judicial officers who have attended the training have observed that it has improved their ability to appreciate gender biases and deliver gender sensitive judgments. Female litigants and witnesses are no longer perceived in a gender neutral manner.⁹⁵ Unfortunately, financial constraints have limited the Association's capacity to increase coverage of the training program across JLOS. This notwithstanding, the initiative has a lot of potential for increasing women's access to justice.⁹⁶ The Association has embarked on another training module which will build capacity of judicial officers to appreciate the gender and human rights dimensions of HIV/AIDS. It is hoped that this training will strengthen the capacity of judicial officers to effectively address challenges posed by the epidemic.⁹⁷
213. Government agencies have also been involved in providing legal aid. These include:
- The Ministry of Justice and Constitutional Affairs avails funds for the State Brief Scheme administered by the formal courts. Under this scheme, accused persons who are unable to hire an Advocate are provided with one at the cost of the State. The scheme is restricted to criminal trials.
 - The Community Liaison Office of the Police Force conducts legal awareness and sensitization of communities. During a joint survey on legal aid and LCCs, this office was identified as the most visible form of legal aid in the communities.
 - The Police Child and Family Protection Unit handles children and family matters.
 - The Probation and Welfare Office intervenes in child welfare issues.
214. The importance of legal aid cannot be over-emphasised in increasing women's access to justice. Legal aid services are regarded as more affordable in comparison to formal courts. Efforts to improve its provision have included: the establishment of the Legal Aid Basket Fund (LABF)⁹⁸ which is credited with supporting initiatives that seek to eliminate discrimination against women; and formation of legal aid networks e.g. the Legal Aid

⁹⁴ This has been undertaken under the Towards Jurisprudence of Equality Project (JEP)

⁹⁵ Interview with Stella Amabilis, Magistrate Grade I, Mubende

⁹⁶ Interview with Lady Justice Leticia Kikonyongo, Deputy Chief Justice, 11th February 2008

⁹⁷ Interview with Joyce Kavuma, Personal Assistant to Deputy Chief Justice, 11th February 2008

⁹⁸ This is a donor basket fund which aims to improve access to adequate and affordable legal aid.

Service Providers Network (LASPNET) ⁹⁹, in order to build synergies, minimise duplicity of services and increase efficient use of the available resources.

215. There are, however, challenges including staffing constraints, logistical challenges and delays in the formal justice system which have limited their effectiveness.¹⁰⁰ In addition, the provision of legal aid has been carried out in a fragmented and haphazard manner without much regard to national coverage or vulnerable groups. This situation is attributed to lack of legal, institutional and policy framework at the national level to regulate the provision of legal aid services; and lack of a mechanism to enforce provision of pro bono services.¹⁰¹
216. Currently the Law Council has commenced the process of developing a regulatory framework for the provision of legal aid and pro bono services in Uganda.
217. There is also need to expedite the process of developing the Gender Policy for the Justice Law and Order Sector together with the Access to Justice Strategy Gender which should provide a comprehensive framework to address gender-based obstacles in accessing justice.

⁹⁹ Member NGOs are Fida-U, PDAU, LAC, FHRI, UGRC, Young Christian Lawyers Association, Platform for Labour Action and Justice and Rights Associates

¹⁰¹ Pro bono services are legal representation services provided by Advocates to accused persons who are unable to hire the services of lawyers. The State pays the advocates' fees in such situations.

ARTICLE 16

16.0 EQUALITY IN MARRIAGE AND FAMILY LIFE

16.1.1 Progress registered by the State Party in ensuring Equality in Marriage and Family Life and remaining difficulties

218. Enactment of the Domestic Relations Bill (the first Bill contains provisions on Civil, Christian, Hindu and Bahai Marriages whereas the second Bill provides for the establishment of Khadi Courts to deal with matters relating to Islamic Marriages and Divorce) and the Sexual Offences Bill have the potential to improve women's legal position in marriage relationships. (see Article 2 for details) The DRB no longer recognises payment of bride price as an essential requirement for a valid marriage and does not require the return of bride price on dissolution of marriage. These are positive developments given that bride price is a predisposing factor to violence against women.

219. There have however been some positive changes in relation to women's rights, particularly during the dissolution of marriage. In 2003, the Constitutional Court nullified discriminatory sections of the Divorce Act which required different grounds for men and women. More recently, the Constitutional Court nullified Criminal Adultery and some discriminatory aspects of Succession Act (see Article 2 for details).

17.0 CONCLUSION

220. Since the last progress report Government of Uganda has made considerable progress in designing and implementing measures to eliminate discrimination against women. These have entailed putting in place a legal and policy framework, undertaking interventions designed at improving women's access to justice, women's socio-economic status and addressing gender inequalities prevalent in Ugandan society. That notwithstanding, a number of challenges remain; slow law reform process, cultural and traditional practices that discriminate against women and the girl child, low literacy levels among women that impede their access to social services and their participation in economic activities, high levels of prevalence of poverty and violence against women. Government is cognizant of these challenges and is committed to addressing them given its commitment to respecting, promoting and protecting the human rights of women and according them full and equal dignity with men.