



Gender Transformation & Empowerment

POLICY Brief

IS UGANDA ON TRACK IN DELIVERING ON CEDAW RECOMMENDATIONS?

Acknowledgements

The development of this policy brief was informed by desk review of existing reports and the consultative process during the compilation of the civil society organizations (CSOs) eighth CEDAW alternative report. Special recognition to the various government ministries, agencies and departments which contributed information and data including: Ministry of Education and Sports; Ministry of Gender Labour and Social Development; Ministry of Public Service; Ministry of Health; Uganda Bureau of Statistics (UBOS), Uganda Law Reform Commission (ULRC), the Parliament of Uganda, Ministry of Finance, Planning and Economic Development, Ministry of Lands, Housing and urban Development among others. Monitoring the compliance of CEDAW would not be possible without civil society organizations including: Action for Development (ACFODE); Center for Health, Human Rights and Development (CEHURD); Development, Research and Training (DRT); Platform for Labour Action (PLA); National Association of Women with Disabilities in Uganda (NAWODU); National Association of Trade Unions in Uganda (NOTU); National Union for People with Disabilities in Uganda (NUDIPU), and Women's Democracy Network–Uganda Chapter (WDN- U) among others.

UWONET also extends its sincere gratitude to the UWONET team Ms. Rita Aciro and Ms. Lauren Karayi for the input and final editing.

In a special way, UWONET would like to thank her development partner United Nations Population Fund (UNFPA); for their financial contributions towards the development and printing of this abridged report.

Background

This is an abridged report which highlights progress made and limitations that still persist relating to the promotion of women's rights, gender equality and access to justice in Uganda. In 1985, Uganda ratified CEDAW, a global/ International Instrument to promote women's rights. Ratification therefore means, Uganda has committed to fulfill its obligations under CEDAW including domestication of its legal and policy framework, periodic reporting to the CEDAW Committee and implementation of the Articles in CEDAW.

Uganda ratified the Convention on Elimination of all Forms of Discrimination against Women (CEDAW) in 1985 and has since submitted 5 Country Status reports to the CEDAW Committee in Geneva. In 2010, Uganda submitted a combined 5th, 6th, 7th and 8th report to the Committee. The Report highlighted progress and arising gaps on various articles of CEDAW. While the government is obliged to submit periodic reports every after four years; CSOs have a very important role to play in making the Convention an instrument of women's empowerment to bridge gender inequality and inequity.

UWONET has since 1999 coordinated the civil society CEDAW alternative reporting in Uganda through a number of measures including producing and submitting shadow/alternative reports to the CEDAW committee on government performance; A Civil Society CEDAW alternative report 2014 was developed and submitted to the CEDAW Committee.

The CSO report provided guidance and to a great extent informed the CEDAW Committee recommendations to Government. This abridged report is derived from the CSO Alternative report. It highlights Uganda's progress and limitations that were presented to the CEDAW Committee.

UWONET wishes to use this opportunity to urge the government of Uganda to scale up its efforts to address the challenges that continue to affect women in the realization of equality and equity with men, and to support initiatives including laws, budgets, human resource needs especially at the Ministry of Gender, Labour and Social Development (MoGLSD) and other key Government institutions including the Judiciary, Police, Education and Health Sector among others aimed at addressing existing gaps in the implementation of CEDAW.

The CEDAW Process

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is a United Nations Convention established in 1979 as a global instrument to address women's rights. CEDAW is largely referred to as the global women's Bill of Rights. By accepting the Convention, States commit themselves to undertake a series of measures to end discrimination against women in all forms, including:

1. To incorporate the principle of equality of men and women in their legal system, abolish all discriminatory laws and adopt appropriate ones prohibiting discrimination against women;
2. To establish tribunals and other public institutions to ensure the effective protection of women against discrimination; and
3. To ensure elimination of all acts of discrimination against women by persons, organizations or enterprises. The Convention provides the basis for realizing equality between women and men through ensuring women's equal access to, and equal opportunities in, political and public life- including the right to vote and to stand for election- as well as education, health and employment. States parties agree to take all appropriate measures, including legislation and temporary special measures, so that women can enjoy all their human rights and fundamental freedoms.

The Convention is the only human rights treaty which affirms the reproductive rights of women and targets culture and tradition as influential forces shaping gender roles and family relations. It affirms women's rights to acquire, change or retain their nationality and the nationality of their children. States parties also agree to take appropriate measures against all forms of traffic in women and exploitation of women.

Uganda's reporting Status to the CEDAW Committee

Uganda ratified CEDAW in 1985 without reservations. Government of Uganda's commitment to adhere to the provisions of CEDAW has been demonstrated by the submission of Country Status Reports in 1992, 1999, 2002 and 2010 to the CEDAW Committee.

According to the CEDAW Committee's guidelines and report on the status of submission of reports by States Parties under Article 18 of the Convention issued on 16th July 2008, government was expected to submit the fourth periodic report in 1998 and subsequent reports in 2002, and 2006. Government of Uganda submitted a combined fourth fifth, sixth, and seventh periodic report for consideration by the CEDAW Committee in 2010. The report was structured according to the sequence of articles in the Convention. Each article begins with a re-statement of the concern and recommendation of the CEDAW Committee during the meeting to consider Uganda's Third Country Status Report held on 9th August 2002. Analysis of progress made by the government and other stakeholders in implementing the recommended action follows thereafter.

The Committee on the Elimination of Discrimination against Women (CEDAW) is the body of independent experts that monitors implementation of the Convention on the Elimination of All Forms of Discrimination against Women. CEDAW Committee consists of 23 experts on women's rights from around the world.

Committee's Recommendation 12:

The Committee thus calls upon the State party to accelerate its law review process to harmonize its domestic legislation with its constitutional principles relating to non-discrimination and equality between women and men and with its obligations under the convention without delay and within a clear timeframe. To this end, the Committee urges the State party to:

- 1. Expediently enact the marriage and Divorce Bill, the Sexual Offences Bill and the HIV/AIDS Prevention and Control Bill;*
- 2. Raise the awareness of legislators about the need to give priority attention to legal reforms in order to achieve de jure equality for women and compliance with the State party's international treaty obligations; and III. Continue to increase support for law reform.*

Countries who have become party to the treaty (States parties) are obliged to submit regular reports to the Committee on how the rights of the Convention are implemented. During its sessions the Committee considers each State party

report and addresses its concerns and recommendations to the State party in the form of concluding observations. This policy brief therefore is among a series of efforts by UWONET, her members and partners to share specific concluding observations and recommendations of the CEDAW Committee in an attempt to highlight the progress made and draw policy attention to the limitations impeding full realization of rights for women and girls.

What does the CEDAW Committee recommend about GBV and Reproductive Rights? Legislative Measures and Reforms

Committee's Observation 19: The Committee reiterates its concern at the persistence of patriarchal attitudes and deep-rooted stereotypes regarding the roles, responsibilities and identities of women and men in all spheres of life. The Committee is concerned that such customs and practices perpetuate discrimination against women and girls, that they are reflected in the disadvantageous and unequal status in many years, including in education, public life, decision-making, marriage and family relations, and the persistence of violence against women and harmful practices, including polygamy, early marriages and bride price, and that, thus far, the State party has not taken effective and comprehensive action to modify or eliminate stereotypes and negative traditional values and practices. The Committee also expresses its concern at the continuing stereotypical portrayal of women in the media which encourages discrimination and undermines equality of women and men.

Progress

Government of Uganda has made progress in legislative, programmatic and process reforms aimed at fulfilling the Constitutional provisions that actualize the Convention on Elimination of all forms of Discrimination Against Women (CEDAW) by: making the Equal Opportunities Commission functional, passing policies to ensure that gender is mainstreamed in all government ministries, departments, agencies and in local governments.

In line with the National Gender policy (2007), sector ministries have developed gender mainstreaming guidelines and specific gender commitments in various sector investment plans aimed at achieving gender equality and women's empowerment. The Ministry of Public Service in April 2011 developed guidelines for mainstreaming gender in human resource management in the public service. In Ministries and at district level, government of Uganda has established desks/ gender focal persons to oversee the mainstreaming of gender. The gender focal persons have been appointed to coordinate and report on gender mainstreaming in the ministries and local governments where they have been posted⁵. This therefore implies that every ministry is required to submit a report on gender mainstreaming within that particular ministry to Ministry of Gender, Labour and Social Development (MoGLSD) by August 31 of every year.

In the Ministry of Education and Sports, a gender unit has been established to oversee the mainstreaming of gender in the Ministry's policy making, programming, budgeting and monitoring and evaluation.

Limitations

Despite the Progress, the following challenges continue to hinder gender mainstreaming efforts at all levels;

- Enforcement of existing laws and policies by the state to eliminate discrimination against women. Although the laws exist, the prevalence rates of crime particularly sexual crimes against women and girls is unacceptably high. For Example, the Uganda Demographic Health Survey (UDHS) report (2011) indicated that 28 percent of women had experienced sexual violence. The Uganda Police Crime report of 2011 findings of UDHS and recorded 520 cases of rape in the country of which only 269 were prosecuted¹, 7542 cases of defilement were recorded. The 2013 Police crime report also showed that defilement and domestic violence were the highest crimes in the country. Between 2012 and 2013, defilement cases reported drastically increased from 7,690 to 9,598. Despite this, sexual crimes are largely under reported while majority are not conclusively investigated². Out of court settlements in cases of defilement are common. Stemming partially from

reliance on socio cultural dispute resolution mechanisms and also on opportunism

- Failure to follow guidelines for mainstreaming gender by the line ministries has resulted into uncoordinated gender mainstreaming efforts. Additionally, the gender focal persons who have been posted to oversee gender mainstreaming in various ministries and local governments and to report on progress being made have other responsibilities and are not properly resourced to employ the number of staff required to make them effective. The only ministry which has adopted a gender unit is the Ministry of Education and Sports, while this has eased their work in monitoring and reporting on gender. This is not the case for other gender focal persons who rarely submit reports thereby making it difficult for line ministries including Ministry of Public Service to report to the MGLSD⁶.
 - The limited availability of gender disaggregated data at local government level affects effective program design;
- a. Lack of indicators for monitoring and evaluation has made it difficult to assess impact attributable to gender mainstreaming efforts in a number of sectors. Resultantly, analysis of policies passed to assess adherence to gender equality is still a challenge

Committee's Recommendation 20:

The Committee thus urges the State Party to put in place without delay a comprehensive strategy including review and formulation of legislation and establishment of goals and timetables, to modify or eliminate traditional practices and stereotypes that discriminate against women, in conformity with articles 2 (f) and 5 (a) of the Convention. Such measure should include efforts to raise awareness of this subject, targeting women and men at all levels of society, including traditional leaders, in collaboration with civil society.

1. The Committee further urges the State party to address harmful practices, such as polygamy, early marriages and bride price more vigorously. It also calls upon the State party to use innovative and effective measures to strengthen understanding of the equality of women and

men and to work with the media to enhance a positive, non-stereotypical and non-discriminatory portrayal of women. The Committee calls upon the State party to undertake an assessment of the impact of these measures in order to identify shortcomings and to improve them accordingly.

2. Lack of standard gender analysis tools consequently means many programmes implemented at that level do not necessarily address women's priority and or concerns. Furthermore, implementation of gender mainstreaming at local government is still weak; given that resources are rarely allocated to implement gender mainstreaming initiatives.

Stereotypes and harmful practices

Committee's Observation 19: The Committee reiterates its concern at the persistence of patriarchal attitudes and deep-rooted stereotypes regarding the roles, responsibilities and identities of women and men in all spheres of life. The Committee is concerned that such customs and practices perpetuate discrimination against women and girls, that they are reflected in the disadvantageous and unequal status in many years, including in education, public life, decision-making, marriage and family relations, and the persistence of violence against women and harmful practices, including polygamy, early marriages and bride price, and that, thus far, the State party has not taken effective and comprehensive action to modify or eliminate stereotypes and negative action to modify or eliminate stereotypes and negative traditional values and practices. The Committee also expresses its concern at the continuing stereotypical portrayal of women in the media which encourages discrimination and undermines equality of women and men.

Progress

A study was undertaken in 2011, to reform the law on Succession to specifically address the social and cultural imbalances in the law, following the Constitutional court in the case of Law and Advocacy for women in Uganda and the Attorney General nullified some sections of the Act as unconstitutional on the basis that they contravened Articles 21(1), (2) (3), 31, 33(6) of the Constitution.

Committee's Recommendation 24:

The Committee urges the State party to give priority attention to combating violence against women and girls and to adopting comprehensive measures to address such violence, in accordance with general recommendation No.19. It requests the State party to raise public awareness through the media and education programmes, of the fact that all forms of violence against women are a form of discrimination under the Convention and therefore in the violation of women's rights. The Committee calls upon the State party to expeditiously adopt regulations for implementation of the Domestic Violence Act and to develop a coherent multi-Sectoral action plan to combat violence against women.

The Committee also urges the State party to enact a comprehensive law, criminalizing all forms of sexual violence and abuse. The Committee recommends the implementation of training judiciary and public officials, in particular law enforcement personnel and health service providers in order to ensure that they are sensitized on all forms of violence against women and can provide adequate gender-sensitive support to victims. It also recommends the establishment of counselling services and shelters for victims of violence. The Committee requests the state party to provide in its next periodic report detailed information on the causes, scope and the impact of measures taken to prevent such violence, to investigate occurrences, to prosecute, relief and remedies, including appropriate compensation, to victims and their families.

This decision created a requirement for the law to be amended to reflect equal application of the law of succession without preference on the basis of sex.

Section 2 (n) (i) and (ii) defines a legal heir and provides that a male heir is preferred to a female heir; Section 27 of the Act: makes reference to distribution of property on the death of a male intestate and not to a female intestate; Section 43 empowers a father to appoint a testamentary guardian for his minor children. A mother is not empowered to appoint a testamentary guardian for her minor children

Section 44 provides a list of persons who may take on the role of a guardian where none has been appointed on the death

of the father of an infant or where the one appointed by will is dead or refuses to act. The statutory guardians listed prioritize the fathers family, awarding them the power of guardianship over the children in subsections (a)–(c), while the mothers family is accorded the least priority in which case, only the male relatives are recognized as viable contenders. The provision in the Succession Act for a wife to take up the domicile of her husband at marriage and not vice versa is discriminatory.

Proposals for amendment of the Succession Act include:

1. the removal of all references to a legal heir,
2. general provisions for the death of an intestate,
3. provision for a mother to elect testamentary guardians for her children and proposals that each party to a marriage carries an equal right to determine their domicile or to each retain their domicile of origin.

Limitations

The draft Bill has been submitted to the Ministry of Justice. However, it is generally observed that the processes leading to the actual passage of legislative proposals are usually protracted, often taking more than a year for a Bill to be presented to cabinet and subsequently Parliament.

The law acknowledges that men and women are equal. Despite this, discrimination against women remains rife due to stereotypes and harmful cultural practices. Due to the failure to pass the marriage and divorce law, widow inheritance remains prevalent in some rural areas of Uganda. It has continued to contribute to the spread of HIV/AIDS as brothers inherit the widows of their deceased siblings. Not only are widows denied the right to inherit property of their deceased husbands, majority are also not allowed to retain custody of their children.

Recommendations

1. The Executive should expedite the introduction of amendments to the Succession Act and Parliament should pass the amendments once introduced.
2. Parliament should pass the Marriage and Divorce Bill in order to address harmful cultural practices such as widow inheritance which the Bill outlaws.

3. The Executive, Legislature and Judiciary should play key roles in educating the public about harmful cultural practices and implications of gender equality in all aspects of life.

Violence against women

Committee's Observation 23: The Committee welcomes the enactment of 2010 Domestic Violence Act and activities of Gender Based Violence Reference Group, It however expresses concern at the prevalence of violence against women and girls, such as widespread domestic violence, and is particularly concerned at inordinately high prevalence of sexual offences against women and girls. The Committee is also concerned at the absence of a holistic approach to the prevention and elimination of all forms of violence against women and that such violence would appear to be socially legitimized and accompanied by culture of silence and impunity. It is further concerned at reports of corruption in police stations, with some police officers illegally charging fees for free services. The Committee regrets the lack of information on the impact of measures and programmes in place to reduce incidences of all forms of violation against women and girls. The Committee is also concerned that social support services, including shelters, are inadequate.

Sexual Gender Based Violence

Violence against women (VAW) is provided by the United Nations' General Assembly Declaration of the Elimination of Violence against Women (resolution 48/104 of December 1993). Article 1 defines "violence against women" as:

"any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".

The Uganda Demographic Health Survey (UDHS) report (2011) indicated that 28 percent of women had experienced sexual violence. The Uganda Police Crime report of 2011 supported the findings of UDHS and recorded 520 cases of rape in the

country of which 269 were prosecuted, 7542 cases of defilement were recorded.

Health workers require victims to have PF3 before they can access medical treatment, this results in many victims failure to obtain timely medical assistance including post exposure prophylaxis to prevent HIV infection because they cannot afford to photocopy where there are non-available at the police station. Medical personnel are also known to request for “transport fees” from survivors claiming that this money will facilitate their travel when they are called upon to testify in court.

The delay in obtaining medical attention is traumatizing for survivors and also renders cases against perpetrators weak as crucial evidence is lost due to delays.

The 2013 Police crime report also showed that defilement and domestic violence were the highest crimes in the country. Between 2012 and 2013, defilement cases reported drastically increased from 7690 to 9598.

Progress

Government of Uganda has integrated prevention and response strategies in the main development framework of Government namely the National Development Plan (NDP II). Addressing GBV is a Core Strategy of the NDP II. The Uganda Gender Policy (UGP) 2007 and draft GBV policy provides a strategic framework that guides the implementation of gender focused interventions to combat gender based violence. The UGP priority area on gender and rights commits Government and other actors to develop and implement interventions to combat gender based violence in all its forms and at all levels. The service delivery component of the Programme will therefore contribute to the achievement of the NDP II and UGP goals in combatting GBV.

National and district responses to GBV have been guided by a multi-sectoral approach, involving Government (MGLSD, MOH, JLOS and Local government), Civil Society Organizations, Humanitarian and development partners. Government and national

organizations have adopted a wide variety of measures to address GBV, including legal and policy reform. Some of the policy reforms that government has made included the enactment of laws against gender violence and discrimination such as the Domestic Violence Act, 2010, the Anti-Trafficking in Persons Act, the MOH circular on management of GBV survivors in referral hospitals and district hospitals among others. Other national responses include public education campaigns, and support for shelters /crisis centers

In 2012, the Justice Law and Order sector (JLOS) in collaboration with the Uganda Police Force revised the Police Form 3A and PF3 to broaden the categories of persons permitted to fill it. PF3 previously only gave authority to police surgeons who is a medical doctor to conduct medical examinations on victims of rape and defilement. The revised form also makes provision for collection of graphic evidence where a medical person can draw to help them remember during trial.

Limitations

1. The enforcement of existing laws and policies.
2. Socio- Cultural factors that inhibit Justice. Despite the alarming statistics reported, sexual crimes are largely under reported while majority are not conclusively investigated²⁰. Out of court settlements in cases of defilement are common stemming partially from reliance on socio-cultural dispute resolution mechanisms and also on opportunism. The victim's parents sometimes lose interest when no gain is to be made as many carry the misperception that arrests are for quick gain through compensation and fail to appreciate the judicial processes.

Committee's Recommendation 28:

The Committee urges the State party to fully implement article 6 of the Convention, including through the effective implementation of the new legislation on trafficking, ensuring that perpetrators are punished and victims adequately protected and assisted. The Committee reiterates its recommendation that the State party develop programmes of action relating to prostitution and the introduction of legislation to ensure the prosecution of, and stronger penalties for, exploitation of women engaged in prostitution. The Committee urges the State party to pay full attention to the provision of health services for these women, so as to combat HIV/AIDS and other STIs.

It also recommends that information and training on the anti-trafficking legislation be provided to the judiciary, law enforcement officials, border guards and social workers in all parts of the country. In addition, the Committee urges the State party to review the Penal Code related to prostitution and recommends that the state party conduct comparative studies on trafficking and prostitution and address their root causes, including poverty, in order to eliminate the vulnerability of girls and women to sexual exploitation and trafficking and to undertake efforts for the recovery and social integration of the victims. The Committee calls upon the State party to ensure systematic monitoring and periodic evaluation including the collection and analysis of data on trafficking and exploitation of women in prostitution, and to include such data in its periodic report.

It also calls upon the State party to increase its efforts at international, regional and bilateral cooperation with countries of origin, transit and destination to prevent trafficking through information exchange and to harmonize legal procedures aiming at prosecution of traffickers. The Committee recommends that the State party consider using the OHCHR Recommended Principles and Guidelines on Human Rights and Human Trafficking (2002) as a basis for their implementation. The Committee further calls upon the State party to strengthen its efforts to prevent and investigate cases of "child sacrifice" and prosecute perpetrators.

"Survivors report cases but are not willing to follow them up to their logical conclusion through the courts of law".

1. Inadequate facilities at the Police stations/ Investigation units to ensure successful prosecution. The police posts are inadequate to support police operations at the sub county level. Victims have to walk considerable distances to access police posts and are usually referred to the main police stations based in town centers which are miles away from the sub counties. Many of the police posts at the sub counties have no transport and the funds given to run the police vehicles are inadequate to serve their needs. Police stations also lack basic materials such as stationery and office equipment. Victims are required to facilitate the transportation of the officers.

Many times, police rely on local and international NGOs for support to photocopy the PF3 forms. The form is supposed to be free of charge yet many victims report having to pay to obtain a form

The police station facilities do not allow for privacy for the recording of statements. A victim or witness may fail to comfortably divulge information pertaining to a matter of a sexual nature.

Additionally, the care and assistance extended to victims is limited. Many of the victims of violence require assistance for the trauma and shock suffered. Referrals to other service providers are limited as most effort is concentrated on the apprehension of the perpetrator.

1. The police have inadequate capacity to conduct forensic investigations on alleged crimes of sexual violence²³. Absence of resources to gather evidence and lack of storage facilities compromise the collection of evidence.
1. The police lack shelters to protect victims of violence and as a result, victims continue staying in the homes where the crime may have been committed thereby exposing them to more danger. It is notable that cases of violence against women are partly attributed to economic dependency by women on their male intimate partners, failure by women to negotiate for safe sex due to their lower status in society, cultural norms that encourage acts of sexual violence including early marriages and control of female sexuality by males partly caused by unequal power relations in most communities in Uganda, poverty and increased cases of drug abuse.

Recommendations

1. Government through MoGLSD and CSOs should increase engagement of boys and men as they seek to change the social and cultural attitudes towards women and girls. In addition, doing so will contribute to rendering violence against women and girls socially unacceptable.
2. Government should encourage victims of violence to report to police in order to enable them access justice and

to indicate the actual progress that is being made in Uganda. This will contribute to causing all actors to address the vice with the urgency that it deserves.

3. Government and other actors working to prevent violence against women should engage cultural and religious leaders to address beliefs that have increased violence against women.
4. There is need for government to strengthen enforcement of laws that outlaw violence against women like the Domestic Violence Act (2010), Law against Female Genital Mutilation (2010) and the Anti-Trafficking Act (2010).
5. To ensure effective service delivery in the management of violence, stakeholders need to be made to understand their roles and how to perform them effectively. Government should embark on an awareness raising drive in the communities specifically targeted towards debunking cultural myths, attitudes and misconceptions about PWD's. Specific interventions should be made to mainstream the support of PWD'S in the operations of key actors including institutions of learning members of the judiciary, police and medical officers.
6. There is need for a strict penalty provision to discourage the practice of out of court settlements for sexual offences especially defilement and rape. This should be done alongside a mass sensitization drive.
7. Marital rape should be criminalized. Relevant pieces of legislation should be amended so that marital rape is criminalized and punishable by law.
8. The Government should provide opportunities for rehabilitation. The potential for rehabilitation, such as through intervention programmes for persons who batter their spouses or partners, should be addressed in legislation in order for offenders to address their violent behavior and reduce the potential for re-offending. Men who are imprisoned for violent crimes, those on parole and men in communities should be provided with intervention services to support and address violent behavior and its root causes.
9. Youth focused gender based violence (GBV) prevention initiatives should be rolled-out in schools. In order to influence socialization processes and attitudes towards violence, programmes which address gender norms transformation and raise awareness on gender equality and human rights

should be integrated into school curricula. Special efforts should be made to prevent violence in schools.

10. Law enforcement officials and other actors should be given appropriate logistical support.
11. Networks for coordinating issues pertaining to persons with Disability should be established at the district level.

Trafficking and Exploitation of Prostitution

Committee's Observation 27: While welcoming the new Prevention of Trafficking in Persons Act (2010), the Committee notes with concern that statistics on the number of women and girls who are victims of trafficking for sexual and economic exploitation are not available in the light of the fact that prostitution is illegal.

It is also concerned at the State party's failure to address the root causes of trafficking and prostitution, including poverty, which impedes the State party's efforts to address these issues in a serious way. The Committee is further concerned at the lack of training related to anti-trafficking work and at the high prevalence of HIV/AIDS and other sexually transmitted infections (STIs) among women engaged in prostitution. In addition, the Committee regrets the lack of information provided on the existence and implementation of regional and bilateral memoranda of understanding and or agreements with other countries on trafficking and the inadequate information provided on prosecution and punishment of traffickers. While noting the draft Action Plan against Child Sacrifice as well as the establishment of the Anti-Human Sacrifice and Trafficking Task Force, the Committee expresses its concern at increased number of cases of "child sacrifice" or abuse which has been identified as a major child protection gap.

Progress

Following the creation of the Counter-Trafficking in Persons office (CTIP) and anti- trafficking in person's task force in early 2012,

- The Government of Uganda began drafting a national action plan and launched a national awareness campaign.
- Government of Uganda also created an inter-ministerial task force to coordinate anti-trafficking efforts in March 2012. In addition, the government prosecuted a number of trafficking offenders from 4 in 2011 to 28 in 2012. However, for the third consecutive year, government failed to convict a forced labour or

sex trafficking offender under the Prevention of Trafficking in Persons Act (2010). A report by Uganda's Honorary Consul in Malaysia indicated that more than 600 Ugandan women are trapped in Malaysia's sex industry. In addition, the law lacks protection for boys from prostitution.

The government established a one person External Labour Unit (ELU) which continuously monitors activities of licensed external labour recruiting agencies. Aware of the inadequate human resource, the MGLSD and a local Ugandan NGO organized a workshop for 24 licensed recruitment agencies to raise awareness on the 2009 PTIP Act and to increase cooperation between employment firms, the MGLSD, the MIA, and NGOs.

- Government referred victims of trafficking to the International Organization for Migration (IOM) although it did not offer any material or financial support to the victims of trafficking. The Ministry of Internal Affairs (MIA) in 2011, trained 655 police and immigration officials on the law and handling cases of trafficking in Persons. It further provided pre-departure seminars for Ugandans recruited to work overseas and conducted an official visit to Iraq to investigate trafficking allegations. In the same year, February 2011, a member of parliament filed a petition on behalf of 16 women repatriated from Iraq attempting to task parliament's gender and social development committee with investigating the work of recruitment agencies; during the year, parliament heard testimony from the firm's manager, and the inquiry remains ongoing.
- The Ministry of Internal Affairs (MIA) trained 64 immigration and law enforcement officials in 2012 on victim identification. The MIA trained immigration officials in victim identification. Similarly, the national taskforce conducted training for its members. Also, in May and August 2012, the government partnered with NGOs to organize trainings for 40 magistrates and 22 law enforcement officials, respectively, to familiarize them with their roles and responsibilities under the 2009 PTIP Act. In 2012, the MGLSD's orphans and vulnerable children unit worked with civil society organizations to identify more than 8,500 children engaged in illegal child labor, such as petty trade, agriculture, and stone quarrying. The rescued children received Ugandan government-supported vocational training, health care, and psycho-social support. During the same year, the government arrested two foreign nationals for the alleged sexual abuse of Ugandan children

- A national data base on TIP was established at the Ministry of Internal Affairs Headquarters. The IOM, also supported the Ministry to establish a fully integrated TIP data management system as one of the ways of regulating and monitoring the out flow of potential victims of trafficking to foreign countries, the MoGLSD is enforcing the existing regulations and guidelines for externalization of labor by monitoring the activities of the licensed labour Recruitment Companies and encouraging others to get licensed. By the end of the year, the total number of licensed companies had increased to 31. Many of the Licensed Companies assist in the repatriation of Ugandan laborers whenever reports of mistreatment and abuse are received. However, it has been noted that there was a lot of abuse of the system of labor externalization by some unlicensed individuals and companies, due to the inadequacies in the Labor Recruitment regulations.
- Additionally, the MoGLSD is currently reviewing the Regulations to include some punitive measures against the Companies that promote TIP through externalization of labor without a license. The Ministry of Gender has issued a public notice of the list of the 31 licensed Recruitment Companies to guide the public accordingly.

Limitations

1. Government's efforts to adequately monitor external labor recruiting agencies were hampered by lack of human and financial resources. According to Trafficking in Persons United States (US) State Department Report on human trafficking, Uganda is among the countries that remain sources and destinations for women subjected to forced labour and sexual exploitation.

In a 2008 study respondents revealed poor pay, poor working conditions, not being valued for their services as reasons for their desire to work outside Uganda. Groups like this are primary victims of human trafficking due to poor conditions in Uganda. Majority of them register with agencies to be ferried aboard for menial jobs which subsequently transforms into forced labour.

2. Uganda's Interpol report, 2012 indicates that Ugandan women are trafficked to India, Afghanistan, Indonesia and United Arab Emirates. The report observes that the Ugandan does not fully comply with minimum standards for the elimination of trafficking; however it is making efforts to do so.
3. Although the government investigated trafficking cases in Dubai, Abu Dhabi, and Kuwait and closed down four unlicensed recruitment agencies suspected of facilitating human trafficking, it did not pursue criminal prosecution of these or other agencies for their role in fraudulent recruitment of Ugandans for overseas employment.
4. Although the Ugandan government increased efforts to improve its oversight of officially licensed agencies, this work continued to be hampered by a lack of financial and human resources.

Committee's Recommendation 36:

The committee calls upon the State party to take all necessary measures to improve women's access to health care and health-related services, within the framework of the committee's general recommendation No.24. It urges the State party to strengthen its efforts to reduce the incidence of maternal and infant mortality and to raise awareness of and increase women's access to health-care facilities and medical assistance by trained personnel, especially in rural areas.

The Committee also urges the State party to strengthen and expand efforts to increase knowledge of and access to affordable contraceptive methods throughout the country and to ensure that women in rural areas do not face barriers in accessing family planning information and services. It recommends that education on sexual and reproductive health and rights be widely promoted and targeted at adolescent girls and boys with special attention to the prevention of early pregnancy and the control of STIs, including HIV/AIDS.

The Committee also calls upon the State party to provide updated information about measures taken to combat cervical cancer as well as information about women's mental health status and their access to mental health services, in its next periodic report.

Recommendations

1. Uganda should prosecute offenders of the Anti-TIP Act (2009) to act as a deterrent to human traffickers. This will encourage Victims of trafficking to report and access justice. The Government of Uganda also needs to work with the Uganda Law Society to ensure that victims of trafficking get legal aid to ensure that Justice is served. Additionally, the capacity of the Counter Trafficking in Persons office should be built to enable it perform its roles and responsibilities effectively.
2. Public policies targeting human trafficking should be formulated with the focus on removing inequalities and inequities at all levels of society. Furthermore, government should review of the regulations, by the MoGLSD, to provide for tougher penalties against unlicensed individuals and companies involved in the promoting trafficking in persons. The relevant Ministries of Foreign Affairs (MoFA); Gender, Labor & Social Development (MoGLSD), Internal Affairs (MoIA) and that of Justice & Constitutional Affairs (MoJCA) , should also initiate the process of establishing specific bilateral agreements and (MoUs) with the various destination countries for Ugandan victims.
3. There is need for regulations governing the recruitment of Ugandan workers for overseas employment and for the Government to increase oversight of employment contracts and extend criminal liability for trafficking offenses to labor recruiters. The Ministry of Foreign Affairs should ratify the 2000 UN TIP Protocol and Institute a unified system for documenting and collecting data on human trafficking cases for use by law enforcement agencies, labour and social welfare and increase sensitization on human trafficking to all parts of Uganda including detection and venues for redress.
4. Increase staffing and resources to ELU to enable it perform its roles. A fund should be set up by government to assist victims of trafficking to return home. Currently, the task force on anti-trafficking is working with relatives of the victims to set up a victim's assistance fund for this purpose. Address the rising youth unemployment⁵⁹ to reduce their susceptibility to voluntary trafficking in the search for work.

5. Introduce affirmative action for young women to build a pathway to employment.

Health

Committee’s Observation 35: The committee welcomes a number of efforts undertaken by state party to improve women’s health since the examination of the last periodic report, including the prioritization of maternal health in the Health Sector Strategic Plan, the development of a Roadmap for Reduction of Maternal and New-born Mortality and Morbidity and that the number of children who die before their first birthday has reduced from 88 to 75 per 1000 live births during the same period. However, the committee notes with concern that, despite a slight decline, maternal mortality rates remain very high (505 in 2001 to 435 per 100,000 in 2006), with clandestine abortions being a major cause of this.

The committee is also concerned at the very high number of teenage pregnancies, women’s limited access to quality reproductive and sexual health services especially in rural areas, and that the existing sex education programmes are not sufficient, and may not give enough attention to the prevention of early pregnancy and the control of STIs. The committee is further concerned that over 80 per cent women with cervical cancer are diagnosed in advanced stages of the disease, thus making it the leading cause cancer deaths in the country. Furthermore, the committee is concerned at the limited information on women’s mental health status.

Progress

Legal framework

The Constitution of the Republic of Uganda provides in Objective XIV of the National Objectives & Directive Principles of State Policy to fulfill the fundamental rights of all Ugandans to social justice and economic development and in particular among others to ensure that all Ugandans enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security and pension and retirement benefits

The National Objectives & Directive Principles of State Policy require the State to take practical measures to ensure the provision of basic medical services to the population.

The right to health for women in general and reproductive health is provided for in Article 33 of the Constitution, which guarantees the rights of women. This provision guarantees the dignity of women, their equality with men and provides them with special protection.

Maternal health

The contraceptive prevalence rate has doubled from 15 percent in 1995 to 30 percent in 2011, which has lessened maternal and infant health risks by preventing unintended or closely spaced pregnancies and has helped to reduce the adolescent birth rate¹. Between 2006 and 2011 there was a large increase in the proportion of births assisted by a trained health worker, from 42 percent to 58 percent².

There has also been an improvement in access to care after childbirth, with 33 percent of women receiving postnatal care within two days following delivery in 2011, compared to 27 percent in 2006³. But in spite of this progress, there has been no statistically significant change in the maternal mortality ratio, and Uganda is unlikely to meet the MDG target to reduce the maternal mortality ratio by three quarters.

Target 5.A Reduce by three quarters, between 1990 and 2015, the maternal mortality Ratio

STATUS OF PROGRESS-STAGNANT					
Indicator	1995	2000/2001	2006	2011	2015 Target
5.1. Maternal Mortality ratio (per 100,000 live births)	506	524	418	438	131
5.2. Proportion of births attended by a skilled personnel	37.8%	39.9%	42.1%	58.0%	100%

Source: UDHS 1995, 2001/2, 2006, 2011.

1 In 2013, 62 percent of Ugandan youths were reported to be unemployed and yet 78 percent of Uganda’s population is under 30 years (Morris Komakech, 2014)

2 ibid

3 ibid

Notes: Maternal deaths per 100,000 live births in the seven-year period preceding the survey, except for 1995 where the estimate refers to period from 1986 to 1995. Note that some previously published estimates for 2001/02 and 2006 refer to the 10-year-period prior to these surveys. To compare across time these estimates were recalculated for the seven-year period preceding the surveys. Skilled provider includes a physician, nurse, midwife, clinical officer, or medical assistant.

Government is concerned that this progress is not quickly translating into significant reduction in maternal mortality which now stands at 438 deaths to 100,000 live births from 435. This is in part due to the use and quality of services along the continuum of care—from pregnancy, to child birth, and to the post-child birth period. International evidence suggests that good prenatal care can prevent up to a quarter of maternal deaths by increasing a women's awareness of potential complications and danger signs during pregnancy.

Gaps

As a result of the stagnant maternal mortality rates, in 2011, a well-organized and active coalition of NGOs introduced a Constitutional claim on behalf of two women who died in childbirth, which made international headlines. The petition argues that non-provision by the government of essential services for pregnant women and their newborn babies violates the fundamental obligation to uphold the Constitution and defend, protect and promote the right to health and the right to life. The decision in this case is pending. Strategic litigation can lead to effective incentives towards swift legal reform on key issues pertaining to women's equal rights before the law. It is already envisioned by lawyers and activists as a way to challenge a future Muslim Marriage law (see *infra*), if its provisions do not respect the rights enshrined in the Constitution.

One of the most challenging realities according to the Ministry of Health is retention of doctors in the public sector. The turn-over is very high among medical professionals, who often leave for more lucrative opportunities in the private sector. According to the Ministry, by December 31st 2011, only 56 percent of positions for medical doctors in public health facilities were filled. With a budget below 10 percent of GDP (it has stagnated between 7 and 9 percent over the past few years), the Ministry of Health allocation falls far below the promised 15 percent of GDP.

According to the UDHS 2011, only 38 percent of currently married women reported to have participated in decisions pertaining to their own health care. Data from UNFPA (2011) shows that 60 percent of women in Uganda have experienced SGBV compared to 53 percent of men, with one in four women reporting that their first sexual intercourse was forced against their will. This implies that the increased presence of women in education programmes and governance structures has not completely altered the conditions that bring about gender inequality in Uganda's economy. SGBV continues to occur despite various efforts to stop it. It remains a complex problem that requires examination from many different perspectives.⁵

The UDHS (2011) reported that 58 percent of the women aged 15–49—supported wife beating and reported that they believed that wife beating was justified for various reasons. It was also found out that contraceptive use increases with women's empowerment; this has an implication on women's health as it allows them space births, which in turn positively impacts on their health.⁶

A woman who feels that she is unable to control other aspects of her life may be less likely to feel she can make decisions regarding fertility. She may also feel the need to choose methods that are easier to conceal from her husband or partner.⁷ The UDHS (2011) report supports this assertion whereby the most common method used by married women is injectable which are easy to conceal from partners. Additionally, women who agree with all of the reasons justifying wife beating were less likely to seek reproductive health care services (58 percent) than women who do not justify wife beating at all. Empowering women directly impacts on their health as they get an opportunity to make either independent or joint decisions with their husbands especially regarding their health.⁸

Limitations

According to the UDHS report (2006), equality and access to appropriate health care remains a challenge for most women. Maternal mortality has risen from 435 to 438 deaths of 100,000

4 Uganda Population Report, 2013

5 *ibid*

6 *ibid*

7 *ibid*

8 *ibid*

live births. Maternal mortality is attributed to various factors including lack of access to modern methods of family planning. 34.3 percent women have unmet need to family planning¹⁷. Unsafe abortions are at 26 percent and 11 percent of maternal mortality is caused by unsafe abortions⁹

Teenage pregnancies are high at 22 percent. Overall, 86 percent of women say they encounter at least one serious problem in gaining access to Reproductive Health Services. The most common problems mentioned are getting money for treatment (65 percent), living too far from a health facility (55 percent), and obtaining transportation (49 percent). 17 percent of women express concern that no female health provider is available, while 8 percent say they face problems getting permission to go for treatment.

Some of the gaps in access to reproductive health services have also been attributed to;

- Inadequate funding. Approximately 40–52 percent of the roadmap is unfunded. The health sector is majorly funded by World Health Organization (WHO), UNFPA, USAID, DFID and United Nations Joint Programme on Population (UNJPP). Funding from Implementing Partners (IPs) and other sectors such as the MGLSD is unknown. The fact that the initiatives rely on external assistance affects the progress of implementation. Donor funded programs employ project approaches which usually result in piecemeal implementation¹⁰. In some cases, the donor led initiatives are fragmented as they only cover selected areas. Even within projects, there is a variation in intensity of operations depending on the implementer's levels of support for the MNH activities. To date, there is no standard implementation model for the MNH Roadmap.
- In some parts of West Nile region, some religious leaders have negatively interpreted government messages on the use of modern family planning methods alleging that the methods cause cancer. As a result some women continue to have children whom they cannot look after. The Service Delivery and Readiness Assessment¹¹ recorded an average of 53 percent service delivery within all regions in Uganda.

This demonstrates inadequate health service provision countrywide. Most rural women give birth at home with the help of traditional birth attendants because they have lost trust in health centers¹². High cases of maternal mortality were reported in Amudat, Kiryadongo, Kitgum, Masaka, Mityana, Buvuma, Adjumani; Ibanda, Bundibugyo and Napak districts¹³. The assessment also highlights the plight of persons with disability. Access to health care facilities by women with a physical or sensory disability is curtailed. The available services are not within proximity.

- Besides the distance of health care facilities, women still need to negotiate many other challenges in the environment before reaching the health care facility. Some of which include; the physical accessibility to the building. Whereas environmental accessibility is legislated for in the Disability Act (a substantial proportion of health care facilities do not make reasonable accommodation for all people with disabilities. Other Challenges include Inaccessible bathroom facilities, inadequate space and narrow corridors for those trying to maneuver in a wheelchair. It is also difficult for women with disabilities to use equipment that is fixed and not readily adjustable, for example, examination tables. Many women rely on health professionals to help negotiate the inaccessible equipment. Health services are only rendered accessible by the informal actions of relatives and friends who compensate for the deficiencies thereby masking the service inadequacies. Women with a visual impairment face difficulty in accessing and negotiating the internal environment of health care facilities. To overcome these challenges, many women rely on relatives and friends to accompany them to appointments.
- Women with disabilities experience difficulties in receiving quality health information. The information needs of women with disabilities are varied and dependent on the type of disability or impairment experienced. Obtaining accessible information is a challenge for the majority of vision-impaired women who do not receive any health Information advice or leaflets in an appropriate or preferred format like large print, pictorial, audio format or Braille. Health professionals' attitudes and a lack of awareness of individual needs compound these challenges even more.

⁹ Ministry of Health (2014)

¹⁰ For example the Global Fund is not integrating Maternal Health services on HIV, TB and Malnutrition and communities are not prioritized in the programs.

¹¹ *ibid*

¹² *ibid*

¹³ *ibid*

There is also a severe deficit in the provision of formal health information for women with hearing impairment. Additionally, women with a hearing impairment face fundamental challenges in communicating effectively. Alternative methods of communication are rarely explored, relegating them to a dependent role when communicating with health professionals

Recommendations

1. Create an official budget line for family planning (FP) in the sector budgets of the MOH as part of the national budget managed by the Ministry of Finance, Planning and Economic Development (MOFED). It is also important to invest in midwifery, nurse career promotion and ensuring health professionals receive periodic training on the correct and safe handling and transfer of women with a physical disability. Such training will encourage and facilitate professionals to use women's own adaptive equipment for instance Interventions should focus on providing women with hearing impairment communication channels for healthcare using sign language or a sign language interpreter at the health facilities or ensure women with sensory loss have access to information in an appropriate language and format that is easily understandable.
2. Conduct and sustain advocacy targeting development partners and donors to raise level of FP support. Implementation of a behavior change, social mobilization and advocacy campaign to promote acceptance and use of FP will ensure improved access, and utilization of FP. A roll out of national and local FP champions program to advocate and mobilize communities towards broader acceptance and support for family planning is a key strategy that is being employed to raise the level of FP support.
3. Structural and architectural barriers that prevent women with disabilities from accessing health care facilities and services should be identified and remedied. Women with physical disabilities should have access to all information in an appropriate language and format that is easily understandable and should be involved in the development phase and auditing phases of medical programs and policies. Consideration should be given to creating a specialist role to cater for the needs of women with disabilities, for example, a disability advisor at the district or local government level.
4. Reconcile the penal code with the progressive policy developments to redefine the offence of procuring an abortion. Additionally, government should ensure Policies and guidelines that promote access for women with disabilities should be devised, implemented and audited on a regular basis and a robust complaints mechanism be established to enable feedback from women to be heard and acted upon.
5. There is need to scale up the establishment of youth friendly corners and engage with and orient media houses on issues related to FP. Inclusion of FP messages in relevant cross-sectoral national policy documents, implementation plans that determine budget allocations is critical for full integration of FP into cervical cancer screening, immunization, malnutrition, STI services, post abortion care, HIV/AIDS, PMTCT. This will allow women receive health care as near to their home as possible.
6. Parliament should allocate adequate and urgent funding for the gender and women affairs department at the MGLSD. This calls for re-prioritization of the national budget. MGLSD is one of the least funded ministries in Uganda. NGOs advocating for promotion of women's rights therefore urge Parliament to allocate more funds to MGLSD as the national machinery for promoting women's empowerment.
7. Gender mainstreaming needs to be prioritized and funded in planning, implementation and evaluation of government programs.
8. Parliament should increase allocation of funds to Ministry of Health and pay more attention to addressing the unmet need for family planning which continues to be one of the major causes of maternal mortality.
9. There is need for gaps in the health sector to be addressed in terms of funding, recruitment of personnel and increased monitoring and evaluation of the sector at various levels.

Conclusion

If Government and other stakeholders particularly, religious and cultural leaders, media, men, boys, women and girls do not work towards eliminating discrimination against women, there will be grave implications for Uganda particularly with regard to its pace of development. There are still a number of issues the Government of Uganda did not adequately address

following recommendations by the committee from the last report. This report has provided the current status of women and girls with regard to government's obligations on CEDAW and provided recommendations which if acted upon will contribute to reducing and eventually eliminating discrimination against women and girls in Uganda.

Contact

Executive Director

Uganda Women's Network (UWONET),
Plot 710, Block 216, Mirembe Close,
Buuye Kigowa, Ntinda-Kampala, Uganda

Phone: +256 414 286 539,

Email: info@uwonet.or.ug

Website: www.uwonet.or.ug

Facebook: <https://www.facebook.com/uwonet>

Twitter: @uwonet

With Support From:

