



Universal Periodic Review (UPR) Stakeholder Submission

Franciscans International

in collaboration with the Association of Franciscan Families in Uganda

12th Session of the Working Group on the UPR

Human Rights Council

Submitted in Geneva, March 2011

I. Executive summary

1. Franciscans International (FI) submits written comments concerning Uganda for consideration by the Universal Periodic Review Working Group at its 12th session, on 3-14 October 2011. FI is a faith-based Non-Governmental Organization (NGO) with General Consultative Status with ECOSOC. It was founded in 1982 to bring to the United Nations the concerns of the most vulnerable. This submission was prepared in collaboration with the Association of the Franciscans Families in Uganda which is composed of various Franciscan orders who are working with partners and civil society organizations at the grassroots, on the basis of observations and experiences on several human rights issues around the country.

2. The information and data in this report were gathered during FI's in-country training on the Universal Periodic Review (UPR) in Uganda, followed by a regional training and national consultation held between July and October 2010 in Kampala. The report highlights key concerns related to the **right to life, liberty and security of person, child labour, maternal health, rights of persons living with HIV/AIDS, and environmental issues** in Uganda.

II. Right to Life, Liberty and Security of Person

3. Death penalty - The Constitution of Uganda adopted on 8 October 1995¹ recognizes the right to life, liberty and security of person as proclaimed and guaranteed by the International Covenant on Civil and Political Rights (ICCPR) to which Uganda is a party. However, Uganda is listed among countries that have not yet abolished the death penalty. Even if, *de facto*, executions are no longer carried out, *de jure*, the death penalty is still allowed for a wide array of crimes². This was found to be incompatible with the Convention by the Human Rights Committee in its concluding observations³.

4. Conditions in prisons - The main challenges of the penitentiary system in Uganda are related to the treatment of detainees, overcrowding, inadequate feeding, poor medical care and sanitary conditions, forced labour, and inadequate rehabilitation programmes.

5. Although corporal punishment was outlawed by the Prisons Act 2006, allegations of torture still continue in rural prisons. There are new cases which indicate a gradual increase of practices of torture and ill-treatment of detainees by law enforcement officials. Between January and April 2010, the Foundation for Human Rights Initiative (FHRI) visited 79 prisons out of 179 prisons countrywide. In the findings of their report, 247 males (54%) were reported to have been subjected to torture and 214 females (46%) nationwide. Security agencies, especially the Rapid Response Unit and the Joint Anti- Terrorist Task Force, as well as the police, were reported to be the major perpetrators of such acts.

¹ Article 22 of the Constitution.

² Uganda Prisons Act, 2006.

³ CCCPR/CO/80/UGA, 2004, p. 3.

6. In addition, there is over-crowding in the prisons and many of the detainees are held on remand. The Franciscans working at the grassroots visited the country's largest prison, Luzira Maximum Security Prison. They found out from the officer in-charge that this prison, originally built for 600 inmates, currently holds up to 2620 prisoners. Overcrowding has led to problems in the transporting of prisoners, food shortage, inadequate clothing and sleeping facilities and the outbreak of several diseases among prisoners.

Franciscans International urges the Ugandan Government to:

- 7. Take the necessary steps with a view to ensuring the abolishment of the death penalty in national legislation;**
- 8. Continue the campaigns against torture and ill-treatment by security and law enforcement officers and conduct a comprehensive study to define the extent of torture in prisons;**
- 9. Provide human rights training to police officers, prison guards and all law enforcement officials;**
- 10. Address overcrowding in prisons and ensure that prison budgets are adequate to improve supply of medical drugs, adequate feeding and clothing.**

III. Child Labour

11. Uganda has acceded to several international and regional instruments related to child labour⁴ and the Government has taken several measures in this regard⁵. However, child labour continues to be one of the most serious challenges facing most children in the country. It is estimated that 2.7 million of the children in Uganda are engaged in child labour. Of this working group, 54% are aged between 10 and 14 years, while 30% are in the age bracket of 15 to 17 years. More than half of the working children are employed in domestic chores. Moreover, 17% of working children work for more than 25 hours a week and one in every five working child is an orphan. While 1.9 million working children aged 5 to 17 had access to formal education, more than 300,000 in this age group had no formal education⁶. Hence, they have very few options and are therefore more prone to exploitation and poor conditions of work.

⁴ Uganda has ratified the UN Convention on the Rights of the Child (1989), ILO Convention No. 138 (1973) on the Minimum Age for Admission to Employment, ILO Convention No. 182 (1999) on the Prohibition of the Worst Forms of Child Labour, the OAU Charter on the Rights of the Child.

⁵ The National Constitution: Chap. I Art 34(4); The Employment Decree No 4 of 1975, the Children's Statute 1996, introduction of the Universal Primary Education (UPE), the Poverty Eradication Action Plan (PEAP).

⁶ Demographic and Health Survey Report on Child Labour (2000-2001), available at:

<http://www.ubos.org/onlinefiles/uploads/ubos/pdf%20documents/Uganda%20DHS%202000-01%20Final%20Report.pdf>.

Franciscans International urges the Ugandan Government to:

- 12. Carry out in-depth research to identify the current extent of child labour and its main causes in order to take appropriate measures to tackle it effectively;**
- 13. Elaborate and implement a comprehensive programme focused on the prevention of child labour as well as the rehabilitation and reintegration of victims in line with the concluding observations of the Committee on the Rights of the Child (CRC)⁷.**

IV. Maternal Health**4.1. Maternal Mortality**

14. The maternal mortality ratio in Uganda has remained high over the last 15 years. According to Ugandan Demographic and Health Surveys (UDHS) the maternal mortality ratio did not change during the period 1995 (506 per 100.000 births) to 2000/2001 (505), but declined to 435 in 2006⁸. However, global estimates for 1995 put the maternal mortality figure for Uganda at 1,100 (range 900 – 1200) and at 880 for 2000 (range 510 – 1200)⁹. Notwithstanding, Uganda is far from meeting the Millennium Development Goals (MDGs) with regard to maternal mortality.

15. The main causes of maternal mortality in Uganda include, complications during pregnancy (bleeding, pregnancy-related hypertensive disorders, co-current diseases) and infection resulting from unsafe abortion. They are also due to complications at delivery (obstructed labour; excess bleeding) and/or after delivery (bleeding, sepsis, mental illness, etc). Although the Government has introduced a new system for the supply of drugs directly to the rural health units since 2009, none of the health centres visited by the Franciscans working at grassroots in the rural areas of Mayuge district were satisfied with the services rendered.

16. The issue of maternal mortality should be addressed in relation to other indicators, such as delivery in health facilities and skilled assistance at delivery, access to family planning services, and adolescents' birth rate. The aforementioned do not seem to have undergone any progress in recent years.

4.2. Access to Reproductive Health

17. Access to family planning services - Universal access to reproductive health is the other target in the fifth MDG which is far from being realised in Uganda. The Contraceptive Prevalence Rate (CPR) increased from 2.7% in 1995 to 16.5% in 2000; but declined again to 15.4% in 2006¹⁰. According to UDHS (2006), demand for family planning remains highly unmet

⁷ CRC/C/UGA/CO/2, p.14, par. 74.

⁸ Ministry of Finance and Economic Planning, *Uganda Demographic and Health Survey*, 1995, 2000/2001, 2005/2006.

⁹ WHO, UNICEF and UNFPA – Maternal Mortality Estimates Published in 1995 and 2000.

¹⁰ Ministry of Finance and Economic Planning, *Uganda Demographic and Health Survey*, op. cit.

in Uganda: 75% among adolescents of 15-19 years old, 77% in rural areas and among women with no education, and it is especially high among the poorest mothers.

18. Adolescent birth rate - One in five (20%) adolescent aged women between 15 and 19 years covered in the 2006 UDHS had begun their reproductive life (16.3% were mothers already, and 3.4% were pregnant for the first time). The rate of adolescent motherhood has declined over the last 20 years, from a high of 41% in 1988 and 43% in 1995, down to 31% in 2000 and 20% in 2006. The adolescent motherhood rate in 2006 was higher in rural areas (26%, compared to 20% urban)¹¹.

Franciscans International urges the Ugandan Government to:

19. Allocate adequate and proportionate funding to different areas of health care, including to reproductive health and to provide health units, especially those in the remote areas with skilled and trained personnel;

20. Adopt a National Safe Motherhood Plan to promote birth preparedness and to reduce maternal and child mortality;

21. Introduce sexual reproductive health education in schools.

V. Rights of Persons living with HIV/AIDS (PLWA)

22. In 2004/5 Uganda made it possible for mother and child to access antiretroviral treatment (ARVs) through the PEPFAR Programmes. Despite the Government's efforts, 130,000 new infections occurred in the country in 2010¹².

23. The national law on HIV/AIDS currently under discussion seems to be very controversial. In its position paper on the HIV/AIDS Prevention and Control Bill, the National Community of Women Living with HIV/AIDS in Uganda (NACWOLA) points out that some provisions of the bill might infringe the rights of People Living with AIDS/ HIV (PHAs), especially with respect to women.

24. In particular, NACWOLA is concerned that sections 39 and 41 of the Bill may be used to prosecute women more often than men because women are more likely to know their HIV status earlier than their male partners. This is due to the fact that women engage with the health system more often including during pregnancy and childbirth. The provisions in sections 39 and 41 would provide that women, who test HIV-positive have to disclose their HIV status to their partners, refuse to have sexual intercourse, or insist on condom use. However, for many women these required actions entail the risk of violence, eviction, disinheritance, loss of their children, and other severe abuses.

¹¹ Ibid.

¹² The Millennium Development Goals report for Uganda 2010, available at http://www.finance.go.ug/docs/Uganda%20MDG%20report%202010_final.pdf.

Franciscans International urges the Ugandan Government to:

- 25. Continue awareness-raising campaigns aiming at sensitizing the population about the prevention of HIV infection;**
- 26. Place personnel with expertise in areas that require quick action, such as distributing ARVs to their destinations before they expire;**
- 27. All provisions of the Bill that undermine the rights of PHAs should be amended and replaced with a provision for couple-based confidential voluntary testing and counseling. Furthermore, the Bill should provide that a person who is aware of his/her HIV positive status should be accorded the necessary treatment, care and counseling and encouraged to inform his/her sexual partner of his/her status. The basic conditions for confidentiality, counseling and informed consent must be prioritized at all times.**

VI. Environment- Disposal of Garbage

28. According to the Environment Resources Limited (ERL), Kampala is faced with environmental problems due to a rapid growth of the population. *“The resultant living environment of especially the urban poor in the city is deplorable with poor sanitation, poorly managed solid and human wastes and increased water pollution.”*¹³

29. Kampala City Council can manage to dispose less than half of the total garbage collection. About 80% of this garbage is organic matter making it very bulky to handle. The country lacks disposal sites and recycling facilities. Indiscriminate dumping still exists and is exacerbated by the absence of garbage sorting by type at generation points.

Franciscans International urges the Ugandan Government to:

- 30. Design a policy to address social infrastructures and service provision including an efficient and effective management of human wastes, solid wastes and organic wastes;**
- 31. Enact policies and regulations for garbage collection and disposal for the city and the entire country;**
- 32. Include environmental education both in the school curriculum and outside the formal education system.**

¹³ CICRED UG4 Project, Geography department - Makerere University, *Population, Urban Development and the Environment in Uganda: The Case of Kampala City and its Environs*, available at http://www.cicred.org/pripode/IMG/pdf_UG4-FinalReport.pdf.