



INITIATIVE FOR SOCIAL AND ECONOMIC RIGHTS

Statement by the Initiative for Social and Economic Rights (ISER) at the 39th Session of the African Committee of Experts on the Rights and Welfare of the Child (ACERWC)

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Chairperson, the **Initiative for Social and Economic Rights (ISER)** is a Non-Governmental Organization (NGO) which seeks to promote the effective understanding, monitoring, implementation, accountability, and full realisation of Economic and Social Rights (ESRs) in Uganda and the East African region.

As the COVID19 pandemic evolves, Uganda has correspondingly undertaken measures to match the attendant realities. This has long included the lifting of the nationwide lockdown by fully reopening the economy and all levels of learning institutions. With the decline in COVID19 cases, observance of standard operating procedures, though still urgently encouraged by government, is equally on a downward spiral. Be that as it may, the impact of the pandemic on children has been profound and has highlighted existing gaps in education and health service delivery in Uganda.

Health Service Delivery

Uganda's health sector remains chronically under financed over time and the consequences of this have been stark during the past two years of the COVID19 pandemic – with the public health system getting overwhelmed and the Government further opening up the health sector to private actors who continue to operate unregulated; so much such that a number of private health facilities charge exorbitant medical fees and detain patients who fail to clear their medical bills. Those that face the brunt of this trend are the disadvantaged and poor children.

The rapidly emerging and widening inequality in COVID19 vaccines, therapeutics and diagnostics has adversely affected children's full enjoyment of their highest attainable standard of living. This is compounded by the rising cost of living which has undermined access to social determinants of health like nutrition, clean water, housing among others. Such disparities hit child headed families most.

Conversely, the public health sector, which is the first point of call, continues to suffer a poor ambulance service system, stock-out of essential drugs, and health worker migration which have affected effective service delivery in public health facilities, thereby, compromising equitable access to health care.



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Education

Schools were first closed on March 20, 2020 following a presidential directive. This was during the first wave of the pandemic affecting more than 15million learners and 548,192 and 188,000 teaching and non – teaching staff respectively. In October 2020, there was a phased reopening of schools for mainly learners in candidate classes and other upper classes. This was intended to enable those in candidate classes sit for their final examinations to avoid creating a clog in the education system. The decision to allow a few classes was also intended to ensure compliance

with the Covid-19 Standard Operating Procedures (SOPs). However, before all learners could report back to school, a second total closure of the education institutions was announced and implemented on 7th June 2021 following the second wave of Covid-19. Since then, schools remained closed until 10th January 2022, when all education institutions were reopened across the country.

With the closure of schools, 51% of learners across the entire education system stopped learning, majority of them (60%), being from the primary subsector. The protracted closure of schools bred inequality in access to education as some children from well to do backgrounds that are attending high end private and government schools continued accessing learning through virtual platforms or being taught from home whereas their counterparts from the poor backgrounds who mainly rely on schools implementing universal primary and secondary education programs and low fee private schools were not having any effective learning.

The long-term negative implications of protracted school closures on children include reduced school attendance, increased dropouts as a result of the rise in teenage pregnancies, child marriages and child labour. This has eroded the significant gains that had so far been attained by government towards achieving Sustainable Development Goal 4 on equitable access to quality education

Private actors and social services

ISER notes that the Government of Uganda continues to run a private sector led economy that is however dismally regulated. The failure to regulate the private sector in education has resulted in private schools not only insisting on charging exorbitant fees, both tuition and non-tuition, plus excess and unrealistic school requirements. This is disproportionately leaving out many children-especially those from poor backgrounds. Amidst the persistent under financing of the public health sector, there has been a proliferation of private actors in health including government and donors’ promotion of public private partnerships, and voucher schemes. The unregulated expansion of private actors, particularly when they exist in lieu of public options, is detrimental to the accessibility of health care for children. Private facilities continue to violate patients’ rights including charging exorbitant fees and detaining patients who fail to pay. The Government is planning to invest in a Medical Credit Fund to strengthen the private sector in health. However, the



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investment of significant sums of public funds without examining how strengthening the private sector will result in improved outcomes for the most vulnerable only heightens inequity.

ISER calls upon the Committee to recommend to Government of Uganda to:

- Robustly invest in the public health system and pass the National Health Insurance Scheme
- Urgently allocate funds to renovate and expand infrastructure in UPE and USE schools.
- Revise the capitation grants to UPE and USE schools upwards and effectively monitor and inspect them to ensure that there are no non – tuition fee charges.
- Develop and implement a robust data collection and management system on school enrollment and completion to enable the implementation of sustainable and effective interventions in public education service delivery.
- Develop a minimum unit cost required to educate a child in primary and secondary, and use it as a benchmark for financing universal primary and secondary education as well as regulation of fees in private schools.

The Committee should:

- Develop a General Comment on the right to education and the importance of public education.
- Develop a framework to guide States on private involvement in service delivery in such a way that promotes the rights of children.
- Encourage States to utilize the Abidjan principles on the provision of public education and the regulation of private involvement in the education sector.