JOINT SUBMISSION TO THE OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS ON THE OCCASION OF UGANDA’S 3RD CYCLE UNIVERSAL PERIODIC REVIEW, 40TH SESSION, JANUARY-FEBRUARY 2022

Submission by Minority and Indigenous Groups

Report on Health and Education, July 2021

Joint Submission by:
<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Organization Contact Person</th>
</tr>
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<tr>
<td><strong>Maragoli Community Association (MCA)</strong></td>
<td>P.O Box 34 Kigumba, Kiryandongo District. <a href="mailto:maragolicommunity@gmail.com">maragolicommunity@gmail.com</a></td>
<td>Mwale Paul 0777 313 677</td>
</tr>
<tr>
<td><strong>African International Christian Ministries (AICM)</strong></td>
<td><a href="mailto:aicmuganda@hotmail.com">aicmuganda@hotmail.com</a>  <a href="http://www.aicmuganda.org">www.aicmuganda.org</a>  <a href="http://www.aicm.org.uk">www.aicm.org.uk</a></td>
<td>Nabimanya Precious Arinda 0773 300 302</td>
</tr>
<tr>
<td><strong>Minority Rights Group International (MRG)</strong></td>
<td>Plot 5 Block D, Behind Capital Shoppers off Kakungulu/UNEB Road. PO Box 31607, Ntinda, Kampala</td>
<td>Agnes Kabajuni – African Regional Manager 0772 368 850</td>
</tr>
<tr>
<td><strong>United Organization for Batwa Development in Uganda (UOBDU)</strong></td>
<td>P.O. BOX 169, Bazanyamason Road Kisoro Municipality</td>
<td>Zaninka Penninah UOBDU Coordinator 0772660810</td>
</tr>
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</table>

**Maragoli Community Association (MCA)** is a non-governmental organization founded in 1998 and registered as a CBO in 2016. MCA was formed to fight for recognition of the Maragoli as one of the indigenous communities in Uganda. In addition to citizenship recognition, MCA works towards ensuring that Maragoli community members enjoy full rights to social services such as health and education and other political rights like any other citizens of Uganda. MCA currently operates in the districts of Kiryandongo, Masindi, Hoima, Bugiri and Iganga.

**African International Christian Ministry (AICM)** is a non-governmental, non-denominational, nonpartisan and a non-profit making organization which was founded in 1983. It is registered with the Uganda National NGO board 85/90. AICM is incorporated under the Trustees Incorporation Act. And in United Kingdom with the Charities Commission Reg. No. 1011451 (Friends of AICM). AICM’s Strategic focus was mainly in the areas of Community Based Health Care (CBHC), Community Development, Promotion of Technical/ Vocational Education, Support for Orphans’ and Vulnerable Children (OVCs), Literacy, Evangelism & Christian Leadership Development, Promotion of Human rights and Livelihoods for the highly marginalized and vulnerable Batwa communities of Southwestern Uganda, Research and Documentation, Advocacy and Lobbying, among others. AICM has its headquarters in Kabale Municipality, Kabale District, Uganda. www.aicmuganda.org / www.aicm.org.uk

**The Minority Rights Group International (MRG)** is an international human rights non-governmental organization working to secure rights for ethnic, religious and linguistic minorities and indigenous peoples around the world. It has a consultative status with the United Nations Economic and Social Council (ECOSOC) and observer status with the African Commission for Human and Peoples’ Rights. MRG’s head office is in London, United Kingdom with Africa Regional Office in Kampala, Uganda. It operates in Africa, Asia and Europe (non-European Union countries). www.minorityrights.org
The United Organization for Batwa Development in Uganda (UOBDU) was established in 2000 by the Batwa themselves and registered in 2002 as a national NGO. It aims to support Batwa in Uganda to address their land issues and other socioeconomic problems and to help them develop sustainable livelihoods. [https://uobdu.wordpress.com](https://uobdu.wordpress.com)

| Action for Batwa Empowerment Group (ABEG) | Butogota Town Council, Kanungu District | Kokunda Sylvia, 0789 241 481 abeguganda@gmail.com kokundasylvia@yahoo.co.uk |
| Action for Batwa Empowerment Group (ABEG) is a non-political, non-profit-oriented community-based organization registered, headquartered and operating in Kanungu District, South-western Uganda. It was started by Batwa elites in 2017 after realizing the need to give back to their community. ABEG started as an awareness creation campaign engineered by the Batwa youth based on their experience of the series of social, economic, cultural, environmental injustices and suffering their community has continued to face for decades to address these challenges for the Batwa community’s transformation for development. |
| Bagungu Community Women Association (BACWA) | P.O Box 26288, Kampala Located on Sir Apollo Kagwa Road Next to Oilcom Petrol Station | Suzan Wandera: Head of the Women Wing (BACWA); 0772 44 22 62 |
| Bagungu Community Women Association (BACWA) is a non-political, non-profit-oriented community-based organization registered, headquartered and operating in Kanungu District, South-western Uganda. It was started by Batwa elites in 2017 after realizing the need to give back to their community. ABEG started as an awareness creation campaign engineered by the Batwa youth based on their experience of the series of social, economic, cultural, environmental injustices and suffering their community has continued to face for decades to address these challenges for the Batwa community’s transformation for development. |
| Eliana R’s & Jamp Banyabindi Foundation (ERJBF) | Pida Cell, South Ward, Kinyamaseke Town Council, Kasese district. Organization Website and Telephone Number: elianabanyabindi@gmail.com/isebantu.entele@gmail.com | HRM Elisha Mugisha Ateenyi +256782866638 +256781395870 |
| The ELIANA R’s & JAMP Banyabindi Foundation (ERJBF) is a of projects oriented organization founded in 2004 and composed of orphans, disabled children who are mentally retarded and others born physically fit. It focuses on environmental protection, education, ethnic minority rights, training, economic empowerment, research, and culture and land rights. |
| Benet Lobby Group | MENGYA VILLAGE, MENGYA PARISH, BENET SUB COUNTY, KWEEN DISTRICT benetlobbygroup@yahoo.com | Chebet Mungech benetlobbygroup@yahoo.com 0779233078, Mungech@gmail.com |
| The Benet Lobby Group (BLG), is a nongovernmental organization that operates in the districts of Kween, Kapchorwa and Bukwo, in the sub counties bordering Mount Elgon national park. The organization was formed in 1972 as a pressure group to act as a voice to the unsettled Benet people (Ndorobos). In order to end these injustices, BLG has engaged in lobbying for permanent resettlement, access of social services like good roads, hospitals, schools, and good water from the government for the Benet. |
### North Karamoja Indigenous Minority Group Platform (NKIMGP)

Moroto, Karamoja sub-region, Uganda  
Samuel Okene Ayaru  
kenayarus@gmail.com  
0772 927 672  

The North Karamoja Indigenous Minority Group Platform (NK-IMGP) is a community based organization (CBO) formed by five (5) indigenous minorities in Karamoja viz; Nyangia, Ngokutio, Katebo (Mening), Ngiporein and Ik. Furthermore, it is a registered CBO under Kaabong District Local Government (KDLG/CBSO/300). Formed in 2015 with support of CCFU for the communities to have a voice against marginalization on key issues like inequality, exclusion in employment, poverty, land related issues, healthcare and education among the minorities in the three (3) districts of Kaabong, Karenga and Kitgum.

### Buliisa Union of Persons with Disabilities (BUDIP)

P.O. Box 228, Buliisa, Uganda  
Hoima Buliisa Road; Buliisa Town Council,buliisa town at Community hall where our offices are(opposite buliisa prison)  
Mosesk598@gmail.com  
Tel:0785 447 921,0705 215275,0770711833  

Buliisa District Union of Persons with Disabilities (BUDIP) is an indigenous non-governmental, non-profit, a non-political Community Based Organization that was established in 2013 by a group of volunteers arising out of the gap that has been caused by disability and poverty in the rural communities of Buliisa District in mid-western Uganda. This organization focuses on general improvement on the quality of life of persons with disabilities. BUDIP networks with government both at district and sub county levels, NGOs and other institutions through various forms for purposes of information sharing joint advocacy, service delivery and training to maximize the use of resources for persons with disabilities.

The submission also received the support of:

**The Mount Elgon Benet Indigenous Ogiek Group (MEBIO)** is a community based organization, formed and registered in 2012 by concerned community members in the Benet resettlement area. The prime objective of the association is to champion the plight of its people who are facing not only marginalization, but also discrimination and human rights violations.

**Tapac Integrated Development Organization (TIDO)** is a Community Based Organization formed in 2018. It works on such issues as environmental management, education, early/forced marriages, Female Genital Mutilation (FGM) and alcoholism among the Tepeth Community. It currently operates in Moroto district in Uganda.
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Acronyms

MRG : Minority Rights Group International.
ABEG : Action for Batwa Empowerment Group.
BLG: Benet Lobby Group.
NKIMG : North Karamoja Indigenous Minority Group Platform.
EOC : Equal Opportunities Commission.
UHCR: Uganda Human Rights Commission
SDG : Sustainable Development Goals.
HT : Health Center.
VHT: Village Health Team.
GFM: Female Genital Mutilation.
FY : Financial Year
IMG Indigenous Minorities
CCFU: Cross Cultural Foundation of Uganda
1. Introduction.

1.1 Uganda’s indigenous and ethnic minority peoples are one of the most vulnerable groups in the world and have limited access to basic services and needs such as healthcare, education, clean water, clothing, employment, food, and security. In this special UPR report, we look at strides made by indigenous and ethnic minority groups of Uganda in terms of access to health and education.

1.2 The pledges are those that were agreed to at the 2016 Universal Peer Review targeting the ethnic minority and indigenous groups which is the center focus and the recommendations we have highlighted in this report are those that were discussed at a joint meeting held at Silver Springs Hotel in the capital Kampala on 5th May 2021 with members and representatives of indigenous and ethnic minority groups in Uganda. These included representatives from the Batwa in Southwestern Uganda districts of Kanungu, Kabale, Kisoro, Bundibugyo and Rubanda, the Ik, the Ngikutio, Napore, Nyangia, Mening and the Pokot from the Karamoja region of Uganda, the Maragoli from Bunyoro region in Kiryandongo district, the Benet from the slopes of Mountain Elgon in Kween, Kapchorwa and Bukwo districts of Eastern Uganda, the Bagungu from the oil rich region of Bunyoro on the shores of lake Albert.

1.3 Generally, Indigenous and minority peoples in Uganda face various forms of barriers in access to equal, quality and affordable basic services ranging from discrimination negative societal attitudes, inaccessible physical environment, and information and communication, technology barriers among many. Some of the groups like the Batwa and Benet have lost their lands to conservation without or inadequate compensation or resettlement, which limits their ability to generate income. These result into unequal access to services such as education, employment, healthcare, transportation, political participation, and justice in communities. Most public schools and health centers are not fully accessible by them.

1.4 In Uganda, the Government has put in place a legal framework that provides for redress through courts of law and other key national human rights institutions such as the Uganda Human Rights Commission (UHRC) and the Equal Opportunities Commission (EOC) for the promotion and protection of rights to education and health services in Uganda. The Uganda Constitution, 1995 and as amended in 2005 provides for the integration of minorities into development programs under article 36, the right to a clean and healthy environment under article 39. It also protects for their children’s rights under article 34, the disabled people under article 35, the right to equality and non-discrimination Act. 27 Article 30 chapters 4 of the constitution concretizes the right to education for every Ugandan and also article 33 provides for the protection of women’s rights. The Equal Opportunity Act, 2007 also provides for addressing inequalities across regions and communities. The National land Policy, 2013 recognize ethnic minority and pastoralists communities as faced with marginalization, land injustices and directs government to take measures to improve their land rights. Batwa petitioned the office of the Prime Ministry to have their situation improved and in response directives were issues to Ministry of Gender, Labour and Social Development to develop a comprehensive framework for improving the conditions of indigenous and ethnic minorities in Uganda. However, enforcing of the law and policy is still very low.
Methodology

2.0 The Report was compiled in a participatory and consultative process involving various stakeholders from the different ethnic minority and indigenous groups in Uganda and organizations that work to promote their rights.

2.1 The participants from the different indigenous and minority groups were involved in the process of making the report. This Report reflects the existing legal framework, current picture of access to education and health services by minorities and indigenous communities in Uganda. It also presents key recommendations, which were proposed by the participants to address the issues raised.

Progress in Implementation of Voluntary pledges and accepted Recommendations as regards health and education among indigenous and minority peoples.

Rights of Minorities

3.0 Under this category of rights, the responsible agencies are the Ministry of Gender, Labor and Social Development, the Equal Opportunities Commission, Uganda Human Rights Commission.

3.1 Implementation of Accepted recommendation A dispensation of the recommendations and efforts made so far towards their implementation in IMG communities as related to the Voluntary pledges made in October 2016 UPR reporting are described below:

3.2 With the 2016 pledge of continuing to strengthen Uganda’s social policy in favor of the most vulnerable sectors of society, and ensuring that they have the assistance and cooperation of the international community, the SDG secretariat under the Office of the Prime Minister is considering measures to incorporate minority and indigenous people while planning and implementing government programs though consulting agencies and NGOs that work with the IMGs for knowledge on better ways of serving them.

3.3 With an effort to fulfill the pledge to continue implementing policies for the development of IMGs, including measures taken for equal opportunities of women and persons with disabilities in the economic and social development of Uganda, a number of public Schools and hospitals/health care centers across Uganda are now built with provisions for PWDs proper mobility after a related law was passed on this. In addition, Women Member of Parliament represent every Uganda district and there is also a Member of Parliament representing Persons with Disabilities across the 4 regions of Uganda.

3.4 Relating to IMGs, On the pledge of taking appropriate measures to eliminate all forms of discrimination against women and girls, government through it’s line ministries continues to

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celebrate International Women’s day and highlight the achievements made by women in national development, the cabinet has been balanced during cabinet reshuffles to include more women representation for example current Vice president and Prime Minister of Uganda are women.

Access to Health

4.0 The responsible agencies for implementing government policy to promote the right to health are the ministry of health, Ministry of Gender, Labor and Social development, Uganda AIDS commission (for students/children with HIV/AIDS), NIRA.

Implementation of 2016 accepted Recommendations for Health as evaluated against the voluntary pledges;

4.1 On intensifying efforts to reduce maternal and child mortality rates, Strengthen measures to combat maternal mortality and morbidity with a human rights-based approach; The Uganda Health Center system is the one implemented. So far the health system used is the one of VHTs, HT I, HTII, HTIII, HTIV which are quite often understocked with medicines and have very few health workers to attend to the people. Currently, most health centers are more than 5 kilometers away from settlements as revealed by a research made on the Batwa communities in western Uganda in January 2021 by MRG in conjunction with AICM and ABEG in Kabale, Rubanda, Kisoro, Kanungu and Bundibugyo districts.

4.2 There are fewer health centers and health workers allocated in indigenous and minority communities as compared to other communities of Uganda. This makes their case of mortality worse and growing increasingly bad with rising populations.

4.3 On increasing the percentage of the national budget allocated to health and have it extended to all persons without distinction including IMGs, according to the National Budget Framework Paper 2020/2021, the allocation to the health sector declined to 5.1% down from 7.9% of the national Budget in 2019/2020 financial year and in the 2021/2022 FY, this allocation is 1.4 Trillion shillings compared to 1.5 Trillion allocated in 2020/2021 FY. This means less finances allocated even to the IMG communities which are already marginalized in this right.

4.4 Government – Development Partner Cooperation to Promote Health: While continuing to develop the health of IMGs, Uganda has cooperated with other countries on this regard and also allows funding from those countries’ development agencies to carry out health research, development and service delivery for example DFID, Oxfam, USAID, Irish AID, and Ministry of

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Foreign Affairs of Finland. This funding goes directly to government agencies and also to community, private agencies and Non-Governmental Organizations to do the work.

4.5 Use of VHTs in combating HIV/AIDS and providing health services in IMG communities: VHTs do make efforts to supply ARVs to HIV/AIDS positive people in minority peoples’ communities like the Batwa, however, because many of them do not go for testing for the disease, the number of positive cases documented are fewer than anticipated given the fact that some of these groups don’t use protective measures such as condoms and the like.

4.6 Insufficient equipment in health centers: There are many instances HTs missing proper medical equipment to take care of patients for example, there is no Computerized Temography (CT) scan in the whole of Karamoja region, Batwa, Maragoli and Benet settlements. This was an observation made by the members from the IMGs attending the consultation meeting.

4.7 Long Distances to Health centers and Understaffing: Basing on a research made by AICM and ABEG on Batwa access to health in January 2021, all existing health centers within the IMG communities that is HC I, II and IV built in the Sub-Counties are not coded by MOH lacking staff and drugs as well. Patients there are referred to missionary hospitals (St. Joseph hospital in Kitgum District-120 Km from IMG settlement) and (St. Kizito hospital, Matany in Napak District-215 Km).

4.8 Poor local Infrastructure in IMG communities: Access to this health services is still low due to distant locations compounded with poor road networks, discrimination and forced assimilation. A research among Batwa communities carried out by MRG found out that government health centers were more than 5 kilometers away from majority of the Batwa settlements.

4.9 Lack of Identification cards: The Maragoli for example aren’t accessing Government provided health services because some of them lack identification cards to access services, this affects their quality of life.

4.9.0 In effort to implement the Abuja declaration on Roll Back Malaria, mosquito nets have been distributed among IMGs for example the Batwa, however many of them do not use them therefore needing to be more sensitized about their uses and encouraged to use them.

Access to Education

5.0 The responsible agencies for implementing the recommendation to this right include The Ministry of Education and Sports, Ministry of Gender, Labor and Social Development and the Uganda National Children’s Authority.

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Implementation of 2016 accepted Recommendations for Education as evaluated against the voluntary pledges.

5.1 Girl child enrollment in schools found in indigenous communities is still low due negative traditional cultural sentiments, school dropouts because of poverty, early marriages, period stigma, parental negligence is an example basing on data collected by 9AICM and ABEG from the indigenous groups of the Batwa in western Uganda and has been asserted by the other IMG communities.

5.2 When we look at the pledge to take further measures to improve children’s enrolment, access, quality and sustainability of education, especially for girls, the girls are affected by Period stigma. Many girls drop out of school because of their inability to afford sanitary materials, hence they develop a stigma for going to school with fear of being ashamed for example a research among the 10Batwa accounted for 95% of girl child school dropout among the Batwa community, the case was confirmed to be no different by the other representatives from the other IMG communities. Early childhood care and education is essential in improving quality education. Despite the pledge to improve education, about 55% children live in conditions of poverty (11UBOS, 2016) and of 3,614,827 of children aged 3 – 5 years eligible for pre-primary education (EMIS, 2016) only 6,798 registered in pre-primary schools. Marginalized rural schools where majority IMG population live start school late, miss out on pre-primary education and thereby having a poor foundation contributing to high level of drop out for both boys and girls.

5.3 In a bid to continue increasing the enrolment rate of children in primary schools and achieve equal gender opportunities and reinforce education in particularly marginalized areas, the 12Universal Primary and Secondary Education is being rolled out in IMG communities. It has been extended to Communities of IMGs with establishment of more government schools.

5.4 Related to the above, efforts have been made by Government to establish more schools in IMG communities, during consultative meeting participants said that Batwa children are discriminated against for example the Batwa children in Nyarusiza sub-county in Kisoro district.

5.5 Language of Instruction: There is a policy to instruct children in local understandable languages like the Rufumbira and Rukiga for the Batwa in western Uganda which eases their learning, however indigenous communities like the Basongora, Banyakindi in Rwenzori region are taught in Rukonzo, which languages are totally different from the languages of the children from these minority communities there by hampering their ability to understand what is taught.


5.6 For the Indigenous groups in Karamoja; Luo is used in Kitgum District instead of the Ngikutio language for IMGs in the area, Ngakarimojong language for those in Karenga and Kaabong Districts instead of IMG languages in the area (Ngaporein, Mening, Nyangia and Teus).

5.7 **Female Genital Mutilation:** The government of Uganda continues to implement campaigns to stop female genital mutilation, which is a barrier to education among the Benet of Kween, the Pokot and Tepeth in Napak and Moroto districts. The Uganda police endorses the 2010 prohibition of FGM act targeting villages that still do practice FGM. However the FGM survey carried out in 2016 by UNICEF indicated that in the six survey districts of Kween, Kapchorwa, Bukwo Nakapiripirit, Napak and Moroto, the Sebei subregion of which the Benet are settlers still constitutes 52% of this practice for ages of women 15-49 years and mostly in Kayikekile and Tapac sub-counties of Moroto district.

5.8. The government as pledged developed the National Strategy on Ending Child Marriage and Teenage Pregnancy (NSCM&TP and put in place community structure of para-social workers to follow on its implementation at local government level. Also developed the National Framework on Sexuality Education, 2018 to curb sexual abuse in schools. However early marriages and teenage pregnancies remain a huge barrier to the education of girls. For example, Batwa girls are married at a very early age. COVID-19 has exacerbated early marriages and teenage pregnancies as hard condition has forced many to get married.

5.9. **When we evaluate the pledge to** reinforce policies that favor access to education in rural areas and improve fair access to and the quality and sustainability of primary education, there is a prevalence of long distances to schools and understaffing. On education, there are few schools in the Sub-Counties of IMGs and are characterized by long distances usually trekked by learners. This is accompanied by under staffing and unqualified staff posted (2-3) teachers, a great challenge encountered.

**Recommendations:**

6.0 In line with issues raised above, below are recommendations made to Government of Uganda to improve health and education services for minorities and indigenous communities in Uganda.

**Health of IMGs**

6.1 Employ and train more health workers in health centres and hospitals found in IMGs communities.

6.2 Equip health in IMGs settlements units with enough drugs and other needed equipment.

6.3 Implore government of Uganda to permit the regulated use of useful and proven local herbs as medicines for the IMGs in their communities to deal with low supply of medicines.

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13 North Karamoja Indigenous Minority Group Platform, North Karamoja Indigenous Minority Group Platform Shadow Universal Periodic Review for IMGs, June 2021
6.4 Recommendation on the implementation of medical insurance cover for Uganda with IMGs inclusive.

6.5 Government takes affirmative action to code all health centers in the IMG communities and staff them with qualified personnel. Health centres should be stocked with enough drugs.

6.6 Provide free sanitary materials and facilities for girls and women from marginalised communities in particular IMG communities to reduce levels of women mortality.

6.7 Promote financial literacy and empowerment programs for IMGs to tackle poverty through income generation.

6.8 Invest more in sensitization drives to encourage more IMGs to access the free government health services provided to reduce on child, maternal mortality.

6.9 Development of more clean and safe water access points such as boreholes and natural water taps in the IMG settlements to promote proper hygiene and sanitation.

Education of IMGs.

7.0 Develop teaching materials and content in Languages used by Indigenous and minority peoples in their communities. This will help IMG children better understand and apply content taught to them.

7.1. Build schools closer to IMG communities to provide education for the children in those communities and eliminate the problems of children traveling long distances to access education.

7.2. Government should implement Early Childhood Care and Education (ECCE) Policy, 2018, the Policy Pre-primary, Primary and Post Primary Act of 2008 and The Education Sector Strategic Plan (ESSP), 2017-2020, undertakes to develop and implement a comprehensive policy framework for ECD that among others provides for the institutionalisation of training of ECD Caregivers/Teachers. Priority should target caregivers/teachers from extremely marginalised populations including ethnic minorities. Government should strengthen primary education within the IMG communities by reinstating pre-primary learning centres with qualified staff.

7.3 Government should apply affirmative action to marginalised ethnic minorities like the Batwa to provide specific slots/scholarships for MIPs as an equity measure. This is in regard to government scholarships, quota system for students from marginalised background at the district level, and student loan schemes.

7.4 Provide free sanitary materials and facilities for girls and women in IMG communities to improve on their school retention.

7.5 Invest more in sensitization drives to encourage more MIPs to take their children to school.

7.6 Government intensify the implementation of the National Action plan to eliminate early marriage and teenage pregnancies and commit budget priority to operationalise the work of para-social workers, support menstrual hygiene of ethnic minority children.

7.7 Government should enforce the National Framework on Sexuality Education in Uganda that will ensure sexuality teaching in schools and providing basic information of sexuality as a priority to protect the rights of girls’ access to education and ending teenage pregnancies.