

Commercially sexually exploited adolescent girls: the invisible vulnerable population in Uganda

Uganda's Situation

18,000



Number of children engaged in commercial sex exploitation in Uganda

26%



Prevalence of pregnancy among adolescent girls who engaged in CSEC

22.5%



The HIV prevalence among girls aged 12-18 years engaged in sex work.

26%



Prevalence of teenage pregnancy among adolescent girls who engage in CSEC than those who were not



Introduction

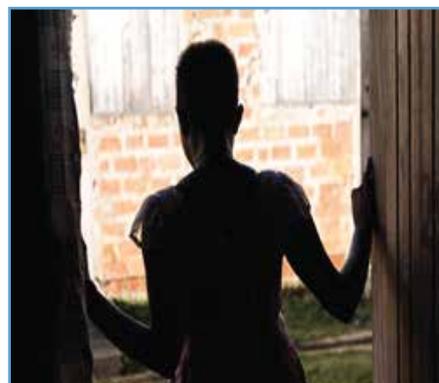
Commercial sexual exploitation is a growing, underestimated, and under-represented issue of grave social, health, economic, and policy concern in Uganda. The immediate and long-term public health consequences of commercial sex exploitation undermine investments in education, health, and child well-being, and erode the productive capacity of future generations. Commercial sexual exploitation of children (CSEC) is considered by International Labor Organization (ILO) as sexual abuse by an adult with respect to a child or an adolescent – female or male – under 18 years old; accompanied by a payment in money or in kind to the child or adolescent or to one or more third parties. A child in CSEC is treated as a sexual object and as a commercial object. CSEC includes the prostitution of children, child pornography, child sex tourism, and other forms of transactional sex where a child engages in sexual activities to fulfill key needs such as food, shelter, or access to education¹. Commercial sexual exploitation is a serious violation of

the fundamental human rights of the most vulnerable in our society.

Even though the current number of children engaged in commercial sexual exploitation is not known in Uganda, study reports indicate that the number of children engaged in commercial sex exploitation in Uganda increased from 12,000 to 18,000 children between 2004 and 2011². Adolescent girls aged between 12-17 years are reported to be particularly more vulnerable to CSEC compared to boys of the same age group³. Commercial sexual exploitation is more prevalent in urban centers, tourist areas, fish landing sites and along major transportation routes⁴. A study carried out by UNFPA in 2018 confirmed that this is most likely to occur due to the migration of many poor girls from deprived rural areas to urban centers seeking for job opportunities and better living conditions. Adolescent girls engaged in CSEC are often victimized by community members and harassed by law enforcement officers since they are considered to engage in criminal activities⁵. Furthermore, they lack support from leaders mainly because certain local leaders are the employers of child sex workers while others are the owners of the; bars, night clubs and lodges where CSEC takes place⁶.

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Risk factors for entry into commercial sexual exploitation



Risk factors for victims of CSEC have been identified at the individual, family, community and societal levels (see figure 1). Adding to this complexity, these factors interact within and across levels and some are interconnected. At the individual level, vulnerability is increased in adolescent girls with a history of abuse or neglect, homelessness, being out of school, running away from home or being forced out of home. Adolescent girls with history of alcohol and substance abuse are also at increased risk. Majority of adolescent girls in CSEC are reported to be out of school and very few have attained at least secondary education. Because of the low level of education, they lack the necessary skills to get well-paying jobs and therefore in their search for livelihood, they settle for low paying jobs such as waiters in night clubs or bars which exuberate their risk to entry to CSEC highlighting the interconnection of the risk factors of victims of CSEC⁷.

¹Commercial Sexual Exploitation and Trafficking of Children in a Nutshell – A Resource for Pacific Island Countries, International Labor Office, International Programme on the Elimination of Child Labor (IPEC) – Geneva: ILO, 2014.

²Uganda Youth Development Link (UYDEL). Commercial Sexual Exploitation of Children in Uganda - A critical review of efforts to address CSEC in Uganda 2005-2011. Kampala, Uganda; 2011.

³Uganda Youth Development Link (UYDEL). Commercial Sexual Exploitation of Children in Uganda - A critical review of efforts to address CSEC in Uganda 2005-2011. Kampala, Uganda; 2011.

⁴UNFPA 2018 study, confirmed these findings, by reporting that 57% of the 673 participants engaged in CSEC lived in Kampala City even though the study participants were drawn from both urban, rural and humanitarian settings (Kampala, Arua and Namayingo).

⁵Silverman, J. (2011). "Adolescent female sex workers: invisibility, violence and HIV". Archives of Disease in Childhood. 96(5):478-81.

⁶Uganda Youth Development Link (UYDEL). Commercial Sexual Exploitation of Children in Uganda - A critical review of efforts to address CSEC in Uganda 2005-2011. Kampala, Uganda; 2011.

⁷Uganda Youth Development Link (UYDEL). Commercial Sexual Exploitation of Children in Uganda - A critical review of efforts to address CSEC in Uganda 2005-2011. Kampala, Uganda; 2011.

Family level risk factors for CSEC include poor parenting skills, domestic violence and low economic status and other types of family dysfunction. Inadequate care as a result of orphan- hood, child neglect, migration or forced displacement and refugee settings may increase the pressure on adolescent girls to exchange sex for money, material goods or protection⁸. Within communities, cultural norms that fuel CSEC, peer pressure, poverty, living near risky environments. For example, brothels increase the likelihood of CSEC. Poverty has been particularly singled out as a factor that could subsequently prevent adolescent girls in CSEC from leaving the exploitation. Most of the girls engaged in CSEC report that their decision is anchored on the need to escape poverty and meet financial responsibilities including supporting their families, especially in rural communities where there is lack of other viable livelihood opportunities. Majority of the girls are the sole head of their families taking care of their younger siblings or staying with caregivers who may not provide for their critical needs such as sanitary towels⁹.

“But if my mother calls me and tells me that, “my daughter, I’ need money”. And I feel need is overwhelming (and I don’t have the money), I go and sell sex.”

(15-year-old female minor in CSEC, Namayingo)

“I would love to study, I continue with my education and I finish. I get a job for salary and care for my grandmother.”

(14-year-old female minor in CSEC, Kampala)

A key factor that makes adolescents girls vulnerable to CSEC at societal level is social tolerance to both victimization of girls and perpetration by boys and men¹⁰. Other risk factors include; economic equalities, gender inequalities and discrimination, poor enforcement of laws that protect children against CSEC, tolerance to CSEC and limitation of resources to take care of the vulnerable populations of young people. Other victims have no profound risk factors other than adolescence, their neurodevelopment stage which favors risk taking-and impulsivity highlight the unique vulnerabilities of adolescents to CSEC particularly for adolescent girls¹¹.

A key factor that makes adolescents girls vulnerable to CSEC is social tolerance to both victimizations of girls and perpetration by boys and men

Figure 1: Risks factors for entry into commercial sex exploitation by adolescent girls

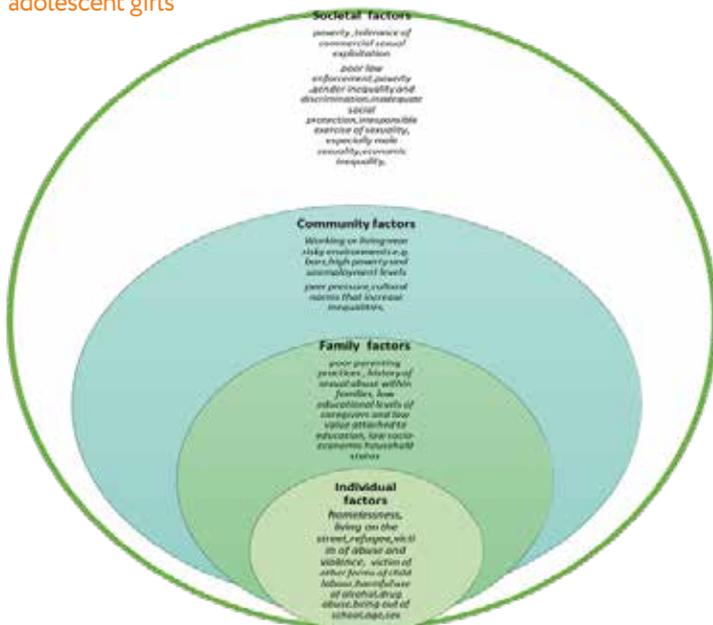


Figure 1 shows the complex and interconnected factors that push adolescent girls to engage into CSEC. For example, presence of one or more of these risk factors cannot result to CSEC without the presence of the exploiter. These factors may function independently or in combination. Additionally, factors in one level may trigger a flow of events or initiate pathways in or out of CSEC. For instance, being a victim of sexual violence increases the risk of teenage pregnancies and school dropout, which may lead to entry to CSEC and eventually poor economic status. Therefore, the presence of these factors in the life of adolescent girl should not be considered as signals to CSEC but as root causes to challenges faced by vulnerable adolescent girls leading to poor health and economic outcomes. Although programs and policies often address different risk factors faced by adolescent girls in isolation, it is important to recognize the inter-connectedness of the risks, as they share common root causes.

Adopted from the Social ecological model for understanding and preventing violence against children: INSPIRE seven strategies for ending violence against children: WHO 2016

Young, vulnerable and underserved

The impact of commercial sexual exploitation is devastating. Adolescent girls who are victims of CSEC often experience life-long emotional distress and mental health problems. They suffer severe physical and psychological harm. They not only risk injuries from physical violence, unwanted pregnancies, and HIV/AIDS and other sexually transmitted infections(STIs), they also lose self-esteem, feel humiliation, guilt and sadness¹². Once entrapped in the sex trade, it is difficult for them to break loose. They may live in fear of retribution and have to bear the additional traumas of social stigmatization, marginalization and even rejection by their families and communities. In addition, the cost of CSEC to adolescent girls, families and communities is a significant obstacle to reducing poverty, and achieving gender equality, because at this point, their prospects for decent work as adults are limited.

Risky health behaviors

Specific risk behaviors of adolescent girls in CSEC such as; having multiple sexual partners, use of drugs and alcohol coupled with numerous individual and structural factors amplify their vulnerability to adverse sexual and reproductive health (SRH) outcomes compared to their age peers who are not engaged in CSEC. They report higher rates of unintended pregnancies, unsafe abortions, STIs including HIV/AIDS and sexual and gender-based violence (SGBV). A study of female minors engaged in CSEC in Uganda found significantly higher prevalence of pregnancy among adolescent girls who engaged in CSEC (26 %) than those who were not engaged in CSEC (5%). Additionally, adolescent girls in CSEC were four times more likely to have had an abortion compared to their age peers who are not in CSEC. This suggests that CSEC could be a contributing factor to the high rate of teenage pregnancies in Uganda which has stagnated at 25%¹³ for the last 10 years. Teenage pregnancy is associated with greater risks of maternal and child mortality, low birth weight and genital fistula. Girls in CSEC are also at an increased risk of contracting HIV because they often engage in unprotected sex with multiple partners. A study on HIV prevalence associated risk of female sex workers in the slums of Kampala revealed higher HIV prevalence among adolescents in sex work compared to the ones who are not engaged in sex work. The HIV prevalence among girls aged 12-18 years engaged in sex work was 22.5% while the HIV prevalence was 13% among the total sample which included youth who were not engaged in CSEC, indicating a higher HIV prevalence among youth

⁸UNAIDS (2014). HIV and Young People Who Sell Sex. A Technical Brief. Geneva: UNAIDS. [draft].
⁹Nelson, Janice, Kabaganyi Allen, Schmidt-Sane Megan. Assessment of Commercial Sexual Exploitation among Female Minors in High-Risk Areas of Uganda; UNFPA 2018.
¹⁰INSPIRE: seven strategies for ending violence against children. WHO. 2016.
¹¹Commercially Sexually Exploited Young Women's Healthcare Needs, Access, and Utilization Patterns: "Work Around What I Need" Elizabeth Barnert, Mikaela Kelly, Sarah Godoy, Laura S. Abrams, Madeline Rasch, Ernie Bat.
¹²Silverman, J. (2011). "Adolescent female sex workers: invisibility, violence and HIV". Archives of Disease in Childhood. 96(5):478-81.
¹³UBOS Uganda Demographic and Health Survey 2016
¹⁴Diaz I, Monteiro A, Gonzalez-Gross M, Vallejo A. Influence of alcohol consumption on immunological status: a review. European journal of clinical nutrition. 2002;56(5):550-53. [PubMed] [Google Scholar].

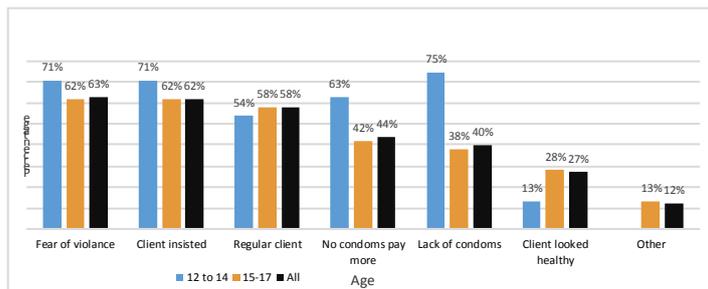
¹⁵Samer, JH, Pace CA, Cheng DM, Coleman S, Bridden C, Paredes M, et al. Alcohol Use and Sex Risk Behaviors Among HIV-Infected Female Sex Workers (FSWs) and HIV-Infected Male Clients of FSWs in India. AIDS and Behavior. 2010;14(1):74-83. [PMC free article] [PubMed] [Google Scholar].
¹⁶Brathwaite RS, Bryant KJ. Influence of Alcohol Consumption on Adherence to and Toxicity of Antiretroviral Therapy and Survival. Alcohol Research & Health. 2010;33(3):280. [PMC free article] [PubMed] [Google Scholar].
¹⁷INSPIRE Behav. Author manuscript; available in PMC 2016 February 01.
¹⁸UNAIDS (2014). HIV and Young People Who Sell Sex: A Technical Brief. Geneva: UNAIDS. [Draft].
¹⁹UNAIDS (2014). HIV and Young People Who Sell Sex: A Technical Brief. Geneva: UNAIDS. [Draft].
²⁰McClure, C., Chandler, C. and S. Bisset (2014) "Responses to HIV in sexually exploited children or adolescents who sell sex." Lancet. DOI : http://dx.doi.org/10.1016/0140-6736(14)60979-X.
²¹Silverman, J. (2011). "Adolescent female sex workers: invisibility, violence and HIV". Archives of Disease in Childhood. 96(5):478-81.

engaged in sex work. Adolescents engaged in CSEC who are living with HIV and are on anti-retroviral treatment (ART) and drink alcohol are less adherent and more likely to engage in unprotected sex. These circumstances elevate their risks to adverse health outcomes since alcohol consumption has been shown to weaken the body immune system¹⁴, and increase viral reproduction¹⁵. It can interfere with the breakdown of ART medication, amplify ART toxicity and therefore contributes to disease progression¹⁶.

Inconsistent condom use

While the use of condoms is important for dual protection against unintended pregnancies, STI's including HIV, most of adolescent girls in CSEC do not use condoms consistently. This is due to poor access to condoms, fear of violence from clients, misconceptions on risks and lack of SRH information. Younger adolescent girls in CSEC aged 14 years and below may be even more vulnerable to adverse sexual and reproductive health outcomes than their older counterparts aged 15-17 years. Some of the reasons for their increased vulnerability are; having less power to negotiate condom use, greater susceptibility to violence and policies that do not support contraceptive use for adolescents below 15 years.

Figure 2: Reasons for inconsistent condom use by adolescent girls in CSEC by age



Source: UNFPA Uganda 2018 study on Assessment of Commercial Sexual Exploitation among female minors in high-risk areas of Uganda

Violence

Adolescent girls in CSEC are often a marginalized population and being much younger than their clients further contributes to unequal power between the clients and the victims of CSEC which stimulates the occurrence of Gender Based Violence (GBV). Furthermore, adolescents in CSEC are often referred to as teenage commercial sex workers (prostitutes) and since sex work is not legalized in Uganda, it increases stigma and discrimination of adolescents engaged in CSEC. This increases the risk of GBV on these girls, while making it difficult to report GBV cases to the authorities. The main types of violence experienced by girls in CSEC include, physical, verbal, and sexual abuse and economic deprivation where by the girls are paid less than agreed upon a sexual act or not being paid at all¹⁷. This heightened vulnerability to violence, possibly contributes to their relatively higher levels of sexual risk behaviors and greater exposures to poor SRH outcomes.

Commercial sexual exploitation is a form of child abuse, and a violation of human rights. Law enforcement officers therefore have a responsibility to assist victims and survivors of this crime. However, evidence reveals that adolescent girls in CSEC not only experience violence from their clients, but they are also risk of violence from law enforcement agents¹⁸. Apart from facing arrest, they are physically abused or raped by law enforcement officers who may further extort money from them¹⁹. The fear of

harassment by these officers often prevents these from accessing SRH and other services. This prevention of access contributes to them being driven underground, becoming invisible, excluded, and more vulnerable²⁰. They also face emotional distress because of the violence, which may drive them in further risky behaviors such as alcohol and drug abuse. Studies have also documented links between violence history and heavy and risky alcohol use or drug and substance abuse, which are in turn, associated with greater sexual risk²¹.

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“Men would beat me up if I slept with them and they want to force sleeping with me the whole night even when we had finished having the sex that they paid for. So one would beat me up and slap me in order to sleep with me again.”

(17-year-old female minor in CSE, Namayingo)

“You can get a customer, have sex and he tells you he doesn't have money but remember you are a young child and cannot do a thing so you can't say a thing because they might even beat you”

(15-year-old female minor in CSE, Kampala)

Limited access to health services including sexual and reproductive health information and services.

Adolescent girls in CSEC²² report experiences of stigma, discrimination and victimization by health care workers (HCW) as one of the greatest barriers to access to SRH services. In addition, HCW may not have sufficient skills, competence or training to deal with the specific health and social needs of adolescent girls in CSEC, the HCW may need specialized trainings such as trauma counselling in order to competently handle health challenges of victims of CSEC. Adolescents are also likely not to have ready cash therefore prioritize their meager income from CSEC to basic needs rather than health services.

“... if you go to a health centre and they ask you the job you do and you tell them that you are a sex worker, the health worker will be like “you are a sex worker, are you serious - hey, come on over here this girl is telling me that she is a prostitute, what!! A prostitute?”

(15-year-old female minor in CSE, Kampala)

“Yes, they refused to give me medicine and sent me away and they abused me and started talking amongst other doctors that look at this young girl she is so young and doing prostitution, why did you abort”

(15-year-old female minor in CSE, Kampala)

Difficulty in locating services and programs available to adolescent girls in CSEC is a real obstacle to the girls seeking to access services and to care givers trying to support them. Moreover, facilities that offer services for victims and survivors of CSEC hardly exist in Uganda.

Furthermore, the facilities that do exist are unevenly distributed geographically, lack adequate resources, and vary in their ability to provide specialized care²³. Similarly, long distance to service areas, lack of SRH commodities such as condoms mainly in rural areas and islands also create significant barriers²⁴ to access services. Besides, policies and laws that limit access to contraceptives for certain age groups of adolescent girls heightens the existing barriers to access to SRH services among this vulnerable group. This lack of services is associated with an increased risk of long term sexual and reproductive health problems such as infertility resulting from untreated STIs. These barriers call for government and adolescent health programmers in Uganda to ensure availability of youth friendly services which addresses issues of accessibility, availability, acceptability and affordability of SRH services to young people.

¹⁴Delany-Morettle, S., Cowan, F., Busza, J., Kelley, K. and L. Fairlie (2014) "Providing comprehensive health services for young key populations: needs, barriers and gaps." Journal of the International AIDS Society, 18(2)Suppl 1: 29-4.
¹⁵Uganda Youth Development Link (UYDEL). Commercial Sexual Exploitation of Children in Uganda - A critical review of efforts to address CSEC in Uganda 2005-2011. Kampala, Uganda; 2011.
¹⁶Nielsen Jannie, Kabaganyi Allen, Schmidt-Sane Megan. Assessment of Commercial Sexual Exploitation among Female Minors in High-Risk Areas of Uganda; UNFPA 2018
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¹⁸Silverman, J. (2011). "Adolescent female sex workers: invisibility, violence and HIV". Archives of Disease in Childhood. 96(5):478-81.
¹⁹McClure, C., Chandler, C. and S. Bissell (2014) "Responses to HIV in sexually exploited children or adolescents who sell sex." Lancet. DOI: http://dx.doi.org/10.1016/S0140-4736(14)63979-X.
²⁰United States Department of State, 2018 Trafficking in Persons Report - Uganda, 28 June 2018, available at: https://www.refworld.org/docid/5e362d4a.html [accessed 26 October 2019]
²¹UYDEL (2010). From vulnerability to opportunity: Best practice in empowering commercial sex workers. UYDEL experience
²²Silverman, J. (2011). "Adolescent female sex workers: invisibility, violence and HIV". Archives of Disease in Childhood. 96(5):478-81.

Vulnerable, yet invisible in sexual and reproductive health research, programs and policies

Lack of scientific knowledge on commercial sex exploitation of adolescent girls

Lack of scientific knowledge on commercial sex exploitation of adolescent girls creates gaps in empirical data on interventions that address their SRH needs. These girls are largely invisible within the research and programmatic initiatives promoting sexual and reproductive health of adolescent girls in Uganda²⁵. Even studies regarding SRH among female sex workers, which are mainly HIV focused, have neglected adolescents. In part, this exclusion is a result of ethical constraints within many institutional contexts. This therefore rightly makes it extremely difficult to gain permission to conduct research with vulnerable minors such as adolescent girls in CSEC²⁶. In addition, SRH interventions that target the needs of adult female sex workers do not address the specific needs of this highly vulnerable group because of legal and policy barriers²⁷.

Policies that do not translate into action

Uganda has ascribed to international law that protect children from commercial sexual exploitation, which include; The Convention of the Rights of the Child and signed the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography. In addition, Uganda has established several national laws and policies that protect children from sexual abuse which include but are not limited to;

- The Penal Code Act 2007.
- The National Action Plan for the Elimination of the Worst Forms of Child Labor 2012-2017.
- The National Strategic Program Plan of Interventions (NSPI) for Orphans and other Vulnerable Children, 2011- 2015-Childrens act.
- Uganda National Parenting Guidelines (2018).

The listed laws and guidelines establish that:

- All underage persons should be protected against commercial sexual exploitation, regardless of whether they are boys or girls; and regardless of their nationality or any other discriminatory consideration.
- Adults who are directly responsible for the exploitation should be punished by law and with sentences that are appropriate to the severity of the damage caused.
- It is the responsibility of the State to ensure that the victims are protected. The "consent" of persons under the age of 18 to participating in commercial sexual activities cannot lift the illegality of the exploitation; children are victims and any so-called consent does not waive their right to protection.

However, there is no specific policy or law on CSEC in Uganda, while progress of implementation of existing laws and policies is also too slow to curtail the steadily growing vice. The lack of a specific policy to address CSEC and weak implementation of laws protecting girls from CSEC such as the Penal Code Act 2007 which criminalizes sexual intercourse with children below 18 years and related policies are some of the key policy gaps in eliminating CSEC. In addition, the government interventions that target victims of CSEC often focus exclusively on removing the adolescents from sexual exploitation than addressing the socio-economic factors that pull girls from their families, schools and communities, as well as the provision of necessary health services. Besides as referred to earlier, there are reasonable fears that interventions by law enforcement will drive them underground, placing them at, perhaps, and even greater risk. These fears have been exacerbated by documented abuses by police across multiple hot spots during raids to remove adolescents from sex work venues^{29,30}. However, acceptance of these obstacles as excuses for inaction is neither an ethically nor a practically viable option. All stakeholders must find a way to hold the reality that, there are adolescent girls who are victims of commercial sexual exploitation in Uganda, they are highly vulnerable and their rights to health and safety must be protected.

All stakeholders must find a way to hold the reality that, commercially sexually exploited adolescent girls in Uganda are highly vulnerable to adverse SRH/ HIV and GBV outcomes and their rights to health and safety must be protected.

Reducing vulnerabilities

- Reduce risk factors to entry to CSEC by: keeping girls in schools, eliminating the cultural, social and economic inequalities that contribute to CSEC, and ensuring equitable access to resources, services and opportunities.
- Invest in closing knowledge gaps in order to make adolescent girls in commercial sex exploitation more visible through research and monitoring so that their needs are recognized and prioritized by public health programmers and policy makers. Emphasis should be placed on national research agenda aimed at, advancing knowledge and understanding, developing effective interventions and evaluating the effectiveness of existing interventions, laws and policies that protect adolescent girls from CSEC.
- Strengthen implementation of laws and policies that protect adolescent girls from abuse. This can be realized by reviewing existing policies such as the Children's act 2011-2015 to incorporate detailed guidance on CSEC and strengthening the implementation of existing laws in order to deter sexual abusers. The laws should include particular emphasis on deterring demand for CSEC by men.
- Create and maintain a system for sharing information on how to prevent, identify, and respond to commercial sex exploitation in Uganda. This will include a database of national, district and community level resources for victims of and those who are vulnerable to CSEC, to enhance their access to justice, care and social protection services.
- Increase access to quality sexual and reproductive health services for adolescent girls engaged in CSEC by removing social, structural and economic barriers. Interventions addressing structural barriers such as laws and policies that promote stigma and discrimination are more essential for this vulnerable group. In addition, integrating SRH services into voluntary services such as education, job skilling, legal services and protection is important in increasing access for this particular group.
- Create safe, sustainable and nurturing environments at all levels from family, community, schools and national level. This can be achieved through implementation of various policies, frameworks and guidelines such as the National Sexuality Education Framework, the Uganda National Parenting Guidelines, among others and supporting families to access decent work alternatives through government initiatives like Operation Wealth Creation (OWC), Youth Livelihood Programme (YLP) and Social Assistance Grant for Empowerment (SAGE) among others for families whose children are at risk of CSEC.

Conclusion

The impact of CSEC is devastating. Adolescent girls who are victims of CSEC often experience life-long emotional distress and mental health problems. They suffer severe physical and psychological harm and adverse SRH outcomes such as unwanted pregnancies, unsafe abortions and STIs including HIV/AIDS. Moreover, the lack of adequate data on the magnitude of CSEC, specialized services on victims and survivors of CSEC, information of available services and programs supporting girls in CSEC greatly hinder access to services for this vulnerable group. Since commercial sexual exploitation is a cause and consequence of multiple vulnerabilities, it must be simultaneously confronted at several different levels. A multisectoral approach serves better in this regard, as it represents opportunity for addressing multiple risks and vulnerabilities by key sectors of health, education, justice, finance, and gender labor and social development with support from parents and community leaders and other key stakeholders.



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