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Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Uganda

Proposed UNFPA assistance:	\$30 million: \$20 million from regular resources and \$10 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2006-2010)
Cycle of assistance:	Sixth
Category per decision 2005/13	A

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	13.5	7	20.5
Population and development	3.5	2	5.5
Gender	2.0	1	3.0
Programme coordination and assistance	1.0	-	1.0
Total	20.0	10	30.0

I. Situation analysis

1. The population of Uganda, which grew from 6.5 million in 1959 to 24.7 million in 2002, is projected to reach 54.8 million by 2025. Over 88 per cent of the population lives in rural areas. The high population growth rate (3.4 per cent between 1991 and 2002) can be attributed to the high total fertility rate (6.9 children per woman) and the unmet need for family planning, which rose from 29 per cent in 1995 to 35 per cent in 2001. The contraceptive prevalence rate rose from 5 per cent in 1989 to 23 per cent in 2001.

2. The population is young (52 per cent is under 15 years), signifying a built-in growth momentum, which will pose significant challenges in achieving the Uganda Millennium Development Goals (MDGs) and in meeting future development needs. Although the proportion of the population living below the poverty line declined to 35 per cent in 2000, it rose to 38 per cent in 2003. Poverty is more prevalent among women and in northern Uganda, where conflict has displaced over 1.6 million people, who, along with refugees from the neighbouring countries in the Great Lakes Region, have placed strains on the economy.

3. Despite efforts to improve the performance of the health sector, it suffers from inadequate infrastructure, equipment, trained personnel and referral systems. Access to and utilization of reproductive health services are low, and only 38 per cent of deliveries are attended by skilled personnel. The maternal mortality ratio is high, at 505 deaths per 100,000 live births. Life expectancy at birth is only 45.4 years for males and 46.9 years for females.

4. The teenage pregnancy rate is 31 per cent, the highest in sub-Saharan Africa, accounting for 46 per cent of all maternal deaths and contributing to maternal morbidity, including obstetric fistula. Early marriages and limited access to adolescent sexual and

reproductive health information and services exacerbate the situation.

5. Sexually transmitted infections (STIs), including HIV/AIDS, are a major concern. The adult HIV prevalence rate declined from 18.5 per cent in 1992 to 6.2 per cent in 2003. Young people and women, especially those affected by conflict, are the most vulnerable. Women account for 55 per cent of those living with HIV, while the HIV prevalence rate among young people aged 15-24 years is 4.9 per cent.

6. Gender disparities persist. Women account for 40 per cent of elected positions in local government and 26 per cent of parliament. Women are hindered by low educational levels, illiteracy, harmful cultural practices, limited access to resources and weak institutional capacity to address gender imbalances. Gender-based violence is common, especially in conflict areas in northern Uganda, where rape, abductions and the exchange of sexual favours for basic necessities are prevalent.

7. Uganda is committed to reducing the proportion of people living in extreme poverty to 28 per cent by 2014, and has adopted a poverty eradication action plan that incorporates the MDGs and the goals of the International Conference on Population and Development (ICPD). The decentralized system of governance and sectoral development frameworks provide opportunities to integrate population issues. Despite government commitment, the targets are far from being met.

II. Past cooperation and lessons learned

8. UNFPA assistance to Uganda began in 1985. The goal of the previous country programme was to contribute to a better quality of life for Ugandans through improved reproductive health, sustainable population growth and development, enhanced gender equity and equality, and the empowerment of women.

9. The programme expanded the emergency obstetric referral system from 8 to 56 districts; improved mechanisms to procure and distribute reproductive health commodities; increased the number of trained midwives through training programmes; and expanded reproductive health services and information for adolescents from 12 to 24 districts. Despite these efforts, emergency obstetric care is still unavailable to the majority of women. Reproductive health commodity security must also be strengthened.

10. The programme supported: (a) the 2002 national population and housing census; (b) capacity-building in district planning units to integrate population factors into development plans; (c) the revision of the national population and gender policies; (d) the formulation of the national HIV/AIDS policy; and (e) the finalization of the adolescent health policy. The programme also increased support for population issues in the media and among political, district, religious and cultural leaders.

11. A favourable policy environment and support from cultural and religious institutions were beneficial. Lessons learned include: (a) partnerships with civil society and cultural and religious institutions ensure credibility and greater acceptance of sexual and reproductive health information and services, particularly among young people; (b) reproductive health programmes for refugees and internally displaced persons should be tailored around their specific needs to ensure greatest impact; and (c) gender issues should be addressed in their own right, to ensure that they are mainstreamed into all programmes.

III. Proposed programme

12. The sixth country programme development process is aligned with the priorities of the United Nations Development Assistance Framework (UNDAF), the common country assessment (CCA), the poverty eradication action plan, the MDGs and the ICPD Programme of Action. The goal of the

programme is to contribute to poverty eradication and a better quality of life for the people of Uganda by improving reproductive health and enabling them to exercise their reproductive rights; ensuring sustainable population growth and development; and enhancing gender equity and equality. Areas for joint programming with partner agencies include HIV/AIDS interventions, emergency obstetric care, sexual and gender-based violence and interventions in the conflict areas of northern Uganda. The programme will also promote South-South cooperation.

13. The proposed country programme addresses four UNDAF outcomes: (a) increased opportunities for people, especially the most vulnerable, to access and utilize quality basic services and realize sustainable employment, income generation and food security; (b) strengthened promotion and protection of human rights, especially among the most vulnerable; (c) individuals, civil society, and national and local institutions are empowered and effectively address HIV/AIDS, with a special emphasis on populations at higher risk; and (d) people affected by conflict and disaster, especially women, children and other vulnerable groups, effectively participate in and benefit from the planning, timely implementation, monitoring and evaluation of programmes. The country programme has three components: reproductive health; population and development; and gender.

Reproductive health component

14. The outcome of this component is: men, women, young people and other vulnerable groups have access to and utilize comprehensive sexual and reproductive health information and services, including HIV/AIDS prevention services. It contributes to three UNDAF outcomes and responds to the priorities of the poverty eradication action plan, the second health-sector strategic plan and the HIV/AIDS national strategic framework. Three outputs contribute to this outcome.

15. Output 1: Increased availability of comprehensive reproductive health services, particularly family planning, emergency obstetric care, antenatal care, STI/HIV/AIDS prevention and adolescent-friendly health services, emphasizing reproductive health commodity security and the needs of people affected by conflict. Within the framework of the road map for accelerating the attainment of the MDGs related to maternal and newborn health in Africa, this output will be achieved through technical and institutional capacity-building, particularly at decentralized levels, for programme management, emergency obstetric care, adolescent sexual and reproductive health, family planning, fistula prevention and repair, and improved referral systems. The programme will strengthen STI and HIV/AIDS prevention among women and young people through condom programming, advocacy and community sensitization. It will also strengthen the national reproductive health commodity security programme.

16. Output 2: Increased availability of culturally and gender-sensitive behaviour change communication (BCC) programmes, including HIV prevention. This will be achieved by strengthening partnerships and coordination with religious, cultural and civil society institutions in delivering youth-friendly services. The programme will build on best practices from the Africa Youth Alliance (AYA) and other innovative peer-education strategies to reach adolescents and youth.

17. Output 3: Strengthened institutional capacity to design, implement, monitor and evaluate the effectiveness of sexual and reproductive health and HIV/AIDS policies, guidelines and programmes. The country programme will improve skills and build capacity in programme design, management and in leveraging resources. It will conduct studies and operations research to establish a knowledge base to support results-based programming and implementation.

Population and development component

18. The outcome of this component is: poverty eradication policies, frameworks and programmes at national and subnational levels take into account population, reproductive health and gender issues. Three outputs contribute to this outcome.

19. Output 1: Increased availability of disaggregated population data at all levels. This output will be achieved by disseminating the 2002 population and housing census results to enhance poverty mapping and to improve planning, implementation, monitoring and evaluation of national and sectoral programmes. The programme will also provide technical assistance and financial support for the 2006 demographic and health survey (DHS).

20. Output 2: Strengthened institutional and technical capacity of national and subnational planning units to integrate population dimensions into development frameworks. The programme will build technical capacity at national and district levels and will provide the skills and systems needed to integrate population dimensions into development programmes.

21. Output 3: Increased commitment to and support for the implementation of population, reproductive health and gender policies and programmes. The programme will enhance the advocacy and partnership skills of programme implementers to leverage resources to sustain the programme. The programme will conduct operations research and baseline, midline and endline studies to support evidence-based advocacy and policy dialogue.

Gender component

22. The outcome of this component is: institutional mechanisms and sociocultural practices promote the rights of boys, girls and women, protect them against sexual and gender-based violence and other harmful practices, and

advance gender equity and equality. Two outputs contribute to this outcome.

23. Output 1: Strengthened capacity of the Government and other relevant institutions to formulate, review and implement pro-poor, gender-sensitive legal frameworks, policies and laws. This output will help implementing institutions to deter sexual and gender-based violence and other harmful practices. The programme will strengthen the capacity of national institutions, NGOs and civil society in gender analysis, gender mainstreaming and the empowerment of women. It will also strengthen partnerships and networks in advocacy, resource mobilization and budgeting for gender programmes.

24. Output 2: Increased access by stakeholders to information, counselling, social support and treatment of and protection against sexual and gender-based violence and other harmful practices. This output will develop the capacity of stakeholders to identify violations, seek protection and redress, and empower the public to respect human rights. The programme will strengthen coordination and partnerships to disseminate information, provide counselling and psychosocial support, and enhance the capacity to document experiences and lessons learned in implementing gender interventions.

IV. Programme management, monitoring and evaluation

25. The Government and civil society organizations will implement the programme within the context of the UNDAF and the poverty eradication action plan. The Ministry of Finance, Planning and Economic Development, through its population secretariat, will coordinate the programme as well as the population and development component. The Ministry of Health will coordinate the reproductive health component and the Ministry of Gender, Labour and Social Development will coordinate the gender component.

26. The reproductive health component will be implemented within the district decentralization framework and sectoral reforms. The population and development component and the gender component will be implemented nationally. Elements of the reproductive health component, including reproductive health commodities and policy dialogue, will be implemented nationally, while others will be implemented by sectoral ministries and civil society organizations in 24 districts, focusing on marginalized areas. Support to the Ministry of Health will be aligned with the funding modality requirements of the health sector-wide approach (SWAp).

27. The programme will employ a results-based management approach, aligning its monitoring and evaluation with the existing UNFPA, UNDAF, PRSP and national MDG monitoring and evaluation systems and guidelines. The programme will use *Uganda Info* (a socio-economic database), household surveys, the census, management information systems and service statistics to generate disaggregated data to monitor programme performance. The country office will mobilize additional resources to implement the programme.

28. The UNFPA country office in Uganda consists of a representative, a deputy representative, an assistant representative, an operations manager, a national programme officer, and support staff. Programme funds will be earmarked for four national programme officers and seven programme and administrative support staff within the framework of the approved country office typology. Programme staff and national project personnel may also be recruited to strengthen programme implementation. The UNFPA Country Technical Services Team in Addis Ababa, Ethiopia, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR UGANDA

<p>National priority: strengthened human development, higher quality of life and increased productivity of human resources through better educated and healthier Ugandans UNDAF outcome: (a) increased opportunities for people, especially the most vulnerable, to access and utilize quality basic services and realize sustainable employment, income generation and food security; (b) individuals, civil society, national and local institutions are empowered and effectively address HIV/AIDS, with a special emphasis on populations at higher risk; and (c) people affected by conflict and disaster, especially women, children and other vulnerable groups, effectively participate in and benefit from the planning, timely implementation, monitoring and evaluation of programmes</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p>Outcome: Men, women, young people and other vulnerable groups have access to and utilize comprehensive sexual and reproductive health information and services, including services to prevent HIV/AIDS</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Percentage of target population (by age and sex) seeking and utilizing comprehensive reproductive health and HIV/AIDS services ▪ Percentage of deliveries attended by skilled personnel <p>Baseline: 2004 health progress report; health sector strategic plan II; CCA/UNDAF (2006-2010); 2001 Uganda DHS; poverty eradication action plan</p>	<p>Output 1: Increased availability of comprehensive reproductive health services, particularly family planning, emergency obstetric care, antenatal care, STI/HIV/AIDS prevention and adolescent-friendly health services, emphasizing reproductive health commodity security and the needs of people affected by conflict</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of service delivery points providing comprehensive emergency obstetric care and HIV/AIDS services <ul style="list-style-type: none"> • Percentage of service delivery points providing at least three types of modern contraceptives <p>Baseline: 2004 emergency obstetric care needs assessment report; 2004 HIV/AIDS surveillance report; 2003 drug tracking study report; and 2001 Uganda DHS</p> <p>Output 2: Increased availability of culturally and gender-sensitive BCC programmes, including HIV prevention</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Percentage of men and women who have specific knowledge on HIV/AIDS and family planning ▪ Number of service delivery points that have trained service providers in communication and counselling <p>Baseline: 2001 Uganda DHS; 2004 female genital cutting enumeration survey report</p> <p>Output 3: Strengthened institutional capacity to design, implement, monitor and evaluate the effectiveness of sexual and reproductive health and HIV/AIDS policies, guidelines and programmes</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Number of institutions with trained personnel to design, monitor and evaluate policies, guidelines and programmes ▪ Number of service delivery points providing comprehensive HIV prevention and sexual and reproductive health services <p>Baseline: 2001 Uganda DHS; 2001 health facility inventory report</p>	<ul style="list-style-type: none"> ▪ United States Agency for International Development (USAID) ▪ World Health Organization (WHO); United Nations Children's Fund (UNICEF) ▪ Joint United Nations Programme on HIV/AIDS 	<p>\$20.5 million (\$13.5 million in regular resources and \$7 million in other resources)</p>
<p>National priority: strengthened human development, higher quality of life and increased productivity of human resources through better educated and healthier Ugandans UNDAF outcome: increased opportunities for people, especially for the most vulnerable, to access and utilize quality basic services and realize sustainable employment, income generation and food security</p>				
Population and development	<p>Outcome: Poverty eradication policies, frameworks and programmes at national and subnational levels take into account population, reproductive health and gender issues</p>	<p>Output 1: Increased availability of disaggregated population data at all levels</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Number of reports of disaggregating data by sex, age and location ▪ Number of institutions using data for monitoring and evaluation <p>Baseline: CCA/UNDAF (2006-2010); 2002 census</p>	<ul style="list-style-type: none"> ▪ UNDP; UNICEF ▪ USAID; Department for International Development of the United Kingdom 	<p>\$5.5 million (\$3.5 million in regular resources and \$2 million in other resources)</p>

Programme	Country programme	Country programme outputs, indicators, baselines and targets	Partners	Indicative
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