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Population Fund and the United
Nations Office for Project Services**

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UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Uganda

Proposed indicative UNFPA assistance:	\$95.3 million: \$19.6 million from regular resources and \$75.7 million through co-financing modalities or other resources
Programme period:	Five years (2021-2025)
Cycle of assistance:	Ninth
Category per decision 2017/23:	Red
Alignment with the UNSDCF Cycle	Uganda UN Sustainable Development Cooperation Framework (2021-2025)

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	10.5	49.3	59.8
Outcome 3	Gender equality and women's empowerment	5.0	17.4	22.4
Outcome 4	Population dynamics	2.5	9	11.5
Programme coordination and assistance		1.6	-	1.6
Total		19.6	75.7	95.3

I. Programme rationale

1. Uganda is a landlocked country in East Africa, with an estimated population of 41.6 million, which is expected to reach 55 million by 2030. Due to a population growth rate of 3 per cent, the total fertility rate is high at 5.4, contributing to a youthful structure where young people under the age of 30 represent 75 per cent of the population. The Government has prioritized strategic investments in the health, education and empowerment of young people to accelerate the demographic transition and harness the demographic dividend. This is well articulated in the national Vision 2040, which aims to transform the country from a predominantly rural and low-income country to a competitive upper middle-income economy by 2040, and it is further defined in the third National Development Plan (NDPIII) 2020/2021-2024/2025.

2. Following an economic slowdown in the last five years, the economy grew at 6.3% in 2019, but the socio-economic impact study of COVID-19 in Uganda projects that growth will decline to 3.5 per cent in 2020, and national poverty levels could rise between 2 and 8 per cent. The Uganda National Household Survey 2016/2017 estimated that 21.4 per cent of Ugandans are poor, and 65 per cent of Ugandan youth aged 20-24 years are unemployed. The United Nations Common Country Assessment noted that rising poverty is compounded by increasing inequality, with the Gini coefficient increasing from 0.40 in 2012/2013 to 0.42 in 2016/2017. Women, adolescents, and youth, especially girls, refugees, persons living with disabilities or living with HIV/AIDS, particularly those exposed to poverty, lack of education, distance from government services and protection systems; are among the most vulnerable to discrimination and exclusion. Deeply entrenched socio-cultural and religious beliefs shape policies, social norms and practices, which in turn negatively influence women and young people's access to sexual and reproductive health.

3. Unmet need for family planning in Uganda has declined but remains high (32 per cent), with adolescents aged 15-19 years at 30 per cent. The modern contraceptive prevalence rate is 35 per cent, and at 9.4 per cent among married young women aged 15-24 years, with wide regional, rural and urban disparities. The adolescent pregnancy rate stagnated at 25 per cent among girls aged 15-19 years, with 12 per cent of adolescent girls being married (2016 Uganda demographic health survey), contributing to 23 per cent of school dropouts. Limited access to health and community-based services, inadequate number of skilled staff, commodity stock-outs at health facilities, negative socio-cultural values, poor adolescent responsive health systems, and weak implementation of policies and strategies are key challenges.

4. The Government has recommitted to the Family Planning 2020 pledge to continue promoting universal access to all methods of family planning and to reduce the unmet need for family planning to 10 per cent by 2022. Despite increased government funding for reproductive health commodities (from \$2.1 million to \$4.3 million) for the 2019/2020 fiscal year, \$9.8 million is required to ensure equitable and universal access to family planning.

5. The maternal mortality ratio has decreased slowly between 2006 and 2016 (from 435 to 336 per 100,000 live births), with 28 per cent of maternal deaths occurring among young women aged 15-24 years. Despite improvements in skilled birth attendance rates (74 per cent) and health facility deliveries (73 per cent), the shortage of health workers, inadequate emergency obstetric care, especially at referral points, gender inequality and socio-cultural factors inhibit access to high-quality care. The maternal and perinatal death review system remains weak, particularly at district and health facility levels.

6. HIV prevalence declined (from 7.3 per cent in 2011 to 6.2 per cent in 2016) but remains higher among women, with young women aged 15-24 years bearing the greater burden, with infection rates at 3.3 per cent, four times that of their male counterparts. The National Strategic Plan for HIV and AIDS 2014-2020 highlighted the key drivers as risky sexual behaviours, low comprehensive knowledge on HIV, low condom use at high-risk sexual activity, low access to information and services, especially among young people, stigma

and discrimination, harmful socio-cultural practices, including gender-based violence, and weak integration of sexual and reproductive health, including HIV services. As a result, 44 per cent of new HIV infections occur among young people aged 15-24 years.

7. The Common Country Analysis notes that gender inequality and violence are manifested throughout the life cycle of women and girls in Uganda, despite a strong policy and legal framework to promote gender equality. The prevalence of gender-based violence is high, with 56 per cent of the female population experiencing spousal violence and 22 per cent of women experiencing sexual violence in 2016. The national prevalence of female genital mutilation is 0.3 per cent, and is higher in communities such as Sabin, Tepeth and Pokoth. The country is a signatory to several international human rights treaties but has continued to face challenges with obligations to submit status reports to the treaty monitoring bodies.

8. Uganda hosts Africa's largest refugee population – 1.4 million refugees, with 82 per cent being women and children. The country is also vulnerable to disease outbreaks such as the COVID-19 pandemic, cholera and yellow fever, and climate shocks with natural disasters such as severe flooding and landslides, which result in internally displaced populations. Government and partners have started operationalizing the humanitarian-development-peace nexus to address root causes, chronic emergencies and strengthen resilience. The progressive refugee policy environment in Uganda offers refugees and asylum seekers equal opportunities and services, including for health and protection. However, the already strained government systems cannot currently cope with the increasing population in refugee hosting districts, Government health and protection services in those settings are thus often inadequate or of low quality.

9. Uganda consistently collects census and survey population data. While administrative information systems provide data for monitoring sustainable development goals indicators, the systems remain fragmented and are infrequently updated and analysed. National capacity for in-depth analysis of the data, dissemination and utilisation remains low and there is limited participation of young people and women in policy and decision-making processes.

10. The eighth country programme evaluation highlighted key successes: (a) integration of gender-based violence and reproductive health indicators into the national planning, budgeting compliance tools; (b) development of the family planning financing strategy and the use of family planning atlas for evidence-based planning; and (c) development and approval of the sexuality education framework, the school health policy, the revised gender-based violence policy and the national male engagement strategy.

11. Key lessons from the eighth country programme include: (a) continued involvement of religious and cultural leaders promotes support for issues affecting health and well-being of young people; (b) integration of gender-transformative programming into livelihood and economic empowerment initiatives has the potential to increase holistic empowerment of women and gender equality; and (c) building capacities and empowering community members with a focus on leadership, male involvement and evidence generation is key to creating sustainable ways of improving reproductive health.

II. Programme priorities and partnerships

12. The country programme is aligned to the third Uganda National Development Plan 2020/2021-2024/2025, National Vision 2040, African Union Agenda 2063 and the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025, which prioritizes: (a) transformative and inclusive governance; (b) shared prosperity in a healthy environment; and (c) human well-being and resilience. In contributing to effective implementation of the Cooperation Framework, UNFPA will draw from experiences and good practices in promoting the health and well-being of women and young people, leadership on data generation and analysis, leadership on gender-based violence in emergencies, and the use of innovation and technology to support the acceleration of

development and social transformation in Uganda, in collaboration with the United Nations agencies.

13. The programme will contribute to attainment of Sustainable Development Goals 1,3, 4, 5, 10, 16, and 17 within the context of the Decade of Action, and will support implementation of the commitments made by the Government at the 2019 Nairobi Summit to prevent adolescent pregnancy, end all forms of gender-based violence, other harmful practices such as child marriage, and accelerate implementation of the International Conference on Population and Development (ICPD) Programme of Action.

14. The overall vision of the programme is to ensure universal access, for women and young people in Uganda to high-quality, integrated sexual and reproductive health and rights information and services, which will support achievement of the three transformative results in UNFPA Strategic Plan, 2018-2021 (end unmet need for family planning, end preventable maternal deaths, end gender-based violence), and the East and Southern Africa regional priority of ending new HIV infections. By 2025, the programme will contribute to reducing the unmet need for family planning in Uganda by 15 percentage points. This will contribute to a reduction in unintended pregnancies and maternal deaths.

15. The programme will prioritize: (a) strengthening the integration, quality improvement, accessibility and availability of sexual and reproductive health services for the most vulnerable populations, including young people and women; (b) advocacy to strengthen the policy and enabling environment to improve uptake of sexual and reproductive health services, including family planning; (c) empowering young people, women and marginalized groups to make informed choices about their health and well-being and exercise their rights to utilize sexual and reproductive health services; (d) strengthening communities and institutions to prevent gender-based violence and harmful practices against young people and women, particularly in humanitarian contexts; (e) evidence-based advocacy to increase sustainable financing for family planning and sexual and reproductive health and rights services; and (f) strengthening data systems to support the generation and use of disaggregated data on vulnerable populations, including young people and women, to enhance mutual accountability and better inform targeted policies and programming. Key programme accelerators include increased focus on resilience building among vulnerable populations, reducing inequalities through engagement with the poorest and most vulnerable groups, and promoting innovation to accelerate demand and access to integrated sexual and reproductive health and rights.

16. With the principle of leaving no one behind as a priority for Uganda, key stakeholders and beneficiaries, including the Government, adolescents and young people, women, most-at-risk populations, hard-to-reach communities at national and subnational levels, including people with disabilities, and people living with HIV/AIDS, were consulted and engaged in the programme design in order to ensure buy-in and national ownership. The programme will primarily target young people aged 15-24 years and women of reproductive age, including those in hard-to-reach communities such as the mountainous regions, ethnic minorities, refugees, internally displaced and migrant populations. Based on recommendations from the country programme evaluation, the new programme will prioritize 40 core districts, in which a full package of interventions will be implemented. These are districts with the worst SRH/HIV/GBV indicators; and where UNFPA currently has a strong presence. Expansion to more districts will be guided by resource availability.

17. The programme will build on the humanitarian-development-peace nexus, applying a continuum approach to ensure that humanitarian assistance and refugee response interventions focus on optimizing access to high-quality and inclusive sexual and reproductive health and rights services and life-saving humanitarian interventions by strengthening health and protection systems and resilience of national institutions and communities. Minimum standards for prevention and response to GBV in emergencies to be implemented in the programme will ensure community participation and ownership to address social and gender norms, discourage harmful practices such as child marriage among displaced populations. GBV mitigation and response strategies for displaced

populations will include mental health and psychosocial support, ensuring safety and security, access to justice and clear referral pathways. Peacebuilding efforts will focus on fostering dialogue among communities, leaders, women and young people, including on the rejection of harmful practices.

18. The programme will be implemented in collaboration with United Nations organizations within the framework of ‘delivering as one’, which will include joint programmes, such as the Spotlight initiative, joint programmes on gender-based violence, child marriage, female genital mutilation and HIV/AIDS, working through the United Nations coordination mechanisms.

19. UNFPA will continue to leverage partnerships with a broad range of stakeholders at national and subnational levels, such as government ministries, district local government, parliament, parastatals, agencies, development partners, civil society, cultural and religious institutions, the private sector, media, academia, international financial institutions and beneficiaries for inclusive programme delivery.

20. In accordance with the business model of the UNFPA strategic plan, the five modes of engagement, including advocacy, partnership and knowledge management, will be applied at national level, with particular emphasis at subnational level on capacity building and service delivery, as well as partnerships to deliver on the country programme. Opportunities for South-South and triangular cooperation will be explored, including on cross-border and regional issues such as climate change and regional conflicts leading to large-scale population movements. UNFPA will primarily utilize core resources for catalytic and innovative work, to nurture strategic partnerships, and to engage in advocacy and knowledge management. Non-core resources will be used for service delivery and capacity development activities.

A. Sexual and reproductive health

21. *Output 1. The primary health care system at the national and subnational levels has increased capacity to provide universal access to and coverage of high-quality integrated sexual and reproductive health and rights, HIV and gender-based violence services, particularly for the most vulnerable women and young people, including in humanitarian settings.*

22. This output is aligned to the UNSDCF pillar on health and human well-being and resilience, which prioritizes equitable access to and utilization of high-quality basic social and protection services. It will contribute to strengthening the building blocks of the health system, including human resources for health, service delivery, information, medical supplies and technology and governance, in order to improve access to and expand family planning service delivery and integrated sexual and reproductive health rights and services. The output contributes primarily to UNFPA strategic plan outcome 1, but is also linked to outcomes 2 and 3.

23. Specifically, the output will address the following determinants: (a) strengthened capacity of health care providers to deliver integrated sexual and reproductive health services to women and young people, particularly the most vulnerable, including those who have been subject to violence; (b) equipping and monitoring of health care facilities to maintain a consistent supply of family planning and other essential reproductive health commodities; (c) ensure adolescent responsive policies and strategies are in place; (d) high-quality integrated sexual and reproductive health and gender-based violence prevention and support services are available and can be accessed by women and young people; (e) empowering women and young people to exercise their rights to access integrated sexual and reproductive health services through life-skills training, including sexuality education; and (f) sustained advocacy for financing of reproductive health commodities and supplies.

24. The interventions will: (a) strengthen supply-chain management, including capacity to monitor, track and report on reproductive health commodities and supplies to the last mile, including using web-based ordering systems to strengthen quantification and ensure stock levels are maintained at national and subnational levels; (b) support capacity building of

health care providers to deliver rights-based integrated package of sexual and reproductive health services, including the minimum initial services package, within the context of COVID-19 and other humanitarian challenges; (c) provide technical support and scale up maternal and perinatal death reviews at national and subnational levels; (d) provide technical and material support to strengthen midwifery training, associations and regulatory frameworks for improving skilled attendance at birth; (e) support advocacy and implementation of policies and strategies that promote access to integrated sexual and reproductive health information and services for in-school and out-of-school young people, including expansion of the three-point access service delivery model adopted by the Ministry of Health; (f) advocate for sustainable and innovative financing and financial protection to support universal health coverage and the provision of integrated sexual and reproductive health and rights services, and the treatment, management and reintegration of women and girls with obstetric fistula.

25. *Output 2. Women and young people, including those in hard-to-reach communities and those most at risk, are empowered to make informed choices and utilize high-quality, integrated, sexual and reproductive health and rights, information and services.*

26. This output focuses on strengthening the demand for sexual and reproductive health and rights among women and young people, by: (a) improving knowledge on sexual and reproductive health and rights and life skills; (b) creating an enabling environment to facilitate access to information and services that improve the health, education and wellbeing of young people and women; (c) facilitating community mobilization to promote positive social norms and support around access to services for young people; and (d) promoting innovation for access to sexual and reproductive health information and services, particularly for hard-to-reach populations.

27. Strategic interventions under this output will include: (a) provision of support to expand proven interventions, such as empowerment and livelihoods for adolescents clubs to reach marginalized adolescent girls and young people with programmes that enhance individual competences to build their health, social and economic assets; (b) national and subnational-level advocacy for implementation of sexuality education for in-school and out-of-school young people; (c) technical support for innovative approaches focused on HIV prevention among young people, key and most-at-risk populations, including scaling up the 'ehealth' shop and safe 'bodaboda' initiatives for young people to access condoms and other reproductive health commodities; (d) support for community outreach initiatives, including pregnancy mapping to stimulate demand for maternal health services; (e) technical support for innovations to facilitate access to information and services on menstrual health and hygiene for women and young girls, including continued support for developing eco-friendly and reusable sanitary pads; (f) enhance partnerships with government, religious, cultural, and civil society and youth-led organizations to expand community social change interventions to transform harmful norms and practices and to sustain the provision of integrated sexual and reproductive health and rights information and services, including gender-based violence prevention services.

B. Gender equality and women empowerment

28. *Output 1. National, subnational and community capacity strengthened to prevent and respond to sexual and gender-based violence and other harmful practices, including female genital mutilation and child marriage at national and district levels, in all settings.*

29. This output is aligned to the UNSDCF pillar on health and human well-being, with a focus on promoting, protecting and fulfilling the gender equality and human rights of people in Uganda in a culturally responsive environment.

30. This output aims to: (a) strengthen community mobilization to reject socio-cultural norms and practices that perpetuate inequality and that support harmful practices, including gender-based violence, child marriage and female genital mutilation among women and young girls; (b) advocate for the implementation of policies and legislation that promote gender equality and combat harmful practices; (c) empower women and girls to exercise

their sexual and reproductive health and rights free from violence; (d) improve access to high-quality sexual and gender-based violence prevention, treatment and support services; (e) strengthen data management information systems to promote data collection, analysis and reporting on gender-based violence and harmful practices.

31. Interventions will include: (a) advocacy for law reforms to align the national legal framework to international and continental instruments; (b) technical support to scale up community mobilization initiatives aimed at preventing violence against women and young people, building community capacities and engagement to eliminate discriminatory gender and sociocultural norms and all forms of violence and harmful practices against women and young people and expand community-owned interventions for socio-norm change through cultural and religious leaders; (c) support scale-up of innovative approaches such as GetIN and Safepal for gender-based violence case management, reporting, and knowledge generation; (d) support implementation of special courts to increase access to justice for survivors of violence, including women and girls; (e) support the roll-out of the male engagement strategy for the active involvement of men and boys to prevent and address gender-based violence; (f) strengthen information management systems for gender-based violence; (g) support political and community awareness interventions to improve access to high-quality sexual and gender-based violence prevention, treatment and support services; (h) scale-up partnership and coordination with the Government, United Nations agencies and other key stakeholders for joint programming and improved coordination to address gender-based violence, early marriage and female genital mutilation; and (i) support the country to fulfil its periodical reporting obligations enshrined in the CEDAW, the Universal Periodic Review and Maputo Protocol as well as facilitate the implementation of human rights recommendations for the promotion of SRHR and elimination of GBV and harmful practices.

C. Population dynamics

32. *Output 1. National population data systems strengthened to address inequalities, advance the commitments of the Programme of Action of the International Conference on Population and Development to inform rights-based policies, programmes and accountability.*

33. This output is aligned to the UNSDCF pillar on inclusive and accountable governance systems and people being empowered, engaged and enjoying human rights, peace, justice and security.

34. The theory of change addresses the following determinants; (a) support generation and use of small-area statistics for sexual and reproductive health and other demographic and socio economic indicators for planning, programming, accountability and decision-making; (b) strengthen district data management systems to map and profile demographic and geographic disparities, disasters and socioeconomic inequalities; (c) use data to identify inequalities in access to sexual and reproductive health and rights, particularly for young people and women, including those in remote and hard-to-reach regions; and (d) create opportunities for young people and women to exercise leadership and participate in sustainable development, peace building and demand for accountability.

35. Strategic interventions under this output will include: (a) advocacy and support for the integration of population dynamics in planning and formulation of policies and programmes, including evidence-based investments to harness the demographic dividend; (b) technical support for data analytics to better understand and create linkages between sexual reproductive health, harmful practices, including in humanitarian settings, and existing policies; (c) technical support to strengthen platforms for youth and women's participation in policy, planning, monitoring and accountability, including working with beneficiary-led civil society organizations, to engage in evidence-based advocacy to hold duty bearers accountable for sexual and reproductive rights; (d) technical support for the conduct of the Uganda population and housing census, demographic health and other population surveys; (e) technical support for generating disaggregated data on the

humanitarian situation and refugee response, including ensuring age and sex-disaggregated sexual and reproductive health indicators, and conducting in-depth analysis on vulnerabilities of young people and women during emergencies, such as COVID-19; (f) support harmonization of the data systems at national and subnational levels to track, analyse and use real-time data as evidence for planning and decision-making, including capacity development in population data systems; (g) leverage the comparative advantage of the diverse actors to create and explore new opportunities for accelerated demographic transition, including innovative financing mechanisms through South-South and triangular cooperation and other initiatives.

III. Programme and risk management

36. The National Population Council and UNFPA will jointly coordinate programme planning, implementation, monitoring and reviews of the ninth country programme. The programme will be nationally executed. If necessary, national execution may be replaced by direct execution for part or the entire programme to enable response to *force majeure*. The harmonized approach to cash transfers will be used in a coordinated fashion with other United Nations agencies to manage financial risks. Cost definitions and classifications for programme and development effectiveness will be charged to the concerned projects.

37. UNFPA will implement the programme through national and subnational government partners, including sectoral ministries and district structures. Other partners include non-governmental organizations, religious and cultural institutions, community and youth-led organizations. Implementing partners will be selected on a competitive basis, taking into account their comparative advantage in terms of field presence and close collaboration with district and community structures, capacity and strategic value, among other factors.

38. The programme will mobilize technical, operational and programmatic support from UNFPA regional and headquarter levels, utilizing South-South and triangular cooperation mechanisms, innovative models and surge deployment, where necessary. An appropriate staff mix will be recruited based on a planned human resources functional review and re-alignment process for administrative and efficient programme delivery. Additionally, UNFPA will utilize all opportunities to leverage critical expertise within the United Nations country team, national partners, other development actors and regional technical institutions, including academia.

39. Building on significant resource mobilization efforts in the last two years of the previous country programme and the integrated partnership and resource mobilization plan developed for the ninth country programme, UNFPA will deepen and expand strategic partnerships with diverse donors and the private sector to mobilize the critical financial resources required for effective implementation of the programme. Further efforts will be made through joint programmes with other United Nations agencies for programme scale-up, efficiency and contribution to funding the Cooperation Framework and financing the Sustainable Development Goals agenda in Uganda.

40. The programme risks include: (a) political and regional elections-related instability that may disrupt peace and divert resources; (b) global pandemics such as COVID-19, natural disasters and climate change-related shocks that could constrain the limited resources available and slow economic growth; (c) government funding and investment in social services decreases over the period as priority is placed on infrastructure development or COVID-19 mitigation efforts; and (d) economic decline resulting in poor implementation and inability to achieve results. UNFPA will regularly conduct environmental scans and assess the operational, security, socio-political and fraud risks of the programme and develop and implement enterprise risk management plan to mitigate these risks. In collaboration with the United Nations country team, UNFPA will regularly conduct assessments for managing risks, including remote programming, and will update contingency plans accordingly. UNFPA will strengthen emergency preparedness planning in collaboration with the United Nations system, for timely and effective response to affected populations in humanitarian contexts. In consultation with the Government, funds

may be re-programmed to respond to emergencies. In order to enhance the tracking of the programme's contribution to the attainment of the SDGs through UNSDCF results, UNFPA will adopt the use of UN INFO in the planning, monitoring and reporting.

This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

41. For implementation of the ninth country programme, UNFPA is committed to the application of results-based management, including results monitoring, data collection, real-time monitoring and analysis, and will use other innovative, inclusive and consultative methods and periodic reviews, in conjunction with national counterparts and development actors. The programme theory of change will be reviewed periodically to assess whether there are any initial assumptions on solution pathways that may need to be adjusted, and whether there is a need to correct course.

42. UNFPA and partners will implement a costed monitoring and evaluation plan to track the progress towards results. The plan will guide monitoring of programme and financial performance, and will include field visits, bi-annual reviews, capacity-building initiatives and thematic and programme evaluations. When necessary, monitoring in inaccessible areas will be done through remote and third-party arrangements. Dedicated monitoring and evaluation staff and budget will be assigned for monitoring and evaluation functions.

43. In collaboration with partners, including line ministries, development entities and United Nations agencies, UNFPA will ensure implementation of relevant evaluations and evaluative activities, as outlined in the costed evaluation plan. This includes baseline studies, midterm reviews and evaluations for donor-funded projects that commenced implementation during the previous country programme. Findings from these evaluations will inform programme management decisions and ensure value for money and results. Further, in light of the COVID-19 pandemic and any other restrictions that may result in limited travel for monitoring visits and data collection activities, UNFPA will work with partners to implement remote monitoring and evaluative activities, as necessary, to ensure tracking progress in achieving country programme results and targets.

44. UNFPA will contribute to the United Nations 'delivering as one' process by actively participating in the mechanisms that support implementation of the UNSDCF and joint programming, including the United Nations Programme Reference Group, Results-based Management Group and the Operations Management Team. UNFPA will support the UNSDCF monitoring, reporting, evaluation and learning plan, which will take into account agency-specific results-based management activities that mutually reinforce each other and include shared roles and responsibilities. The UNSDCF will be reviewed annually and reported against through annual joint workplans, and will be evaluated ahead of the new programming cycle. Joint activities will include conducting periodic programme reviews, quality-assurance activities, and providing inputs for UN INFO, in collaboration with the United Nations country team.

45. UNFPA will also support national and sectoral efforts to strengthen monitoring and evaluation functions, and reporting on indicators in national and global frameworks, including national institutions for SDG monitoring.

RESULTS AND RESOURCES FRAMEWORK FOR UGANDA (2021-2025)

NATIONAL PRIORITY: Increased household incomes and improved quality of life of Ugandans: Objective 4: Enhance the productivity and social wellbeing of the population. Objective 5: Strengthen the role of the State in guiding and facilitating development				
UNSDCF OUTCOME INVOLVING UNFPA: By 2025, people, especially the vulnerable and marginalized, have equitable access to and utilization of quality basic social and protection services				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Sexual and reproductive health				
UNSDCF outcome indicator(s), baselines, target(s)	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<ul style="list-style-type: none"> • Proportion of women of reproductive age who have their need for family planning met with modern methods disaggregated by age <i>Baseline: 28.4% (2016); Target: 10%</i> • Proportion of births attended by skilled personnel <i>Baseline: 73% (2016); Target: 80%</i> 	<p>Output 1. Primary health care system at national and subnational level has increased capacity to provide universal access to and coverage of high-quality integrated sexual and reproductive health and rights, HIV, and gender-based violence services, particularly for the most vulnerable women and young people, including in humanitarian settings</p>	<ul style="list-style-type: none"> • Percentage of primary service delivery points with no stock-out of contraceptives in the last three months <i>Baseline: 73.6% (2018); Target: 80%</i> • Percentage of health facilities in target districts with capacity and readiness to provide emergency obstetrics and newborn care services <i>Baseline: 7.8% (2019); Target: 70%</i> • Number of health facilities that meet at least 80% of the basic standards of SRH/HIV/GBV integration, with UNFPA support <i>Baseline: 467 (2020) ; Target: 701</i> • Number of policies, laws, strategies and regulations developed/reviewed at national and subnational levels with UNFPA support to promote gender equality and equitable access to integrated SRHR services <i>Baseline: 20 (2019); Target: 40</i> 	National Planning Authority, National Population Council, Sectoral Ministries, Districts, United Nations agencies, non-governmental organizations	\$42.2 million (\$5 million from regular resources and \$37.2 million from other resources)
	<p>Output 2. Women and young people, including those in hard-to-reach communities and those most at risk, are empowered to make informed choices and utilize high-quality, integrated sexual and reproductive health and rights information and services</p>	<ul style="list-style-type: none"> • Number of couple-years of contraceptive protection dispensed with support from UNFPA <i>Baseline: 5,049,302 (2019); Target: 7,010,229</i> • Percentage of women (15-49 years) in programme districts make own decisions on SRHR <i>Baseline 58.5% (2016); Target 75%</i> • Percentage of affected population reached with integrated SRH/HIV/GBV services in humanitarian settings <i>Baseline: 15% (2017); Target: 75%</i> 		\$37 million (\$5.5 million from regular resources and \$31.5 million from other resources)
NATIONAL PRIORITY: Increased household incomes and improved quality of life of Ugandans: Objective 4: Enhance the productivity and social wellbeing of the population. Objective 5: Strengthen the role of the State in guiding and facilitating development				
UNSDCF OUTCOME INVOLVING UNFPA: By 2025, gender equality and human rights of people in Uganda are promoted, protected and fulfilled in a culturally responsive environment				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality and women's empowerment				

<ul style="list-style-type: none"> • Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence <i>Baseline: 39.6% (2016); Target: 30%</i> • Gender Inequality Index <i>Baseline: 0.531 (2017); Target: 0.5</i> 	<p><u>Output 1.</u> National, subnational, and community capacities strengthened to prevent and respond to sexual and gender-based violence and other harmful practices, including female genital mutilation and child marriage, in all settings</p>	<ul style="list-style-type: none"> • Number of villages that made public declarations to eliminate harmful practices, including child, early and forced marriage and female genital mutilation <i>Baseline: 46 (2019); Target: 100</i> • Number of young people and women who receive, with support from UNFPA, prevention or protection services and care related to harmful practices, including child marriage and female genital mutilation, disaggregated by type <i>Baseline: 75,417 (2019); Target: 3,000,000</i> 	<p>National Planning Authority, National Population Council, Sectoral Ministries, Districts, United Nations agencies, non-governmental organizations</p>	<p>\$29.2 million (\$5 million from regular resources and \$24.2 million from other resources)</p>
<p>NATIONAL PRIORITY: Increased household incomes and improved quality of life of Ugandans: Objective 4: Enhance the productivity and social well-being of the population. Objective 5: Strengthen the role of the State in guiding and facilitating development</p>				
<p>UNSDCF OUTCOME INVOLVING UNFPA: By 2025, Uganda has inclusive and accountable governance systems and people are empowered, engaged and enjoy human rights, peace, justice and security</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Population dynamics</p>				
<ul style="list-style-type: none"> • Number of districts supported to generate and use small area statistics for SRH and other demographic and socio indicators for planning and decision making <i>Baseline: 89 (2019); Target: 134</i> • Number of sectors, apart from health and within education, finance, gender, youth, labour, that have strategies that integrate the sexual and reproductive health of adolescents and youth, including those marginalized <i>Baseline: 3 (2019); Target: 6</i> 	<p><u>Output 1.</u> National population data systems strengthened to address inequalities, advance the commitments of the ICPD Programme of Action to inform rights-based policies, programmes and accountability</p>	<ul style="list-style-type: none"> • Percentage of public national and subnational institutions whose development plans that integrate recommendations from the national demographic dividend compliance framework <i>Baseline: 25% (2019); Target: 100%</i> • Number of functional national and district data management systems that allow for mapping and profiling of demographic and geographic disparities, disasters and socioeconomic inequalities <i>Baseline: 2 (2019); Target: 6</i> • Number of in-depth analytical reports on sexual and reproductive health and youth-related themes from census and survey data, including in humanitarian settings <i>Baseline: 6 (2019); Target: 16</i> • Number of functional national and subnational platforms for young people and women to participate in policy development, programming, peacebuilding and demand for accountability on reproductive rights <i>Baseline: 5 (2019) Target: 20</i> 	<p>National Planning Authority, National Population Council, Sectoral Ministries, Districts, United Nations agencies, non-governmental organizations, Uganda Bureau of Statistics, academia</p>	<p>\$15 million (\$2.5 million from regular resources and \$12.5 million from other resources)</p>