



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND**

**Final country programme document for Uganda**

Proposed indicative UNFPA assistance: \$45 million: \$30 million from regular resources and \$15 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2010-2014)

Cycle of assistance: Seventh

Category per decision 2007/42: A

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

	Regular resources	Other	Total
Reproductive health and rights	14	4	18
Population and development	6	5	11
Gender equality	9	6	15
Programme coordination and assistance	1	-	1
Total	30	15	45

## **I. Situation analysis**

1. Uganda has experienced sustained economic growth over the last 20 years. The gross domestic product has grown at an average rate of 5 per cent per year, one of the highest rates in Africa. However, the global financial crisis has led to a drop in foreign aid, private foreign investments, and remittances. Since 1997, the Government has employed poverty eradication action plans to combat poverty. A 2008 poverty eradication action plan evaluation highlighted a number of achievements, notably sustained macro-economic stability, which resulted in relatively low levels of public debt and low inflation. The evaluation recommended reducing the population growth rate to accelerate the demographic transition in order to further reduce poverty.

2. The population, estimated at 30.7 million in 2009, is growing at a rapid rate of 3.2 per cent per annum. This is one of the highest growth rates in the world. Fifty-six per cent of the population is under 18 years of age, and almost 86 per cent lives in rural areas. Poverty decreased from 45 per cent in 1997 to 31 per cent in 2008. The total fertility rate has stagnated at approximately seven children per woman since the late 1960s. Twenty-five per cent of female teenagers have already had children, leading to early marriages, high drop-out rates and a high maternal mortality ratio (435 deaths per 100,000 live births). The contraceptive prevalence rate for modern methods is low at 18.5 per cent, an increase of 4 per cent since 2001. The unmet need for family planning, estimated at 41 per cent, is rising. Only 42 per cent of mothers deliver with the assistance of skilled attendants. An estimated 2.6 per cent of women suffer from obstetric fistula. Approximately 297,000 unsafe abortions occur yearly. This translates into an estimated 16 abortions per 100 pregnancies. Fifty-five per cent of abortions occur among women aged 15 to 20.

3. HIV prevalence is 6.4 per cent, down from 18 per cent in 1992. The HIV prevalence rate is higher among women. New infections are rising among married couples. Condom use at first sex has decreased, and fewer men report having used

condoms during their last high-risk sexual encounter.

4. Women's access to education, property ownership and decision-making is inequitable. However, women's representation in decision-making is increasing. Women account for 24 per cent of cabinet members, and 31 per cent of parliamentarians. Although 60 per cent of women have experienced gender-based violence in some form, access to prevention and response services is limited. Harmful traditional practices, such as female genital mutilation/cutting, undermine women's rights, although this is confined to a few districts.

5. The Government has ratified several policies, plans and development frameworks to address population, gender and reproductive health. A number of these are not yet fully disseminated and implemented, including the 2001 national youth policy, the 2008 revised national population policy and the 2008 road map for accelerating the reduction of maternal and neonatal mortality and morbidity.

6. The Government is developing a national development plan for the period July 2009 to June 2014 with the theme 'growth, employment and prosperity'. The plan identifies population as one of the foundations for growth and transformation. Full-scale implementation of the three-year peace, recovery and development plan began in July 2009, with a focus on reconstruction and recovery in conflict-affected and hard-to-reach areas in the north and northeast, which have the poorest social and development indicators.

## **II. Past cooperation and lessons learned**

7. The previous country programme strengthened the capacity of Government and civil society organizations. The programme contributed to the development or revision of a number of policies, including the national population policy, the reproductive health commodity security strategy, and policies on decentralization, youth and gender. The programme integrated gender into

sectoral policies and programmes. A strong coordination mechanism led by UNFPA supported the prevention of and response to gender-based violence, especially in conflict-affected areas. This created an enabling environment for joint planning. A review of UNFPA support to youth has shown the need to integrate reproductive health into key policy and programming structures of the Ministry of Education.

8. Closer links with communities and other stakeholders increased the visibility of the programme. However, policy work in many areas did not translate fully into effective implementation, highlighting the need for: (a) selective ‘downstream’ work to validate ‘upstream’ actions; and (b) institutional capacity development to ensure effective implementation. This cannot be achieved with technical inputs alone. Social mobilization is critical to protecting and implementing rights.

9. Increasing the availability of data disaggregated by gender drew policy and social attention to gender issues and inequalities. However, the use of data in decision-making was limited, underscoring the need to support monitoring and provide leadership in managing for results.

10. Although the Government established a budget line for reproductive health commodity security, this has not resulted in increased spending in this area due to other government priorities. There is a need to broaden partnerships to ensure support for and ownership of programmes by relevant departments and decision makers. The need for such partnerships has increased within the context of the new aid environment and the sector-wide approach. Work across a broad spectrum of reproductive health interventions has heightened attention to the need for linkages between sexual and reproductive health, gender-based violence and family planning on the one hand, and reproductive health and HIV/AIDS on the other hand.

### III. Proposed programme

11. The Government led the development of the seventh country programme using a participatory process, in line with the United Nations Development Assistance Framework (UNDAF) for 2010-2014. The UNDAF seeks to support the capacity of Uganda to achieve the national development plan, with a focus on equity and inclusion, peace and recovery, population and sustainable growth. The programme supports the two UNDAF outcomes, as indicated in the attached results and resources framework. It contributes to the achievement of objective four of the national development plan, which seeks to increase access to high-quality social services. It assists Uganda in advancing progress towards the attainment of Millennium Development Goals 1 (eradicate extreme poverty and hunger), 5 (improve maternal health), 6 (combat HIV/AIDS, malaria and other diseases) and 7 (ensure environmental sustainability), and responds to the Programme of Action of the International Conference on Population and Development, taking into account the UNFPA strategic plan, 2008-2013, and international frameworks, including the Maputo Plan of Action.

12. The programme is aligned with the United Nations reform principle of ‘delivering as one’. It includes joint programming on HIV/AIDS, gender, gender-based violence, and population and development. Collaboration with the World Bank, the World Health Organization and the United Nations Children’s Fund will follow global agreements on the division of labour for maternal health. The programme is guided by human rights-based and culturally sensitive approaches and will promote South-South cooperation and technical exchange.

#### *Reproductive health component*

13. As articulated in the UNDAF, the outcome for this component is: the Government and civil society at all levels are delivering equitable, high-quality social services to an increasing number of beneficiaries in selected geographical areas.

14. Output 1: Health systems are improved to increase women's utilization of midwifery services in pregnancy care, childbirth and the management of related complications. This output will support the implementation of key aspects of the 2008 road map for accelerating the reduction of maternal and neonatal mortality and morbidity by: (a) mobilizing communities and strengthening communication for social and behavioural change, working with local leaders, religious and cultural institutions, professional and women's support organizations, and by involving men; (b) strengthening the capacity of the health system, including village health teams, to support health promotion, planning births, and referrals for skilled attendance at birth and emergency obstetric care; (c) developing the institutional and technical capacity to shift tasks among health personnel and to develop high-quality midwifery services, emergency obstetric care and institutionalized maternal death audits; and (d) preventing and managing obstetric fistula and providing post-abortion care.

15. Output 2: Social and institutional structures are mobilized to accelerate the use of modern family planning methods by women, men and young people. The programme will focus on revitalizing family planning, closing the growing gap in unmet need for contraception and reducing abortion by: (a) conducting sociocultural research on behavioural issues; (b) intensifying the promotion of options and choice in family planning, using community mobilization, men's groups, local leaders, village health teams and women's organizations; (c) strengthening the institutional and technical capacity of public and private health sectors in ensuring options for family planning, applying standards and norms, and ensuring reproductive health commodity security; (d) supporting the integration of HIV/AIDS and reproductive health and gender, including gender-based violence; and (e) mobilizing political, social and donor support for family planning, including increased budget allocations.

16. Output 3: Healthy lifestyle choices related to sexual and reproductive health are increased for young people and vulnerable groups. This output

will be achieved by supporting the participation of young people and vulnerable populations in planning, decision-making and action for social development, and enabling broader access to information and services. Efforts will focus on: (a) reducing teenage pregnancies by encouraging healthy lifestyles and relationships; and (b) promoting behavioural change to prevent HIV and to encourage safer sexual practices, condom usage and knowledge of HIV status. This output will also be achieved by: (a) mobilizing teachers and parents to support a safe school environment, including school nurse services and improved sex education; (b) advocating the integration of reproductive health in emergencies and in recovery efforts; and (c) supporting HIV prevention among young people, uniformed forces, sex workers and people living with HIV and AIDS.

#### *Population and development component*

17. The outcome of this component is: public and civil society institutions and targeted communities formulate and implement harmonized rights-based policies, programmes and legal frameworks on population dynamics, household economics, food and social security, employment, the environment and natural resources to reduce vulnerability.

18. Output 1: Up-to-date population data disaggregated by age and gender is analysed and used for development planning, decision-making and monitoring progress at national and subnational levels. This will be achieved by: (a) supporting the 2012 population and housing census, annual panel and household surveys, the demographic and health survey, and integrated management information systems; (b) developing capacity in data management; (c) promoting research and knowledge sharing on population and development issues; and (d) capacity-building to integrate population, reproductive health and gender into the national development plan.

19. Output 2: Community leaders and policy makers are mobilized as champions at national

and district levels to address population challenges and reproductive health, using evidence-based research arguments. This output will be achieved by: (a) supporting partnerships and networks for advocacy and understanding of appropriate long-term and medium-term actions to address population dynamics; (b) promoting public dialogue on the linkages between population growth and sustainable development among policy and decision makers, religious, cultural and opinion leaders, academia and media; and (c) developing the capacity of district planning units, national institutions and key sectors.

#### *Gender equality component*

20. The outcome of this component is: individuals and communities, especially the most vulnerable, are empowered to demand comprehensive packages of social services.

21. Output 1: The capacity of public and civil society sectors to prevent and manage gender-based violence is strengthened. This output will be achieved by: (a) supporting sensitization efforts through alliances and civil society partnerships to reach youth, teachers, communities and service providers; (b) supporting evidence-based documentation and analysis of the various forms of gender-based violence and its use in policymaking, planning and programming to prevent and respond to gender-based violence, including legal and protection systems, and medical and psychosocial care for survivors, particularly in emergency and post-conflict recovery settings; and (c) strengthening government coordination mechanisms that emphasise synergy among government and non-government partners.

22. Output 2: Women's and men's groups advance reproductive rights and gender equality, creating a critical mass for social transformation. This output will be achieved by: (a) intensifying, on national and subnational levels, the dissemination and understanding of agreed policies and laws; (b) strengthening the effectiveness of alliances advocating gender equality and rights at all levels;

and (c) promoting sociocultural research and action to address harmful traditional practices and misconceptions associated with childbirth, gender and reproductive health.

#### **IV. Programme management, monitoring and evaluation**

23. The Ministry of Finance, Planning and Economic Development will oversee the programme, with the Ministry of Health coordinating the reproductive health component, the Population Secretariat coordinating the population and development component, and the Ministry of Gender, Labour and Social Development coordinating the gender component. UNFPA and the Government will implement the programme in partnership with government institutions, United Nations and civil society organizations, and various coalitions and alliances.

24. A country programme action plan will further define collaboration and interventions. The country office will develop a resource mobilization plan. The programme will be 'upstream' at the national level, with 'downstream' work undertaken in a limited number of districts, including the north and northeast, to generate evidence for policy dialogue. Monitoring and evaluation at the country programme outcome level will be aligned with that of the Government and the UNDAF, and will be harmonized with national sectoral coordination mechanisms and local development partner group mechanisms. This will lead to improved reporting on performance and impact.

25. The Uganda country office includes a representative, a deputy representative, an assistant representative, four senior national officers, an operations manager and a number of programme and administrative support staff. In addition, junior professional officers, United Nations volunteers, national professional staff and other project personnel may assist in programme implementation. National and international experts and institutions, the Africa regional and subregional offices, and UNFPA headquarters will provide additional support.

**RESULTS AND RESOURCES FRAMEWORK FOR UGANDA**

**National priority:** increased access to high-quality social services  
**UNDAF outcome:** by 2014, vulnerable populations in Uganda, especially in the North, have increased access to and use of sustainable and high-quality basic social services

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><u>Outcome:</u>                      The Government and civil society at all levels are delivering equitable, high-quality social services to an increasing number of beneficiaries in selected geographical areas</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>● Contraceptive prevalence rate is increased from 24 to 34 per cent</li> <li>● Unmet need for family planning is reduced from 41 to 35 per cent</li> <li>● Percentage of deliveries attended by skilled personnel is increased from 42 to 70 per cent</li> <li>● Twenty per cent increase in condom use during last high-risk sexual encounter, from 34.9 per cent for women and 57 per cent for men</li> <li>● Teenage pregnancy rate is reduced from 25 to 20 per cent</li> </ul>	<p><u>Output 1:</u> Health systems are improved to increase women’s utilization of midwifery services in pregnancy care, childbirth and the management of related complications</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>● Percentage of deliveries in target districts attended by midwives or skilled attendants</li> <li>● Number of obstetric fistula cases successfully repaired at supported sites</li> <li>● Percentage of midwifery training institutions using revised curriculum</li> </ul> <p><u>Output 2:</u> Social and institutional structures are mobilized to accelerate the use of modern family planning methods by women, men and young people</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>● Percentage of health facilities in target districts without stock-outs of at least three family planning methods</li> <li>● Percentage of new clients utilizing family planning services in targeted districts</li> <li>● Percentage increase in government share in budget allocation for, and expenditure on, contraceptives</li> <li>● Number of coalitions and alliances promoting reproductive health, including family planning</li> </ul> <p><u>Output 3:</u> Healthy lifestyle choices related to sexual and reproductive health are increased for young people and vulnerable groups</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>● Revised secondary school curricula integrate sex education</li> <li>● National HIV prevention policy includes rights for populations most at risk</li> <li>● Percentage of populations most at risk in target districts have access to integrated reproductive health and HIV/AIDS services</li> <li>● Number of target districts with plans and budgets for integrated reproductive health and HIV/AIDS services for young people and vulnerable populations</li> </ul>	<p>Local governments;                      Parliament;                      Ministries of:                      Defence;                      Education and Sports;                      Gender, Labour and Social Development;                      Health;                      Uganda AIDS Commission</p> <p>Civil society organizations;                      cultural institutions;                      faith-based organizations;                      midwifery associations;                      media;                      private sector organizations;                      women’s groups</p> <p>African Development Bank;                      Health development partners;                      United Nations Children’s Fund;                      World Bank;                      World Health Organization</p>	<p>\$18 million (\$14 million from regular resources and \$4 million from other resources)</p>

<b>National priority:</b> strengthen good governance and improve human security <b>UNDAF outcome:</b> by 2014, the Government and civil society have improved capacity for governance and accountability in order to reduce geographic, economic and demographic disparities in attaining the Millennium Development Goals				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><b>Outcome:</b> Public and civil society institutions and targeted communities formulate and implement harmonized rights-based policies, programmes and legal frameworks on population dynamics, household economics, food and social security, employment, the environment and natural resources to reduce vulnerability</p> <p><b>Outcome indicator:</b> National and subnational plans and budget frameworks incorporate population dynamics</p>	<p><b>Output 1:</b> Up-to-date population data disaggregated by age and gender is analysed and used for development planning, decision-making and monitoring progress at national and subnational levels</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Data disaggregated by age and sex derived from the census and other national surveys are analysed and used for decision-making at all levels</li> <li>• National data collection tools integrate measurement of maternal mortality and contraceptive prevalence rates</li> </ul> <p><b>Output 2:</b> Community leaders and policy makers are mobilized as champions at national and district levels to address population challenges and reproductive health, using evidence-based research arguments.</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of districts that allocate funds in budgets and spend them on population issues, using local government checklist</li> <li>• Percentage of National Population Council action plan interventions budgeted and implemented</li> <li>• National Population Council and the Population Secretariat are integrated into the institutional frameworks for national planning and review processes</li> </ul>	<p>Local governments; Ministry of Local Government; National Planning Authority; Office of the Prime Minister; Parliamentary committees; Population Secretariat; Uganda Bureau of Statistics</p> <p>Development partners; United Nations programmes, funds and agencies; World Bank</p> <p>Civil society organizations</p>	<p>\$11 million (\$6 million from regular resources and \$5 million from other resources)</p>
<b>National priority:</b> increased access to high-quality social services <b>UNDAF outcome:</b> by 2014, vulnerable populations in Uganda, especially in the North, have increased access to and use of sustainable and high-quality basic social services				
Gender equality	<p><b>Outcome:</b> Individuals and communities, especially the most vulnerable, are empowered to demand comprehensive packages of social services</p> <p><b>Outcome indicator:</b> Mechanisms for preventing and responding to gender-based violence at national and subnational levels</p>	<p><b>Output 1:</b> The capacity of public and civil society sectors to prevent and manage gender-based violence is strengthened</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number plans and budget frameworks in targeted districts that incorporate gender-based violence prevention and response interventions</li> <li>• Number of gender-based violence survivors utilizing response services in targeted districts</li> </ul> <p><b>Output 2:</b> Women's and men's groups advance reproductive rights and gender equality, creating a critical mass for social transformation</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of targeted districts plans that incorporate reproductive rights and gender equality</li> <li>• Number of coalitions and alliances active in gender-equality efforts</li> </ul>	<p>Local governments; Ministry of Gender, Labour and Social Development; National Planning Authority</p> <p>United Nations programmes, funds and agencies</p> <p>Civil society organizations</p>	<p>\$15 million (\$9 million from regular resources and \$6 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1 million from regular resources</p>