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United Nations Population Fund

Country programme document for Uganda

Proposed indicative UNFPA assistance:	$88.4 million: $32.4 million from regular resources and $56.0 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2016-2020)
Cycle of assistance:	Eighth
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	21.7	25.0	46.7
Outcome 2	Adolescents and youth	2.0	10.0	12.0
Outcome 3	Gender equality and women's empowerment	3.0	15.0	18.0
Outcome 4	Population dynamics	4.2	6.0	10.2
Programme coordination and assistance		1.5	–	1.5
Total		32.4	56.0	88.4

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I. Situation analysis

1. The population of Uganda has grown from 9.5 million in 1969 to 34.9 million in 2014; it is expected to reach 83 million by 2040. The annual growth rate of 3 per cent per year is the result of a persistently high fertility rate (currently 6.2) and a declining mortality rate. The under-five mortality rate decreased from 137 per 1,000 live births in 2006 to 90 per 1,000 live births in 2011. This has resulted in a large youth population, with 70 per cent aged 24 years and younger and 52 per cent under 15 years of age. The proportion of people living below the national poverty line has declined from 39 per cent in 2002 to 19.7 per cent in 2011; this surpasses the country's Millennium Development Goal target of 25 per cent.

2. The maternal mortality ratio decreased from 1995 (506 deaths per 100,000 live births) to 2006 (435 per 100,000 live births) but has stagnated since then. Up to 28 per cent of maternal deaths are attributed to young girls aged 15-24 years. Skilled birth attendance increased from 42 per cent in 2006 to 58 per cent in 2011. About 1,900 cases of obstetric fistula occur annually; this has contributed to a backlog of 200,000 cases. A shortage of human resources for health (1,400 vacant posts for midwives) and inadequate emergency obstetric care services compromise access to quality care. Socio-cultural factors and gender inequality deter access to services, especially in rural communities. Poorly coordinated community mobilization, along with inadequate male involvement in health, restricts women and young people from utilizing available services.

3. The modern contraceptive prevalence rate remains low, despite increasing from 18 per cent in 2006 to 26 per cent in 2011, with wide regional disparities (7 per cent in Karamoja region, 40 per cent in Kampala). Among married young women (15-24 years), it is only 11 per cent. Unmet need for family planning remains high, at 34 per cent, and 31 per cent among youth aged 15-19 years. There are a number of bottlenecks to contraceptive use: limited access to services due to inadequate number of skilled staff; stock-outs at health facilities; limited community-based service outlets; misconceptions about family planning; and negative socio-cultural and religious values. The political leaders recognize the need to invest in family planning; the Government has developed a plan to scale up family planning in line with Family Planning 2020 commitments.

4. HIV prevalence increased from 6.4 per cent in 2005 to 7.3 per cent in 2011; it is higher among women, particularly in the central, western and mid-northern regions. Over 130,000 new infections occur annually. Although prevalence among young people aged 15-24 years is 3.7 per cent, it is 9.1 per cent among females aged 20-24 years. Key drivers include risky sexual behaviours, low comprehensive knowledge on HIV (38 per cent), low individual risk perception and low access to services by most-at-risk populations. Weak integration of services, inadequate human resources and stock-outs of condoms and test kits further constrain HIV/AIDS prevention efforts.

5. The teenage pregnancy rate declined from 31 per cent in 2001 to 24 per cent in 2011 but remains high. Sexually transmitted infections (13.4 for females and 5.3 per cent for males), sexual violence and unsafe abortion continue to affect the sexual reproductive health of adolescents. A number of factors – socio-cultural norms; low school attendance for girls; household poverty; lack of comprehensive sexuality education, both in schools and communities; and low coverage of youth friendly services at health facilities – force girls into early sexual relationships, early marriage and early child bearing, and constrain efforts to reduce teenage pregnancy.

6. Uganda has a strong policy and legal framework to promote gender equality. However, the implementation of the policies, as well as monitoring and reporting on recommendations from treaty bodies, remains weak. The prevalence of gender-based violence is high, with 56 per cent of the female population experiencing physical violence and 27 per cent of women experiencing sexual violence in 2011. Although the national prevalence of female genital mutilation is only 1 per cent, it is much higher in certain communities: 50 per cent among the Sabiny and Tepeth and 95 per cent among

the Pokot and Kadama. Social-cultural norms continue to undermine gender-based violence prevention efforts.

7. Uganda hosts 403,910 refugees from the region; natural disasters in the country also result in internally displacing populations. These emergencies affect primarily women and children, who are often exposed to gender-based violence and lack access to sexual and reproductive health services.

8. Uganda consistently collects census and survey population data; it has administrative information systems that provide data on sexual reproductive health, gender-based violence and HIV. However, national capacity for in-depth analysis of the data is limited; the administrative data is not regularly updated and analysed to inform decision-making. Although improving, the use of data on population dynamics to inform planning, policy formulation, implementation and monitoring remains low, both at national and district levels.

II. Past cooperation and lessons learned

9. In sexual and reproductive health, the programme helped to (a) increase institutional deliveries in 15 target districts, from 21 per cent to 33 per cent, including 85 per cent of deliveries at health facilities in refugee camps; (b) increase the proportion of health facilities with capacity for emergency obstetric care, from 43 per cent to 65 per cent; (c) repair obstetric fistula in 5,560 women; (d) reduce stock-outs of family planning commodities, from 35 per cent to 28 per cent, in target districts; (e) reach 910,000 young people with sexual and reproductive services; (f) increase the annual number of new family planning users, from 26,800 in 2010 to 78,000 in 2013.

10. To achieve these results, UNFPA supported (a) development of national policies and guidelines on sexual reproductive health; (b) procurement and distribution of contraceptives through the alternative distribution mechanism to channel family planning commodities to private not-for-profit organizations; (c) securing government commitment to increase budget for family planning from $3 million to $5 million annually over the next 5 years, starting in 2012; (d) procurement of equipment for public facilities; (e) sponsorship of 308 trainee midwives (53 completed and recruited); and (f) establishment of youth-friendly services in 22 schools and 14 health facilities.

11. Despite these achievements, an evaluation of the programme identified a number of challenges: addressing the fistula backlog; ensuring adequate staffing for midwifery and family planning at health facilities; scaling up maternal and perinatal death review, emergency obstetric care, youth friendly services, comprehensive sexuality education and HIV/AIDS prevention for high-risk populations; aligning national family planning service protocols to international guidelines as a human rights principle; increasing family planning service outlets and expanding demand generation to reach underserved communities; and strengthening the commodity supply management system.

12. The programme contributed to the following achievements: (a) formulation of policies and laws, including the Domestic Violence Act (2010), the Prohibition of Female Genital Mutilation Act (2011) and the national gender policy (2012); (b) increased incorporation of gender-based violence prevention and response in the health, justice, social development and security sectors and in 11 district development plans; (c) increased service delivery of gender-based violence response services, leading to greater utilization by survivors (rising from 2,650 in 2010 to 19,051 in 2013) in target districts; and (d) increased community mobilization, leading to 51 communities declaring their abandonment of female genital mutilation. Notable gaps that the new programme should address include implementation of policies, monitoring and reporting on international instruments; and coordination of social and behaviour change communication on gender-based violence and reproductive rights.

13. In population and development, the programme contributed to the undertaking and in-depth analysis of the 2011 Demographic and Health Survey and the national panel surveys (2012, 2013) as well as the 2014 National Population and Housing Census. It also fostered a paradigm shift towards support for family planning among political leaders through modelling of the demographic dividend; and supported

advocacy efforts to ensure passing of the National Population Council Act 2014. The programme evaluation identified the following areas for improvement: undertaking in-depth data analysis of the census to allow mapping of demographic and geographical disparities; strengthening management information systems to provide regular data; generating evidence to inform decision-making and continued advocacy for the International Conference on Population and Development agenda.

14. A number of lessons learned emerged from the seventh country programme: (a) building strategic partnerships with the Government, United Nations organizations, donors and civil society organizations galvanizes national support for the International Conference on Population and Development agenda; (b) working directly with local governments increases ownership and sustainability of programme interventions; and (c) strengthening community engagement for social norm change is key in addressing gender-based violence and in promoting abandonment of female genital mutilation.

III. Proposed programme

15. The proposed eighth country programme was developed in consultation with a wide spectrum of partners, including the Government, civil society and other development partners, United Nations organizations, academia and the private sector. It is aligned with national priorities, as outlined in National Vision 2040, National Development Plan II (2015/2016-2019/2020), the United Nations Development Assistance Framework (2016-2020) and the UNFPA Strategic Plan 2014-2017, and contributes to harnessing the demographic dividend while taking into account the lessons learned from the previous country programme.

16. Direct beneficiaries of the programme will be women and young people, especially adolescent girls, and most at risk populations. Targeting especially districts with poor sexual reproductive health indicators, the programme will also address humanitarian preparedness and response.

A. Outcome 1: Sexual and reproductive health

17. Output 1: National and district governments have the capacity to deliver comprehensive high-quality maternal health services, including in humanitarian settings. Interventions focus on the following: (a) support advocacy for increased government financial and human resources for maternal health and family planning; (b) build a national accountability mechanism, including by scaling up maternal death surveillance and response, and establish a performance monitoring scorecard mechanism to ensure access to high-quality care according to human rights principles; (c) support national and local governments in establishing strong partnerships and effectively coordinate integrated sexual reproductive health and rights interventions, including preparedness and response in humanitarian settings; (d) strengthen the midwifery programme and provide equipment to health facilities for provision of emergency obstetric care, post abortion care, obstetric fistula management and the Minimum Initial Service Package for Reproductive Health in humanitarian settings.

18. Output 2: National and district governments have the capacity to increase the demand for and the supply of modern contraceptives. Interventions focus on the following: (a) policy advocacy for task shifting and sharing among service providers, improving availability of integrated maternal health and family planning services; (b) advocacy for progressive increment of resources to implement family planning scale-up plans; (c) technical and financial support to improve commodity forecasting, procurement and supply chain management system at national and district levels; (d) establishment of effective coordination mechanisms for family planning programmes; (e) training of health professionals to provide a high-quality method mix in family planning, according to the new family planning human rights protocol; and (f) support of community health extension workers strategy to increase demand for family planning services.

19. Output 3: Increased national capacity to deliver integrated sexual and reproductive health and HIV/AIDS prevention programmes that are free of stigma and discrimination. Interventions focus on the following: (a) support ministries of health,

education and social development to deliver integrated and coordinated HIV and sexual and reproductive health programmes for young people; (b) mobilize religious and cultural institutions to scale up social and behavioural change interventions; (c) generate evidence to improve HIV and sexually-transmitted infections programming for young people; and (d) support implementation of the 10-step strategic approach to comprehensive condom programming, including for most-at-risk populations.

B. Outcome 2: Adolescents and youth

20. Output 1: Increased national capacity to conduct evidence-based advocacy/ interventions for incorporating adolescents and youth sexual reproductive health needs in national laws, policies and programmes, including humanitarian settings. Interventions focus on the following: (a) advocate for the integration of comprehensive sexuality education in curricula for secondary schooling, teacher training (primary and secondary), vocational training and in developing a minimum package for out-of-school youth; (b) support ministries of health, gender and education to coordinate adolescent sexual reproductive health initiatives and to provide youth-friendly services, especially for vulnerable adolescent girls, including in humanitarian settings; (c) support youth networks to facilitate participation of young people in development processes, particularly in matters of sexual reproductive health and rights; (d) promote evidence-based social and behavioural change communication to address social norm barriers to adolescent sexual and reproductive health.

C. Outcome 3: Gender equality and women's empowerment

21. Output 1: National and district governments have the capacity for the protection and advancement of reproductive rights, and delivery of multisectoral gender-based violence prevention and response services, including in humanitarian settings. Interventions focus on the following: (a) support behavioural change strategies for addressing gender-based violence, female genital mutilation, teenage pregnancies, and child and forced marriage; (b) support advocacy for integration of gender-based violence prevention and response, and human rights in sexual and reproductive health programmes; (c) advocate for enforcement of policies and laws on gender-based violence; (d) provide technical support to the Ministry of Gender, Labour and Social Development and civil society to develop and implement multisectoral service standards and protocols that meet human rights standards; (e) support the Ministry of Gender, Labour and Social Development and civil society to monitor implementation, track accountability and report on sexual and reproductive health and rights commitments in regional and international instruments, including by using the Gender Score Card.

D. Outcome 4: Population dynamics

22. Output 1: National institutions and district governments have the capacity for the production and the use of disaggregated data on population, sexual and reproductive health and gender-based violence for the formulation and monitoring of evidence-based policies, plans and programmes, including in humanitarian settings. Interventions focus on the following: (a) support ministries and local governments to generate, communicate and utilize evidence for planning and decision-making; (b) support the Uganda Bureau of Statistics and research institutions to generate evidence through in-depth analysis of survey and census data; mapping demographic and geographic disparities and prepare for the 2020 census; and (c) strengthen management information systems for health, education, gender-based violence, vital statistics and humanitarian crisis profiling.

IV. Programme management, monitoring and evaluation

23. National execution will be the main implementation arrangement for the programme. Implementing partners will be selected through a competitive process, based on their strategic nature. An integrated communication, partnerships and resource mobilization plan will be developed to facilitate delivery of the programme. Development partners include civil society, academia and the private sector. UNFPA

will participate in joint programming and ‘Delivering as One’ initiatives with other United Nations organizations.

24. The Ministry of Finance, Planning and Economic Development will be the coordinating authority for the programme, and, together with the ministries of health and gender, labour and social development, it will oversee the delivery of the programme outputs and outcomes.

25. UNFPA and the Government will jointly develop and implement a monitoring and evaluation plan, including a web-based system for continuous collection, processing and sharing of monitoring information. Operations research, innovation and sharing good practices will be core elements of the programme. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities to better respond to emerging issues.

26. The country office in Uganda includes staff funded through the UNFPA institutional budget as well as those funded by other resources. UNFPA will allocate programme resources for staff assigned to provide technical support to government institutions. Through South-South cooperation, the country office will seek technical assistance from other country offices, the regional office and headquarters.

RESULTS AND RESOURCES FRAMEWORK FOR UGANDA (2016-2020)

National priority: Enhance human capital development. Key results area: Increase access to high-quality health services

UNDAF outcome 2.2: By end 2020, universally accessible, effective and efficient health systems delivering preventive, promotive, curative and rehabilitative services that are contributing to: reduced mortality and morbidity, especially among children, adolescents, pregnant women and other vulnerable groups; and sustained improvement in population dynamics

UNDAF outcome 2.5: By end 2020**,** a multisectoral HIV/AIDS response that is gender and age-responsive, well-coordinated, effective, efficient and sustainably financed, to reverse the current trend and reduce the socio-economic impact of HIV and AIDS

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access • Percentage of births attended by skilled health personnel *Baseline: 58; Target: 80* • Contraceptive prevalence rate *Baseline: 30; Target: 50* • Percentage of women and men aged 15-49 years who used a condom at last high-risk sex (sex with a non-marital, non-cohabiting partner) *Baseline: 35; Target: 50*	Output 1: National and district governments have capacity to deliver comprehensive high-quality maternal health services, including in humanitarian settings	• Percentage of health facilities in target districts with capacity to provide emergency obstetric care. *Baseline: 65; Target: 80* • Existence of a functional national system for maternal death surveillance and response. *Baseline: No; Target: Yes* • Number of fistula cases treated annually. *Baseline: 2,000; Target: 5,000* • Proportion of humanitarian settings where 'Minimum Initial Service Package' is implemented. *Baseline: 50; Target: 100*	Ministries of health, education, and gender, labour and social development; district governments; United Nations Children Fund; World Health Organization; World Bank; Office of the United Nations High Commissioner for Refugees; Reproductive Health Uganda; Marie Stopes Uganda; Uganda AIDS Commission; Organization of African First Ladies against AIDS; faith-based organizations	$46.7 million ($21.7 million from regular resources and $25 million from other resources)
	Output 2: National and district governments have capacity to increase demand for and supply of modern contraceptives	• Percentage of health facilities in target districts without stock-outs of at least three family planning methods. *Baseline: 75; Target: 90* • Proportion of health facilities in target districts with at least two staff that can offer both short-term and long-acting methods. *Baseline: 85; Target:100* • Number of target districts with at least four elements of demand generation for family planning. *Baseline: 8; Target: 15* • Existence of a national functional logistics management information system for forecasting and monitoring reproductive health commodities. *Baseline: No; Target: Yes*		
	Output 3: Increased national capacity to deliver integrated sexual and reproductive health and HIV/AIDS prevention programmes that are free of stigma and discrimination	• Uganda achieves implementation stage of the UNFPA 10-step strategic approach to comprehensive condom programming. *Baseline: No (6/10); Target: Yes (10/10)* • Number of functional regional hub /networks supporting sexual and reproductive health and HIV services for most–at–risk populations. *Baseline:0; Target:5* • Number of costed national and district strategies/plans		

		that integrate sexual and reproductive health and HIV. *Baseline: 2; Target: 9*		
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health • Percentage of young women and men aged 15-24 years who correctly identify ways of preventing sexual transmission of HIV *Baseline: 45; Target: 75*	Output 1: Increased national capacity to conduct evidence-based advocacy/ interventions for incorporating adolescents and youth sexual reproductive health needs in national laws, policies, and programmes, including humanitarian settings	• Number of functional participatory platforms that advocate for increased investments in adolescents and youth, within development and health policies and programmes. *Baseline: 0; Target:3* • Number of national curricula that integrate comprehensive sexuality education in line with international standards. *Baseline: 1; Target: 4* • Proportion of health facilities in target districts providing adolescent-friendly health services as per national protocol. *Baseline: 100% hospitals and 45% health centres; Target: 100% hospitals and 100% health centres*	Ministries of health, education and gender, labour and social development; civil society organizations and faith-based organizations	$12.0 million ($2.0 million from regular resources and $10.0 million from other resources)
UNDAF Outcome 2.4: By end 2020, incidence and impact of violence against children and gender-based violence are substantially reduced, underpinned by a strong institutional, societal and media response				
Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth • Percentage of women aged 15-49 years who think that a husband/ partner is justified in hitting or beating his wife/partner under certain circumstances. *Baseline: 60; Target: 45*	Output 1: National institutions and district governments have capacity for the protection and advancement of reproductive rights, and delivery of multisectoral gender-based violence prevention and response services, including in humanitarian settings	• Existence of a functioning accountability, tracking and reporting system to follow up on the implementation of reproductive rights recommendations and obligations. *Baseline: No; Target: Yes* • Number of national sexual and reproductive health plans, policies and programmes integrating gender-based violence prevention, protection and response interventions. *Baseline:2; Target: 4* • Existence of a functioning national inter-agency coordination body on gender-based violence and female genital mutilation, including in humanitarian response. *Baseline: No; Target: Yes* • Number of communities supported by UNFPA that declare the abandonment of female genital mutilation. *Baseline: 51; Target: 100*	Ministries of health, education, and gender, labour and social development; Uganda Human Rights Commission; UN-Women; Uganda Women's Network; faith-based organizations, cultural institutions	$18.0 million ($3.0 million from regular resources and $15.0 million from other resources)
National priority: Strengthen mechanisms for quality, effective and efficient service delivery **UNDAF Outcome 1.3:** By end 2020, targeted public institutions and public-private partnerships are fully functional at all levels, inclusive, resourced, performance-oriented, innovative and evidence-seeking, supported by a strategic evaluation function; and with Uganda's citizenry enforcing a culture of mutual accountability, transparency and integrity				

Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality • Number of national, sectoral and district plans that fully integrate population dynamics. *Baseline: 15; Target: 30*	Output 1: National institutions and district governments have capacity for production and use of disaggregated data on population, sexual and reproductive health and gender-based violence, for formulation and monitoring of evidence-based policies, plans and programmes, including in humanitarian settings	• Number of functional national and district data management systems that allow for mapping of demographic and geographic disparities and socioeconomic inequalities. *Baseline: 1; Targets: 6* • Number of in-depth analytical reports on sexual and reproductive health and youth-related themes from census and survey data. *Baseline: 0; Target: 19* • Proportion of humanitarian crises in which assessments reflect adequate population, sexual reproductive health and gender based violence data profiling. *Baseline: 0; Targets: 100*	Population Secretariat; Ministry of Local Government; Uganda Bureau of Statistics; National Planning Authority; Universities: Makerere, Uganda Christian, Kyambogo and Mbarara	$10.2 million ($4.2 million from regular resources and $6 million from other resources) Programme coordination and assistance: $1.5 million from regular resources