

## Uganda Country Programme Performance Summary

<b>A. Country Information</b>		
Country name: Uganda		
Category per decision 2013/31:	Current programme period: 2016-2020	Cycle of assistance: 8

<b>B. Country Programme Outputs Achievement</b> <i>(please complete for all your CP outputs)</i>
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<b>Output 1: Capacity to deliver comprehensive high-quality maternal health services</b>
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Indicators	Baseline (2015)	Target (2020)	End-line data (2019)
<ul style="list-style-type: none"> <li>• Percentage of health facilities in target districts with capacity to provide emergency obstetric care.</li> </ul>	<b>No baseline Value</b>		<b>7.8%</b> 8% of HC IIIs with capacity to provide EmONC (below target by 72%);  7% of HC IVs with capacity to provide EmONC (below target by 53%);  7% of hospitals with capacity to provide EmONC (below target by 93%)
<ul style="list-style-type: none"> <li>• Existence of a functional national system for maternal death surveillance and response</li> </ul>	<b>No</b>	<b>Yes</b>	<b>Yes</b>
<ul style="list-style-type: none"> <li>• Number of fistula cases treated</li> </ul>	<b>1,350</b>	<b>5,000</b>	<b>6,341</b>
<ul style="list-style-type: none"> <li>• Proportion of humanitarian settings where 'Minimum Initial Service Package' is implemented</li> </ul>	<b>50%</b>	<b>100%</b>	<b>100%</b>

**Key Achievements** *(input also from the last CP evaluation)*

Functionality of Health Centre (HC) IVs in the districts supported by UNFPA significantly improved from 10 percent in 2016 to 58 percent in 2019. Accordingly trends in deliveries in public health facilities in the 25 districts supported by UNFPA also increased from 50 percent in 2017 to 58 percent in 2019. The average national trend in deliveries in public health facilities during the same period increased from 56 percent in 2017 to 61 percent in 2019. The system for Maternal and Perinatal Death Surveillance Response (MPDSR) has been strengthened with support from UNFPA. Consequently, the proportion of maternal deaths notified through the Ministry of Health (e.g. through HMIS, Maternal Deaths Surveillance and Response system) has increased from 56 percent in 2018 to 64.5 percent in 2019. UNFPA supported the Ministry of Health to strengthen the national capacity for obstetric fistula management including social reintegration. A total of 4,991 new cases of fistula were repaired during the first 4 years of the CP8, with support from UNFPA, bringing the cumulative number of fistula cases repaired with UNFPA support to 6,341 by end of 2019 – exceeding the targets set for the entire CP8 cycle

**Output 2 : National and district governments have capacity to increase demand for and supply of modern contraceptives**

Indicators	Baseline (2015)	Target (2020)	End-line data (2019)
<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> </ul>	44.6%	90%	74% (2019: T =70%:)
<ul style="list-style-type: none"> <li>Proportion of health facilities in target districts with at least two staff that can offer both short-term and long-acting methods.</li> </ul>	85%	100%	77% (2019: T =75%)
<ul style="list-style-type: none"> <li>Number of target districts with at least four elements of demand generation for family planning.</li> </ul>	15	25	25 (2019: T = 25)
<ul style="list-style-type: none"> <li>Existence of a national functional logistics management information system for forecasting and monitoring reproductive health commodities.</li> </ul>	No	Yes	Yes

**Key Achievements** (input also from the last CP evaluation)

Availability of FP commodities have significantly improved. For example, the percent of health facilities with no stock-outs of at least 3 FP common methods increased from 44.6 percent in 2015, to 74 percent (exceeding the target of 70 percent set for 2019). UNFPA supported MoH to develop a number of policies and strategies to improve the environment for SRH services, namely: The Investment Case for Reproductive, Maternal, Newborn, Child and Adolescent Health Sharpened Plan for Uganda (2016/17-2019/20); the 2nd National Health Policy (2010/11-2019/20); National SRHR and HIV Integration Strategic Plan, a costed FP Investment Plan (2015-2020) and the Uganda Reproductive Health Commodity Security Strategic Plan (2009/10 - 2013/14).

**Output 3: Increased national capacity to deliver integrated sexual and reproductive health and HIV/AIDS prevention programmes that are free of stigma and discrimination**

Indicators	Baseline (2015)	Target (2020)	End-line data (2019)
<ul style="list-style-type: none"> <li>Uganda achieves implementation stage of the UNFPA 10-step strategic approach to comprehensive condom programming.</li> </ul>	No (8/10)	Yes (10/10)	No (9/10)
<ul style="list-style-type: none"> <li>Number of functional regional hub /networks supporting sexual and reproductive health and HIV services for most-at-risk populations.</li> </ul>	0	5	7 (2019: T= 5)
<ul style="list-style-type: none"> <li>Number of costed national and district strategies/plans that integrate sexual and reproductive health and HIV.</li> </ul>	2	9	15 (2019: T =9)

**Key Achievements** (input also from the last CP evaluation)

UNFPA supported government to scale-up Comprehensive Condom Programming (CCP), which encourages the participation of donors and international agencies while placing ultimate responsibility for decision-making and implementation in the hands of national partners.<sup>1</sup> Uganda has achieved 9 of the 10 steps in CCP as of 2019. UNFPA supported the establishment and functionalizing 7 regional hubs/networks supporting sexual and reproductive health and HIV services for most-at-risk populations. supporting sexual and reproductive health and HIV services for most-at-risk populations

<sup>1</sup> UNFPA Annual Report 2016.

**Output 4: 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.**

Indicators	Baseline (2015)	Target (2020)	End-line data (2019)
• Number of marginalised adolescent girls reached by life skills programmes that build their health, social, or economic assets with UNFPA support	<b>277,648 (2016)</b>	<b>560,520</b>	<b>558,770;</b> (2019: T =476,620)
• Number of participatory platforms that advocate for increased investments in adolescents and youth, within development and health policies and programmes.	<b>0</b>	<b>3</b>	<b>5 functional youth groups</b> (2019: T = 3)
• Number of national curricula that integrate comprehensive sexuality education in line with international standards.	<b>1</b>	<b>4</b>	<b>4</b> (2019: T 3)
• Proportion of health facilities in target districts providing adolescent-friendly health services as per national protocol	<b>42%</b>	<b>100%</b>	<b>65%</b> (2019: T =78%)

**Key Achievements** (input also from the last CP evaluation)

Major achievements included strengthened efforts towards empowerment of young people through provision of life skills training and economic asset building for out-of-school girls for adolescent girls.

Major steps in institutionalizing Sexuality Education (SE) in higher schools, including a landmark launch of the National SE Framework in 2018; and development of the SE Operational Guidelines, development of resource materials and training of resource materials (training guides) for teachers and SE package for pupils was in progress at the time of CPE. The SE guidelines for out-of-school young people, and the Youth Engagement Strategy on SRHR, have been validated and harmonized with the National Parenting Guidelines.

UNFPA also supported development of National Strategy on Child Marriage and Teenage Pregnancy, 2014/2015-2019/2020; and the SRHR Youth Engagement Strategy.

UNFPA supported development and testing of online and digital applications (GetIN and SafePAL mobile applications) that have been found to improve access to SRHR information and services even in rural settings

**Output 5: National institutions and district governments have capacity for the protection and advancement of reproductive rights, and delivery of multi-sectoral gender-based violence prevention and response services, including in humanitarian settings**

Indicators	Baseline (2015)	Target (2020)	End-line data (2019)
• Existence of a functioning accountability, tracking and reporting system to follow up on the implementation of reproductive rights recommendations and obligations.	<b>No</b>	<b>Yes</b>	<b>Yes (2019 T = Yes)</b>
• Number of national sexual and reproductive health plans, policies and programmes integrating gender-based violence prevention, protection and response interventions.	<b>2</b>	<b>11</b>	<b>11</b> (2019: T = 11)
• Number of communities supported by UNFPA that declare the abandonment of female genital mutilation.	<b>5</b>	<b>100</b>	<b>46</b> (2019: T = 75)

**Key Achievements** (input also from the last CP evaluation)

The CP made significant contributions in strengthening policy, legal, and accountability frameworks on GEWE as well as the transformation of attitudes, values, norms that perpetuate GBV, female genital mutilation (FGM), and, child and forced marriage. Examples include the Revised National Policy on Elimination of Gender Based Violence (GBV) in Uganda (2019); National Male Involvement Strategy for Prevention and Response to GBV in Uganda (2017); and the National Strategy to End Child Marriage and Teenage Pregnancy (2014/2015 - 2019/2020) which all had strategic actions aimed at reducing gender inequality, promoting women empowerment, and eliminating harmful practices.

**Output 6: 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**

<ul style="list-style-type: none"> <li>Number of functional national and district data management systems that allow for mapping of demographic and geographic disparities and socioeconomic inequalities.</li> </ul>	1	6	Target = 6 (IMIS, NGBV, HMIS, CRVS, EMIS, LOGICS); Actual = 5 (IMIS, NGBV, HMIS, CRVS, EMIS)
<ul style="list-style-type: none"> <li>Number of in-depth analytical reports on sexual and reproductive health and youth-related themes from census and survey data.</li> </ul>	0	5	Target = 3; Actual =4
<ul style="list-style-type: none"> <li>Proportion of humanitarian crises in which assessments reflect adequate population, sexual reproductive health and gender based violence data profiling.</li> </ul>	0%	70%	Target = 60%; Actual =100%;
<ul style="list-style-type: none"> <li>Number of sectors in which demographic dividend is mainstreamed and implemented at national and sub-national level</li> </ul>	0	8	Target = 8; Actual = 8;
<ul style="list-style-type: none"> <li>Existence an up-to-date data system (Number of districts where Atlas/dashboard are enrolled for mapping out or illustrating vulnerability at district level and below</li> </ul>	0	12	Target = 12; Actual = 12

**Key Achievements** (input also from the last CP evaluation)

Significant achievements were realized in strengthening capacity at national and subnational levels, in use of evidence to harness the demographic dividend (DD); especially the use of compliance tools to facilitate the integration of DD indicators in planning and budgeting frameworks.

C. National Progress on Strategic Plan Outcomes <sup>2</sup>	Start value	Year	End value	Year	Comments
<b>Outcome 1: 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</b>					

<sup>2</sup> The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

<b>C. National Progress on Strategic Plan Outcomes<sup>2</sup></b>	<b>Start value</b>	<b>Year</b>	<b>End value</b>	<b>Year</b>	<b>Comments</b>
Percentage distribution of service delivery points with seven (including 2 essential) life-saving maternal/reproductive health medicines available by type of facility			74.2%	2018 (SDP survey)	2020 SDP survey underway
Contraceptive prevalence rate (UDHS)	30%	2016	TBD	2021	2020 Target: 80%
Contraceptive prevalence rate (PMA2020)	31.1%	2016	34.7%	2018	
Proportion of demand for contraception satisfied (total) (UDHS)	30.3%	2016 (UDHS)	TBD	2021	Next round of UDHS will be in 2021
Proportion of demand for contraception satisfied (total) (PMA2020)	31.1%	2016 (PMA2020; Round 4)	34.7%	2018 (PMA2020; Round 6)	
Proportion of women of reproductive age (aged 15 – 49 years) with unmet need for family planning (UDHS)	20.4%	2016 (UDHS)	TDB	2021	Next round of UDHS will be in 2021
Proportion of women of reproductive age (aged 15 – 49 years) with unmet need for family planning (PMA2020)	23.8%	2016 (PMA2020; Round 4)	20.5%	2018 (PMA2020; Round 6)	
Percentage of health facilities in target districts without stock-outs of at least three family planning methods.	<b>44.6%</b>	2015	<b>74%</b>	2019 (SDP survey)	2020 Target: 90%
Percentage of births attended by skilled health personnel	73%	2016 (UDHS)	TBD	2021	2020 Target: 80%
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	-	-	-	-	Not tracked
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	Male: 20.8% Female: 21.3%	-	TBD	2021	Next round of UDHS will be in 2021
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	Total FP commitment = <b>\$22.2 M</b> (GoU: \$2.2M; Donors \$20M)	2018	Total FP commitment = <b>\$40.8M</b> (GoU: 4.3M; Donors \$46.5)	2019	Est. total FP commitment for 2020: <b>\$48.3M</b>

C. National Progress on Strategic Plan Outcomes <sup>2</sup>	Start value	Year	End value	Year	Comments
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**Summary of National Progress**

**UNFPA's Contributions** *Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.*

Overall, UNFPA support to FP commodities resulted in nearly double improvement in the number of Couple Years of Protection in four years, from \$217M (2016) to 409M (2019). Generally, FP indicators improved, with CPR increasing from 31.1 percent in 2016 to 34.7 percent in 2018.<sup>3</sup> Unmet need for FP also declined from 28 percent in 2016<sup>4</sup> to 26.0 percent in 2018.<sup>5</sup> The percentage of health facilities reporting no stock-out of at least 3 FP commodities was 47 percent in 2018<sup>6</sup> compared to the baseline of 45 percent in 2015.

**Outcome 2: 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 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	F: 83.8% M: 82.6%	2016 (UDHS)	TBD	2021	Next round of UDHS will be in 2021
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Draft SRHR Policy (2016)  ADH Policy 2011 – 2015  SE not mainstreamed in school curriculum  No SE guidelines for out-of-school youth	2016	SRHR policy reviewed  ADH policy in place  SE mainstreamed in secondary schools  SE guidelines for out-of-school youth in place	2020	

**Summary of National Progress**

**UNFPA's Contributions**

UNFPA supported the MoH to review the ADH policy, including support for an ADH landscape analysis, which formed the evidence-base for the review. UNFPA supported institutionalizing Sexuality Education (SE) in secondary schools, including a landmark launch of the National SE Framework in 2018; and development of the SE Operational Guidelines, development of resource for teachers and SE package for students. UNFPA provided technical assistance and advocacy in support of the validation of Sexuality Education guidelines for out-of-school young people, and the Youth Engagement Strategy on SRHR by the Government of Uganda.

UNFPA also supported development of National Strategy on Child Marriage and Teenage Pregnancy, 2014/2015-2019/2020; and the SRHR Youth Engagement Strategy.

**Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth**

Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	-	-	-	-	Not tracked
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<sup>3</sup> Performance Monitoring and Accountability (PMA2020) (April-May 2018) Round 6

<sup>4</sup> UBOS, 2016

<sup>5</sup> Performance Monitoring and Accountability (PMA2020) (April-May 2018) Round 6

<sup>6</sup> MoH: Service Delivery Point survey, 2018

Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	-	-	-	-	Not tracked
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	49%	2016 (UDHS)	TBD	2021	Next round of UDHS will be in 2021
<b>Summary of National Progress</b>					
<b>UNFPA's Contributions</b>					
<p>The evaluation of the bridging phase of Joint Programme on GBV (JPGBV) reported a reduction in percentage of women who approved of wife beating, from 29 percent to 21 percent in Karamoja and 27 percent to 15 percent in the Northern region.<sup>7</sup> Qualitative evaluation findings showed some changes in norms that justify and normalize wife beating. Some sections of the communities understood that wife beating as a form of violence and not a mechanism of disciplining.</p> <p>To achieve the above shifts, the programme utilized effective evidence-based strategies for the prevention of GBV and other harmful practices such as male involvement, and community social mobilization. Under male involvement, the programme supported formation of community level male engagement structures such as Male Action Groups (MAGs), Role Model Men (RMM).</p> <p>CP8 was heralded by stakeholders for adopting and scaling up models that have been tested and found to be effective in community mobilization to reduce intimate partner violence particularly SASA!<sup>8</sup>, public denunciation of FGM, music dance and drama (MDD), multi media campaigns, community dialogues were utilized to build a critical mass of the population addressing GBV, FGM, and child and forced marriage. These were largely delivered by trained community volunteers, including SASA! community activists (CAs), peer educators, mentors, and cultural and religious leaders.</p> <p>Public declaration against FGM was reported as a key contributor to abandonment of FGM. These were preceded by inclusive dialogue processes to ensure community buy-in. Key informants revealed that this contributed to sustenance of commitments made. The engagement of key community leaders, the public celebration of the declaration in presence of government officials and high profile supporters were also critical in influencing individuals to accept abandonment of FGM. UNFPA progressively moved towards achieving its target of number of communities declaring FGM abandonment with 68 out of 100 (68 percent) communities, which openly made such declarations.</p>					
<b>Outcome 4: 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</b>					
Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	Yes	2014			
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes UDHS	2016			Next round of UDHS will be in 2021
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	Yes CPE	2015	Yes CPE	2019	

<sup>7</sup> United Nations Joint Programme on Gender Based Violence Evaluation of the Bridging Phase Report 2017.

<sup>8</sup> SASA! was evaluated using a community cluster randomised trial which ran over four years from 2008-2011 and found to be effective at reducing violence physical partner violence, as well as reducing the social acceptance of physical and sexual violence in intimate partnerships.

			Baseline Evaluation of Better Life for Girls Project		
			JPGBV – bridging phase (2014 – 2015) Endline Evaluation (2017)  Endline evaluation of Youth Enterprise Model (YEM) project (2018)		
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	0%	2016	<b>At least 25%</b> of sector plans and budgets meet DD indicator requirements	2019	

### **Summary of National Progress**

#### **UNFPA's Contributions**

Based on the evidence from the census (2014), the UDHS (2016) and the Uganda National Household Survey (2016/17), the DD roadmap was launched during 2018. UNFPA through the National Planning Authority and National Population Council supported the modelling of the DD. Managing the youthful population in Uganda requires that the DD and structural change are harnessed to drive more rapid and sustainable economic growth. The modelling shows that Uganda's demographic indicators and emerging economic opportunities can be turned into a sizeable DD that can propel the country to achieving the socioeconomic transformation envisaged in Vision 2040.

UNFPA supported the development of the DD compliance tools, which were used to assess compliance of sectors and districts in integrating DD indicators in the national, sector and district planning and budgeting frameworks. In the Financial Year 019/2020, six sector plans and budgets (education: health, MGLSD; Lands, housing & urban development; agriculture) were found to be compliant to DD, with scores ranging between, 65 percent and 89 percent. During the same period, UNFPA supported rollout of the DD compliance tools in 89 districts, and 43 districts assessed for compliance with DD requirements; district compliance ranged from 46 percent to 68 percent. Overall, 26 of the 89 districts assessed have plans and budgets which are compliant with DD requirements (19 were above 50% while 7 were above 60%)



D. Country Programme Resources (\$Million)									
SP Outcome Choose only those relevant to your CP	Regular Resource (Planned, Available and Actual Expenditure)			Others (Planned, Available and Actual Expenditure)			Total (Planned, Available and Actual Expenditure)		
	Planned	Available	Expenditure	Planned	Available	Expenditure	Planned	Available	Expenditure
Increased availability and use of emergency sexual and reproductive health services	21.7			25			46.7	34.9	33.8
Youth policies and programmes, and increased availability of comprehensive sexuality education	2			10			12	11.6	11.4
Advanced gender equality, women's and girls' empowerment, and reproductive rights	3			15			18	9.13	8.50
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	4.2			6			10.2	0.3	1.85
Programme coordination and assistance	1.5			-			1.5	0.29	0.20
<b>Total</b>	<b>32.4</b>			<b>56</b>			<b>88.4</b>	<b>57.8</b>	<b>55.75</b>