

UNFPA UGANDA

Country Programme Performance Summary

A. Country Information		
Country name: UGANDA		
Category per decision 2007/42:	Current programme period: 2010-2014, extended to 2015	Cycle of assistance: SEVENTH

B. Country Programme Outputs Achievement			
Output 1: Up-to-date population data disaggregated by age and gender is analyzed and used for development planning, decision-making and monitoring progress at national and sub national levels			
Indicators	Baseline	Target	End-line data
1.1 Existence of national Survey Reports supported by UNFPA (DHS, Census, National Panel Survey)	0	1 Census (detailed) 1 DHS 2 NPS	<ul style="list-style-type: none"> • 2011 DHS done, data widely used • National Panel Survey reports available • 2011 and 2012 Statistical Abstracts available • Census not on course, has been postponed twice
1.2 Availability of in-depth analytical reports (on MH, FP, Young People, GBV and Reproductive Right) and district profiles from Census, DHS and Panel Survey, HIV/AIDS Sero-behavioral Survey	0 (none existed for the program districts)	<ul style="list-style-type: none"> • 5 further analysis reports from DHS • 8 Census Based district profiles 	<ul style="list-style-type: none"> • Drafts DHS further analysis reports available for Maternal Health, Adolescent Fertility and Teenage Pregnancy, Family Planning Utilization, GBV. • Census not conducted; with UNFPA support UBOS has capacity for undertaking census using the state of the art scanning technology.
1.3 Number of sectors and target districts that are able to access UBOS Integrated Management Information System.	Districts: 0 Sectors: 0	Districts: 8 Sectors: 5	<ul style="list-style-type: none"> • Although no district and sector reported accessing IMIS, IMIS is functional, some data available (for some variables) for the 1991, 2002 Censuses and the 2003 Agricultural Census.
1.4 Availability of National Planning Guidelines (for Sectors and LGs) that include integration of population dynamics in the plans	Not Available	Available and in use	<ul style="list-style-type: none"> • Available and used in the current planning cycle (Completed after the CP Evaluation)

1.5 Number of National, Sectoral and district Plans that integrate population dynamics	0 (None of the plans that existed before had fully integrated population dynamics to current extent)	1 National 5 Sectoral 15 District	<ul style="list-style-type: none"> National plans ie the NDP and the Vision 2040. The two plans clearly articulate the need to address population dynamics Sectors (education and Health) 9 Districts – Kanungu, Katakwi, Yumbe, Oyam, Mubende, Moroto, Kotido, Kaabong, Arua, Gulu
1.6 Existence of a functional Youth coordination structure /network for engaging young people in planning/policy dialogue and programme.	Not functional	Functional	<ul style="list-style-type: none"> Structure established in MGLSD. Guideline for Youth Coordination Mechanism available

Key Achievements

- Strengthened capacity for data generation and increased availability of disaggregated data. New national survey reports were produced including the 2011 UDHS, 2 National Panel Survey reports and statistical abstracts. There were also 5 in-depth analytical reports (on MH, FP, Young People, GBV and Reproductive Rights) and some districts presented abstracts. The Web-based Integrated Management Information System (IMIS) though available was not easily accessible to all, and was not updated.
- Capacity enhancement for Data use for integration of population dynamics in relevant national and sub-national plans and programmes, specifically population issues identified in the NDPI &II as well as District Development Plans
 - Training 78 National and District planning staff on integration of population dynamics with focus on the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and sexual and reproductive health.
 - Guidelines for integration of population dynamics into national and district level development planning
 - capacity building and engagement of 140 Champions [national and district level] to advocate for ICPD and MDGs
 - Capacity building for generation of data/information for use in decision making including Gender statistics, districts profiles, IMIS, further analysis of 2011 UDHS
 - Advocacy and policy dialogue for the incorporation of population dynamics issues in relevant national plans and programmes
 - Young people (including adolescents) participation in policy dialogue and programming
- The establishment of district harmonized databases in all 8 districts, statistical committees are functional and the database set though at different levels of functionality
- Advocacy for population issues coupled with evidence from scientific studies led to a paradigm shift in the political environment towards support for family
- The National Population Council Act passed in July 2013 and accented in January 2014. This NPC Act creates a National Population Council as an autonomous body and further strengthens the positioning of population issues in national development processes and fund base.

Output 2: Health systems are improved to increase women’s utilization of midwifery services in pregnancy care, childbirth and the management of related complications

Indicators	Baseline	Target	End-line data
% of Health Facility deliveries in target districts	21% (Average for 8 focus districts)	50%	35% ¹ Average for 8 focus districts
Availability and use of revised national midwifery training curriculum	Not available	Available and used	Not available. The process for the curriculum review was initiated.

¹We note that data variation HMIS and CPE data

Existence of amended Nurses and Midwifery Act, Handbook and Midwifery Implementation Plan	None	Midwifery Act, Handbook, Implementation plan exist and in use	<ul style="list-style-type: none"> Handbook and implementation plan are available and in use Work on amending the Midwifery Act was initiated.
% of Health facilities (Hospitals, HC IVs and HC IIIs) in target districts with capacity for EmONC	43%	100%	<ul style="list-style-type: none"> 65% of the facilities have full capacity and deliver EmONC. However, 100% targeted facilities were fully equipped with EmONC equipment
Number of Regional Referral Hospitals (RRH) offering Fistula repair services on routine basis	2	13	<ul style="list-style-type: none"> On track, 11 RRH offer routine fistula repair services. The remaining two will offer routine fistula repair services by end of 2014.
Number of women treated for Fistula with UNFPA Support	0	3,000	<ul style="list-style-type: none"> 5,560. This is in the supported districts but the national figure is likely to be higher than this as Mulago hospital, with UNFPA support, established a fistula clinic that runs on daily basis.

Key Achievements

- Increased the percentage of facility based deliveries in each of 8 target districts. On average, the facility based deliveries for the 8 districts increased from 21% in 2009/10 to 35% in 2012/2013. This represents fast increment in deliveries in the 8 supported districts compared to national level progress that increased from 33% in 2010 to 40% in 2011/13
- Improved focus on midwifery human resources in the target districts, Field data demonstrates that the number of midwives positions filled at district level averaged at 55% (ranging from 53% in Kaabong to 100% in Mubende). UNFPA supported pre-service training of bonded midwives. By July 2013, the number of midwife students bonded under UNFPA programme was 306, of whom 44 had completed and 84 % (37/44) recruited by their respective districts.
- The re-introduction of vertical midwifery training programmes, advocated for by the Country Programme, was a robust strategy that will improve the quality of midwives compared to when midwifery was taught as part of the comprehensive nurse programme.
- Improved Maternal and Perinatal Death Review, all districts reported conducting Maternal Peri-natal Death Reviews or Audits (MPDR), a significant improvement from zero at baseline.
- Improved HF capacity to provide EmOC, all Hospitals, HCIV and HC111s were equipped to offer EmONC. Important to note is that not all facilities that received EmONC equipment are able to provide the EmOC related services. Sixty five percent of the facilities visited during evaluation were able to offer EmONC services. 120 health workers from the 8 focused districts were trained on Emergency Obstetric Care service delivery including post-abortion care. Despite, training in EmOC under the CP, staff in facilities not offering EmONC said that they lacked skills e.g. did not know how to operate vacuum extractor.
- Strengthened and multifaceted community mobilization for MH Services uptake, through pregnancy mapping by village health team, ANC outreaches, followed up by midwives as well as improving the participation of husbands in ensuring that the pregnant mothers deliver at HFs.
- Improved referral through provision of ambulance services through provision of ambulances for Health Facilities in the hard to reach areas. A total of 11 low cost and easy to maintain ambulances were provided to the districts
- Strengthening capacity for Midwifery Education and regulation, Eighteen (18) Midwifery Training Schools were equipped with skills laboratories and EmONC equipment for practicum sites to contribute towards improved quality of training. Twenty two (22) midwifery tutors also were sponsored for Bachelors of Medical Education. However, it is too early to assess the impact of equipping of training on improving skills acquired by trainees. Three (3) public Health Training Institutions reinstating vertical midwifery training.
- Strengthened Capacity for Fistula Repair, the Country Programme improved the capacity of the Regional Referral Hospitals to offer routine Fistula Repair Services. The number of RRH offering fistula repair services on routine basis increased from 2 in 2010 to 11 by the time of the evaluation. 5,560 women had fistulae repaired under UNFPA support, a figure above the targeted 3,000

Output 3: Social and institutional structures are mobilized for accelerated uptake of modern family planning methods by women, men and young people

Indicators	Baseline	Target	End-line data
% health facilities in target districts without stock-outs of at least 3 FP methods	65%	100%	<ul style="list-style-type: none"> • 72% of the facilities had no stock outs

Number of new clients utilizing family planning methods in targeted districts	26,800	100,000	<ul style="list-style-type: none"> 77,997 clients were served in by July 2013, on track to achieving target according to data collected from districts during evaluation. Cumulatively, 231,240 new FP clients were served from 2010 to July 2013 The intensification of FP provision through camps greatly improved access to FP in the target districts.
Proportion of Health Facilities in Target Districts with at least 2 staff that can offer both short term and long acting FP Methods	60%	90%	85%. The indicator target had reached 100% but due to recent recruitment, some staff moved out of the districts and the newly recruited have not been provided with appropriate training.

Key Achievements

- Increased availability of contraceptive commodities at the Health Facilities. At national level, the UNFPA procured contraceptives reduced national contraceptive stock outs to zero. Contraceptives worth USD 8 million annual (on average) were procured by UNFPA and put into the National Contraceptive supply chain. Stock out levels at the HFs reduced with 72% of HFs reporting no stock outs in 2013 compared to 65% in 2010. Establishment of medicine and therapeutic committees at district and Health Sub District levels helped to improve contraceptive logistics management. UNFPA supported government to prepared and implement a Reverse Logistics Strategy that facilitated redistribution FP commodities within and between districts that minimized stock outs and drugs expiring on shelves.
- Increased uptake of family planning methods, the new clients utilizing FP services increased from 26,910 in 2009/2010 to 77,997 in 2014. Cumulatively, 231,340 new FP clients had been served with FP Services by the time of the evaluation. There was evidence that integrated service provision was undertaken. For example in 2012 clients served with other services included 19,663 for STI treatment, 66,494 for VCT, and 53,620 for Cancer of the Cervix is a confirmation of integration of services.
- Support to advocacy for increased government resource allocation to FP, in 2012, the government committed to increase FP funding from 3 million USD to 5 million USD annually over the next 5 years. According to the budget framework paper 2013/14, government allocation for contraceptive procurement increased to USD 6.9 M in 2013/14.
- Capacity building of Service Providers of FP Methods the proportion of health facilities with at least two staff that can offer two FP methods (short term and long acting method) has increased from an average of 60% to 85% in 2013.

Output 4: Capacity strengthened for integration of HIV/AIDS and SRH and HIV prevention for MARPs at National and selected sub-national levels

Indicators	Baseline	Target	End-line data
Existence of a National HIV prevention policy includes rights for populations most at risk	Was not available	Yes	The policy is available and integrates MARPS rights of access to service and provides the strategy to lower prevalence among MARPS
Existence of HIV/AIDS and SRH integration strategy	Was not available	Exists and used	The strategy is in place and in use at National level. It was also used to guide development of SRH/HIV integration plans at district level.

% of Health Units providing integrated RH and HIV/AIDS services in target districts	0 (None was known to offer integrated services)	80% (HC IIIs, HC IVs and Hospitals)	100% HC IIIs, HC IVs and Hospitals visited offer integrated RH, HIV & AIDS service, though not necessarily trained for integration. Shortage of personnel mean multi-tasking at facility level, and HMIS registers already integrate FP & HIV/AIDS. Guidelines.
Number of Youth Clubs in target districts engaged in addressing SRH/HIV needs of Young People	0 (none were officially known)	180 (18 per district)	50 Youth Clubs serving 18 Youth Corners. This is below the set target, more attention to this indicator is needed if target is to be attained by 2014.
Existence of Comprehensive Condom Programming Framework	None (none documented)	Exists and operational	Condom Programming Framework has been developed and will be disseminated by the end of 2013.

Key Achievements

- Development of the National HIV Prevention Strategy and revision of the National HIV Strategic Plan 2012 - 2015, to include focus on young people and SRH/HIV integration, the National RH/HIV linkages and Integration Strategy by MoH; the National Condom Strategy and finalization of the Operational Plan for Sex Workers.
- The CP contributed to efforts that resulted in the country Adoption of option B+ as a policy for delivery of elimination of mother to child transmission of HIV. Intensified leadership mobilization efforts for EMTCT resulted in the First Lady of the Republic of Uganda accepting to serve as national champion for EMTCT and safe motherhood and resources for rolling out option B+ to all districts.
- At total of 300 health sector leaders in 5 target districts were trained Ministry of Health adapted model on leadership management and stewardship with a focus on SRH/HIV integration and combination prevention.
- Establishment of functional SRH/HIV programme in 17 cultural institutions in the country where socio-cultural factors that impact on HIV, maternal health and GBV have been documented.
- Establishment of functional SRH/HIV programmes in 5 major faiths of Roman Catholic Church, Church of Uganda, Moslem, Seventh Day Adventist, and Orthodox
- Development of human resource capacity for SRH/HIV integrated service delivery including training of 150 health workers from 4 target districts trained on provision of integrated services including to the MARPs Increased access to HIV and STI prevention services for MARPs,
- UNFPA supported the National STD Clinic under the Ministry of Health as the major entry point for supporting SRH/HIV information and services access for the key population groups from a public health perspective. Cumulatively about 10,000 sex workers and over 30,000 clients were reached with SRH/HIV services in the five thematic districts and 800 members of LGBTI communities supported with regular ARH/HIV services at static public health facilities.
- Implementation of the strategic approach to comprehensive condom programming, UNFPA supported the MOH and Uganda AIDS commission to develop and implement the 10 step Comprehensive Condom Framework resulting into the development of the National Comprehensive Condom Strategy by MOH, revitalization of the Nation Condom Coordination Committee to address bottlenecks in condom supply, development of the 5-year operation plan for the female condom, strengthening the quantification of male and female condom needs for HIV prevention as part of was developing Contraceptive Procurement Tables

Output 5: Public and civil society sectors' capacity for Gender-Based Violence prevention and management and advancement of Reproductive Rights is strengthened

Indicators	Baseline	Target	End-line data
1. Number of targeted districts' plans and budgets that incorporate Gender-Based Violence prevention/ response and reproductive rights interventions.	0 (none was known at baseline)	8 (100%)	100%, On track, though necessitates more local budget allocation
2. Number of Gender-Based Violence survivors utilizing response services in targeted districts	2,650	4,521	<ul style="list-style-type: none"> • 19,051 for 2013 • 43,500 cumulative • . The implementation of the JP on GBV resulted in an increased number of GBV Service utilization.
3. Number of sectors implementing the international instruments and national legislation for GBV prevention and management (SD, JLOS, Education, Health & Security/UPDF)	1	5	All the 5 sectors have been reached, work is at initial phase with training, gender audits done& designing sectoral gender policies
4. Number of target districts that have a functional system in place to regularly record GBV incidence at overall district level	0 (None had system for regular recording)	3 of 8	Only 3 districts (Kanungu, Oyam, Katakwi) had systems in place. Generally, there was no harmonized GBV IMIS centrally, some districts were equipped and not trained
5. Number of selected GBV related policies/legislation passed into law by Parliament (DV, FGM/C, MDB, Sexual Offences, Khaddi's Bill)	1 of 5	5 of 5	3/5 (Domestic & Violence Act, FGM/C Act, Trafficking in Persons Act)
6. Number of persons trained in GBV Programming in Humanitarian and Post-conflict situations	0 (None for humanitarian & post conflict situation)	300	150 technical staff from (MoH, MoES, MoJCA, MGLSD, Police and UPDF).
7. Number of communities that declare the abandonment of FGM/C	0 (applies where FGM is practiced. None had publicly declared)	50	51 communities are documented to have abandoned FGM/C

Key Achievements

- Increased awareness raising and social mobilization for GBV prevention and response and on reproductive rights. The 7th country programme made commendable progress on raising awareness and societal mobilization for GBV prevention, and response, as well as reproductive rights using multiple strategies including strengthening institutional capacities for FBOs, cultural leaders, utilization of champions and mobilization of high level national leadership support, in addition to initiatives at district level.
- Created strong partnership for GBV prevention and response that involved religious bodies (Church of Uganda, Seventh Day Adventists (SDAs), Uganda Muslim Supreme Council, the Orthodox, Fellowship of Born Again, and Miracle Centre Churches)
- Positioned GBV prevention and response on the national and district agenda mainly through influencing legislators and policy makers to support and implement the Policy and Legal that facilitated positioning of GBV prevention and response in development agenda.
- Strengthened sectoral capacities for GBV/prevention and response, the Justice Law Order Sector(JLOS) which brought together 17 institutions, (the Police, Prisons, Law reform center, Judiciary Service Commission, Ministry of Justice, MGLSD, Directorate of Public Prosecutions, Legal Reform Council, Judicial Services Commission, Local Government through the Local Council Courts, Law Society, Law Development Centre, Tax appeals tribunal, Uganda human rights commission) was on board.
- Increased Integration of GBV in District Plans, Data Management and provision of GBV Services
- Increased community support systems enhanced community mobilization for GBV prevention and management at community levels. These GBV structures were acknowledged as a good practice that enabled program sustainability mechanisms. (District and sub-district GBV alliances that comprise NGOs, CSOs and the paralegals, child protection committees. Paralegals were generally classified as Small/SGBV Male action groups (SMAGs) or Male Action Groups (MAGs) or Alliance members (Katakwi, Kanungu, Mubende, Yumbe).

Output 6: Healthy lifestyle choices related to sexual and reproductive health are increased for young people

Indicators	Baseline	Target	End-line data
Availability of curriculum review materials and Teacher Resource Packs for Secondary School Curriculum	Not available for latest review	Materials available and used	<ul style="list-style-type: none"> • Achieved, Materials were developed, copies available and in use in secondary schools
Number of Youth Specific policies, guidelines and standards developed	None existed at baseline	5 including -National Youth Policy and Action Plan, -National Youth Coordination Framework, -School Health Policy and Action Plan, - Adolescent Health Policy and Standards of Care, &Guidelines for management of Sexual Reproductive Health issues in School setting	<ul style="list-style-type: none"> • The Adolescent Health Policy and Standards of Care in place, • The School Health Policy and the National Youth Policy are still in draft forms
Proportion of HCIVs and Hospitals in target districts that provide routine Youth Friendly Services	0 (None provided routine services)	100% Hospitals 100% HC IVs 50% HC IIIs	<ul style="list-style-type: none"> • 44% Hospitals (4/9), • 63% (5/8) HC IV , • 12%(7/60) HC III, providing Routine YFS

Key Achievements

- Built national capacity for the incorporation of comprehensive age-appropriate sexuality education in policies and curricula. The National Curriculum Development Centre (NCDC) of Ministry of Education and Sports, the curriculum review materials and Teacher Resource Packs for Secondary School Curriculum was reviewed, updated and were in use.
- The Adolescent Health Policy and Standards of Care were developed and put to use as the guide for the provision of Adolescent Sexual Reproductive Health Services. Three policies and guidelines are in final draft forms awaiting approval from Parliament including: National Youth Policy and Action Plan, the National Youth Policy, National Youth Coordination Framework and School Health Policy and Action Plan; Guidelines for management of Sexual Reproductive Health issues in School setting.
- Increased access to essential sexual and reproductive health services and information to young people through ‘Three-point Access Model’. Where YFS are provided at Health Facility, in selected Secondary Schools and under Youth Groups in the Community.

C. National Progress on Strategic Plan Outcomes	Start value	Year	End value	Year	Comments
Outcome 1 Population dynamics and its inter-linkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies					
National development plans (NDPs) and poverty reduction strategies (PRSs) that address population dynamics and its inter-linkages with the multi-sectoral needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and sustainable development and poverty reduction	National Development Plan 2010-2014 District Development plans 2010-2014 National Population Action Plan 2011/2016	2011	National Development Plan II (2015/2019) Local Government Planning Guidelines 2014	2014	

<p>National health policies and plans that have integrated sexual and reproductive health (SRH) services (including family planning)</p>			<p>SRH/HIV integration in the draft National HIV Strategic Plan 2015/202and Uganda HIV Investment Case 2014. National Strategic Plan on HIV 2011,</p> <p>National HIV prevention policy includes rights for populations most at risk</p> <p>SRH/HIV Integration into the Revised NSP 2011/15, the National HIV Prevention Strategy 2011/2015 and the final draft of the NSP 2015/19</p> <p>Harmonized, expanded national programming for MARPs</p> <p>The national advocacy strategy 2014</p> <p>The health Sector Strategic Plan</p> <p>The healthy Policy</p> <p>National Comprehensive Condom Programming Strategy endorsed by MoH in December2013</p> <p>Forecasting for dual protection done</p>		
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Summary of National Progress

Improved technical and institutional capacity at national and subnational levels for integration of population dynamics in relevant national plans and programmes.

The National Planning Authority to conduct an assessment as well as a comprehensive situation analysis to inform the integration of population variables in development plans both national and sub-national. As a result, population has been considered as key crossing issue in the second National Development Plan.

In addition, NPA was supported to conduct a study on the harnessing of the demographic dividend which consequently informed the NPDII on the key specific areas for investments. The NPA in partnership with Futures group, the Population Secretariat and Uganda Bureau of Statistics will work with sectors to compute sector specific investment, to inform the Sector Development Plans as well as the Local Government Development Plans with the aim of integrating acceleration of achieving the demographic transition.

UNFPA also supported the establishment of the National Population Council. The national council act is in now in place and this will further strengthen the technical, political, human and scientific integration of population dynamics in national planning and development frameworks.

The Vision 2040, LG planning guidelines 2014 and the National post 2015 Draft paper integrates population dynamics. The RMNCH Sharpened plan (2013), The costed implementation Plan for Family planning 2014, The National Population Advocacy Strategy, Life Education learning area in the draft lower secondary curriculum, all integrates ASRH.

UNFPA’s Contributions

UNFPA was offered technical support as part of the core team modeling the demographic dividend and participated in sector review meetings. It also informed the preparatory processes of drafting the population council bill.

Outcome 2 Increased access to and utilization of quality maternal and newborn health services					
Maternal mortality ratio	435/100,000 LB	2005/06(UDHS)	438/100000 LB	UDHS 2011	
Births attended by skilled health personnel	42%	2005/06 (UDHS)	58%	UDHS 2011	
Caesarean sections as a proportion of all live births	2.8%	2009/10 (AHSPR, 2009/10)			

Summary of National Progress

UNFPA Country Office adopted a Health systems approach to increasing access and utilisation of quality maternal and new-born health services which has significantly increased skilled attendance at birth, from 42% in 2006 to 58% in 2011. Maternal Mortality ratio has significantly remained very high, having only dropped from 506/100,000LB in 1995 to 438/100,000LB in 2006 and increased to 483/100,000LB in 2011. Although 100% of hospitals, HCIVs and HCIIIs are now fully equipped to deliver EMoNC ,there is still limited technical and functional capacity to provide comprehensive EmOC (Ceasarian and blood transfusion), only estimated at 2.8% out of expected target of 7% in 2011.

UNFPA’s Contributions

UNFPA, in partnership with UNICEF, provided technical assistance to Ministry of Health in developing the Reproductive Maternal New-born and Child Health Sharpened plan. The plan was launched and will guide the nation on undertaking investments and actions to improve the Maternal and Child Health indicators. In addition, UNFPA supported the ministry of health, to develop the costed family planning implementation plan which guide integration of FP in various sectoral plans both at national and local governments to accelerate the demographic transition.

Outcome 3 Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions					
Contraceptive prevalence rate (modern methods)	18.5%	2005/2006 (UDHS)	26%	2011 (UDHS)	
Unmet need for family planning	41%	2005/26 (UDHS)	34.3%	2011 (UDHS)	
Percentage of service delivery points (SDPs) offering at least three modern methods of contraception	65%		85%	2014 Service Delivery Assessment Survey	
<u>Summary of National Progress</u>					
<p>The trends in contraceptive use since the 2000-01 Uganda DHS show that use of modern contraceptives methods by currently married women has increased from 18% in 2006 to 26% in 2011. Although there was a slight decline in unmet need for family planning, it has remained relatively high, only dropped from 41% in 2006 to 34% in 2011. The main factor contributing to persistent unmet need for family planning is fear of side effects. Due to the strengthened enabling environment for family planning at national and district levels and improvement in procurement of commodities, service delivery points (SDPs) offering at least three modern methods of contraception has increased from 65% to 85%. This will further be enhanced by the CIP, 2014</p>					
<u>UNFPA's Contributions</u>					
<p>UNFPA technical assistance to the development of the costed implementation plan for family planning and to the national forecasting and quantification led to the development of a 2 year contraceptive supply plan which spells out the types, quantities and delivery schedules of contraceptives as well as the division of labor for procurements This is expected to improve the delivery of commodities and healthy contraceptive stock levels. Demand creation activities supported by UNFPA including multimedia campaigns and door to door campaigns by VHTs and FBOs increased awareness about family planning services. Training of 118 service providers in provision of family planning methods and skills transfer was conducted through outreach service delivery camps. Following these efforts, 77,997 new family planning clients were served.</p>					
Outcome 4 Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk					
HIV prevalence in youth (15-24 years)	6.2	2004/05 (UAIS)	3.7%	2011 (UAIS)	
Percentage of women and men aged 15-49 who had more than one partner in the last 12 months who used a condom during their last sexual intercourse	46.1% (women) 52.1% (men)	2004/05 (UAIS)	15.8% (women) 14.8% (men)	2011 (UAIS)	
<u>Summary of National Progress</u>					
<p>Overall Uganda is experiencing a down ward trend in HIV Prevalence among young people aged 20-24. The percentage of young people living with HIV dropped from on average of 6 percent in 200/05 to 4 percent in 2011. Although HIV prevalence is still higher among girls (5%) while is only 2% among boys. Condom use among men and women aged 15-49 who had more than one partner during their last sexual intercourse in the last 12 months is almost the same among men (15%) and women (16%).</p>					
<u>UNFPA's Contributions</u>					
<p>Supported the development of national and sector SRH/HIV integration strategies and training of health facility staff in provision of integrated services and provision of services to the MARPS.</p>					
Outcomes: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy					
Percentage of women aged 20-24 who were married or in union before age 18	46.3	2006	39%	2011 (UDHS)	

Number of mechanisms in place to implement laws and policies advancing gender equality and reproductive rights	Mechanisms put in place include a) Creating an enabling legal and policy framework for Sexual Reproductive Maternal Newborn, Child Health; b) Capacity building of duty bearers and rights holders in HRBA within SRMNCH c) Budget: the low budget allocations to the health sector, in particular, SRMNCH and d) Implementation of services e) Monitoring, tracking and reporting on implementation of instruments on gender equality and reproductive rights				
<p>Summary of National Progress Age at marriage increases the risk exposure pregnancy, and early marriages although on declining trend, is still very high at 39% increasing the risk of child bearing among young girls and contributing to high fertility. Uganda has made significant progress in the enacting laws and putting in places policies to advance gender equality and laws. However implementation of the policies and laws is still limited. The sexual offences bill, marriage and divorce bill are in progress. Uganda has put in place statutory bodies like Uganda Human Rights Commission, whose mandate includes monitoring and tracking accountability for human rights, including reproductive rights. UHRC has a “Right to Health” unit, which regularly conducts monitoring and tracking accountability to right to health. However, the tools in use need to be enhanced to include tracking accountability for reproductive rights. Others include the Equal Opportunities Commission which monitors and tracks accountability for gender equality and non-discrimination.</p> <p>UNFPA’s Contributions Provided technical and financial support to the Ministry of Gender, Civil Society organizations and district local government to formulate and implement gender related policies and laws</p>					
Outcome 6 Improved access to SRH services and sexuality education for young people (including adolescents)					
Adolescent birth rate	152/1000 (women)	2006 DHS	134.5/1000 women (15-19)	(DHS 2011)	
Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission	32%	2006 (UAIS)	39%	2011 (UAIS)	
Implementation status of comprehensive age-appropriate sexuality education in and out of school at national scale	There was limited sexuality education in the lower secondary school curriculum and Youth Corners for in and out of school		2010	Comprehensive Sexuality Education has been integrated into the national curriculum for lower secondary school	

Summary of National Progress

Although there is a steady decline in the adolescent birth rate, the rates are still undesirable and associated with poor maternal health outcomes, therefore calling for concerted efforts for a comprehensive national strategy to address the SRH needs of young people for both in and out of school.

The curriculum for Lower Secondary was reviewed to integrate comprehensive sexuality education.

UNFPA's Contributions

- Provided financial and technical support for integration of sexuality education into the national curriculum for lower secondary education.
- Supported a campaign to end teenage pregnancy and early marriages, under the theme 'let girls be girls, invest in preventing teenage pregnancy', Supported establishment of youth corners
- Technical in put in drafting the school healthy policy that integrates sexuality education

Outcome 7 Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality

2010 round of population and housing census completion status	Projections based on 2002 PHC	2002	2014 PHC Preliminary Results released	2014	
Number of national household surveys conducted (in the last five years) that allow for the estimation of all MDG 5B indicators	1 UDHS	2006	3 (UDHS 2011, Panel survey, Census (2014)		

Summary of National Progress

Although the National Population and Housing Census was postponed twice in 2012 and 2013, it was conducted in 2014. The provisional Results Report was launched and disseminated in November 2014. The DHS has been periodically conducted. In 2011, the Uganda Bureau of statistics started conducting the Panel Survey that enabled estimation of CPR on an annual basis

UNFPA's Contributions

UNFPA provided technical and financial support for conducting the census and surveys. The CO played a significant role in advocating for the 2014 national population and housing census that had been twice postponed.

E. Country Programme resources

SP Outcome (for 2013 onwards only) Choose only those relevant to your CP	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
Population and Development	6	5.7	5	5.5	11	11.2
Maternal and Newborn Health,	5	9.2	1	8.1	6	17.3
Family Planning	5	12.8	2	18.9	7	31.7
HIV prevention	2	1.8	0.5	4.3	2.5	6.1
Youth SRH and Sexuality Education	2	1.5	0.5	4.0	2.5	5.5
Gender equality and reproductive rights	9	4.1	6	18.8	15	22.9
Programme coordination and assistance	1	0.9	-	-	1	0.9
Total	30	36	15	59.6	45	95.6