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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Uganda

Proposed indicative UNFPA assistance: \$66.2 million: \$19 million from regular resources and \$47.2 million through co-financing modalities or other resources

Programme period: Five years (2026-2030)

Cycle of assistance: Tenth

Category: Tier I

Alignment with the UNSDCF Cycle

United Nations Sustainable Development Cooperation Framework, 2026-2030

I. Programme rationale

1. Uganda is at a critical demographic point, with a youthful and rapidly growing population. Its population of 45.9 million is increasing at 2.9 per cent annually, with 73 per cent under the age of 30, around half (49.5 per cent) under 18 years, 23.5 per cent aged 18-30 years; and 13.2 per cent are living with disabilities. This demographic bulge presents a challenge and an opportunity: a potential for socio-economic transformation, yet also a risk if needs remain unaddressed. Approximately 51 per cent (5.3 million) of young people are not in education, employment or training, with three out of four being young women. The high child dependency ratio of 78 children per 100 working-age people, combined with a high unemployment rate of 12.6 per cent, underscores the need for strategic investment in human capital (2024 Census) and harnessing the demographic dividend.

2. The Government's focus on human capital development, as outlined in the National Development Plan IV (NDPIV), aligns with this need. However, despite an average gross domestic product (GDP) growth of 5.8 per cent since 2011, with GDP expanding by 6.1 per cent in 2023, this growth has not translated into inclusive development. Uganda's Human Development Index (0.582, 2023), Gini coefficient (0.382, 2023/2024), and Gender Inequality Index (0.524, 2023) highlight the persistent inequalities. Significant disparities remain, with 19.4 per cent of the rural population living below the absolute poverty line, compared to 10.3 per cent in urban areas (2023/2024). These socio-economic challenges are exacerbated by external pressures, including hosting over 1.9 million refugees from conflicts in the region and an increase in climate-related vulnerabilities.

3. The Government's Vision 2040 and the Fourth National Development Plan (2025/2026–2029/2030) prioritize human capital development, sustainable industrialization and youth empowerment to accelerate inclusive development, aiming for a tenfold growth of the economy over 15 years. However, these ambitions face structural and demographic headwinds. Climate change, floods, droughts, epidemics and rapid urbanization exacerbate vulnerabilities, particularly among women, girls, refugees and rural populations who face food insecurity, heightened risks of gender-based violence (GBV) and health-related constraints as recurring humanitarian crises further overwhelm the already stretched social services in affected areas.

4. Despite progressive policies, implementation gaps persist due to weak health systems, limited resources and sociocultural barriers. Progress on achieving several Sustainable Development Goals (SDGs) remains off-track, including those related to achieving universal access to sexual and reproductive health (SRH) services and the realization of reproductive rights. Fertility declined from 6.2 in 2011 to 5.2 in 2022 but remains high, driven by early childbearing, harmful norms and low family planning uptake. Unmet need for family planning is 24 per cent, with modern contraceptive prevalence at 29.8 per cent (2022). Adolescents (aged 15-19 years) have the highest unmet need (28.8 per cent), particularly in Acholi (35 per cent) and Bukedi (33 per cent). The unmet need for family planning is driven by a complex interplay of factors that limit utilization or continuation, such as fear of side effects, misinformation and a lack of autonomy in making decisions, often due to partner opposition and cultural norms, compounded by stockouts of commodities and a shortage of health workers. Maternal mortality declined from 336 per 100,000 live births in 2016 to 189 per 100,000 live births in 2022, largely due to increased skilled birth attendance (74.2 per cent to 88.4 per cent). Yet quality gaps remain: only 12 per cent of emergency obstetric and newborn care (EmONC) facilities are fully functional, and delays in care contribute significantly to deaths. Teenage pregnancy has stagnated (at 24 per cent) for two decades, rising by 7.7 points in Busoga, where nearly 3 in 10 girls become pregnant. GBV remains widespread: 43 per cent of women report intimate partner violence, and one in three girls are married before age 18. Although female genital mutilation (FGM) has fallen to 0.2 per cent, harmful practices and patriarchal norms persist; only a third of GBV survivors seek help. The HIV incidence has dropped 67 per cent since 2010, but new infections (37,000 in 2024) remain high, especially among young women (78 per cent of youth cases). Risky sexual behaviours, stigma and weak prevention services heighten vulnerabilities. While 131-143 million male condoms were distributed in 2021-2022, only approximately 51 per cent reported use, showing supply outpaces effective use.

5. The ninth UNFPA country programme contributed to notable gains, including over 8.1 million couple-years of protection delivered, a reduction in contraceptive stockouts, and access to integrated SRH services for 2.8 million women and youth. In support of the reduction in maternal mortality, 3,271 obstetric fistula repairs were funded. On GBV, 97 district-level declarations to eliminate harmful practices were secured, and 3.4 million people accessed prevention and care services, contributing to a decline in women's experience of violence. UNFPA also supported Uganda's first digital census (2024), the 2022 Uganda Demographic Health Survey (UDHS), and strengthened national data systems, including those for refugee inclusion.

6. The evaluation of past programme cycles has provided key lessons, highlighting the need to move from fragmented interventions to integrated, community-driven and system-strengthening approaches. Community-based strategies, such as village health teams and peer-led youth initiatives, have proven effective in expanding access and building trust in hard-to-reach areas. Sustained financial investment and institutional capacity building are essential for translating policy into action. Gender-transformative approaches that engage men and boys, alongside women's economic empowerment, have been central in shifting harmful norms and preventing GBV. Experiences from emergency preparedness and responses have further demonstrated the importance of integrating humanitarian readiness into development programming, ensuring continuity of essential SRH and GBV services during crises, and strengthening resilience at community and health system levels. Data generation and district-level capacity building remain critical for accountability and evidence-based planning.

7. The United Nations Common Country Analysis highlights persistent SRH challenges, including a high maternal mortality ratio, high fertility rates, slow modern contraceptive uptake and stagnant teenage pregnancy rates. These issues reinforce the need to strengthen inclusive, resilient, and rights-based SRH systems tailored to Uganda's evolving demographic, socio-political and environmental context.

II. Programme priorities and partnerships

8. The new country programme was developed through an inclusive consultative process, ensuring strong national ownership and alignment with Uganda's priorities, including consultations with key stakeholders and a strategic foresight exercise involving youth, women, people with disabilities, the Government, civil society organizations, United Nations agencies and development partners. The strategic foresight exercise provided an in-depth assessment of the factors and key drivers that are likely to shape the future of SRH programming in Uganda.

9. To further position rights-based SRH at the centre of Uganda's population and development agenda, the programme aims to harness the demographic dividend through strong governance and accountability systems. Through a youth-centred approach, the programme prioritizes integrated service delivery, innovation and evidence-based interventions in a context of rapid population growth, high dependency ratios, constrained financing and growing social and political pressures undermining gender equality and SRH. Central to its vision is reinforcing reproductive autonomy as a driver of poverty reduction, human capital development and sustainable growth.

10. Building on experience and lessons learned from evaluative evidence, the new country programme will adopt a differentiated approach, concentrating resources on underserved regions with significant disparities in SRH and development indicators (Karamoja, Busoga, Bukedi, Teso, West Nile and Acholi) and marginalized populations most affected by inequality and displacement, while coupling these interventions with upstream support to strengthen policy frameworks and downstream efforts to enhance service quality at the community level. Adolescents and youth, including persons with disabilities and refugees, are at the heart of this strategy, with targeted investments to reduce teenage pregnancies, eliminate harmful practices, and expand access to education, health and economic opportunities. Guided by gender-transformative and human rights-based approaches, social and behavioural change communication and innovative digital solutions, it seeks to dismantle persistent barriers and accelerate progress toward the three transformative results. The programme will further strengthen anticipatory action and preparedness capacities by embedding SRH and GBV services

within national and district-level disaster risk reduction plans, promoting resilient supply chains and ensuring that community-based structures are prepared to sustain access to essential services during crises.

11. Recognizing the persistent barriers that limit equitable access to sexual and reproductive health, GBV prevention and the use of inclusive population data, UNFPA will pursue four interdependent strategic shifts: (a) strengthening policy implementation, accountability and community engagement; (b) leveraging data, innovation, artificial intelligence (AI), and digital solutions to expand SRH and GBV services; (c) advancing multisectoral coordination, domestic financing, and partnerships —including South–South cooperation; and (d) scaling integrated SRH, HIV and GBV services, with a focus on economic empowerment and inclusion of refugees and host communities, while addressing climate vulnerabilities that affect progress toward the three transformative results. These mutually reinforcing shifts will ensure holistic, equitable and sustainable access to SRH services, with measures in place to enhance efficiency and accountability and reduce resource leakage in service delivery.

12. Building on national development frameworks and international commitments, the programme aligns with Uganda Vision 2040, National Development Plan IV (NDP IV) and the UNSDCF 2026–2030, while advancing the UNFPA Strategic Plan, 2026–2029, African Union Agenda 2063, the 2030 Agenda for Sustainable Development, and Uganda’s voluntary national commitments under the International Conference on Population and Development (ICPD25). This alignment ensures that UNFPA interventions are anchored in nationally and regionally recognized priorities and contribute to long-term socio-economic transformation. Positioning the ICPD agenda within the 2030 Agenda, the programme will contribute directly to SDGs 1, 3, 5, 10, 16 and 17 through UNSDCF outcomes 1, 3 and 6, addressing equitable social and protection services, reducing discriminatory norms and structural barriers and strengthening data-driven planning and partnerships at national and subnational levels. In addition, the ICPD25 voluntary commitments are incorporated in the NDP IV human capital programme and the sectoral plans.

13. Leveraging its mandate and comparative advantage, UNFPA serves as the lead United Nations entity on sexual and reproductive health and reproductive rights, the lead on inter-agency groups for adolescents and youth development, data and population dynamics, and gender equality. Operating under the coordination of the Resident Coordinator system and in close collaboration with other United Nations entities, UNFPA will also continue its active contribution to the UNSDCF coordination mechanisms, such as the Joint Steering Committee, joint resource mobilization, and United Nations outcome groups, to ensure coherence, complementarity and collective planning, reporting and accountability in support of national priorities, while reinforcing coordination mechanisms to enhance development effectiveness.

14. Anchored in its mandate to advance the ICPD Programme of Action, UNFPA brings demographic expertise, data and evidence to inform policy, operationalizing the humanitarian-development-peace continuum through joint programming in refugee-hosting districts and by delivering integrated programming. UNFPA will continue to leverage partnerships with a broad range of stakeholders at national and subnational levels, such as national and local government counterparts, development partners, civil society organizations, youth organizations, women-led and women rights organizations, the private sector, the media and beneficiaries, to ensure inclusive programme delivery. Its comparative advantage lies in its convening power and ability to translate evidence into policy and practice, positioning UNFPA as a catalyst for transformative and sustained results.

A. Output 1. Increased availability, accessibility and quality of equitable and integrated SRH/HIV/GBV services, particularly for vulnerable and underserved populations, including adolescents, youth, persons with disabilities and refugees, in both development and humanitarian settings.

15. This output contributes to UNSDCF outcome 1 on improving access to quality, equitable, and gender-responsive social and protection services, particularly for those most at risk of being left behind, including adolescents, youth, persons with disabilities, and refugees. Evaluative evidence from the previous country programme highlights inadequacies in demand and utilization

as well as systemic challenges that undermine universal access, including geographic and socio-economic disparities, shortages of health workers, gaps in infrastructure and essential commodity security, weak supply-chain management, inadequate financing mechanisms, uneven quality of care, particularly for EmONC, and mounting pressures from humanitarian crises and recurrent disease outbreaks. Further, evidence underscores gaps in the effectiveness of service delivery models, including in humanitarian settings – stand-alone versus integrated, and facility-based versus community-based – and limited data on how these models affect service uptake among marginalized populations.

16. Drawing from lessons from past programmes and evaluations, the new country programme will move beyond vertical, project-based interventions towards system-wide integration, sustainability and resilience of SRH within Uganda's health agenda. It will embed SRH comprehensively within essential health packages to ensure continuity, efficiency and equity of care. Specific emphasis will be placed on advancing midwifery-led and people-centred service delivery, with a focus on remote districts and refugee settings. This will involve strengthening quality assurance systems, such as maternal and perinatal death surveillance and response, and testing innovative approaches, including task-shifting, mentorship and participatory monitoring through youth-led and women-led community accountability mechanisms. The programme will also intensify efforts to address 'last-mile' distribution challenges, leveraging the village health team model for last-mile commodity distribution and basic SRH information to mitigate stockouts and geographical barriers, workforce deployment to underserved areas, and health worker capacity building to deliver rights-based, resilient and adolescent-responsive services.

17. Acknowledging the intersection between SRH, HIV and GBV, the programme will deepen integration of GBV prevention and response within SRH platforms, expand access to obstetric fistula prevention and reintegration services and accelerate HIV prevention interventions. Recognizing the critical influence of social norms, the programme will strengthen gender-transformative community engagement strategies to address the root causes of inequities and foster behavioural change. The programme will also integrate the Minimum Initial Service Package for SRH to respond effectively to the needs of refugees and mitigate the increasing climate-related vulnerabilities that exacerbate risks and service delivery gaps.

18. Mobilizing strategic partnerships, UNFPA will support the Government in strengthening domestic financing, applying a total market approach, and fostering innovative public-private and South-South collaborations. Building on the health financing compact, UNFPA will further support the Government to mobilize and track domestic resources for SRH and HIV integration under the one plan, one budget, one monitoring and evaluation framework. This includes technical assistance to institutionalize programme-based budgeting for reproductive health and strengthen linkages between health and finance sectors to ensure sustained financing beyond donor support. This positions UNFPA not only as a service enabler but also as a catalyst for sustainable health system transformation. Evaluations conducted under the new country programme and the forthcoming UNSDCF evaluation will focus on the UNFPA contribution to strengthening national health systems for integrated SRH, GBV and HIV services, with a particular attention to vulnerable populations and service delivery in humanitarian contexts. These evaluations will generate evidence on effectiveness, cost-efficiency and inclusivity, guiding adaptive management and continuous improvement of interventions.

B. Output 2. Strengthened multisectoral systems and community mechanisms for the prevention and response to gender-based violence and harmful practices.

19. This output contributes to UNSDCF outcome 3 by advancing gender equality and addressing persistent barriers that sustain GBV and harmful practices. Evaluations from previous country programmes and centralized assessments have highlighted critical evidence gaps regarding the operationalization of existing gender-responsive policies/laws, at the national and subnational levels to eliminate violence against women and girls, including harmful practices, and promote equal access to integrated SRH, the effectiveness of gender transformative approaches, multisectoral collaboration and community engagement in transforming discriminatory social norms and preventing GBV.

20. In response, the programme will strengthen national and community systems to provide coordinated, survivor-centred responses, while promoting prevention through inclusive community engagement, social norm transformation and rights-based approaches. Interventions will prioritize timely, equitable and comprehensive access for survivors – particularly women, girls and persons with disabilities – across development, climate-affected and humanitarian settings.

21. Drawing lessons from prior programmes, the new country programme will adopt a holistic, system-wide approach to GBV prevention and response. Strategies will include engaging men, collaborating with cultural and religious leaders, integrating GBV services and providing tailored interventions for vulnerable populations. The programme will scale up district-level and national-level GBV-responsive systems, including justice reforms and gender-responsive budgeting, while expanding economic empowerment initiatives to enhance the agency and resilience of women and girls. Participatory and survivor-centred approaches, such as women-led and youth-led movements, community scorecards and feedback mechanisms, will be prioritized to accelerate social norm transformation.

22. Partnerships with other United Nations agencies and government ministries, innovative public-private partnerships and South-South collaboration will be leveraged as catalytic mechanisms to enhance sustainability, system strengthening and transformative change. Furthermore, the programme will explicitly address humanitarian contexts, ensuring rights-based, inclusive and adaptive GBV prevention and response interventions for refugees, stateless individuals and other marginalized populations, while integrating lessons from data-driven, AI-supported and localized service delivery innovations.

C. Output 3. Empowered adolescents, youth, women and persons with disabilities fully exercise their rights, actively participate in decision-making and lead the transformation toward inclusive national development.

23. This output contributes to UNSDCF outcome 3 by addressing gender-discriminatory norms and structural barriers, ensuring that all people, including persons with disabilities, benefit from an equitable and just society. Evaluations of the previous country programme and centralized assessments have revealed knowledge gaps regarding barriers to SRH access for young people and persons with disabilities, as well as the long-term impact of interventions on youth empowerment, social accountability and social norm transformation. The programme addresses these gaps by prioritizing interventions to reduce teenage pregnancies, HIV infections, school dropouts and harmful practices, such as early marriage and FGM, while targeting the root causes, including inadequate youth-friendly SRH services, entrenched gender and social norms, limited sexuality education, economic insecurity and low engagement in policy and decision-making. Interventions will integrate life skills, mental health support and safe transitions to adulthood, ensuring inclusion in both development and humanitarian contexts. Refugee-hosting and climate-affected communities will be supported with a continuum of interventions that will build their resilience to overcome their exacerbated risks.

24. Drawing on lessons from prior initiatives, the programme will scale up evidence-based approaches to promote meaningful participation by women, youth, people with disabilities and communities at policy and programmatic levels. Innovation labs, digital platforms and participatory accountability mechanisms will enhance young people's involvement in policy and decision-making. Integrated SRH information and services will be delivered through schools, health facilities and community channels, with linkages to skills training, digital engagement and economic empowerment, particularly for adolescent girls, young mothers and persons with disabilities. The CPD will also advance the youth, peace and security agenda by fostering youth participation in peacebuilding, civic engagement and resilience initiatives, particularly in conflict-prone and refugee-hosting districts. Social norm transformation will be at the heart of prevention efforts, employing targeted social and behaviour change communication strategies to challenge harmful gender and social norms, engaging men, boys, cultural and religious leaders and grassroots networks. Women, youth, disability groups and community-led organizations will

be strengthened as champions of transformative change, to generate actionable evidence to guide investment, monitor progress and inform adaptive management.

25. Responding to the critical gaps identified in the latest country programme evaluation, the new country programme will ensure that interventions are inclusive, responsive and capable of achieving transformative outcomes for young people, women and marginalized groups. This approach positions the programme to advance equitable participation, promote social norm change and empower the next generation to contribute fully to Uganda's inclusive national development.

D. Output 4. Strengthened national capacity and inclusive population data systems to generate, analyse and utilize disaggregated data for evidence-based decision-making, demographic resilience and accountability to the ICPD commitments.

26. This output contributes to UNSDCF outcome 6 by leveraging global, regional and national partnerships to strengthen inclusive, gender-responsive and integrated planning, while promoting the production and use of high-quality statistics. Evaluative evidence highlights persistent gaps in the availability, quality and utilization of disaggregated data for SRH, GBV and population dynamics, including limitations in administrative data (health management information systems (HMIS), GBV reporting), surveys, censuses and geospatial information. Barriers include insufficient financing for data systems, inadequate digital infrastructure, restricted access to timely data, limited analytical capacity at national and subnational levels, fragmented governance and coordination, and weak accountability and population systems.

27. The programme will address these gaps by strengthening national and subnational capacities to generate, analyse and apply data disaggregated by age, sex, disability and geography. Interventions will support civil registration and vital statistics, harmonization of administrative data systems, population and housing censuses, surveys and geospatial tools to enable evidence-based, inclusive decision-making. The programme will support the National Planning Authority and sectoral ministries in aligning demographic trends with investment priorities through demographic modelling, district-level profiles and small-area estimates, specifically for the six most underserved regions, to inform equitable resource allocation, planning and advocacy. Leveraging innovations, such as AI, machine learning and advanced data visualization, the programme will enhance the quality, timeliness and accessibility of population and development data.

28. Affirming the importance of sustainability and integration, the programme will strengthen governance, coordination and partnerships, including South-South collaboration and public-private engagement, to consolidate population data systems across sectors. Special attention will be given to collecting and utilizing data on refugees, persons with disabilities and other marginalized populations to ensure that the interventions are inclusive, responsive and equitable.

29. By addressing these critical knowledge and system gaps, output 4 positions Uganda to make informed, strategic decisions that accelerate progress toward the demographic dividend, support evidence-based planning and strengthen accountability to the ICPD voluntary commitments. By institutionalizing these capacities, the programme will enhance national resilience, policy coherence and the ability to respond adaptively to emerging population and development challenges.

III. Programme and risk management

30. The country programme will be implemented through robust institutional coordination arrangements and a detailed operational plan aligned with Uganda's national priorities. The National Planning Authority will serve as the primary government coordination agency, ensuring alignment with national development frameworks and sector-specific plans. Implementing partners, including government ministries, departments and agencies, civil society organizations and academic institutions, will be competitively selected based on their strategic alignment, comparative advantage in terms of field presence, experience from collaboration with regional and community structures and capacity to deliver results, among other factors. Clear roles and responsibilities will be defined through partnership agreements to foster mutual accountability

and results-driven collaboration. UNFPA will adhere to the harmonized approach to cash transfers framework in collaboration with other United Nations entities to ensure efficient and transparent management of financial resources and mitigate operational risks.

31. National ownership and mutual accountability will be ensured through partnerships with government partners, including the ministries of health; gender; labour and social development; education and sports, and finance, planning and economic development. Collaboration will extend to bilateral and multilateral development actors and implementing partners working at national and subnational levels. The programme will cultivate strategic partnerships with civil society organizations, including youth-led and women-led groups, organizations of persons with disabilities, faith-based actors and grassroots networks. These partnerships will foster community ownership and sustainability, strengthen accountability mechanisms and co-create inclusive solutions that accelerate national results. The programme will enhance local ownership and localization by channelling support through refugee-led, women-led and youth-led organizations to deliver humanitarian and development assistance. This will be operationalized through the partnerships and resource mobilization plan as a key strategy for sustainability, accountability and access to humanitarian financing.

32. UNFPA will leverage synergies with the United Nations country team (UNCT), through joint programmes, building on the UNSDCF and linkages identified in the UNCT configuration review to ensure a coherent and integrated approach to development in Uganda. UNFPA will actively contribute to joint United Nations programming and pooled funding mechanisms under the United Nations in key areas, such as adolescents and youth, data, gender equality and humanitarian response, positioning SRH and gender outcomes at the core of inter-agency collaboration.

33. UNFPA has technical capacity and expertise at the country, regional and global levels to effectively drive programme implementation. The country office will be staffed with technical specialists in sexual and reproductive health, gender, population and development, and monitoring and evaluation, in both the country office and the field offices. Opportunities to leverage critical expertise within the UNCT, national partners, regional technical hubs and institutions will be actively pursued through joint initiatives, technical working groups and capacity-building efforts. The current country office configuration is deemed sufficient to support the successful delivery of the programme, ensuring efficient management and coordination. Additionally, UNFPA will utilize all opportunities to leverage the critical expertise of UNFPA staff in regional and headquarter offices, within the UNCT, among development partners and regional technical institutions, including academia. The partnership plan will guide efforts to widen and deepen relationships with partners and enhance visibility.

34. An integrated partnership and resource mobilization plan will underpin the programme's financial and technical sustainability. Strategic partnerships will be forged with traditional donors, private-sector actors, social enterprises and philanthropic organizations, building on the SRH pooled financing framework. Innovative financing approaches, including blended finance, social marketing and health insurance solutions, will be explored. Public-private partnerships will be leveraged to strengthen commodity security, expand digital health delivery and scale access through non-traditional channels. In addition, UNFPA will systematically document and disseminate best practices and lessons learned – such as Uganda's progress in reducing maternal mortality and strengthening maternal and perinatal death surveillance – to inform South-South and triangular cooperation. These experiences will be leveraged to support other countries in accelerating progress towards the three transformative results. In alignment with United Nations reform processes, such as UN 2.0, the UN80 Initiative, and the business model review, the programme will adopt more coherent, efficient and innovative ways of working, enhancing collaboration across the United Nations system and ensuring resources are optimized. Resource requirements will be continuously reviewed and aligned to the UNSDCF and the broader SDG financing landscape to achieve the transformative results in Uganda.

35. The programme faces several contextual risks, including (a) potential delays in government approvals; (b) logistical and supply chain challenges; (c) fluctuations in funding; (d) security concerns in specific regions; (e) national and community resistance to certain interventions; and (f) disruptions caused by pandemics and climate-related disasters. Mitigation strategies include

proactive engagement with government counterparts, strengthening supply-chain management, diversifying financing sources, implementing robust security protocols and targeted community sensitization. In addition, the CPD will explicitly advance disaster risk reduction, preparedness and anticipatory action as integral mitigation measures. Contingency plans will be developed to address unforeseen circumstances and safeguard programme continuity. Early and systematic assessments of social and environmental risks will be integrated into programme design and implementation, with concrete mitigation measures implemented to minimize potential negative impacts. These risk assessments will be closely linked to the programme's monitoring and evaluation systems to ensure that emerging political, financial and contextual risks are tracked in real-time. Data generated through monitoring and evaluation will feed into risk monitoring dashboards, enabling early warning, rapid adaptation and evidence-based decision-making.

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

IV. Monitoring and evaluation

37. UNFPA will apply a robust results-based management approach in the implementation of the country programme, ensuring systematic monitoring, evaluation, quality assurance, knowledge management and adaptive learning. This approach will be underpinned by real-time data collection and analysis, digital dashboards, geospatial mapping and mobile data platforms that support timely decision-making and programmatic responsiveness. Periodic programme reviews, participatory monitoring and inclusive evaluation approaches will be carried out, in collaboration with national counterparts, local governments, development partners, United Nations agencies and civil society. The programme's theory of change will be regularly reviewed using interactive digital tools and scenario modelling to assess the validity of assumptions and enable course corrections.

38. A comprehensive and costed monitoring and evaluation plan will be developed at the onset of the programme, in consultation with relevant stakeholders. The plan will guide systematic tracking of programme performance through baseline assessments, joint field visits, regular reviews and thematic and donor-specific evaluations. Innovative approaches and digital tools will be employed to enhance data quality, timeliness and utility for learning and accountability.

39. In contexts where physical access is limited due to conflict, natural disasters or health emergencies, UNFPA will deploy remote and third-party monitoring mechanisms, leveraging digital platforms, mobile apps and satellite imagery, to continue tracking results. A defined percentage of the programme budget will be dedicated to monitoring and evaluation, quality assurance and knowledge management, with targeted investments in digital infrastructure and capacity development for innovation and knowledge management mechanisms.

40. A country programme Evaluation will be conducted for the country programme to assess the relevance, effectiveness, efficiency, sustainability and transformative impact of the programme. The evaluation findings and insights from the country programme evaluation and other evaluations will be synthesized and disseminated through interactive knowledge-sharing platforms, promoting continuous learning and adaptation. As part of its quality assurance framework, UNFPA will deploy real-time performance dashboards and other technologically enabled tools to support compliance, risk management and results-based decision-making.

41. Innovative knowledge management approaches, including digital knowledge hubs and AI-curated repositories, will be advanced to store and retrieve best practices, lessons learned and evaluative evidence. To enhance accessibility and use of data and evidence, UNFPA will adopt innovative data visualization and communication techniques, strengthening real-time monitoring and advocacy to promote learning, accountability, and stakeholder engagement at all levels.

42. UNFPA will continue to actively contribute to the UNSDCF through its participation in the UNCT, the Programme Management Team, the Results-Based Management Group and other

thematic groupings. UNFPA will support joint monitoring, evaluation, reporting and quality assurance efforts, including inputs to UN-Info and other shared accountability platforms. This will reinforce coherence, efficiency and collective accountability across the United Nations system.

43. UNFPA will provide technical assistance to national and sectoral institutions to strengthen monitoring and evaluation systems, knowledge management and data use capacities within key institutions. This includes support for real-time monitoring, digital data integration of administrative data and the use of interoperable platforms for SDG reporting and national development monitoring. By promoting a culture of evidence use and continuous learning, these investments will strengthen inclusive and evidence-based decision-making at both national and subnational levels.

RESULTS AND RESOURCES FRAMEWORK FOR UGANDA (2026-2030)

<p>NATIONAL PRIORITY: 1. Achieve higher household incomes, full monetization of the economy, and employment for sustainable socio-economic transformation. 2: Enhance human capital development along the entire life cycle. 5: Strengthen good governance, security, and the role of the State in development.</p> <p>UNSDCF OUTCOME: 1. By 2030, individuals, households and communities in Uganda, especially those at risk of being left behind, have improved high-quality, equitable and gender-responsive social and protection services.</p> <p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2029, the reduction in the unmet need for family planning has accelerated. 2: By 2029, the reduction of preventable maternal deaths has accelerated.</p>				
<p>UNSDCF outcome indicators, baselines, targets</p> <p>Country programme outputs</p> <p>Output indicators, baselines and targets</p> <p>Partner contributions</p> <p>Indicative resources</p>				
<p>UNSDCF outcome indicator(s):</p> <ul style="list-style-type: none"> • Unmet need for family planning <i>Baseline: 24% (2022); Target: 20% (2030)</i> • Percentage of births attended by skilled health personnel. <i>Baseline: 88% (2022); Target: 95% (2030)</i> • Percentage of the national budget allocated to health, education and social protection <i>Baseline: Health: 5.6%; Education: 7%; Social protection: 0.6%; Gender: 0.53% (2023/2024)</i> <i>Target: Health: 12.3%; Education: 9.7%; Social protection: 3% (2030)</i> 	<p>Output 1. Increased availability, accessibility and quality of equitable and integrated SRH/HIV/GBV services, particularly for vulnerable and underserved populations, including adolescents, youth and persons with disabilities, in both development and humanitarian settings.</p>	<ul style="list-style-type: none"> • Percentage of primary service delivery points with no stock-out of contraceptives in the last three months <i>Baseline: 85.9% (2025); Target: 88% (2030)</i> • Percentage of health facilities in target districts with the capacity and readiness to provide emergency obstetrics and newborn care services <i>Baseline: 12.0% (2024); Target: 30% (2030)</i> • Proportion of institutional deliveries in UNFPA-supported districts <i>Baseline: 65% (2024); Target: 75% (2030)</i> • Number of health facilities that meet at least 80% of the basic standards of SRH/HIV/GBV <i>Baseline: 224 (2024); Target: 448 (2030)</i> • Number of evidence-based policy dialogues and formal partnerships established with the Government, development partners, the private sector or civil society to finance and advance national and global SRH outcomes <i>Baseline: 0 (2025); Target: 3 (2030)</i> 	<p>National Planning Authority; sectoral ministries; districts; United Nations agencies; non-governmental organizations.</p>	<p>\$26.7 million (\$7.2 million from regular resources and \$19.5 million from other resources)</p>
<p>NATIONAL PRIORITY: 1. Achieve higher household incomes, full monetization of the economy, and employment for sustainable socio-economic transformation. 2: Enhance human capital development along the entire life cycle. 5: Strengthen good governance, security, and the role of the State in development.</p> <p>UNSDCF OUTCOMES: 3. By 2030, gender discriminatory norms and values and structural barriers are minimized and people with disabilities benefit from an equitable and just society.</p>				
<p>UNSDCF outcome indicators, baselines, targets</p> <p>Country programme outputs</p> <p>Output indicators, baselines and targets</p> <p>Partner contributions</p> <p>Indicative resources</p>				
<p>UNSDCF outcome indicator(s)</p> <ul style="list-style-type: none"> • Gender inequality index <i>Baseline: 0.527 (2024); Target: 0.632 (2030)</i> • Number of national and/or subnational development policies, plans and strategies that are adopted, with a focus on gender 	<p>Output 2. Strengthened multisectoral systems and community mechanisms for the prevention of and response to GBV and other harmful practices.</p>	<ul style="list-style-type: none"> • Number of gender-responsive policies/laws, operationalized at the national and subnational levels to eliminate violence against women and girls, including harmful practices, and promote equal access to integrated SRH <i>Baseline: 0 (2025); Target: 5 (2030)</i> • Number of institutions strengthened to provide quality multisectoral GBV survivor-centred services (health, psychosocial, legal, economic, security), in line with 	<p>National Planning Authority; sectoral ministries; districts; United Nations agencies; non-governmental organizations.</p>	<p>\$18.2 million (\$4.9 million from regular resources and \$13.3 million from other resources)</p>

<p>equality and women's empowerment <i>Baseline: 9 (2025); Target: 20 (2030)</i></p> <ul style="list-style-type: none"> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age <i>Baseline: 43.1 (2022); Target: 40 (2030)</i> Percentage of girls and women aged 15-49 years and 15-19 years who have undergone female genital mutilation/cutting <i>Baseline: 0.2% (2022); Target: 0% (2030)</i> 		<p>minimum standards <i>Baseline: 0 (2025); Target: 7 (2030)</i></p> <ul style="list-style-type: none"> Number of individuals (girls, boys, women, men, cultural and religious leaders) who report taking community actions to prevent GBV and harmful practices <i>Baseline: 0 (2025); Target: 300.000 (2030)</i> 		
<ul style="list-style-type: none"> Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18. <i>Baseline: 32.8% (2022); Target: 25% (2030)</i> Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care <i>Baseline: (a) Sexual relations: 80%; (b) contraception: 72%, (c) reproductive health care: TBD (2022)</i> <i>Target: (a, b, c) 95% (2030)</i> 	<p>Output 3. Empowered adolescents, youth, women and persons with disabilities fully exercise their rights, actively participate in decision-making and lead the transformation toward inclusive national development.</p>	<ul style="list-style-type: none"> Number of women-led and/or youth-led coalitions and movements – including those led by or inclusive of persons with disabilities and people from other marginalized groups – that report meaningful participation in policy dialogue, social accountability and norm-change initiatives <i>Baseline: 0 (2025); Target: 125 (2030)</i> Percentage of health facilities in targeted districts, providing youth-friendly and disability-inclusive SRH services, in line with national standards <i>Baseline: 68.4% (2025); Target: 80% (2030)</i> Number of policies and plans developed with meaningful participation of women, youth, adolescents and persons with disabilities <i>Baseline: 0 (2025); Target: 20 (2030)</i> Number of adolescents and youth (disaggregated by sex, disability status, in-school and out of school and location) that understand key concepts related to sexual and reproductive health, relationships, rights, and gender <i>Baseline: 0 (2025), Target: 2.000.000 (2030)</i> 	<p>National Planning Authority; sectoral ministries; districts; United Nations agencies; non-governmental organizations.</p>	<p>\$12.5 million (\$3.4 million from regular resources and \$9.1 million from other resources)</p>

NATIONAL PRIORITY: 1. Achieve higher household incomes, full monetization of the economy, and employment for sustainable socio-economic transformation. 2: Enhance human capital development along the entire life cycle. 5: Strengthen good governance, security, and the role of the State in development				
UNSDCF OUTCOME: 6: By 2030, partnerships at global, regional and national levels are leveraged for the achievement of global, regional and national development frameworks.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 4: By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s):</u> <ul style="list-style-type: none"> Percentage of youth (aged 15-24 years) not in education, employment or training <i>Baseline: 41% (2024), Target: 39% (2030)</i> Uganda's ranking on the Global Innovation Index <i>Baseline: 121 (2024), Target: 100 (2030)</i> Primary government expenditures as a proportion of approved release, disaggregated by programme <i>Baseline: 89 (2024), Target: 98 (2030)</i> 	<u>Output 4. Strengthened national capacity and inclusive population data systems to generate, analyse and use disaggregated data for evidence-based decision-making, demographic resilience and accountability to the ICPD commitments.</u>	<ul style="list-style-type: none"> Number of functional national and district data management systems that allow for mapping and profiling of demographic and geographic disparities, climate and other disasters and socioeconomic inequalities. <i>Baseline: 5 (2025); Target: 6 (2030)</i> Number of in-depth analytical reports or assessments on population dynamics, sexual and reproductive health and reproductive rights, gender and youth-related themes from survey data and demonstrative data sources, including in disaster-prone areas and humanitarian settings <i>Baseline: 0 (2025); Target: 25 (2030)</i> Number of programmes/sectors (as per NDP IV) and districts that utilize population data and expenditure analysis for policy analysis, planning and budgeting for more and better government spending on sexual and reproductive health, gender-based violence, youth development, climate change, humanitarian response, and other demographic shifts <i>Baseline: 0 (2025); Target: 6 programmes and 30 districts (2030)</i> Number of new functional partnerships (South-South, public-private, academic) developed to support population data innovations, resilience and sustainability <i>Baseline: 1 (2025); Target: 3 (2030)</i> 	National Planning Authority; sectoral ministries; districts; United Nations agencies; non-governmental organizations; Uganda Bureau of Statistics; academic institutions and universities.	\$7.2 million (\$1.9 million from regular resources and \$5.3 million from other resources).
Programme coordination and assistance				\$1.5 million from regular resources.