



The Government of Uganda and
United Nations Population Fund



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COUNTRY PROGRAMME
ACTION PLAN 2010 - 2014

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Acronyms and Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
AU	African Union
AWP	Annual Work Plan
CAO	Chief Administrative Officer
CARMMA	Campaign for Reduction of Maternal Mortality in Africa
CEDAW	Convention on Elimination of all forms of Discrimination Against Women
CO	Country Office
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CSO	Civil Society Organisation
DaO	Delivering as One
FACE	Fund Authorization and Certificate of Expenditure
FBO	Faith Based Organisations
FGM/C	Female Genital Mutilation/Cutting
FP	Family Planning
GBV	Gender Based Violence
GDP	Gross Domestic Product
GOU	Government of Uganda
HACT	Harmonized Approach to Cash Transfer
HDP	Health Development Partner
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSSP	Health Sector Strategic Plan
ICPD	International Conference on Population and Development
IEC	Information Education Communication
IMIS	Integrated Management Information System
LOUs	Letters of Understanding
M&E	Monitoring and Evaluation
MARPS	Most At Risk Populations
MCH	Maternal Child Health
MDG	Millennium Development Goal
MFPED	Ministry of Finance Planning and Economic Development
MGLSD	Ministry of Gender Labour and Social Development
MOES	Ministry of Education and Sports
MOH	Ministry of Health
MOLG	Ministry of Local Government
MOV	Means of Verification
NDP	National Development Plan
NGO	Non Governmental Organisation
NIMES	National Integrated Monitoring and Evaluation System
NPP	National Population Policy
OAG	Office of the Auditor General
OHCHR	Office of High Commissioner for Human Rights
PD	Population and Development
PMTCT	Prevention of Mother to Child Transmission
PoA	Plan of Action
PRDP	Peace Recovery and Development Plan
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RRF	Results and Resources Framework
SBAA	Standard Basic Assistance Agreement
SWAps	Sector Wide Approaches
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner of Refugees
UNICEF	United Nations Children Fund
UNIFEM	United Nations Development Fund for Women
UNPRAP	United Nations Peace Building and Recovery Assistance Plan
VHT	Village Health Team
WB	World Bank
WHO	World Health Organisation



The Framework

The Government of the Republic of Uganda hereinafter referred to as the “Government” and the United Nations Population Fund hereinafter referred to as “UNFPA”;

Furthering their mutual agreement and cooperation for the fulfilment of the International conference on Population and Development Programme of Action, Millennium Development Goals and the United Nations Summits to which the Government and UNFPA are committed, the National Development Plan and other Sectoral Plans;

Building upon the experience gained and progress made during the implementation of the 6th Country Programme and previous Programmes of Cooperation;

Entering into a new period of cooperation as described by the Seventh Country Programme 2010 - 2014;

Declaring that these responsibilities will be fulfilled in a spirit of mutual friendly cooperation and accountability;

Have agreed as follows:

Part I. Basis of Relationship

1. The following documents form the basis for the relationship between the Government of Uganda and UNFPA:

Resolutions 2211 (XXI) of 17 December 1966, 34/104 of 14 December 1979 and 50/438 of 20 December 1995 of the General Assembly of the United Nations,

Standard Basic Assistance Agreement (SBAA) between Government of Uganda and UNDP of 29 April 1977, and

the exchange of letters between the Government of Uganda, Ministry of Foreign Affairs and UNFPA dated 22 January 2009

2. This Country Programme Action Plan (CPAP) should be interpreted and implemented in conformity with the above-mentioned documents. The CPAP is developed based on the Country Programme Document (CPD), reviewed by the Executive Board of UNFPA in their annual meeting in September 2009. The CPD, in turn, was developed based on Uganda National Development Plan and UN Development Assistance Framework (UNDAF). The CPAP, CPD and UNDAF cover the period from 1 January 2010 to 31 December 2014. The CPAP consists of 10 parts and 5 annexes.

Part II.

Situation Analysis

3. Uganda has undergone sustained economic growth over the last 20 years, with annual GDP growth averaging at 6 percent over the past five years; one of the highest in Africa. However, current global financial crisis has led to a drop in foreign aid, private financial foreign inflows and remittances. The Poverty Eradication Action Plan, launched in 1997, has been Uganda's blueprint in combating poverty. Its 2008 evaluation highlighted a number of achievements, notably sustained macro-economic stability resulting in relatively low levels of public debt and low inflation. It also recommended reducing the population growth rate to accelerate demographic transition so as to further reduce poverty.
4. With exception of infant and maternal mortality, there seems to be a good probability that the MDG goals/targets will be achieved by 2015. The 2007 MDG progress report spells out that the current population growth rate critically affects poverty alleviation strategies.
5. The population is estimated to be 30.7 million in 2009, growing at a rate of 3.2 percent per annum, with 88 per cent living in rural areas. About 31 per cent of the population lives below the poverty line and 52 per cent is under 15 years of age. A Situation Analysis on Population, Reproductive Health, and Gender carried out by UNFPA in 2008 indicated that the major population challenges in Uganda include rapid population growth, highly youthful and dependant population, high infant and maternal mortality and high total fertility. Many of the underlying causes for high fertility and maternal mortality relate to facilitative socio-cultural practices and values, including women's low status and low male involvement, but also the general low use of and accessibility to modern contraception.
6. The fertility rate has stagnated at around 7 children per woman since the late 1970s. Currently, there are about 1.2 million births per year. Twenty five per cent of the teenagers have begun child birth, leading to early marriages, high school drop-out, and high maternal mortality ratio (435 per 100,000 live births). The contraceptive prevalence rate for modern methods has stagnated at about 18 per cent since 1997. In 2006, Contraceptive Prevalence Rate for all methods was 24 percent. The unmet need for family planning is rising and is now at 41 per cent. This is mostly for birth spacing. Only 42 percent of the mothers deliver with skilled care. An estimated 2.6 percent of women have obstetric fistula. Approximately 297,000 unsafe abortions occur yearly. This translates into an estimated 16 abortions out of every 100 pregnancies. Fifty five per cent of abortions are among those aged 15 to 20. The situation analysis report identifies the unavailability of skilled attendance at birth, unmet need for family planning especially among the youth, HIV and AIDS, as well as high maternal mortality the key reproductive health challenges in Uganda.
7. HIV prevalence is 6.4 percent, compared to 18 percent in 1980s and early 1990s. It is higher for women and new infections are rising among married couples. Recent attention has been drawn to the reversal of the prevention success in Uganda where



there are some indications that HIV prevalence has increased. HIV/AIDS remains one of the major causes of death within the most productive age ranges. The National Strategic Plan for HIV/AIDS has identified married people, commercial sex workers, military personnel, young people, internally displaced populations and people with disabilities as most at risk and vulnerable groups. Condom use at first sex has decreased and less men now use condoms in last high risk sex than in previous years.

8. Access of women to education, property ownership, and decision making is inadequate and inequitable, though women representation in decision making is increasing, with 17 cabinet members (24 percent) and 103 parliamentarians (31 percent). At the household level, men generally make most of the decisions. More females than males have never attended school (23 percent compared to 12 percent for men). Overall enrolment for tertiary education stands at only 3 percent; 38 percent of students are women compared to 62 percent men. 83 percent of the women are engaged in agriculture, but only 25.5 percent control the land they cultivate and only 7 percent of registered land is owned by women. Women constitute 12 percent of the formal labour force and 39 percent of business owners with fixed premises compared 88 percent and 61 percent for men respectively. Fifty five percent (55 percent) of women control their earnings.
9. Gender-based violence is widespread with 60 percent of women having experienced this in some form, with limited access to prevention and response. The majority of the victims are female and perpetrators male partners and much of the violence takes place in domestic settings. About 39 percent of women have experienced sexual violence. Fourty one percent of women in different parts of the country reported being beaten or harmed by partners. Some of the consequences include psycho-social problems, unwanted pregnancy, STIs including HIV, disability and death. Factors contributing to GBV include traditional cultural practices, poverty, insecurity, alcohol abuse, changing gender roles and gender relations, and lack of information and rights awareness. Harmful traditional practices, such as Female genital Mutilation/cutting, still undermine women's rights, though confined to a few districts. Research shows a positive link between high levels of women's empowerment and higher contraceptive use, lower ideal family size and lower acceptance of gender based violence by women.
10. Government has ratified several policies, plans and development frameworks to address population, gender and reproductive health. A number of these have yet to be adequately disseminated and implemented, for example the 2001 National Youth Policy, the 2008 revised National Population Policy, and the 2008 Road Map for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity. Several bills have been tabled for enactment into law. These include Marriage and divorce bill, Gender Based Violence bill and Elimination of Female Genital Mutilation/Cutting Bill.
11. A National Development Plan 2009/10-2014/15 has been developed. The vision of the National Development Plan (NDP) is: A transformed Ugandan society from a peasant to a modern and prosperous country within 30 years while the Theme is Growth, Employment and Prosperity for Socio-economic Transformation. The development plan identifies Population growth and related challenges as one of the key issues to address if development objectives are to be achieved. The NDP further recognizes that the current high dependency level in the population present considerable challenges to the achievement of development goals, including the reduction of poverty and improvements in health, education, housing, productive employment, gender equity and conservation of the environment. Population issues have been considered as crosscutting for the NDP. An objective on promoting sustainable population and use of the environment and natural resources has been included in the NDP. Full-scale implementation of a three-year Peace, Recovery and Development Plan began in July 2009. This focuses on reconstruction in conflict-affected and hard-to-reach areas in the North and North-East.



Part III.

Past Cooperation and Lessons Learned

12. The goal of the 6th Country Programme was to contribute to poverty eradication and a better quality of life for the people of Uganda by improving sexual and reproductive health and rights, ensuring sustainable population growth and development and enhancing gender equity and equality. The previous country programme strengthened the capacity of Government and civil society organizations. The programme contributed to the development or revision of a number of policies, including the national population policy, the reproductive health commodity security strategy, and policies on decentralization, youth and gender. The programme integrated gender into sectoral policies and programmes. The coordination mechanism led by UNFPA supported the prevention of and response to gender-based violence, especially in post conflict areas. This created an enabling environment for joint planning.
13. Policy work in many areas did not translate fully into effective implementation, highlighting the need for: (a) selective 'downstream' work to validate 'upstream' actions; (b) institutional capacity development to ensure effective implementation; (c) substantive and quality enhancements in managing relationships for more demand and result focused approach in programme delivery. However, this cannot be achieved with technical inputs alone. Social mobilization and leadership championing are critical to advancing, protecting and implementing rights. This has been especially successful in working with Members of Parliament through various fora. Networking, building partnerships and closer links with communities and other stakeholders increased the visibility of the programme.
14. Progress was made in increasing availability of disaggregated population data to guide decision making at national and district level; improving institutional and technical capacity for national and sub-national planning units; and advocacy for increased support for population, reproductive health and gender policies and programs. Programme experience however indicates that availability of data at various levels does not necessarily translate into data usage for decision making. Genuine partnership, with the government clearly taking leadership is required. Particularly important is the need to advocate for the incorporation of population factors into the national and sub-national planning and budgeting guidelines and performance assessment tools to ensure that sectors and districts address them during the programming and budgeting processes. Equally, active engagement with and technical support to national and sub-national units at all stages of planning and reviews are needed.
15. Programme interventions in Reproductive Health centred on building capacity of the Ministry of Health, Local governments and Non Governmental Organizations in the provision of integrated Reproductive Health services. Capacity to deliver

Family Planning and Basic emergency Obstetric care services was strengthened by training service providers and provision commodities, equipment and referral ambulances. UNFPA provided technical assistance in areas of programme coordination, commodity security forecasting and logistics systems. Coordination of Reproductive Health Commodity Security has been improved by establishing a RHCS subcommittee in the MCH cluster and revitalisation of the Medicines and Therapeutical Committees at district and health unit level. A national Reproductive Health Commodity Security strategy and operational plan were developed. The country programme in partnership with other agencies supported the development of a Road Map for Accelerating Reduction of Maternal and Neo-natal Mortality and Morbidity. This road map has raised the profile of the urgent need to improve conditions that lead the high maternal mortality that the country is facing. Human resource shortages however remain a challenge. There is limited capacity for midwifery delivery and transfer of skills is hindered by absence of counterpart personnel. Reproductive Health and HIV and AIDS linkages are weak with HIV programs still delivered in a vertical manner. Although the Government established a budget line for reproductive health commodity security, this has not resulted in increased spending in this area due to other government priorities. There is a need to broaden partnerships to ensure support for and ownership of programmes by relevant departments and decision makers. The need for such partnerships has increased within the context of the new aid environment and the sector-wide approach.

16. The country programme supported interventions geared towards improving adolescent sexual reproductive life. Of particular importance is the integration of sexuality education into the upper primary school curriculum and initiation similar efforts for the secondary school curriculum. A parliamentary forum on youth affairs was established to further youth issues in policy platforms.

17. Advancing gender equality, eliminating violence against women and ensuring women's ability to control their own fertility were acknowledged as cornerstones of population and development policies. Mainstreaming Gender in sector policies, strategies and programs, and building capacity of government to address gender based violence were the main stay of programme interventions. Including gender concerns across a broad spectrum of sectors through mainstreaming however, does not necessarily change sector and programme priorities. An Agenda-setting approach where women are empowered to be part as well as re-orient the nature of the mainstream is required.

Management of Gender Based Violence especially in areas affected by conflict was supported by a strong Gender Based Violence Coordination mechanism both at the Country Office, national level and in the districts. An enabling environment for joint planning initiatives was created and closer linkages with communities and other stakeholders including UN agencies increased the visibility of Gender Based Violence as an issue. Efforts at addressing Gender Based Violence are however curtailed by a weak services delivery mechanism, especially with regard to accessing health care, justice, psychosocial care and security. Establishment of GBV Management Information System has provided concrete data on various forms of GBV. In so doing, this has helped establish a basis for dialogue and advocacy at policy level for zero tolerance to end violence. A number of legislation has been prepared with support from the programme. These include the Trafficking in Persons Act, Marriage and Divorce Bill and Elimination of Female Genital Mutilation/Cutting Bill. Establishing a strong government coordination mechanism, providing evidence and Building alliances with Members of Parliament and gender activists' groups is key in advancing gender related policies and legislation.

18. The Sixth GoU/UNFPA Country Programme was evaluated. The results of this evaluation point to the successes in achieving planned results, in furthering the International Conference on Population and Development (ICPD) agenda, and attainment of Millennium Development Goals (MDGs) in Uganda. Critical areas identified for further improvement have been incorporated in the Seventh Country Programme. These include building capacity of national systems, strengthening results-based management and quickening business processes, and linking to national plans and policies. In addition, advocacy efforts need to target both communities and high-level policy-makers. The call for tangible results is pronounced among programme implementers, development partners and target populations. Managing for results however requires both vertical accountability to the target populations and horizontal accountability within a partnership arrangement. This will ensure achievements are being assessed against tangible impact measures.



19. During the last quarter of 2009, ICPD@15 commemorative events were held at community, district and national levels. The country progress in implementation of the ICPA PoA was discussed and analysed. The discussions revealed low understanding but very high interest, throughout the districts, of the local government appointed and elected leaders for the ICPD agenda and called for further domestication of the agenda at sub-national levels.



Part IV.

Proposed Programme

20. The GoU/UNFPA Country Programme Action Plan (2010 – 2014) builds on the Country Programme Document that was developed using a participatory process under the government leadership. The orientation of the 2010 – 2014 will shift to address the current context of Uganda especially in addressing the mounting challenges of rapid population growth. Specifically, this calls for social mobilisation and championing of leadership in various fora to advocate for population and reproductive health issues and rights firmly in the public domain supported with the necessary policy and institutional backing. The CPAP is therefore developed in line with this thinking and is inspired by the United Nations Development Assistance Framework (UNDAF) for 2010-2014. The UNDAF vision is to support the capacity of Uganda to achieve the national development plan, with a focus on equity and inclusion, peace and recovery, population and sustainable growth. The GOU/UNFPA country programme supports two of the three UNDAF outcomes, as indicated in the attached results and resources framework. It contributes to the achievement of objective four of the national development plan, which seeks to increase access to high-quality social services as well as contributing to achieving objectives set in various sectoral policies and plans. It assists Uganda in advancing progress towards the attainment of Millennium Development Goals 1 (eradicate extreme poverty and hunger), 5 (improve maternal health), 6 (combat HIV/AIDS, malaria and other diseases) and 7 (ensure environmental sustainability), and responds to the Programme of Action of the International Conference on Population and Development, taking into account the UNFPA strategic plan, 2008-2013, and international frameworks, including the Maputo Plan of Action.
21. The CPAP will provide support for the key priority interventions in Population and Development, Reproductive Health and Gender Equality and Equity. The delivery of the programme will utilize the national, sectoral and decentralized channels to achieve programme results. The programme component outputs, strategies and major activities are outlined below.

Population and Development Component

22. In the Seventh Country Programme of Government of Uganda and UNFPA, the two outputs under P&D component will inform and/or contribute to UNDAF outcomes: Government and civil society in Uganda have improved capacity for governance and accountability in order to reduce geographic, economic and demographic disparities in attainment of MDGs by 2014 and UNDAF outcome 3 which states that vulnerable populations in Uganda, especially the North have increased access to and use of sustainable and quality basic social services by 2014. The outputs under P&D component are designed to ensure Population issues, reproductive health and gender equality, are better integrated within public policies/plans, data on critical issues are availed inter alia for evidence-based advocacy, monitoring progress on the MDGs and ICPD goals.

23. The P&D component also links to the first goal of the UNFPA global strategic plan 2008-2011 which aims at the systematic use of population dynamics analysis to guide poverty reduction frameworks; increased investments; as well as improve quality of life and sustainable development. The UNFPA CO and partners will support government at the national and local levels to better engage in policy dialogue, evidence-based advocacy and by actively supporting the strengthening of the framework for data collection, analysis and use in development planning, implementation and monitoring. Specific sector engagement on addressing population issues will be enhanced under the current programme.
24. The component is also in line with the National Development Plan (NDP) 2010 – 2014 and the revised National Population Policy (2008). The planned interventions/strategies under this component will support the operationalisation of the National Population Policy, as contained in a draft action plan for its implementation, and constitute integral elements of the National Development Plan. Thus the component interventions/strategies will guide through supporting Uganda's capacity to deliver on the NDP. A UN Joint Programme on Population will be developed and implemented during the country programme period.

Output 1: Up-to-date, age and sex disaggregated and analyzed population data is used for development planning, decision making and monitoring progress at national and sub-national levels.

25. The strategies to achieve this output are (a) capacity building (technical, institutional and financial) for undertaking the 2012 population and housing census, annual panel and household surveys, the demographic and health survey, and integrated management information systems; (b) developing capacity in data management; (c) research and knowledge sharing on population and development issues; and (d) capacity-building to integrate population, reproductive health and gender into the national and sectoral planning, programmes, budgets and review processes.

Major Activities

26. Major activities under this output include:

1. **Mobilization of resources (financial and technical) and advocacy for collection, analysis, dissemination and utilization of census and survey information and other population data.** The programme will advocate, provide technical support and assist in mobilisation of resources for the 2012 National Housing and Population Census, the Demographic and Health Survey, the panel survey and other studies as may be appropriate. Under building data management capacities, the programme will support the undertaking and acquiring of new technologies for data management and applications at sub and national levels.
2. **Further analysis and user friendly packaging of data/information on specific issues and building usable databases at national and sub-national level.** Under the programme, different topics/issues will be identified and data on the issues from the census and relevant surveys will be further analysed and disseminated for use in decision making. The programme will continue to support the Integrated Management Information System (IMIS) by ensuring that it is updated regularly and that it is accessible by a wide spectrum of data/information users. Technical support will be provided to sectors and local governments to establish or improve data bases as sources of information for planning. At district level, focus will be to develop district specific databases that will provide data and information up to parish or village level to facilitate bottom up planning and resource allocation.

Output 2: Community leaders and policy makers are mobilized as champions at national and district levels to address population challenges and reproductive health, using evidence-based research arguments.

27. In order to deliver this output, the programme will employ the following strategies: (a) supporting partnerships, alliances networks for advocacy and understanding of appropriate long-term and medium-term actions to address population dynamics; (b) promoting public dialogue on the linkages between population growth and sustainable development among policy and decision makers, religious, cultural and opinion leaders, academia and media; (c) developing the capacity of district planning units, national institutions and key sectors and (d) capacity strengthening for result based management including monitoring and evaluation._____

Major Activities

28. Major activities under this output include:

1. **Identify and nurture champions to advance and further population issues and foster debate in the public domain;** carry out policy, media and champion leader analysis on the discourse on population dynamics and challenges. This will also involve training the identified champions in advocacy skills and providing them with evidence based research materials to use in their championing roles.
2. **Provide technical support for the integration of population factors, reproductive health, gender issues in the development and budget frameworks at national and sub-national levels.** The programme will ensure the population variables are incorporated in the national and sub national planning guides and plans.
3. **Promoting research and knowledge sharing on inter-linkages between population, reproductive health, gender and sustainable development.** The programme will engage research institutions, academia and individuals to conduct research on commonly agreed upon population and development issues. The research results will be used as advocacy information to influence policy, planning and resources allocations towards population, reproductive health, gender and environmental issues. The programme will further support research and academic institutions in order to raise levels of standards in academic performance and relevance, credibility and research focus to the needs of the country. This will result into maintaining competitiveness and relevance among the institutions and promoting regional excellence.
4. **Establish and regularly update Population M&E Database.** The database will be used for monitoring the performance of the Country Programme, National Population Policy (NPP), National Development Plan, International Conference on Population and Development –Programme of Action (ICPD-PoA) and Millennium Development Goals (MDG), and for advocacy. The programme will also strengthen Country Programme Coordination, Monitoring and Evaluation. The population M&E database will be linked to the National Integrated Monitoring and Evaluation System coordinated by the Office of the Prime Minister.
5. **Strengthen Results Based Planning Management (RBPM) capacities of implementing partners and other key stakeholders.** This will involve assessing the current capacities for RBPM among partners, training and providing regular technical assistance. Data management and generating monitoring and evaluation information will be another area in which the programme will build the capacity of the programme key stakeholders both at national and sub-national level.
6. **South to south cooperation.** International, inter and intra district exchange on population planning, policy programming, integration and application at operations at national and sub national levels. Through the exchanges, the stakeholders will be able to acquire the motivation, skills and knowledge on how to generate and analyse area specific data and its utilisation in planning and budgeting. The target group for the south to south initiatives will be policy makers and technical staff from central government ministries as well as district level.

Reproductive Health Component

29. The RH component of the Seventh Government of Uganda/UNFPA Country Programme contributes to the UNDAF outcome which is: Government and civil society at all levels are delivering equitable and quality social services to an increasing number of beneficiaries in selected geographic areas. The RH component also links to NDP fourth objective of increasing access to quality social services and enhancing human capital development and contributes to UNFPA's Global Strategic Plan outcome 2.1, 2.2 and 2.3. The three outputs under the RH component have been designed to respond to health sector priorities as articulated in the Draft National Health Policy II (2010 – 2020) and as will be translated in the subsequent Health Sector Strategic Plan III (2010 – 2014). It addresses all the seven priority areas and also contributes to strategies outlined in the 'Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda – 2007 – 2013', taking account of the September 2006 African Union Maputo Plan of Action and the 2009 AU Campaign on Accelerated Reduction for Maternal Mortality (CARMMA). It will follow the September 2006 agreed "Health Four" division of labour between UNICEF, UNFPA, WHO and World Bank. In line also with the agreed Division of Labour between UNAIDS co-sponsoring agencies, the component takes into context the HIV/AIDS National Strategic Plan (goals 1 & 2, with focus on objectives 1, 2, 4, 5, 8 and 9 that relate to prevention of sexual transmission of HIV, prevention of vertical transmission, promoting use of new preventive technologies, scaling up HIV counselling & testing and integrating HIV prevention in all care and treatment services) and the Strategy to Improve Reproductive Health in Uganda as well as issues in the Adolescent Health Strategy.
30. Under this RH component, UNFPA together with Ministry of Health, other related sectors, the CSOs including Faith Based Institutions and the private sector will implement upstream work at national and district levels. This will involve advancing policy agenda, institutional & technical capacity building for increased access to information and services for midwifery care, family planning, sexuality and comprehensive reproductive health education for young people and HIV prevention for selected Most At Risk Populations. RH/HIV integration will be mainstreamed in all programme outputs. Downstream work will be implemented in 8 selected districts and in the PRDP districts for humanitarian response in partnership with affected District Local Governments, CSOs and women support groups in order to expand services access and generate evidence for upstream work. Working through coalitions will be encouraged in many aspects.

Output 1: Health systems are improved to increase women's utilization of midwifery services in pregnancy care, childbirth and the management of related complications.

31. This output will contribute to achievement of the "Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda" and will be implemented within the 2008 Joint Framework on Division of Labour on Maternal Health (H4) with WHO, UNICEF, WFP & the World Bank. Efforts will be focused on strengthening midwifery training and service delivery systems for skilled attendance at birth and in mobilizing communities to demand and utilize skilled delivery services as part of their right to health. It will be implemented in partnership with Ministry of Health, Midwifery Training Colleges; Civil Society including health professional associations, faith based and cultural institutions and the private sector. The main strategies for this output are: (a) mobilizing communities & strengthening communication for social and behavioural change, working with local leaders, religious and cultural institutions, professionals and women's support organizations, and by involving men; (b) strengthening the capacity of the health system, including village health teams to support health promotion, planning births, and referrals for skilled attendance at birth and emergency obstetric care; (c) developing institutional and technical capacity to shift tasks among health personnel and to develop high-quality midwifery services, emergency obstetric care, institutionalized maternal death audits and referral; and (d) preventing and managing obstetric fistula and providing post-abortion care.

Major Activities

32. Major activities under this output include:

1. **Support programme for community mobilization and communication for social and behaviour change.** The programme will: (a) mobilize, train and equip Village Health Teams to conduct community mobilization, community dialogue/conversations and health education on midwifery services, birth planning, referrals for health maternal

health, etc.; (b) support cultural and faith based institutions to mobilize communities for use of midwifery services; (c) support CSOs including women support organizations and professional associations to hold local governments and opinion leaders accountable for delivery of health services including ensuring staffing for midwives; (d) work with district and local government structures to promote and mobilize women, men and entire communities for midwifery services.

2. **Strengthen institutional & technical capacities of the health systems (with focus on district level) for delivery of effective midwifery services.** The programme will: (a) strengthen the procurement system and support procurement of essential equipment and supplies for delivery and emergency obstetrics care, post abortion care and fistula management; (b) provide technical assistance to Ministry of Health in midwifery so as to support institutional and technical capacity development for midwifery education/training, regulation and practice in Uganda; (c) support the establishment of functional referral systems between villages and health facilities for EmOC; (d) advocate for and mobilize resources to support functional health system; (e) work with partners including WHO, UNICEF to integrate PMTCT within midwifery education/training;
3. **Support continuous improvement in the quality of maternal health services in Uganda.** The programme will: (a) Provide technical assistance through Regional Referral Hospitals and support Ministry of Health and District Health Offices to undertake regular technical support supervision and quality improvement initiatives, including in-service hands-on skills training in Life Saving Skills, Post Abortion Care, etc.; (b) support the development and application of policies, guidelines and standards for task shifting in maternal health care; (c) institutionalise maternal and perinatal death audits and the systematic application of audit findings for in services delivery and national dialogue; (d) support the establishment of mechanisms for recognizing and awarding excellence in midwifery services as well as promoting midwifery as a noble and critical health profession and career; and (e) support the conduct of research for improving maternal health care services delivery including demand for services and health seeking behaviours, (f) celebrate key national and international events/days
4. **Strengthen coordination & building of partnership for implementation of the Fistula Strategy.** The programme will: (a) support Ministry of Health to coordinate the Fistula Technical Working Group and lead a planned expansion of fistula repair services integrated within 12 Regional Referral Hospitals; (b) support skills development training programme in fistula repair and provision of fistula repair services in selected facilities; (c) support community programme for the prevention of fistula and re-integration of women with repaired fistula into the community.

Output 2: Social and institutional structures are mobilized for accelerated uptake of modern family planning methods by women, men and young people

33. The programme will revitalize family planning, with focus on addressing the current unmet need for contraception in order to prevent unwanted pregnancies, and thus reduce cases of abortion. It will involve public and private sector participation and upstream work at national and district level as well as downstream work in selected districts or programme areas. The output will be implemented through: a) conducting socio-cultural research on behavioural issues; b) intensifying promotion of options and choice in family planning, using community mobilization, men's groups, local leaders, Village Health Teams and women's organizations with the view of increasing and sustaining demand for family planning; c) strengthening institutional and technical capacities of public and private health sectors in ensuring options for family planning, applying its standards and norms, and assuring reproductive health commodity security; d) supporting the integration of HIV/AIDS and reproductive health and gender, including gender-based violence; and e) mobilizing political, social and donor support for family planning, including increased budget allocations.

Major Activities:

34. Major activities under this output include:

1. **Support research and generation of evidence on family planning utilization.** The programme will: (a) support conduct of socio-cultural and operations research on family planning; including on resources allocation for FP, determinants of FP (non)use, use pattern, etc.; (b) support conduct of operations research on family planning and HIV/AIDS integration; and (c) support the development and integration of data capture tools on FP utilization at community level (Community Based HMIS) and its link/integration with Facility Based HMIS

2. **Mobilize communities and support programmes on communication for social and behaviour change.** The programme will: (a) mobilize, train and equip Village Health Teams to conduct community mobilization, community dialogue/conversations and health education on family planning, including distribution of non-prescriptive family planning methods and referrals of family planning clients for prescriptive FP methods and management of family planning side effects; (b) support cultural and faith based institutions and various formal and informal media and other networks to mobilize communities including men to use of family planning information and services; and (c) work with district and local government leadership structures and selected CSOs to mobilize women, men & entire communities for uptake of family planning services.
3. **Advocate for and mobilize political, cultural, religious and donor support for family planning programme and services to meet the current unmet need.** The programme will: (a) support CSOs including women support organizations and professional associations to hold the duty bearers: local governments, opinion leaders and service providers accountable for delivery of family planning services including resources commitment (budget allocation & expenditure) and ensuring adequate stocks of various family planning commodities within local health facilities; (b) support parliamentary and media advocacy work for political support and budget allocation and oversight and creation of supportive policies with respect to reproductive health commodities (FP); and (c) identify, develop and nurture champions for family planning in Uganda and (d) work with Ministry of Health to develop mechanisms for coordinated donor support for family planning programmes.
4. **Strengthen institutional & technical capacities of the health systems (with focus on district level) for delivery of effective family planning services.** The programme will: (a) provide technical assistance to Ministry of Health and strengthen the Reproductive Health Commodity Security (RHCS) system, including coordination and Logistics Management Information System at national and district level, and support procurement of family planning commodities that ensures method mix including a comprehensive condom programme (male and female condoms) for dual protection; (b) support the public and private health sectors, including FP oriented CSOs to provide emergency contraception services to those in need (including GBV survivors) and to conduct static clinic, routine and event specific outreaches for different target groups to provide FP information and full method mix of family planning services in order to increase access; (c) strengthen coordination, supervision and regulatory systems; (d) support ministry of health and regional referral hospitals to equip, train, provide job aids, supervise and ensure application of policies and standards in delivery of family planning information and services, including long term and permanent FP methods at regional hospital and in all health facilities in the 8 programme grant receiving districts; (e) advocate for and mobilize resources from public and private sector and development partners to support family planning programmes; (f) work with partners including Ministry of Health, WHO, UNICEF, etc. For possible joint programmes and to integrate family planning services within HIV/AIDS dedicated clinics in the context of HIV/AIDS positive prevention and health systems strengthening in an efficient use of existing funds.

Output 3: Young people and vulnerable groups' choice for healthy sexual and reproductive health lifestyles is increased

35. The intent of this output is to shift the focus from life planning skills education to comprehensive sexuality and reproductive health education for in-school and out-of-school young people in order to reduce teenage pregnancies and HIV infections in young people. HIV prevention efforts will be focused on the Most At Risk Populations as the key population groups that act as reservoirs of new infections for the general population through interactions with the bridge population. Efforts will be focused on integrating sexuality education in secondary school curricular and extra-curricular activities within a supportive socio-cultural, policy and reproductive health services environment; and in HIV prevention work with uniformed forces, sex workers, displaced populations and disabled persons. Implementation will be done in partnership with Ministry of Education and Sports, Ministry of Gender, Labour and Social Development; Ministry of Defence; Ministry of Internal Affairs; and civil society and the private sector. Within the UN family, activities for HIV prevention work as mandated to UNFPA will be pursued through the Joint UN HIV/AIDS Programme.
36. Key strategies to be applied to achieve this output are: (a) mobilizing teachers and parents to support a safe school environment, including school nurse services and improved sex education; (b) advocating the integration of reproductive health in emergencies and in recovery efforts; and (c) supporting HIV prevention amongst young people, uniformed forces, sex workers and People Living with HIV and AIDS.

Major Activities;

37. Major activities under this output include:

1. **Mobilizing support amongst gate keepers to integrate provision of sexuality education and youth friendly reproductive health services for in-school & out of school youth.** The programme will: (a) mobilize teachers, parents and education administrators to support integration of sexuality education in curricular and extra-curricular activities within school setting; (b) provide technical support to Ministry of Education and Sports and National Curriculum Development Centre to integrate sexuality education/comprehensive adolescent sexual and reproductive health education as curricular and extra-curricular activities into age appropriate school/educational programmes for young people; (c) support the development and/or integration of adolescent friendly sexual and reproductive health and HIV/AIDS services into the school nurse/senior teacher and counselling programme; (d) in partnership with Ministry of Health, MGLSD (Youth department)), Local Government, civil society and private sector, develop and implement models for provision of youth friendly services for in-school and out-of-school youth, including youth in vocational and tertiary institutions of learning.
2. **Strengthen integration of reproductive health in humanitarian emergency response and recovery programmes.** The programme will: (a) support implementation of Minimum Initial Services Package (MISP) in humanitarian context: emergency and recovery; (b) advocate for and mobilize resources to support integration and provision of reproductive health services in emergency and recovery programmes; (c) work with partners including UNHCR, WHO, UNICEF, etc. to prioritise reproductive health services for internally displaced and refugee populations, (d) develop and implement Disaster Risk Reduction plans.
3. **Support implementation of HIV prevention programmes amongst Most At Risk Population, while addressing the drivers of the epidemic for each group.** The programme will: (a) mobilize political, community, cultural and religious leaderships to address the drivers of HIV epidemic amongst MARPS and people in stable relationships; (b) support mobilization of various communities for communication for social and behaviour change using appropriate medium; (c) support provision of HIV prevention services for selected MARPS – uniformed forces, sex workers, disabled population and PHAs; (d) support the integration and linking of HIV/AIDS with Sexual and Reproductive Health services to reach out to concordant negative and discordant couples; (e) promote comprehensive condom programming as a dual protection method in Uganda, including re-introduction of the female condom.

Gender Equality Component

38. The gender equality component links up primarily with objective 4 of the NDP which is increasing access to quality social services and enhancing human capital development. It also contributes to the objectives of increasing household incomes, enhancing the quality and availability of gainful employment; and strengthening good governance and improving human security. It is important to underscore that gender is a cross-cutting theme within the NDP. This component also links to the UNDAF outcome 3, which states that: Vulnerable populations in Uganda, especially in the north, have increased access to and use sustainable and quality basic social services by 2014. However, gender is also a special area of focus within the UNDAF. Delivery of some of the gender related outputs will be done under the UN Joint Programme on Gender and GBV. The framework for implementing this component is the Uganda Gender Policy 2007 whose broad goal is to achieve gender equality and women's empowerment as an integral part of Uganda's socio-economic development.
39. The component links with the third goal of the UNFPA global strategic plan 2008-2011. This goal of the plan is to advance gender equality and empower women and adolescent girls to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence. The goal of the strategic plan is quite relevant as highlighted in the national gender policy.
40. The outcome of this component is: individuals and communities especially the most vulnerable are empowered to demand comprehensive packages of social services.

Output 1: Public and civil society sectors capacity for Gender-Based Violence prevention and management is strengthened.

41. The broad strategies that will be utilised to achieve this output will be: a) supporting sensitization through alliances and partnerships of civil society to reach youth, teachers, communities, and service providers; b) supporting evidence-based policy making and planning for Gender-Based Violence prevention and response, c) build capacity for legal and protection systems and medical care for survivors, particularly in conflict affected and recovery settings; and d) strengthening Government co-ordination mechanisms.

Major Activities

42. Major activities under this output include:

- 1. Establish and strengthen alliances at national and community level for GBV prevention initiatives.** This will include provision of GBV prevention information to men, women, boys and girls and enable them to change attitudes and behaviour and act as change agents in GBV prevention within their communities. GBV Multi-media prevention campaigns will be carried out to reach the different categories of stakeholders. Initiate a GBV prevention media programmes that are aired regularly. Community dialogue sessions among different groups (men, women, boys, girls, and opinion leaders) will be undertaken. Male action groups will be formed and their capacity to undertake GBV prevention initiatives built.
- 2. Undertake advocacy and policy dialogue on GBV prevention and response.** Carry out studies and document advocacy issues affecting GBV prevention and response initiatives and to build evidence for policy dialogue and resource mobilization efforts. Studies will also be undertaken to determine extent to which available policies are implemented and recommendations for strengthened action made. Build and empower opinion leaders and stakeholders to demand for continuous action against gender based violence. Provide media with the evidence for media advocacy on GBV prevention and response. Support for integration of GBV prevention and response actions, including instruments such as national action plan on 1325, 1820 and Goma declaration, in different sector and local government plans and expenditure frameworks. Support the 16 days of activism against GBV.
- 3. Train key stakeholders for GBV Response and service delivery:** Train community development workers and gender officers in GBV prevention and management. Train health workers, legal and justice actors on the survivor-centred approach to the handling of GBV survivors. Train implementers at national and local government as well as CSOs in GBV programming and monitoring and evaluation. *(The GBV health response is included in the RH component)*
- 4. Strengthen GBV Coordination mechanisms at national and local government level.** The programme will strengthen coordination mechanisms at national and local government level in emergency, recovery and development settings. In this respect the activities of the GBV reference group will be supported to enhance regular information sharing, standard setting, monitoring and evaluating the national GBV prevention and response agenda. Establish GBV coordination mechanisms at local government level drawing from lesson learnt in the 2005 – 2009 country programme. Strengthen data collection systems in the focus districts to regularly monitor GBV within the country building on lesson learnt from the GBV IMIS system.
- 5. Carry out Campaign on FGM/C abandonment.** The programme will strengthen partnerships with UN, CSOs, Governments (central and local) and others to carry out the FGM/C abandonment campaign. Legal literacy awareness sessions will be undertaken to strengthen effective enactment/enforcement of FGM legislation. Community dialogue approach will be utilized to engage communities on FGM in the context of reproductive and other human rights issues including. Data on FGM for programming, monitoring and evaluation will be generated. Media campaigns emphasizing FGM/C abandonment process will be undertaken. Build strategic linkages with other ongoing government programmes strengthening the livelihoods for the affected communities.

Output 2: Women's and men's groups advance reproductive rights and gender equality, creating a critical mass for social transformation.

43. This output will be achieved by: a) intensifying nationally and sub-nationally the dissemination and understanding of agreed policies and laws; b) strengthening the effectiveness of alliances in advocacy for gender and rights at all levels; and c) promoting socio-cultural research and action to address harmful traditional practices and misconceptions associated with child birth, gender and reproductive health.

Major Activities

44. Major activities under this output include:

- 1. Disseminate, build understanding and application of national gender related policies and laws:** Develop, disseminate and translate IEC materials for public awareness for use by community based organization targeting men and women in the community. Carry out gender and rights policy interactive dialogue in the focus districts. Guide selected communities to develop and monitor gender and rights action plans to redress gender inequalities within their communities through the local government annual assessment process. Develop multi-media reproductive rights promotion programmes at national and local level using strategies such as theatre for development. Build capacity of key actors at local government level for policy analysis to achieve gender equality and promote reproductive rights.
- 2. Support, nurture and build alliances for advocacy for gender and rights;** In this respect the activities of the gender and rights will be supported to enhance regular information sharing, standard setting, monitoring and evaluating the national gender and rights agenda. CSOs and CBOs will be supported to monitor progress on implementation of international commitments such as Beijing Platform of Action, CEDAW, AU Solemn Declaration on gender equality. Networks to monitor, implementation of gender budgeting. Carry out an annual gender forum including CSOs, FBOs, government (central and local) to monitor progress.
- 3. Establish and implement a research agenda that informs social cultural research on gender equality and reproductive rights:** Review and analyse community action plans drawn up and identify key issues for further research. Engage with universities and research institutions on gender related research on localized traditional practices which affect the reproductive health status of men and women. Disseminate findings through interactive community dialogue sessions to empower men and women to make informed choices and decisions.





Part V.

Partnership Strategy

45. To successfully implement the 7th Government of Uganda/UNFPA Country Programme, UNFPA will refocus its partnerships and support new strategic alliances within the context of country democratic ownership and leadership; alignment to government priorities, systems and processes and harmonization within the UN and the wider Development Partners' arrangement, while promoting active involvement of Civil Society Organizations (CSOs) and the private sector. UNFPA together with other partners will participate in Sector Wide Approaches (SWAs).
46. Strategic partnerships will be strengthened with key government sectors for a well coordinated results based implementation of the Country Programme. The following sectors and government institutions will be prioritised for the partnership: Ministry of Finance, Planning and Economic Development (MFPED); National Population Council and its Secretariat, Ministry of Health (MOH) Reproductive Health Division and Aids Control Programme; Ministry of Gender, Labour and Social Development (MGLSD); Ministry of Education and Sports; Ministry of Defence and Ministry of Local Government. Other important national institutions for partnership include Office of the Prime Minister; the selected Committees of the Parliament of Uganda; National Planning Authority; Uganda Bureau of Statistics; National Curriculum Development Centre; Uganda AIDS Commission and Office of the First Lady of Uganda. UNFPA will together with other partners participate in SWAs, PRSP and other sector reforms.
47. UNFPA will partner with Ministry of Finance, Planning and Economic Development (MFPED) to develop and promote operationalisation of policies in its areas of mandate; while working through the National Planning Authority to support integration of population, reproductive health and gender issues in the development, implementation, monitoring and review of the National Development Plan. UNFPA will partner with National Population Council and its Secretariat which also falls under the MFPED, to promote, coordinate, advocate for and monitor and evaluate the overall Country Programme; and to strengthen coordination between sectors and with implementing agencies. The Ministry of Health will coordinate the RH component of the Country Programme, and therefore it will also mobilize resources, build capacity, undertake research, supervise and monitor the RH component. Through Ministry of Health, UNFPA will build capacity for essential health care equipment and supplies; quality midwifery services and referral system; management of logistics and commodity security and development and promotion of policies, standards, guidelines and protocols in reproductive health as well as provision of technical assistance and support for improved management of reproductive health programmes and services. Through the Health Promotion Department, MOH will take lead in coordinating SRH message development and dissemination.
48. Partnership with Ministry of Gender, Labour and Social Development (MGLSD) that will coordinate the Gender component of the Country Programme will focus on developing and promoting the operationalisation of policies in its areas of mandate as well as providing support and guidance for implementation of the programme within a decentralized framework. At district level, UNFPA cooperation will be coordinated through appropriate District Local Government structures.
49. Uganda Bureau of statistics and Line Ministries (MOH, MGLSD, MOLG, MOE and MFPED) through their management information systems will provide disaggregated population data at all levels. UBOS will also work with Population Secretariat, FBOs, NGOs and cultural institutions to distribute and disseminate synthesized disaggregated data.



50. UNFPA will partner with selected CSOs and private sector for advocacy, community mobilization and education; services delivery; resources mobilization and leveraging and testing innovations. Critical CSOs and private-not-for-profit sectors to work with include the Faith Based Institutions; Religious Medical Bureaus; Women Support and RH focused Organizations; Media Houses; Midwifery Advocacy Groups; telephone companies and pharmaceutical sector and research institutions.
51. UNFPA will aim to improve synergy and partnerships with other United Nations agencies and Development Partners, including the WHO and UNICEF through established Development Partners Fora and UN coordination mechanisms; and mechanisms for interface between the Development Partners and national sector consultative and coordination frameworks. Within the UN family, UNFPA will continue to pursue the principle of Delivering as One (DaO) and frameworks for harmonization embodied in development of Joint Programmes and Division of Labour. Partnership within UN and Development Partners will be pursued in promotion of key strategic issues in the CPD and the broader ICPD mandates. UNFPA will play a major role among development partners in providing leadership for Reproductive Health, Gender Based Violence, Data and integration of Population Dynamics in national development plans.

Part VI. Programme Management and Coordination

52. Coordination of the Country Programme will be done at three levels: at National level, component level and district level. At the national level, the Ministry of Finance, Planning and Economic Development – as the coordinating body of development assistance in the country – will be Coordinating Authority and responsible for overall coordination of the Programme.
53. At the component level, the Ministry of Health will coordinate the Reproductive Health component; the Ministry of Gender, Labour and Social Development will be responsible for coordinating the Gender component; while Population Secretariat will coordinate the Population and Development component.
54. Responsibility for programme management will rest with respective government coordinator for each component and their assigned focal staff. For each component, a Government official will be designated to work with the designated UNFPA counterpart. This official will have overall responsibility for the planning, managing and monitoring of the programme activities in that component.
55. At the district level, Chief Administrative Officer (CAO) will be responsible for coordinating the implementation of the Programme and the District Health Officer, District Population Officer/Planner and District Community Development Officer will provide technical guidance as well as monitoring and support supervision. The implementation of the Programme at the district level will be within the government decentralization framework.
56. UNFPA will provide the necessary support to strengthen programme design, implementation, monitoring, evaluation and coordination.

Programme Implementation

57. The Programme will be mainly implemented by national institutions, including government entities, Civil Society Organizations, Networks/coalitions and academic institutions. Some other interventions could be implemented through UNFPA, other UN agencies, and international partners. UNFPA execution will be limited to technical assistance, procurement of contraceptives and some equipment, studies and research and recruitment of international consultants. All implementing partners will implement the Programme within the context of the NDP, UNDAF and CPD.

58. The criteria for selecting implementing partners will be based primarily on the principles of national ownership, national leadership, and national execution. Added to this, selection will be based on the existence of sound management systems including financial management, institutional and technical capacities, proven past experience in implementing related activities, comparative advantage, complementarity and potential to contribute uniquely to the Country Programme outcomes and outputs. The programme implementation will utilize the existing structures within government institutions and other implementing partners in line with HACT and Country Programme Policies and Procedures.
59. In the areas of common interest among UN agencies, such as population, gender empowerment, gender-based violence, maternal health, youth, humanitarian interventions, and the like, joint programming and joint programmes will be considered and joint monitoring and annual reviews will be held to assess progress within the M&E Framework of UNDAF.
60. Implementing partners will be expected to carry out activities within the set guidelines and mechanisms to monitor and report on results of activities. Implementing partners will report to UNFPA and the designated government coordinating institutions according to an agreed format. With UNFPA prior agreement, implementing partners may subcontract some activities to the contractors. The contractors will report to the implementing partner with copies to UNFPA; however accountability will remain with the implementing partners to incorporate the information into their programme and financial reports.
61. The Programme will include both downstream and upstream interventions and implemented at the national level and in a selected number of districts selected based on socio-demographic indicators. At the national level, the focus will be on policies and advocacy, while programmes at the district level will address specific population, reproductive health and gender needs, employing a results-based programming and management approach. A list of focus districts and/or geographical areas is agreed upon by the government and UNFPA, as appeared in Annex 6 and will be reviewed periodically.
62. Annual Work Plans will be developed by implementing partners with UNFPA assistance within the framework of CPAP. Within the year, quarterly and annual review meetings will be conducted for implementers by the component coordinators in collaboration UNFPA to review the status of implementation, achievements and results. Regular field monitoring visits in the project sites will be conducted by all parties involved, including during quarterly and annual review meetings.
63. All cash transfers to an implementing partner are based on the Annual Work Plans agreed between the implementing partner and UNFPA.
64. Cash transfers for activities detailed in AWP's can be made by UNFPA using the following modalities:
 1. Cash transferred directly to the implementing partner:
 - a. Prior to the start of activities (direct cash transfer), or
 - b. After activities have been completed (reimbursement);
 2. Direct payment to vendors or third parties for obligations incurred by the implementing partners on the basis of requests signed by the designated official of the Implementing Partner;
 3. Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with implementing partners.
65. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNFPA shall not be obligated to reimburse expenditure made by the implementing partner over and above the authorized amounts.
66. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.
67. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review conducted jointly by the UN system under Harmonized Approach to Cash Transfer policy.
68. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may also be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

Programme Monitoring and Evaluation

69. As part of this CPAP, a monitoring and evaluation framework has been developed in line with the government and UNDAF systems. Monitoring will be done through joint field visits and regular review mechanisms that will be harmonized with national sectoral mechanisms, such as Health Sector Wide Approach and its Working Groups and Local Development Partners Group and its sub-groups. The Programme will use household surveys, census results, management information systems and service statistics to generate data for monitoring and evaluation of programme performance. The CP outcome indicators are linked to Joint Assistance Framework indicators for the country.

Human Resources

70. UNFPA Country Office in Uganda will consist of a representative, a deputy representative, one assistant representative, four senior National Programme Officers, an operations manager, and a number of programme and administrative support staff. Furthermore, Junior Professional Officers, United Nations Volunteers, interns, national professional project personnel and other project personnel may also be recruited to strengthen programme implementation. The Country Office will enlist support of the national and international experts and institutions, the UNFPA Africa Regional Office and Sub-Regional Office, and the headquarters units.

Resource Mobilization

71. UNFPA country office will develop and implement a resource mobilization plan to support the Country Programme implementation. UNFPA will assist government and other partners in lobbying for additional resources for an increase in budgetary allocation for population, gender and RH programmes. Districts and communities will be mobilized to make contributions for programme implementation. These contributions will be in cash or in-kind in form of personnel and time. These contributions will enhance community participation, programme sustainability and ownership.





Part VII.

Monitoring and Evaluation

72. The Country Programme Action Plan (CPAP) and the Annual Work Plans (AWPs) provide a crucial guide for implementation of the Country Programme. Annual Work Plans detail the outputs and targets to be delivered, activities to be carried out, the responsible implementing institutions, expected timeframes and planned inputs. Implementing partners will develop their workplans in close collaboration with UNFPA and implement the workplans on quarterly basis. IPs will report progress and expenditure on a quarterly basis using the Annual Work Plan Monitoring Tool, the Funding Authorization and Certificate of Expenditure (FACE), summary activity report format and field monitoring report tool. CO programme and finance staff will be responsible for monitoring progress of each implementing partner.
73. UNFPA will sign separate Letters of Understanding (LOUs) with each implementing partner. These Letters of Understanding provide details on accountability, use of funds provided by UNFPA, banking arrangements, accounting and financial reporting, and audit and control mechanisms. Responsible officials will utilize such funds in accordance with government and UNFPA regulations and rules, in particular ensuring that funds are spent against prior approved AWP activities and budgets, and ensuring adequate reporting as specified. Any balance of funds unutilized or which could not be used in accordance with the original plan can be reprogrammed by mutual consent between the IP and UNFPA, or returned to UNFPA.
74. The CP will also be monitored through coordination and review meetings. Quarterly coordination meetings will be held to assess progress, identify and respond to constraints during the quarter. The quarterly coordination meeting will also provide cumulative progress towards achieving the annual targets. An in-depth annual review and planning meeting will be conducted at the end of each year, linked to the UNDAF annual review process. This review and planning will look at annual work plan implementation and progress toward reaching the CPAP's defined results and targets using the annual workplan monitoring tools, the CPAP monitoring and tracking tool, and annual expenditure information and identify key interventions for the next year of the CP. The annual review and planning meeting will be in third quarter to ensure adequate time for development, consultation and approval of new Annual Work Plans for the following year. The results of this annual review will also be used to complete the Country Office Annual Report and to inform the UNDAF review process. Biannual briefing meetings will be held for district and national elected leadership on the progress of implementation of the CP Annual Workplans.
75. A Country Programme mid-term review and final evaluation are also envisaged and will also be linked to the UNDAF review and evaluation processes. The mid-term review to be conducted in 2012 will be an opportunity to look at progress to date and relevance of strategies. The CPAP evaluation will occur towards the end of the programme cycle, and will assess overall progress towards achievement of CP outcomes and outputs, and inform future CP development. The CPAP Evaluation will however focus some key elements of the CP.
76. The delivery of the country programme will be aligned with government processes and procedures. The monitoring and evaluation of the Country Programme will build on and contribute to national monitoring and evaluation systems, including the National Integrated Monitoring and Evaluation System (NIMES) for National Development Plan and MDG monitoring, and the relevant sectoral monitoring systems whenever possible. The annual NDP review, the health sector annual and mid-term reviews, the education sector review, the gender assessment and the HIV/AIDS strategic plan review and other sectoral reviews will all occur during the country programme cycle, and will provide in-depth information



and updated data for CPAP monitoring. The implementation of the CPAP will contribute to achievement of the sectoral targets.

77. Specific studies will be conducted and will provide relevant information for CP monitoring. Such studies include the DHS, National Household Survey, HIV/AIDS related studies, the Panel Survey and programme specific studies. A strategy of promoting research for the country programme has been identified under the population and development component and it will cut across the gender and reproductive health components. A population M&E database for monitoring the performance of the CP, National Population Policy (NPP), National Development Plan, International Conference on Population and Development – Programme of Action (ICPD-PoA) and Millennium Development Goals (MDG), and for advocacy will be established and will contribute to the overall National Database.
78. Financial performance of implementing partners and the UNFPA CO will be reviewed on a regular basis. The UNFPA CO staff will be responsible for monitoring performance on a quarterly basis, and external audits will be regularly undertaken in compliance with UNFPA and UN harmonized regulations. Implementing partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by the UNFPA. To that effect, Implementing partners agree to the following:
 1. Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives,
 2. Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring,
 3. Special or scheduled audits. UNFPA, in collaboration with other UN agencies (where desired) will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.
79. The CPAP Results and Resources Framework, The CPAP Monitoring Tool and the CPAP M&E calendar are attached as Annexes I, II and III.

Part VIII.

Commitments of UNFPA

80. UNFPA will commit an amount of US\$ 30 million in support of this CPAP covering the period 2010-2014, subject to the availability of funds. UNFPA will also seek additional funding from other sources, subject to donor interest in the proposed interventions of this CPAP. The total amount that will be sought from other sources will be to the tune of US\$ 15 million bringing a total contribution to US\$ 45 million. This support from regular and other resources shall be exclusive of funding received in response to emergency appeals.
81. UNFPA support for the development and implementation of activities within this Country Programme Action Plan will be in line with key programme strategies:
 - 1) building and using a knowledge base for informed decision making;
 - 2) advocacy and policy dialogue for increased resources and conducive implementation environment;
 - 3) promoting, strengthening and coordinating partnerships for effective implementation;
 - 4) community mobilization, and
 - 5) developing systems of counterpart institutions for improving performance.
82. Specifically, the Programme will support procurement of relevant supplies and equipment, provision of services, support supervision, data collection/analysis, advocacy, systems building, policy formulation and implementation and management, and monitoring and evaluation.

83. Support will be provided to national counterparts (including civil society organizations) as agreed within the framework of the individual AWP. The release of funds will be in accordance with guidelines and financial procedures as provided by UNFPA. Specific details on the allocation and yearly phasing of UNFPA's assistance will be reviewed and further detailed through the preparation of the AWP.
84. In case of direct cash transfer or reimbursement, UNFPA shall notify the implementing partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner in 10-15 working days
85. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within 10-15 working days.
86. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.
87. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.
88. During the quarterly and annual review meetings, Component Manager, UNFPA and respective implementing partners will examine the rate of implementation for each programme component. Subject to the conclusions of review meetings, if the rate of implementation in any programme component is substantially below the annual estimates, funds may be re-allocated by mutual consent between the government and UNFPA to other programmatically equally worthwhile strategies that will yield results.
89. UNFPA maintains the right to request the return of any cash, equipment or supplies furnished by it, which are not used for the purpose specified in the AWP or are un-accounted for as per audit reports. UNFPA will keep the government informed about the UNFPA Executive Board policies and any changes occurring during the programme period.
90. UNFPA through the National Coordinating Authority will provide regular updates on disbursement of and expenditures on the Country Programmes interventions. This will include all funding that goes to government as well as Non Government Implementing Partners. This will be done through a UN wide harmonised reporting to government. UNFPA will support the mutual accountability mechanisms that will be put in place by the Office of the UN Resident Coordinator in Uganda and the Governments of Uganda.



Part IX.

Commitments of the Government

91. The Government of Uganda will commit counterpart funding to the programme, and will also work with UNFPA in the efforts to raise funds required to meet the additional financial needs of this CPAP as may be identified in the course of project implementation. The Government of Uganda will continue to provide annual financial contributions to UNFPA Core Fund.
92. Government will provide all personnel, premises, supplies, recurring and non-recurring support necessary for the programme, except as provided by UNFPA and/or other UN agencies, international organisations or bilateral agencies, or non-government organisations.

93. UNFPA will be exempted from Value Added Tax or any other forms of taxation in respect of procurement of supplies and services in support of this CPAP. Government will also accord to UNFPA officials and other persons performing services on its behalf, such facilities and services as are accorded to officials and consultants of the various funds, programmes and specialized agencies of the United Nations.
94. A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the agreed on Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.
95. Cash transferred to Implementing Partners shall be spent for the purpose of activities as agreed in the AWP only.
96. Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWP, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures is not consistent with international standards, UNFPA regulations, policies and procedures will apply.
97. In the case of international NGO and IGO Implementing Partners, cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWP, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.
98. To facilitate scheduled and special audits, that will be conducted by the Office of Auditor General in coordination with UNFPA, each Implementing Partner receiving funding from UNFPA will provide OAG, UNFPA or their representatives with timely access to:
 - all financial records which establish the transactional record of the cash transfers provided by UNFPA;
 - all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.
99. The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore:
 - Receive and review the audit report issued by the auditors.
 - Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA that provided cash
 - Undertake timely actions to address the accepted audit recommendations.
 - Report on the actions taken to implement accepted recommendations to the UN agencies, on a quarterly basis.

Part X.

Other Provisions

100. This CPAP supersedes any previous signed Country Programme Document between the Government of Uganda and the United Nations Population Fund, and may be modified by mutual consent of both parties based on the recommendations of Annual Review Meetings. Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA Uganda, accorded by the contents and substance of the United Nations Convention on Privileges and Immunities to which Government of Uganda is signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day 15th December 2009 in Kampala Uganda.

For the Government of the Republic of Uganda:


 Signature
 HON. SYDA BBUMBA
 Name
 MINISTER OF FINANCE,
 PLANING AND ECONOMIC DEVELOPMENT
 Title

 For the United Nations Population Fund:
 Signature
 JANET JACKSON
 Name
 REPRESENTANTIVE
 Title



Annex I. The CPAP Results and Resources Framework

The results and resources framework captures the programme results (outcomes and outputs) that GoU/UNFPA Seventh Country Programme will be accountable for over a five-year period (2010 – 2014). It also clearly articulates the linkage with the UNDAF Results Matrix. Information on baselines and targets pertaining to programme outcomes is reflected in the RRF. The implementing partners responsible for delivering programme outputs are listed along with the indicative resources available annually for each output.

Population and Development Component									
National Development Plan priority objective 7: Strengthen good governance and improve human security									
National Development Plan priority objective 8: Promoting sustainable population and use of the environment and natural resources.									
UNDAF outcome 1: By 2014, the Government and civil society have improved capacity for governance and accountability in order to reduce geographic, economic and demographic disparities in attaining the Millennium Development Goals									
Country programme outcome	Country programme output	Output indicators	Implementing Partners	Indicative resources by output (per annum, million USUSD)					
				2010	2011	2012	2013	2014	Total
Outcome: Public and civil society institutions and targeted communities formulate and implement harmonized rights-based policies, programmes and legal frameworks on population dynamics, household economics, food and social security, employment, the environment and natural resources to reduce vulnerability Outcome indicator: National and sub-national plans and budget frameworks incorporate population dynamics	Output 1: Up-to-date population data disaggregated by age and gender is analysed and used for development planning, decision-making and monitoring progress at national and sub national levels Output 2: Community leaders and policy makers are mobilized as champions at national and district levels to address population challenges and reproductive health, using evidence-based research arguments.	<ul style="list-style-type: none"> percent data sets disaggregated by age and sex derived from the census and other national surveys are analysed and used for decision-making at all levels Amount of financial resources mobilised for census/survey processes Number of sectors and targets districts with functional databases that use data for decision-making Number of sectors and targets districts that are able to access and use IMIS for decision-making 	Local governments; Ministry of Local Government; National Planning Authority; Office of the Prime Minister; Parliamentary committees; Population Secretariat; Uganda Bureau of Statistics Development partners; United Nations programmes, funds and agencies; World Bank Civil society organizations	Regular resources					
				0.7	0.8	0.5	0.5	0.5	3
			Other resources	Other resources					
				1	1.5	1.0	0.3	0.2	4
				Regular resources					
				0.7	0.8	0.5	0.5	0.5	3
				Other resources					
				0.2	0.2	0.2	0.2	0.2	1

Reproductive Health Component

National Development Plan Priority objective 4: Increasing access to quality social services and enhancing human capital development
 National priority objective 8: Promoting sustainable population and use of the environment and natural resources.
 UNDAF Outcome 3: Vulnerable populations in Uganda, especially in the north, have increased access to and use of sustainable and quality basic social services by 2014.

Country programme outcome	Country programme output	Output indicators	Implementing Partners	Indicative resources by output (per annum, million (USD)						
				2010	2011	2012	2013	2014	Total	
<p>Outcome: The Government and civil society at all levels are delivering equitable, high-quality social services to an increasing number of beneficiaries in selected geographical areas</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Contraceptive prevalence rate is increased from 24 to 34 per cent Unmet need for family planning is reduced from 41 to 35 per cent Percentage of deliveries attended by skilled personnel is increased from 42 to 70 per cent Twenty per cent increase in condom use during last high-risk sexual encounter, from 34.9 per cent for women and 57 per cent for men Teenage pregnancy rate is reduced from 25 to 20 per cent Average annual output from midwifery training institutions 	<p>Output 1: Health systems are improved to increase women's utilization of midwifery services in pregnancy care, childbirth and the management of related complications</p>	<ul style="list-style-type: none"> Percentage of deliveries in target districts attended by midwives or skilled attendants Number of obstetric fistula cases successfully repaired at supported districts The national midwifery training curriculum is revised and used by midwifery institutions 	<ul style="list-style-type: none"> Ministry of Health Local Governments CSOs & FBOs Media houses Women groups Cultural institutions Midwifery Associations Parliament of Uganda World Bank, WHO & UNICEF HDPs Private sector 	0.8	0.8	1	1	0.8	4.8	
	<p>Output 2: Social and institutional structures are mobilized to accelerate the use of modern family planning methods by women, men and young people</p>	<ul style="list-style-type: none"> Percentage of health facilities in target districts without stock-outs of at least 3 FP methods Number of new clients utilizing family planning methods in targeted districts Percentage increase in government share in budget allocation for, and expenditure on contraceptives Number of coalitions and alliances promoting reproductive health, including family planning (UN, CSO and GoU). 	<ul style="list-style-type: none"> Ministry of Health Ministry of Education and Sport Uganda AIDS Commission Ministry of Defence Ministry of Gender, Labour & Social Development Local Governments CSOs/FBOs Media houses Women groups Cultural institutions Midwifery Associations Parliament of Uganda World Bank, WHO & UNICEF HDPs 	<ul style="list-style-type: none"> Ministry of Health Uganda AIDS Commission Local Governments CSOs & FBOs Media houses Women groups Cultural Institutions Parliament of Uganda World Bank, WHO & UNICEF Health Development Partners Private sector organisations 	0.4	0.2	0.1	0.2	0.1	1.0
	<p>Output 3: Healthy lifestyle choices related to sexual and reproductive health are increased for young people and vulnerable groups</p>	<ul style="list-style-type: none"> Revised secondary school curricula integrate sex education, Y/N National HIV prevention policy includes rights for populations most at risk Y/N Number of target districts with plans for integrated reproductive health and HIV/AIDS services for young people and vulnerable populations Number of Health Units providing integrated RH and HIV/AIDS services in target districts 	<ul style="list-style-type: none"> Ministry of Health Uganda AIDS Commission Local Governments CSOs & FBOs Media houses Women groups Cultural Institutions Parliament of Uganda World Bank, WHO & UNICEF Health Development Partners Private sector organisations 	<ul style="list-style-type: none"> Ministry of Health Uganda AIDS Commission Local Governments CSOs & FBOs Media houses Women groups Cultural Institutions Parliament of Uganda World Bank, WHO & UNICEF Health Development Partners Private sector organisations 	0.4	0.4	0.2	0.2	0.4	2.0

Gender Component

National Development Plan Priority 4: Increasing access to quality social services and enhancing human capital development
 UNDAF Outcome 3: Vulnerable populations in Uganda, especially in the north, have increased access to and use of sustainable and quality basic social services by 2014.

Country programme outcome	Country programme output	Output indicators	Implementing Partners	Indicative resources by output (per annum, million USUSD)					
				2010	2011	2012	2013	2014	Total
<p>Outcome: Individuals and communities especially the most vulnerable are empowered to demand comprehensive packages of social services.</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Extent to which functioning mechanisms for prevention and response to Gender-Based Violence exist in target districts. percent of individuals who have ever experienced physical or sexual violence and sought help from a) doctor b) police c) lawyer and d) social service organization, disaggregated by sex 	<p>Output 1: Public and civil society sectors capacity for Gender-Based Violence prevention and management is strengthened.</p>	<ul style="list-style-type: none"> Number of targeted districts plans and budgets that incorporate Gender-Based Violence prevention and response interventions. Number of Gender-Based Violence survivors utilizing response services in targeted districts. Number of sectoral, local government expenditure frameworks allocate funds for the implementation of the 1325, 1820 and Goma Number of target districts that have a functional system in place to regularly record GBV incidence at overall district level Number of selected GBV related policies/legislation² passed into law by Parliament 	<ul style="list-style-type: none"> Civil Society Organizations Ministry of Gender, Labour and Social Development Local governments National Planning Authority Ministry of Health Ministry of Justice and constitutional affairs Police United Nations programmes, funds and agencies 	1	1.3	1.4	1.3	1	6
	<p>Output 2: Women and men groups advance reproductive rights and gender equality, creating a critical mass for social transformation.</p>	<ul style="list-style-type: none"> Number of target districts plans that incorporate reproductive rights and gender equality. Number of coalitions/alliances active for gender equality. Proportion of men and women (15-49) who agree with all specified reasons for wife's refusal of intercourse with the husband Research agenda on gender equality and RH exist, Y/N 	<ul style="list-style-type: none"> Civil Society Organizations Ministry of Gender, Labour and Social Development Local governments National Planning Authority Ministry of Health Ministry of Justice and constitutional affairs Police United Nations programmes, funds and agencies 	<ul style="list-style-type: none"> Civil Society Organizations Ministry of Gender, Labour and Social Development Local governments National Planning Authority Ministry of Health Ministry of Justice and constitutional affairs Police United Nations programmes, funds and agencies 	0.5	1	1	1	0.5

Annex II. The CPAP Planning Tool

Country: **UGANDA**
 CP Cycle: **7th (2010-2014)**

Population and Development Component

National Development Plan priority objective 7: Strengthen good governance and improve human security
National Development Plan priority objective 8: Promoting sustainable population and use of the environment and natural resources.
 UNDAF Outcome: By 2014, the Government and civil society have improved capacity for governance and accountability in order to reduce geographic, economic and demographic disparities in attaining the Millennium Development Goals

Result	Indicator	Responsible Party	MOV	Base-line	2010 Target	2011 Target	2012 Target	2013 Target	2014 Target
CP Outcome: Public and civil society institutions and targeted communities formulate and implement harmonized rights-based policies, programmes and legal frameworks on population dynamics, household economics, food and social security, employment, the environment and natural resources to reduce vulnerability	<ul style="list-style-type: none"> Number of national and sub-national plans and budget frameworks incorporate population dynamics 		CP baseline survey	National: 0 full score District: 0 full score	Increase ³	Increase	Increase	Increase	Increase
Output 1: Up-to-date population data disaggregated by age and gender is analysed and used for development planning, decision-making and monitoring progress at national and sub national levels	<ul style="list-style-type: none"> Percent data sets disaggregated by age and sex derived from the census and other national surveys are analysed and used for decision-making at all levels Amount of financial resources mobilised for census/survey processes 		CP baseline survey UNFPA	District: 60 National: 80	D: 65 N: 85	70 90	80 95	90 100	D: 100 N: 100
Output 2: Community leaders and policy makers are mobilized as champions at national and district levels to address population challenges and reproductive health, using evidence-based research arguments.	<ul style="list-style-type: none"> Number of sectors and target districts that are able to access and use IMIS for decision-making. Percentage of districts that allocate funds in budgets and spend them on population issues Percentage of National Population action plan interventions implemented National Population Council and the Population Secretariat are integrated into the institutional frameworks for national planning and review processes Existence of a functional national population/M&E database, Y/N 		CP baseline survey CP baseline survey CP baseline survey UNFPA	Resource mob. plan prepared District: 0 Sector: 0	Increase D: 1 S: 1	Increase D: 2 S: 2	Increase D: 4 S: 3	Increase D: 6 S: 4	Increase D: 8 S: 5
			CP baseline survey	0 fully; 37.5 at least 2 areas	15 fully	25 fully	50 fully	75 fully	100 fully
			CP baseline survey	District: 0 National: 0	20 20	40 40	60 60	80 80	100 100
			CP baseline survey	Council not exist: POPSEC: BFP, APR, DDPs, sector& ntl planning	Council established; TBD	TBD	TBD	TBD	TBD
			UNFPA	NO	YES	YES	YES	YES	YES

Reproductive Health Component

National Development Plan priority objective 4: Increasing access to quality social services and enhancing human capital development
National Development Plan priority objective 8: Promoting sustainable population and use of the environment and natural resources.
 UNDAF Outcome: **Vulnerable populations in Uganda, especially in the north, have increased access to and use of sustainable and quality basic social services by 2014.**

Result	Indicator	Responsible Party	MOV	Base-line	2010 Target	2011 Target	2012 Target	2013 Target	2014 Target
CP Outcome: The Government and civil society at all levels are delivering equitable, high-quality social services to an increasing number of beneficiaries in selected geographical areas	<ul style="list-style-type: none"> Contraceptive prevalence rate Unmet need for family planning Percentage of deliveries attended by skilled personnel Condom use during last high-risk sexual encounter Teenage pregnancy rate Average annual output from midwifery training institutions 		DHS, Panel Survey DHS, Panel Survey DHS, Panel Survey UDHS Biannual Report, Human resources for Health	24 41 42 34.9 (w) 57 (m)	25 40 45 35	30 35 49	35 30 56	40 25 63	45 20 70
			CP baseline survey	25	D: 25 N: 37	D: 32 N: 40	D: 39 N: 43	D: 46 N: 46	D: 50 N: 50
			CP baseline survey	0	TBD	TBD	TBD	TBD	TBD
			CP baseline survey	NO revised NO used	YES revised NO used	YES revised YES used	YES revised YES used	YES revised YES used	YES revised YES used

Reproductive Health Component

National Development Plan priority objective 4: Increasing access to quality social services and enhancing human capital development

National Development Plan priority objective 8: Promoting sustainable population and use of the environment and natural resources.

UNDAF Outcome: Vulnerable populations in Uganda, especially in the north, have increased access to and use of sustainable and quality basic social services by 2014.

Result	Indicator	Responsible Party	MOV	Base-line	2010 Target	2011 Target	2012 Target	2013 Target	2014 Target
Output 2: Social and institutional structures are mobilized to accelerate the use of modern family planning methods by women, men and young people	Percentage of health facilities in target districts without stock-outs of at least 3 FP methods		CP baseline survey	65	72	80	87	94	100
	Number of new clients utilizing family planning methods in targeted districts		CP baseline survey	8,988	11,123	12,360	13,596	14,832	16,069 ⁶
	Percentage increase in government share in budget allocation for, and expenditure ⁵ on contraceptives		MoH, UNFPA, UNDAF	4.2 (GoU) vs. 95.8 (DFs); 6.4 of RH budget	10 (GoU)	20 (GoU)	30 (GoU)	40 (GoU)	50 (GoU) vs. 50 (DFs)
	Number of coalitions and alliances promoting reproductive health, including family planning (UN, CSO and GoU).		CP baseline survey	District: 5 National: 2	10%	20%	30%	40%	50 of RH budget
Output 3: Healthy lifestyle choices related to sexual and reproductive health are increased for young people and vulnerable groups	Revised secondary school curricula integrate sex education, Y/N		UNFPA	NO	NO	YES	YES	YES	YES
	National HIV prevention policy includes rights for populations most at risk Y/N		UNFPA	NO	NO	YES	YES	YES	YES
	Number of target districts with plans for integrated reproductive health and HIV/AIDS services for young people and vulnerable populations		CP baseline survey	2/8 full integration; 2/8 partial integration; 4/8 no integration	4/8 full integration	5/8 full integration	6/8 full integration	7/8 full integration	8/8 full integration
	Percentage of Health Units providing integrated RH and HIV/AIDS services in target districts		CP baseline survey	73	78	85	90	95	100

Gender Component

National Development Plan priority objective 4: Increasing access to quality social services and enhancing human capital development

UNDAF Outcome: Vulnerable populations in Uganda, especially in the north, have increased access to and use of sustainable and quality basic social services by 2014.

Result	Indicator	Responsible Party	MOV	Base-line	2010 Target	2011 Target	2012 Target	2013 Target	2014 Target
CP Outcome: Individuals and communities especially the most vulnerable are empowered to demand comprehensive packages of social services.	Extent to which functioning mechanisms for prevention and response to Gender-Based Violence exist in target districts. Violence exist in target districts. percent of individuals who have ever experienced physical or sexual violence and sought help from a) doctor b) police c) lawyer and d) social service organization, disaggregated by sex		CP baseline survey	2/8 districts full score	3/8	4/8	5/8	7/8	8/8 districts full score
	Number of targeted districts plans and budgets that incorporate Gender-Based Violence prevention and response interventions.		UDHS	Women/Men: a) 1.3/ 4.0 b) 5.5/11.9 c) 0.2/ 0.2 d) 17.8/23.3	a) 2.2/5.6 b) 7.5/13 c) 0.7/0.7 d) 19/25	a) 2.9/6.7 b) 9/15 c) 1.2/1.2 d) 20/26	a) 3.6 / 7.8 b) 11/17 c) 1.5/1.5 d) 22/27	a) 4.3/ 8.9 b) 13.5/19 c) 1.8/1.8 d) 24/29	Women/Men ⁷ : a) 5/ 10 b) 15/ 20 c) 2 / 2 d) 25/ 30
	Number of targeted districts that incorporate Gender-Based Violence prevention and response interventions.		CP baseline survey	0 full integration	0	2	4	6	8 full integration
	Number of Gender-Based Violence survivors utilizing response services in targeted districts.		CP baseline survey	2,650	3,130	3,478	3,826	4,174	4,521 ⁹
Output 1: Public and civil society sectors capacity for Gender-Based Violence prevention and management is strengthened.	Number of sectoral, local government expenditure frameworks allocate funds for the implementation of the 1325, 1820 and Goma		CP baseline survey	0	Increase	Increase	Increase	Increase	Increase
	Number of target districts that have a functional system in place to regularly record GBV incidence at overall district level		CP baseline survey	4	4	5	6	7	8
	Number of selected GBV related policies/legislation ⁸ passed into law by Parliament		UNFPA	1/5	2/5	3/5	4/5	5/5	5/5
	Number of target districts plans that incorporate reproductive rights and gender equality.		CP baseline survey	0 full integration; 2 partial	2/8 full integration	4/8 full integration	6/8 full integration	7/8 full integration	8/8 full integration
Output 2: Women and men groups advance reproductive rights and gender equality, creating a critical mass for social transformation.	Number of coalitions/alliances active for gender equality.		CP baseline survey	District: 2 National: N/A ¹⁰	Increase	Increase	Increase	Increase	Increase
	Proportion of men and women (15-49) who agree with all specified reasons for wife's refusal of intercourse with the husband		UDHS	Women/Men: 60.7/ 63.2	Increase	Increase	Increase	Increase	Increase
	Research agenda on gender equality and RH exist. Y/N		UNFPA	NO	NO	YES	YES	YES	YES

	Year 1 (2010)	Year 2 (2011)	Year 3 (2012)	Year 4 (2013)	Year 5 (2014)
Surveys /Studies	Thematic studies and surveys (specify) Support to annual panel survey Support to census 2012	Thematic studies and surveys (specify) Support to annual panel survey Support to UDHS Support to census 2012	Thematic studies and surveys (specify) Support to annual panel survey Support to census 2012 Support further analysis of survey data	Thematic studies and surveys (specify) Support to annual panel survey Support to census 2012 Support further analysis of survey data	Thematic studies and surveys (specify) Support to annual panel survey Support to census 2012 Support further analysis of survey and census data
Monitoring Systems	Establish M&E Database	Update M&E Database	Update M&E Database	Update M&E Database	Update M&E Database
Evaluations			Mid-year CP evaluation		End of CP evaluation
Reviews	CP quarterly review and coordination meetings UNDAF and CP Annual reviews	CP quarterly review and coordination meetings UNDAF and CP Annual reviews	CP quarterly review and coordination meetings UNDAF and CP Annual reviews	CP quarterly review and coordination meetings UNDAF and CP Annual reviews	CP quarterly review and coordination meetings UNDAF and CP Annual reviews
Support activities	Routine and Joint Monitoring field visits Technical support visits to IPs	Routine and Joint Monitoring field visits Technical support visits to IPs	Routine and Joint Monitoring field visits Technical support visits to IPs	Routine and Joint Monitoring field visits Technical support visits to IPs	Routine and Joint Monitoring field visits Technical support visits to IPs
UNDAF final evaluation milestones	UNDAF Baseline		UNDAF Mid-year review		UNDAF Evaluation
M&E capacity- building	Training on M&E and RBM for UNFPA implementing partners	Technical backstopping for IPs Information sharing on M&E issues	Technical backstopping for IPs Information sharing on M&E issues	Technical backstopping for IPs Information sharing on M&E issues	Technical backstopping for IPs Information sharing on M&E issues
Use of information	Annual Workplan Development MDG Reporting	Annual Workplan Development MDG Reporting	Annual Workplan Development MDG Reporting	Annual Workplan Development MDG Reporting	Annual Workplan Development MDG/ICPD Reporting
Partner activities	Annual panel survey	UDHS Annual panel survey	Annual panel survey Census 2012	Annual panel survey Census 2012 data analysis and report writing Further analysis of survey data	Annual panel survey Census 2012 data analysis and report writing Further analysis of survey data
Planning references					

Annex IV. Geographical Coverage

The 7th GoU/UNFPA CP will support interventions both at national and district levels. Government and UNFPA through consultation with other stakeholders identified districts in which the new CP will focus.

The following criteria were used to arrive at the proposed districts for the next CP.

- Poor indicators represented by very low Composite Index computed using (Total fertility rate (TFR), Skilled attendance at birth, Adolescent Fertility (15 – 19), Women (15-49) who ever experienced physical violence, Net enrolment ratio disaggregated by sex for secondary education, Percentage of Deliveries in government and NGO facilities, Percentage of HIV/AIDS service availability, Population growth rate, Percentage of people living in poverty and Population size)
- Presence and performance of past GoU/UNFPA pas programmes: Continuity, consolidating earlier interventions
- Districts with adequate and functional structures; supportive environment
- Presence of other UN Agencies – coherence and delivering as one.
- Regional distribution/representation
- Unique issues – FGM, HIV/AIDS, CSW – to influence national policy
- Available resource envelope

Based on the above criteria the list of agreed upon districts for the 7th GOU/UNFPA Country Programme is shown in the table below:

Region	District
Central	1. Mubende
Eastern	2. Katakwi
Karamoja	3. Kaabong
	4. Kotido
	5. Moroto
Northern	6. Oyam
West Nile	7. Yumbe
Western	8. Kanungu

In addition to the above identified districts for the next country programme that will be directly supported under the regular resources, UNFPA will support interventions in some other districts using the resources mobilized during the course of the programme and the UNFPA thematic funds. Some of the districts that will be covered under this modality of UNFPA support are indicated in the table below.

Programme	Districts
Gender Based Violence	Pader, Kitgum, Gulu, Amuru, Soroti, Amuria, Katakwi, Moroto
UN Support to the PRDP	Kitgum, Pader, Amuru, Gulu, Lira, Apac, Oyam, Amolatar, Dokolo, Abim
Unique issues	
• FGM	Kapchorwa, Bukwo, Nakapiriprit
• HIV/AIDS- CSW	Kampala, Gulu, Pader, Arua, Kalangala
Regional sub-offices and coordination	Gulu, Moroto, Mbarara

Note: Depending on the prevailing context, the geographical coverage may be adjusted.

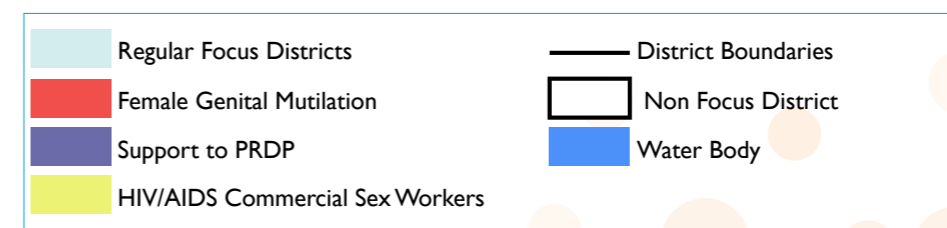
(Footnotes)

- 1 Includes analysis of both 1) % government share of procurement of all contraceptives vs. DP share of procurement of all contraceptives, and 2) % of government expenditure of the government reproductive health commodities and supplies budget (UNDAF)
- 2 Domestic Violence Bill; FGM Bill; Sexual Offences Bill; Marriage and Divorce Bill; Khaddi's Bill
- 3 Increase means increase from the previous year.
- 4 Annual increase by 10% in total number of midwife output.
- 5 Includes analysis of both 1) % government share of procurement of all contraceptives vs. DP share of procurement of all contraceptives, and 2) % of government expenditure of the government reproductive health commodities and supplies budget (UNDAF)
- 6 Calculation: Annual increase of average increase from all 8 districts (1,134 = 13%) + annual increase of 10%
- 7 Based on country interventions and baseline values in 2006.
- 8 Domestic Violence Bill; FGM Bill; Sexual Offences Bill; Marriage and Divorce Bill; Khaddi's Bill
- 9 Calculation: Annual increase of average increase from all 8 districts (331.25) + annual increase of 5%
- 10 Data not available

2010 - 2014 Government of Uganda / UNFPA Country Programme Focal Points



UNFPA PROGRAMME



Because
EVERYONE
counts



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