

**Government of Uganda/  
United Nations Joint  
Programme of supporting  
the National Population Policy**



# **Joint Programme on Population**



THE REPUBLIC OF UGANDA

***Investing in People***



UNITED NATIONS





# Joint Programme on Population



Joint Programme on Population  
**Investing in people**



Country: UGANDA

**Programme Title: United Nations Joint Programme of support for implementing the National Population Policy**

Joint Programme Outcomes:

1. Fertility reduced in line with individual/couple choices especially among young people.
2. Prepared and protected healthy mothers, children and youth
3. Youth and vulnerable groups have competitive skills and opportunities to actively participate in the economy and urban development.
4. Adequately resourced, coordinated and managed national population programme

Programme Duration: 4 years (2011-2014)

Anticipated start/end dates: Jan 2011-Dec 2014

Fund Management Option(s): Combination  
(Parallel and pass-through,)

Administrative Agent: UNFPA

Total estimated budget: \$185,827,982

Out of which:

- |                     |              |
|---------------------|--------------|
| 1. Funded Budget:   | \$88,578,545 |
| 2. Unfunded budget: | \$97,249,437 |

\* Total estimated budget includes both programme costs and indirect support costs

**Sources of funded budget:**

• UNFPA	\$18,281,545
• UNICEF	\$2,695,000
• WFP	\$16,500,000
• UN-HABITAT	\$2,942,000
• UNHCR	\$1,500,000
• ILO	\$1,000,000
• IOM	\$500,000
• WHO	\$100,000
• UNIFEM	\$60,000

**Total UN Agencies** **\$ 43,578,545**

• Donor ...(DFID)	\$45,000,000
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• Government	_____
• NGO...	_____

Names and signatures of participating UN organizations UN organizations and National counterparts	
Name of Representative: Janet Jackson Signature: Name of Organization: UNFPA Date & Seal: 29.12.10	Name of Representative: Kai Nielsen Signature: Name of Organization: UNHCR Date & Seal: 05/01/11
Name of Representative: Dr Sharad Sapra Signature: Name of Organization: UNICEF Date & Seal:	Name of Director Regional Office (Africa and Arab States): Dr. Alioune Badiane Signature: Name of Organization: UN-HABITAT Date & Seal: 14/01/2011
Name of Chief of Mission: Jeremy R.A Haslam Signature: Name of Organization: IOM Date & Seal:	Name of Representative: Elizabeth Luwangi Signature: Name of Institution: UNIFEM Date & Seal: 12/12/2010 <small>United Nations Development Fund for Women Nairobi, Kenya</small>
Name of Representative: Alexio Musindo Signature: Name of Organization: ILO Date & seal: 07/02/2011	Name of Representative: Musa Bungudu Signature: Name of Organization: UNAIDS Date & Seal:
Name of Representative/Country Director: Stanlake Samkange Signature: Name of Organization: WFP Date & Seal: 01/11/2010	Name of Representative: Joaquim Saweka Signature: Name of Organization: WHO Date & Seal: 31/12/2010
<b>National Counterpart</b> Name of Head of: Charles Zirarema Signature: Name of Institution: POPSEC Date & Seal: 5/11/2011	

**Director  
POPULATION SECRETARIAT**

**Government of Uganda**

Signature:   
 Hon. Prof. Ephraim Kamuntu  
 Minister of State for Finance  
 Name of Institution: Ministry of Finance Planning and Economic Development (MoFPED)  
 Date & Seal:

MINISTER OF STATE  
 (PLANNING)  
 06 JAN 2011  
 MINISTRY OF FINANCE, PLANNING &  
 ECONOMIC DEVELOPMENT

This Memorandum of Understanding has been signed in the presence of:

Signature:   
 Name: Theophane Nikyema  
 Title: UN Resident Coordinator in Uganda  
 Place: Kampala  
 Date: 06 January 2011



# Acronyms

AA	Administrative Agent	<b>NPP</b>	<b>National Population Policy</b>
<b>ANC</b>	<b>Ante-natal care</b>	NPPAP	National Population Policy Action Plan
BCC	Behaviour Change Communication	<b>OVCs</b>	<b>Orphans &amp; Vulnerable Children</b>
<b>CBOs</b>	<b>Community Based Organizations</b>	PA	Participating Agencies
CP	Country Programme	<b>PMT</b>	<b>Programme Management Team</b>
<b>CSOs</b>	<b>Civil Society Organizations</b>	TWGs	Technical Working Groups
F/CBO	Faith/Community Based Organisation	<b>UN</b>	<b>United Nations</b>
<b>FP</b>	<b>Family planning</b>	UNAIDS	United Nations Joint Programme on AIDS
GoU	Government of Uganda	<b>UNCT</b>	<b>United Nations Country Team</b>
<b>HC</b>	<b>Health Centre</b>	UNDAF	UN Development Assistance Framework
HoA	Heads of Agencies	<b>UNDGO</b>	<b>United Nations Development Group Office</b>
<b>IDPs</b>	<b>Internally Displaced Persons</b>	UNDP	United Nations Development Programme
IEC	Information, Education & Communication	<b>UNFPA</b>	<b>United Nations Populations Fund</b>
<b>IGA</b>	<b>Income Generating Activities</b>	UN-HABITAT	The United Nations Human Settlements Programme
ILO	International Labour Organization	<b>UNHCR</b>	<b>United Nations High Commissioner for Refugees</b>
<b>IOM</b>	<b>International Organization for Migration</b>	UNGASS	United Nations General Assembly Special Session
JP	Joint Programme	<b>UNICEF</b>	<b>United Nations Children's Fund</b>
<b>JPP</b>	<b>Joint Programme on Population</b>	UNIFEM	United Nations Development Fund for women
M & E	Monitoring & Evaluation	<b>UNJPP</b>	<b>United Nations Joint Programme on Population</b>
<b>MDGs</b>	<b>Millennium Development Goals</b>	UNTWG	UN Technical Working Groups
MoGLSD	Ministry of Gender Labour and Social Development	<b>USAID</b>	<b>United States Agency for International Development</b>
<b>MoH</b>	<b>Ministry of Health</b>	WFP	World Food Programme
MoJ	Ministry of Justice	<b>WHO</b>	<b>World Health Organisation</b>
<b>MoLG</b>	<b>Ministry of Local Government</b>		
NDP	National Development Plan		
<b>NGOs</b>	<b>Non-Governmental Organizations</b>		
NPA	National Planning Authority		



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# Uganda's population

dynamics present both opportunity and a challenge for achieving sustainable economic and human development



## Executive Summary

Uganda's population dynamics present both opportunity and a challenge for achieving sustainable economic and human development. The rapid and unmanageable population growth is a key factor standing in the way of a speedier rate of development in Uganda. For the country to set itself on the path of lasting peace and sustainable progress there needs to be more harmony between the pace of growth in population and that of development. Getting that balance right is both complex and delicate and if left unmanaged, high population growth can thwart the efforts of supporting nation building. At present, population growth in Uganda is outstripping the growth in vital services, including housing, utilities, employment, education and health care. A burgeoning population of young people with ambition but no opportunity can increase vulnerability as well as civil unrest. Uganda is at a critical juncture in its stride to become a middle income country. There is growing realization of the importance of population in development. The proposed GoU/UN joint programme on Population therefore is a unique opportunity to put people and their choices central to the development effort.

For Uganda, managing the population situation to reap demographic bonus would mean: harnessing young people's energies, potential and channeling this productively; enabling couples and women especially have options to realize their family planning choices and; accelerating the decline in maternal and neo natal morbidity; mobilizing leadership to champion the right of individuals and couples to make choices on factors that affect equity and inclusion for the population and in the society.

Already the Government of Uganda has inbuilt population issues as one of the focus areas in the National Development Plan (NDP) 2010 – 2014 that informs national and sectoral development policies, plans and programmes. The National Population Policy's (NPP) with the overall goal 'to improve the quality of life of the people of Uganda through policies and programmes that address population trends and pattern' as elaborated in the National Population Policy action Plan (NPPAP), provides a single policy issue around which to unite and measure many key aspects of development, across the different sectors and at multiple levels.

Population dynamics has been identified in the current UN Development Assistance Framework (UNDAF) 2010- 2014 as one of the six 'Special Areas of Focus' that each UN agency should address while supporting Uganda's capacity to deliver on the National Development Plan (NDP). Given that

the goal and objectives of the NPP cut across many UN agencies supported programmes the UNCT decided to collectively develop and implement, within the framework of the current UNDAF and in the spirit of UN Reform and Delivering-as-One, the Joint Programme on Population to support the implementation of the NPP & NPPAP.

This would enable the participating agencies to collectively channel what would otherwise be agency-specific support to the Government and people of Uganda in a coordinated and harmonised approach. This joint programme will also complement existing joint programmes including the UN Peace Building and Recovery Assistance Programme for Northern Uganda (2009 – 2011) and UN joint programmes on HIV and AIDS, UNJP on Climate Change, the joint programme on sexual and gender-based violence and the Gender joint programme. The UN Joint Programme on population will directly contribute to achieving UNDAF and NDP outcomes.

The **goal** of the UN joint programme on population is to '*contribute to accelerating the onset of a beneficial demographic transition in Uganda*'. The **purpose** of this is *National, community, cultural and issue-based leadership are managing the acceleration of the down ward trend of population growth rate in Uganda*.

The programme will focus on four main outcomes: *Fertility reduced in line with individual and*



## Executive Summary

continued

*couple choices, especially among young people; prepared and protected healthy mothers, children and youth; youth and vulnerable groups have competitive skills, and opportunities to participate in the economy and urban development; and adequately resourced, coordinated and managed national population programme able to deliver its expected results efficiently and effectively.*

The key strategies that will be adopted for the attainment of these outcomes and their associated outputs include advocacy, behavior change communication and community mobilisation; research and data management; capacity development especially for planning structures and processes; and the strengthening of reproductive health and service deliver including maternal and neonatal care and family planning services and partnership building.

This proposed UN joint programme involving corporate UN effort in support of the implementation of the National Population Policy Action Plan and in so doing the National Population Policy under the coordination of the Population Secretariat, presents an effective and incisive instrument for guiding and influencing national development planning through the National Planning Authority, and catalyzing efforts for the attainment of the MDGs, as overseen through the Office of the Prime Minister.

A robust monitoring and evaluation system in line with UNDAF, NDP and NPPAP, with quantified baseline and targets, reporting and evaluation mechanisms, has been designed for the programme. This will objectively measure performance, ensure that planned inputs are made available and planned activities are undertaken as and when due, and ensure progress towards achieving programme outputs and outcomes is tracked. Programme coordination, management arrangements, responsibilities and accountabilities of participating agencies and national institutions are clearly defined. UNFPA is designated as the coordinating agency and Administrative Agent for the programme on the basis of its mandate,

capacities and comparative advantage on population issues.

As the JPP is a result of an extensive consultative process with government, CSOs and other development partners, including analytical assessments conducted by external consultants, it will be implemented by the same parties. These will include: national government institutions and CSOs, among which are Ministries of: Gender Labour and Social Development; Finance Planning and Economic Development; Health; Education; Agriculture and Fisheries; Lands, Housing & Urban Development; Local Government and Ministry of Justice. The participating UN Agencies for the joint programme are: UNFPA, UN-HABITAT, ILO, UNICEF, UNIFEM, WFP, UNHCR, IOM, UNAIDS and WHO.



# Situation Analysis

This section outlines the national context of population issues in Uganda and presents the rationale for the joint programme on Population. Demography and social sector analyses have been used as two key parameters to present the analysis. A population and development conceptual framework for demographic transition is included in Annex 1.

## 2.1 Demographic context

### 2.1.1 Growth rate

The country's population doubled in size within the last twenty years from 12.6 million in 1980 to 24.4 million in 2002, and at the current growth rate of 3.2%, the population is expected to double again to 49.2 million by 2022- medium variant fertility (UNFPA, 2009) and up to 130 million in 2050 according to NPP. The annual population growth rate is projected to increase from an estimated 3.3% per annum in 2007 to 3.5% per annum in 2011 and then start to decline back to 3.3% per annum in 2017 (UBOS, 2007). The result of the high (though declining) fertility and declining mortality reflects an initial increase in population growth rate; a stage which, when followed by more rapid and sustained fertility decline, will lead to the onset of the demographic window- bonus.

### 2.1.2 Mortality and fertility

Mortality has started to decrease, with under-five mortality rate decreasing slightly from 167 per 1000 live births in 1991 to 137 per 1000 live births by 2004. Infant mortality rate also decreased from 122 to 76 during the same period and improving maternal health (with maternal mortality ratio declining very slightly from 523 per 100,000 deliveries in 1990 to 435 in 2006 (UNDP, 2007). Life expectancy at birth was projected to increase from 50.5 for females and 45.7 for males in 1991 to 54 and 53 in 2017 respectively, based on the fact that the UDHS 2006 had shown improvement in infant and child mortality. Thus sustained mortality decline coupled with accelerated fertility decline will combine to create the onset of the demographic transition which will eventually lead to the demographic bonus.

The primary driver of the country's high and unsustainable population growth rate is the persistently high fertility rate. Census based estimates show that the total fertility rate was 7.1 in 1969 and 1991 and decreased slightly to 7.0 by 2002. Similarly DHS based estimates show that the TFR was 7.1 in 1988 decreasing slightly to 6.9 in 1995 and 2000, and 6.7 by 2006 (UBOS, 2007). UBOS projected that the fertility decline which has started will continue and TFR will reach 6.0 by 2017. The UN population division projected that Uganda's TFR will decrease from 7.1 in the period 2000-2005, to 4.87 by 2025 -2030. Key factors known to sustain this very high fertility level include: gender inequalities and the generally low status of women; a pro-natalist culture that places very high value on children as social security for parents at their old age; children are a source of labour; sex preference by some parents, insufficient access to family planning services and poverty. The education of women is a key determinant for fertility as with other reproductive health variables. According to the 2006 DHS, (women with no education have a total fertility rate of 7.8 while the desired number of children for those with primary education is 5.8 compared 3.8 for those with secondary education (UBOS, 2007). Contraceptive prevalence rate is estimated at 24% for all methods and 18% for modern methods with a high unmet need of 41% among married women.

### 2.1.3 Sexual and reproductive health

The sexual and reproductive behaviour of adolescents and young people and very high unmet need currently at 41% are some of the determinants of high fertility. New evidence on adolescent sexual and reproductive health needs reveals that 23% of young women aged 15-19 years have been in relationships with older men



## Situation Analysis

continued

before marriage compared to 4% of young men of the same age<sup>2</sup>. Despite a reasonably high contraceptive use among adolescents of 15-19 (62% girls and 57% boys) unsafe abortion among girls in this age group stands at 54%. The national teenage pregnancy rate of 25% is also high and a leading contributor to high school drop-out. Age at marriage among girls is another variable that has bearing on fertility (median at marriage is 17.8 years for girls). Currently sexual and reproductive health services targeting young people such as youth corners and other youth friendly services are piecemeal and require comprehensive assessment.

### 2.1.4 Age structure - youth dependency

Along with changes in fertility and mortality, as part of the demographic transition, comes a change in the age structure of the population – creating a basis for the potential demographic bonus (see Annex 1). Uganda's population is very young with half (49.4%) aged under 15 years; 56% aged below 18 years and the youth (ages 18 – 30) constituting 23% of the population. The dependency ratio (the ratio of those aged 0-14 and 65+ to those aged 15-64) is among the highest in the world according to UBOS 2006 (cited in NDP) the dependency ratio was estimated at 103 in 1991 increasing to reach 118 in 2006 and is expected to decrease thereafter to reach 109 by 2015. UBOS (2007), projected that the number of dependants would decrease from 116 for every 100 working persons in 2007 to 107 dependants for every 100 persons of working age in 2017. Due to the youthful population, there is a very high in-built momentum for future increases in population size, even if the fertility rate reduced to replacement levels.

### 2.1.5 Migration and urbanization

Today globally, it is acknowledged that there are more people living in cities than any other time in history. Each month five million people are added to the cities in the developing world including Uganda<sup>3</sup>. The urban population of Uganda has more than doubled in the last ten years from 1.6

million in 1991 to 3.6 million in 2002. This increase has been worsened by rural to urban migration, and by natural increase of the urban population. Yet there has not been a corresponding increase in basic infrastructure, housing, and other social amenities. Overcrowding, slums, spread of squatter settlements, unemployment, substandard housing, traffic jams and poor sanitation and waste management, have been the result, with the attendant effects on the health and welfare of the population. There is recognition that capacity for urban planning is limited in the country more especially at sub-national levels. MDG 7 D states global target to reach by 2020 'to have achieved a significant improvement in the lives of at least 100 million slum dwellers'. While Government of Uganda recognizes the problem of unplanned urbanization leading to creation of slums, the Uganda MDG Report for 2010 highlighted the lack of target set by the government to measure Uganda's progress towards attainment of MDG 7.

## 2.2 Social sector

### 2.2.1 Health and Education social services

Access to social services including education, health and sanitation has direct bearing on population aspects such as fertility and mortality. For example, higher levels of females education are associated with lower fertility and lower infant and child mortality. In the education sector, even with the universal primary education (UPE) policy in place, high rates of school drop-out exist at the primary school level particularly among girls. In 2010, only 51% of girls completed primary school, compared with 56% of boys. Quality of education in particular is a serious constraint. For example, in 2010, only 51% of P6 scholars were competent in literacy and 55% were competent in numeracy. Factors contributing to low quality include: high rates of teacher and head teacher absenteeism (a study in 2010 in 12 districts found rates of 38% and 42% respectively); reliance on rote methods of teaching and learning; lack of instructional materials; lack of latrines, in particular separate

<sup>2</sup>GUTTMACHER Institute (2008) Protecting the Next Generation in Uganda

<sup>3</sup>Plan International (2010) Because I am a Girl: The State of the world's girls 2010



latrines for girls; early marriages; pregnancy; violence against girls; high teacher to pupil ratio at the secondary school is 1: 60 whereas the target is 1:35 (NDP). Given the correlation between girls' education and fertility, among other reproductive health outcomes, supporting the transition from primary to secondary education and enhancing girls' enrolment and retention in secondary school is a priority.

The health sector is experiencing workforce challenges arising from staff numbers, skills and motivational factors. The ratio of doctors to patients in Uganda was 1: 24,725 in 2000 compared to Kenya 1: 7,100 (NDP) and the referral hospital to population ratio is 1:30,000,000 compared to WHO standard ration of doctors to patients of 1:5,000 people. Brain drain is one determinant for low number of skilled health professionals affecting access to health services including maternal and child health services.

While the proportion of population below poverty line declined from 56% in 1992/1993 to 31% in 2005/6 and is targeted to decline further to 25% in 2014/15 (MDG Report 2010) nutrition vulnerability has remained widespread with 38% of children below five years being stunted. The situation of high malnutrition has been exacerbated by negative cultural practices, low literacy levels especially among mothers, low income, and inadequate food security, lack of food storage facilities, as well as poor distribution and marketing system. This also contributes to the relatively high infant and child mortality rates. Similarly, limited access and use of safe water, inadequate hygiene and sanitation are detrimental to maternal, newborn and child health.

### **2.2.2 Employment and Livelihood**

The government recognizes that the rapid growth of the population exerts enormous pressures on its ability to provide quality social services in education, health, housing, food security, as well as environmental protection. The ability of the economy to generate sufficient employment opportunities for the increasing labour force in

particular the youth is also hampered. In addition, these sectors do not often have reliable data or sufficient capacities to effectively plan for meeting the needs of current and future populations.

Although Uganda has experienced very substantial political, economic and social transformation since the early 1990s, such that it has become one of the fastest growing economies in the world, this has not translated into adequate social services and employment opportunities for the youth and vulnerable population. Political stability has been restored, especially since the conflicts in the northern part of the country subsided. Economic growth has been strong and positive, with real GDP growth rate consistently above 6% per annum since 1990/91. However, Uganda is still classified as one of the least developed nations of the world, with a GDP per capita of \$370. Its total debt stock stands at USD 4.3 billion (over a third, 68.0%, of its annual GDP), while the budget deficit as a percentage of GDP is 11.7% (MFPED 2008).

All available evidence show that economic growth rate, improvements in the quality of life of the people and progress in attaining the MDGs would have been much higher or faster were it not for various constraints that the country has been experiencing. Among the identified constraints is high fertility rate, a bulging young population, migration and HIV prevalence. Uganda can, however, benefit from the bulging youth population (demographic bonus) if the young people are healthy, educated and have skills to contribute positively to the economic development. Currently, most of the youth are unskilled and lack the basic opportunities to acquire skills and get employment.

The current education system prepares graduates to become job seekers rather than job creators. Little emphasis is placed on entrepreneurship development, vocational training and skills development at all levels. Uganda's labour force mostly consists of less educated and unskilled persons, many of whom work in the informal sector with poor pay. Only 14% are engaged in wage employment. At the current rate of growth,



## Situation Analysis

continued

the labour force expansion requires the creation of at least 600,000 new jobs per year. During 2010, 15.6 million jobs would be required for the working age population (15-64 years). By 2025 the need would be 28 million jobs. If the current unemployment rate of 23% continues, it would mean that 4.37 million people will be unemployed (National Population Policy, 2008). To eradicate extreme poverty and hunger, and achieve full and productive employment and decent work for all including women and young people is one of the key targets for attaining MDG 1 (target 1.B).

However, the recent MDGs review revealed that Uganda has not set a target against which to measure progress. While unemployment affects the youthful population most, the youth have not actively been involved in decision making processes to influence the policies that affect them. Involving youth not only as beneficiaries but also as partners and leaders in planning and decision making will contribute to positive change.



## 3. Strategies, including lessons learnt and the proposed joint programme

### 3.1 Background/context

The current JP is derived from the UNDAF and aligned to the National Development Plan and international commitments, including the MDGs. The NDP specifically identifies among others, population, labour and employment as key foundations for growth and transformation of the Ugandan economy and society, and prioritizes 'taming population growth' as a key area of intervention in order for Uganda to reap the demographic dividend emanating from the currently youthful population. The revised National Population Policy (2008) and the planned interventions for the operationalisation of the policy, as contained in National Population Action Plan for its implementation, constitute integral elements of the NDP. The JP also responds to national sector policies and strategies, among which are the National Health, Gender, HIV/AIDS and the Education Sector Policy.

The UNDAF identifies 'population and sustainable growth' as one of the six 'Special Areas of Focus' that each UN agency should aim at addressing while supporting Uganda's capacity to deliver on the NDP. The UNJPP is the result of concerted decision-making of the UN, within the context of Un Reform and Delivering As One, to coordinate support in the implementation of the National Population Policy, thus avoiding unilateral agency specific support. In addition, this joint programme complements existing joint programmes such as the Peace Building and Recovery Assistance Programme, HIV and AIDS, sexual and gender-based violence, and JP on Gender. The UNJPP is also a result of a participatory formulation process including a mapping exercise of agency support areas, in-depth consultations and a consultation workshop involving Government, CSOs, development partners and UN agencies.

### 3.2 Lessons Learned from other existing Joint programmes

The Joint Programme on Population draws on the experience of other joint programmes including the Peace Building and Recovery, Climate Change, HIV/AIDS and GBV. All the joint programmes have shown the importance of undertaking consistent and sustained consultative processes in the planning and formulation of joint programmes, both internally within the UN system and externally with partners such as Government, Development partners and CSOs. The JPs have also shown the importance of delineation of UN agency division of labour based on mandate and areas of comparative advantage to ensure mandate driven as opposed to resource driven participation of UN agencies.

A series of bi-lateral and stakeholder based consultative processes were undertaken to ensure participation and joint ownership of the joint programme on population. From the onset, clarity was established on the agency areas of comparative advantage which was also used to identify lead and co-lead agencies per outcome intervention areas. This was made possible through the support of the Resident Coordinator's office.

The experience of other joint programmes pointed to the need for ensuring and sustaining the commitment and engagement of participating UN agencies in the joint programme. UNFPA as the Administrative Agent (AA) and hosting the coordination unit of UNJPP with the Office of the RC will continue to engage participating agencies at policy, decision-making and implementation levels.

### 3.3 The proposed joint programme strategies

The joint programme will be implemented at national and sub-national levels. However for monitoring and impact assessment, focus will be in 15 districts (Abim, Nakapiripirit, Amudat, Bundibugyo, Arua, Kitgum, Gulu, Yumbe, Oyam, Kanungu, Mubende, Kaabong, Kotido, Moroto and Katakwi). Five core strategies of: Advocacy;



## Strategies, including lessons learnt and the proposed joint programme

continued

Behaviour Change Communication and Community Mobilisation; Data Management, Research and Planning; Technical and Institutional Capacity building; Partnership and Networking to deliver on the key outcomes of the programme.

### 3.3.1 Advocacy

Advocacy in the context of the joint programme refers to an informed and a sustained process of influencing policy and decision-makers at national and district levels. It also builds on the capacity of duty-bearers including decision-makers and technocrats within Government and community level leaders towards supporting the objectives of the joint programme. Advocacy messages will be informed by data collected from the field. Specific messages will relate to the linkages between population and fertility, education, health, urban livelihood and young people's skills and employment opportunities to enhance the quality of Ugandan population. The objective of the advocacy messages will be targeted at creating an enabling environment through favourable decisions that will impact on population and development issues. Advocacy activities will be implemented through diverse tools such as: research, negotiation, lobbying, print and electronic media.

### 3.3.2 Behaviour Change Communication and Community Mobilisation

Behavior change communication and community mobilisation is a core strategy of the joint programme. This is based on the premise that attitudes and behaviours are key determinants for positive actions and decisions that impact on citizens well-being. It is also based on an assessment of capacity limitations of claim-holders and duty-bearers in making decisions and taking actions toward positive outcomes. The purpose of behavior change communication is, among other objectives, to provide young people and adults with information, skills and attitudes essential for delay in initiating sex, preventing unwanted pregnancies and to give women and couples options to plan their

families. Social mobilisation is a complementary strategy to respond to decisions that are influenced by partners, families and communities. Therefore behavior change and community mobilisation will support groups and communities, especially men to re-examine some of their beliefs, values and practices that may impact on individual behaviours. Community mobilisation will, for example target social perceptions viewing early marriage and having a large family as a pride through grass root Community Conversation<sup>4</sup>/Dialogue.

### 3.3.3 Data management, research and planning

The need for up-to-date and reliable data, its use for evidence-based planning, programming and decision making is evident. Currently there is inadequate capacity for data collection, analysis and utilization at national and especially district levels. This hinders the integration of population factors in result oriented planning and does not allow plans to accurately and adequately reflect the magnitude of needed services, or to anticipate the consequences of the provision of such services for larger development outcomes. A key strategy will therefore be strengthening technical and institutional capacity for data management and the integration of population factors in planning processes at various levels. A strong research component (formative and operational) in the four outcome areas will be built into the programme to provide information to underpin advocacy activities and inform planning processes. Studies will be commissioned on the macro-economic implications of the anticipated demographic transition; on what needs to be done to ensure that the country benefits from the transition; and on the potential costs of inaction in the population area for the economy as a whole.

<sup>4</sup>This refers to the Community Conversation/dialogue concepts well developed by UNDP and used in Ethiopia as well as anecdotally in Uganda, will be utilized to guide community conversations.



### **3.3.4 Enhancement of technical and institutional capacities, especially for effective planning and programming and strengthening of social services delivery**

The joint programme will also use technical and institutional capacity building as a core strategy to enhance the work of the Government and CSO implementing partners. This strategy will largely focus on enhancing the capacity of duty-bearers that are mandated to formulate policies, strategies and to deliver services to claim-holders. A focus on service delivery especially for family planning, maternal, neonatal and child health will be undertaken. This strategy will be used across the four outcome areas at both the national and district level focusing on Government and CSO institutions in the health, education, sanitation, employment, industry sectors (see matrix on Results Framework for list of implementing partners).

### **3.3.5 Partnerships and networking**

Population issues have cultural, religious, ethnic and political dimensions and are cross-cutting in nature. Addressing population issues therefore, requires a multi-sectoral approach that brings together the efforts of various stakeholders to achieve common goals. Partnership building will thus be a core strategy for the joint programme which will be operationalised through the coordination mechanisms (see Section 7). The implementation framework in (Annex 2) reflects the spirit of partnership among the stakeholders of the programme which will include: GoU, CSOs and Development Partners (donors) and UN Agencies (UNFPA, ILO, IOM, UN-HABITAT, UNICEF, UNIFEM, WFP, UNHCR, UNAIDS and WHO). Government Ministries that will be directly involved with the implementation of the programme include Ministry of: Finance, Health, Education, Agriculture, Lands, Housing and Urban Development, MGLSD, MLG, MoJ and pertinent civil society organizations including faith based organizations, NGO's, CBO's and cultural institutions.

### **Mainstreaming of cross-cutting issues**

Gender, human rights and environmental issues will be mainstreamed in all programme activities. The key issues to be addressed through various strategies for achieving programme results are identified in the table below.



## Strategies, including lessons learnt and the proposed joint programme

continued

**Table 1: Mainstreaming Cross cutting issues in UN Joint Programme on Population and Development**

Strategies	Crosscutting Issues			
	Human Rights	Gender Equality	Environmental issues	Institutional Capacity gaps
Advocacy	<ul style="list-style-type: none"> <li>Couples have the right to choose the size of their family</li> <li>Communities enjoy the basic rights</li> </ul>	<ul style="list-style-type: none"> <li>Women have rights to negotiate their reproductive rights</li> <li>Women have equal rights to social services</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy messages highlight environmental conservation as key element for sustainable development</li> </ul>	<ul style="list-style-type: none"> <li>Technical and institutional capacity of government and CSO partners in advocacy is central to achievement of programme goals and objectives.</li> </ul>
Behaviour Change and Community Mobilisation	<ul style="list-style-type: none"> <li>Communities have the right to make decisions and take actions to achieve their human rights</li> <li>Parents and guardians have a responsibility for children's welfare and their rights to basic needs of life</li> </ul>	<ul style="list-style-type: none"> <li>Equal participation of men and women in social and economic engagements</li> <li>Equal access to opportunities (education, health, Employment)</li> </ul>	<ul style="list-style-type: none"> <li>Communities and individuals adopt conservation practices that promote environmental sustainability</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen capacity of community institutions to support community mobilisation.</li> </ul>
Data management, Planning and Research	<ul style="list-style-type: none"> <li>Individuals have the right to equal opportunities</li> <li>Young people, children, women, the elderly, people with disabilities, and people displaced involuntarily have special rights and responsibilities and these need to be reflected in the disaggregation of data</li> <li>Vital registration guarantees the right of citizenship especially of children</li> </ul>	<ul style="list-style-type: none"> <li>Data to be disaggregated and analysed by sex and age</li> <li>Plans, reports, consider situations of both men and women</li> </ul>	<ul style="list-style-type: none"> <li>Data on the impact of human activity on the environment is regularly availed</li> <li>Research on alternative sources of energy should be supported to ease pressure on the environment.</li> <li>Make available information on innovative approaches to support coexistence of population and the environment</li> </ul>	<ul style="list-style-type: none"> <li>Develop institutional capacity for data management at national and district levels.</li> </ul>
Partnerships & Networking	<ul style="list-style-type: none"> <li>Governments and stakeholders have responsibility to establish mechanisms for recognition of Human Rights</li> <li>Universal acceptance of definitions and competence for oversight is guided by international frameworks;</li> </ul>	<ul style="list-style-type: none"> <li>The Joint programme on Population and development will be linked to that of Gender and GBV for complementarily</li> </ul>	<ul style="list-style-type: none"> <li>Partners in the JPP will adopt environmentally friendly and innovative technologies and approaches.</li> </ul>	<ul style="list-style-type: none"> <li>Support institutional stakeholder participation, information and resource sharing and consensus building in the course of implementation of UN JP on Population and Development</li> <li>Link with existing programmes on capacity building</li> </ul>
Capacity Development at national and district level in planning and social service delivery	Develop capacities for: <ul style="list-style-type: none"> <li>Domestication of international conventions, treaties</li> <li>Enforcement of Human rights</li> <li>Adoption of Human Rights based approach in planning</li> </ul>	<ul style="list-style-type: none"> <li>Capacity building targets both men and women</li> <li>Existing skills in gender mainstreaming are utilized in capacity development for P&amp;D</li> </ul>	<ul style="list-style-type: none"> <li>Build capacity for monitoring impact of population on environment</li> <li>Develop capabilities at community level to respond and reverse environmental degradation</li> </ul>	<ul style="list-style-type: none"> <li>Ensure institutions at all levels have adequate capacity to support implementation of the JPP.</li> </ul>



## 4.0 Results Framework

The Joint Programme on Population will contribute to the following three UNDAF outcomes:

- By 2014, capacity of selected government institutions and civil society improved for good governance and realization of human rights in order to reduce geographic, socio-economic and demographic disparities in the attainment of Millennium development goals.
- By the year 2014, vulnerable segments of the population have increased access to sustainable livelihoods and in particular improved agricultural systems and employment opportunities to cope with the population dynamics, increasing economic disparities, economic impact of HIV/AIDS, environment shocks and recovery challenges.
- By 2014, vulnerable populations in Uganda, especially in the north, have increased access to and use of sustainable and quality social services including social protection interventions.

The overall goal of the joint programme is to create the necessary conditions to accelerate the onset of a beneficial demographic transition. The key outcomes of the UNJPP are as follows:

- Fertility reduced in line with individual/couple choices especially among young people.
- Prepared, protected and healthy mothers, children and youth.
- Youth and vulnerable groups have competitive skills and opportunities to actively participate in the economy and urban development<sup>5</sup>.
- Adequately resourced, coordinated and managed national population programme.

### 4.1 Outcome 1: Fertility reduced in line with individual and couple choices especially among young people.

Fertility is affected by biological, behavioural, socio-economic and gender conditions. Reduction of fertility especially among the youth is more than just a human rights issue. It demands for empowerment of young people to make informed choices about when to have children; what family planning methods to use and if they want to have children how many children and at what intervals (spacing). All this has direct bearing on the ability of parents to provide for the rights of children and enhance the quality of life. In order to achieve this outcome, the JP seeks to focus on increasing access of sexually active population, especially young people, to FP, address the unmet need by increasing commodity security and provide sexuality information and youth friendly services. The JPP will seek to specifically understand the persistently high fertility, unmet need and social cultural factors that affect uptake and use of FP such as male negative attitudes and cultural practices through meta analysis and operational research during the JPP implementation period. The barriers to FP will also be analysed to inform advocacy and behaviour change activities. Another area will be to address the impending problem of unintended pregnancies, early birth and misconceptions on contraception particularly among young people. The programme will primarily support scale-up of family planning services within the context of sexual reproductive health services including community mobilisation for involvement of males and young people. Aware that a responsive and demand driven service delivery system requires robust data systems and their regular analysis, the JPP will support capacity building in logistics management and information systems at national and sub-national levels. The leadership at national and sub-national level will be lobbied to increase budget for reproductive health commodity supply. The joint programme will specifically include the following activities.

<sup>5</sup>The focus of outcome three is on imparting skills, enhancing youth participation at all levels improving urban planning and development and addressing habitation in slums for vulnerable groups.



## Results Framework

continued

### **Generating Demand**

- i) Social and Behaviour Change Communication (SBCC) targeting in-school and out-of school youth:
- ii) In-school youth will be reached through the following approaches:
  - Integration of sexuality education, including family planning in secondary school curriculum as well as in extra-curricular activities through training of teachers on sexual reproductive health issues based on tested approaches through UNFPA support.
  - Providing support to school based youth clubs. In this way, support will be provided for training and working with youth peer educators for sexuality education and in creating a positive peer pressure group around issues of fertility and family planning and the whole adolescent health issues. This approach is based on the positive experience of NGOs such as the Uganda Red Cross Society and Straight Talk Foundation. Support will also be provided through NGOs to produce and distribute popular sexuality education materials such as Straight Talk, Young Talk targeted at young people with messages on FP and ASRH.
  - Radio programmes will be supported to reach young people and adults with specific messages on family planning and fertility. Support healthy choices programme to avail radios to the selected communities.
  - Content of messages will be tailored to the different target audiences such as men, young people, women and couples who would like to space or limit births, family planning issues and other maternal health issues e.g. radio programmes such as Under the Mango Tree radio programme are linked to radio for better reach.

*Out of school youth will be reached through:*

- SBCC targeting adults and out-of-school youth will be reached in their setting and or using the existing community structures and networks. Specifically, the rural communities will be reached with SCBCC activities through Village health teams conducting door-to-door campaigns as well as facilitating group conversations on issues of fertility, family planning and other maternal health related *conditions*. *This community conversation will be* linked to subject/ topic aired on the radio to ensure the consistency of messages through mass media and interpersonal approaches.

### **Strengthening Supply Provision**

- iii) Service delivery to strengthen supply of contraceptives will be supported through the following activities:
  - Procurement of contraceptives- the JPP will contribute to increased FP commodity security through procurement of contraceptives.
  - Individually Oriented Static Clinic based Services – the JPP will support both district local governments and NGOs to provide and expand access to quality client-centered family planning services through their static clinics on routine basis. The services will be targeted at young people and adults building on the positive working experience of UNFPA with Government and CSO partners.
  - Support for creation of Youth Friendly Corners will be undertaken through existing public health facilities in order to reduce parallel youth centre structures that have cost implications and are difficult to sustain. This model has been demonstrated to work by Reproductive Health Uganda in a number of their own centres, with increased youth participation and utilization of communication, counseling and SRH services. Youth centre approach has also been quite successful for urban and peri-urban youth in Kampala in the Naguru Teenage Centre model.



- School linked health facilities will also be supported in order to reach in-school youth with FP and SRH services and to enable functional referral network. be created for in-school youth to access and utilize health services of local facilities in youth friendly manner. Given limited experience in using such avenues for creating access to contraceptives, programmes will be implemented through operation research.
- Community Oriented /Outreach Services – Support will also be provided to local government and NGOs to conduct outreach services to rural and hard-to-reach communities. UNFPA programme of support through partners such as Marie Stopes and RHU has demonstrated evidence of increased family planning uptake by up to 60 – 70% from project reports. This will also include out-reach services through Village Health Teams (VHTs) in hard-to-reach communities including non-prescriptive a short-term contraceptives.

iv) Institutional Capacity Building

The capacity of service providers will be built at all levels to enhance provision of accurate information on contraceptive choices through interpersonal communication and counseling methods. Capacity for commodity procurement and logistics management information systems a core component of supply provision will be an integral component of the JPP.

v) Community partnership building networking

This component of Outcome 1 will focus on building strategic partnerships with communities, cultural and faith based organizations, media and special need groups at national and sub-national levels for integration of male involvement and youth in SRH/FP. Relevant tools and materials for BCC will be developed and adapted to suit the different environments.

vi) Studies to be conducted to build evidence will include:

- Study to understand stagnation of fertility in the face of increasing contraceptive prevalence rate (CPR)
- Study to understand the high unmet need for family planning
- Study to understand barriers to family planning uptake and use including attitudes and obstacles for male involvement, socio-cultural factors and high dropout rates with a view to minimise dropout rates and scale up male participation in family planning.

**4.2 Outcome 2: Prepared and protected healthy mothers, children and youth**

- This outcome seeks to address two areas of health and education that directly contribute to fertility reduction. It prepares, protects and focuses on the health of mothers, children and youth to become useful citizens. It specifically aims to address the challenge of low school retention and completion particularly among girls. The high child, infant and maternal mortality, poor sanitation and hygiene and high teenage pregnancies and EMOC will be addressed through improving functionality of HCIII and HC IV. Support to VHTs and policy on re-recruitment will be undertaken. Expand procurement and distribution of mama kit. Research in women’s birth experiences will help to generate evidence to create awareness, close knowledge gap and inform decision making.

This outcome area will include the following interventions:

- Supporting capacity building of Health workers and Village Health Teams in Maternal, neonatal and child health. Advocates for women’s utilization of midwifery services so as to increase % of skills birth attendance. Skilled attendance at birth helps to detect and manage complications. It also ensures appropriate referral for the further management of complications.



## Results Framework

continued

- Provision of emergency obstetric care which addresses the major direct causes of maternal death including hemorrhage, sepsis, unsafe abortion, hypertensive disorders and obstructed labour. Effective provision of antenatal care can prevent, detect, and treat problems such as malaria, anaemia, HIV/AIDS and other infection, which frequently are indirect, cause of maternal deaths.
- Strengthening the capacity of central and district government partners in planning in education and health sectors and delivery of quality services at community level and Health facilities.
- Strengthening the teacher development, pupil performance, school management and community/parents participation for improved quality of primary and secondary education. The focus will be on supporting implementation of the Quality Education Improvement (QEI) programme of the MoES. The JPP will work with the Girls Education Movement, a local NGO that is focused on campaigns for increased enrollment of girls in primary and secondary schools as well as Support to Youth Centers as alternative education points to prepare girls for secondary education.
- Development of a module for Primary teacher training centers in selected districts which will support encouragement of primary pupils to go to secondary school.
- The programme will engage GEM to mobilize pupils to increase retention and enrolment and prepare pupils for secondary education.
- At secondary school level, the JPP will work with the Girls' Education Movement/ Forum for African Women Educationalists (FAWE) to provide scholarships to vulnerable girls who perform well but lack support for secondary education in 8 districts. This will increase timely enrolment, retention and completion of children, adolescent boys and especially girls including refugees.
- Promote provision of water, sanitation and good hygiene practices in schools and health facilities of selected districts Water, hygiene and sanitation are not only critical to obstetric care but also keeps adolescent girls in school during their menstrual periods.
- Improve maternal, new born and child health and nutrition among pregnant lactating women and children less than 5 years of age and refugees.
- Support VHTs in pregnancy monitoring and strengthen VHT referral systems
- Procurement of priority equipment to enhance maternal, child and newborn health such as ambulances, theatre equipment, communication and rehabilitation of water supply and electricity systems will be undertaken.
- Support expanded procurement and distribution of mama kit and village phones
- Document lessons learnt and disseminate
- Support training and retention of midwives through bonding
- At policy level, support to policy on re-recruitment of midwives will be done.
- The JPP will seek support and study socio-cultural context in women's experiences in birth and disseminate the findings.

### **4.3 Outcome 3: Youth and vulnerable groups have competitive skills and opportunities to participate in the economy including urban development.**

This outcome area of the JP aims to address the barriers to the socio-economic development of young people particularly focusing on their participation in creation of skills, employment and livelihood improvement opportunities, including in urban geographical locations. Planned development of urban centres where most of the growing population becomes a priority for the JPP. The outcome focus will include policy



dissemination, capacity building for urban planning, mainstreaming of youth issues in the key sectors and development and support slum improvement for vulnerable groups such as women. As stated in the situational analysis section, the Ugandan population is primarily a young population understanding their sexual and reproductive health issues will help to inform planning interventions for the youth. Therefore, investment in the productive engagement of young people and their participation at all levels of development is a prerequisite and a core component of the JPP to contribute to realizing the demographic bonus. The JPP will conduct a study on sexual and reproductive health of the youth to generate evidence to inform planning and youth programming.

The following interventions will be implemented under this outcome:

- (1) Increased access to socio-economic services, infrastructure and systems for the youth. The JPP will:
  - Support the dissemination of the Employment Policy which is currently being considered in parliament. This will create awareness about the issue of employment and enable youth make informed decisions about their lives. The JPP will also undertake an integrated labour force survey to inform planning.
  - Promote skills and knowledge enhancement as well as access to employment opportunities for youth including refugees and returnees in selected districts. Building self esteem and personal goal setting for women youth to enable them get into the skills development program will be a priority. This will minimize social exclusion of young women, while specific skills development areas will be confirmed after a study on current situation of youth funding mechanism and especially opportunities for financial services for youth entrepreneurs.
  - Support business development and financial services to the youth, including out of school boys and girls and vulnerable households.

- Strengthen the youth technical capacity relevant to labour market through the Basic Technical and Vocational Education Training (BTJET).
  - Support setting of MDG target on employment
- (2) Strengthened youth and adolescents participation in planning and decision making processes at national and sub national levels. The programme will:
    - Establish a youth centre with capacity to empower and deliver services. The services among others will include: ICT, governance (youth leadership and mentorship), entrepreneurship, environment protection and management, sports, reproductive health and employment.
    - Develop guidelines and support participation of young people and vulnerable populations in planning, decision making and consultative forums and processes.
    - Mainstream youth issues in the four main sectors including Ministry of Gender labour and Social Development; Ministry of Finance planning and Economic Development; Ministry of Health and Ministry of Education and Sports.
    - Assessing functionality of exists youth coordination structures, institutions, networks, initiatives and organizations.
    - Develop a strategy and establish functional youth coordination mechanisms.
    - Establish face to face youth and adolescent friendly consultative processes and capacities, and also provide support for mass media and technological development (T4D)-ICT networks that function at national level and within representative districts. Develop and review of strategies, policies, legal institutional framework for improved slums and urban environment.
    - Developing monitoring and evaluation framework for national Youth Policy Action Plan.



## Results Framework

continued

- Conduct a survey on Sexual Reproductive Health for youth and Adolescents.
- (3) The programme will support urban planning and progressive human settlement for safe and stable population.
  - Review and develop strategies, policies, legal institutional framework for improved urban environment.
  - Disseminate the urban policy among the key stakeholders.
  - Support government to set target for slum dwellers in line with MDG Goal 7 D.
  - Build capacity at national and selected districts in town and urban planning and development.
  - Support review of University curriculum for urban and town planning and development.
  - Improve housing and human settlement especially to women headed households and vulnerable population will be supported to ensure sustainable urbanization.
- Mobilize community leaders and policy makers to provide support to address population challenges, using evidence based research arguments. Public dialogue to understand population dynamics, dissemination of relevant policies and laws especially at sub-national levels will bring forth support of the leaders.
- Support child sensitive social budgeting for child health interventions including new born care and UNEPI minimal operating budget, WASH, ECD, birth registration, social assistance for the chronically poor.
- Increased availability and utilization of disaggregated data, including demographic and socio-economic variables, at national and sub-national levels. The programme will:
  - Strengthen the integration, analysis and use of population, urban observatory and household data for development planning, decision making and monitoring progress at national, sectoral and sub-national levels.

### **4.4 Outcome 4: Adequately resourced, coordinated and managed national population programme**

This outcome component aims to address gap in data, data analysis and its integration into national and sub national planning, programming and monitoring mechanisms. The outcome component also aims to address increased commitment of decision-makers on population issues through evidence-based advocacy efforts and integration of population issues in macro-economic modeling. The other critical component of this outcome is to ensure the coordination and synergy in the implementation of the JPP.

The following interventions will be implemented under this outcome:

- Increased commitment of leaders at national and sub-national levels to address population trends and allocate budget. The programme will:
  - Support the implementation of the national plan for Statistical development by UBOS including support to data collection, management and quality assurance of the EMIS, SACMEQ, HMIS, and WESMIS to ensure reliable data.
  - Strengthen government institutions responsible for civil and population registration information for efficient public administration and generation of statistics for national development.
  - Conduct analytical studies on social and economic issues at macro and micro levels that address the impact of demographic changes, RH, gender, urban safety as well as other cross cutting priorities.
  - Conduct analysis on the situation of vulnerable population in urban settings compared to urban non-slum dwellers.
  - Support national surveys to provide evidence on population and development.

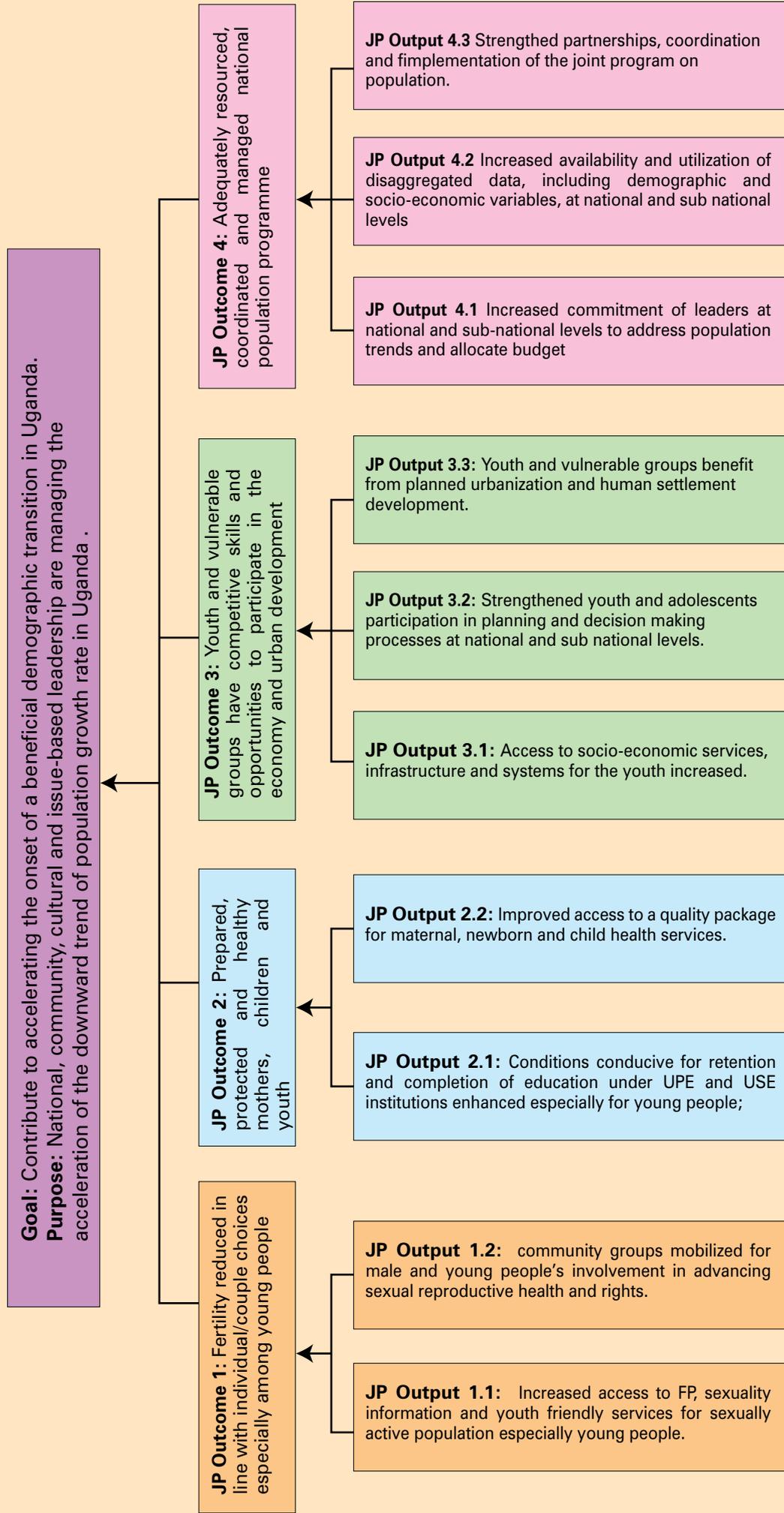


- Undertake a study on investment to reap the benefits of demographic bonus. Conduct a study on inclusion of population indicators in macro-economic modeling
- Undertake contraceptive mapping prevalence analysis
- Partnership, coordination and implementation of the joint programme on population strengthened through Building capacity for effective Institutional Coordination and technical capacity to deliver services; monitor and evaluate the joint programme.



# 5.0 RESULTS MATRIX

**Figure 1: RESULTS FRAMEWORK FOR THE JOINT PROGRAMME ON POPULATION**





**JP Outcome 1: Fertility reduced in line with individual/couple choices especially among young people**

**Related UNDAF outcome**

**UNDAF Outcome 3:** By 2014, vulnerable populations in Uganda, especially in the north, have increased access to and use of sustainable and quality social services including social protection interventions.

OUTPUT	MAIN ACTIVITIES	UN AGENCIES	IP <sup>6</sup>	Y1	Y2	Y3	Y4	Estimated cost(\$)
<b>JP Output 1.1:</b> Increased access to FP, sexuality information and youth friendly services for sexually active population especially young people	1.1.1 Supporting Health Facilities in provision and capacity building of youth friendly services in selected districts	WHO (10 districts) <sup>7</sup> : UNFPA (8 Districts) <sup>8</sup>	MOH	X	X	X		WHO \$1,700,000 unsecured UNFPA \$ 1,175,000 unsecured
	1.1.2 Mobilizing social and institutional structures for expanded provision and increased uptake of modern family planning services	UNHCR; UNFPA WHO	NGOs , MoH PACE POPSEC, MSU, FBOs	X X	X X	X	X	UNHCR:\$ 450,000 not secured UNFPA: \$ 13,995,000 secured and \$23,057,000 not secured WHO \$3,295,000 unsecured; \$20,000 secured
	1.1.3 Promoting healthy life styles and relationships, safer sexual practices and reduction of pregnancy especially amongst teenagers.	UNFPA (National and the 8 focus districts) WHO	NGOs, MOH/ UAC/MARPS Network, MoES, MoD, MoIA NAFOPHANU	X	X	X	X	WHO \$ 1,295,000 not secured UNFPA \$430,000 not secured
<b>JP Output 1.2:</b> Community groups mobilised for male and young people's involvement in advancing SRH and rights:	1.2.1 Sensitize communities on SRH & Rights	WHO UNHCR UNFPA	LGs, CBOs, MoH, MoGLSD	X	X	X	X	WHO \$ 1,690,000 unsecured UNFPA \$500,000 unsecured; \$250,000 secured UNHCR unsecured \$200,000

<sup>6</sup>Implementing Partners

<sup>7</sup>Soroti,Kumi, Bundibugyo, Mpigi, Moroto, Amudat, Kapchorwa, Lira Gulu and Masaka)

<sup>8</sup>Mubende; Kanungu; Kotido; Kaboong; Katakwi; Moroto; Oyam; Yumbe

## JP Outcome 2: Prepared, protected and healthy mothers, children and youth

### Related UNDAF outcomes

**UNDAF Outcome 2:** Vulnerable segments of the population increasingly benefit from sustainable livelihoods and in particular improved agricultural systems and employment opportunities to cope with the population dynamics, increasing economic disparities, economic impact of HIV/AIDS, environment shocks and recovery challenges by 2014.

**UNDAF Outcome 3:** By 2014, vulnerable populations in Uganda, especially in the north, have increased access to and use of sustainable and quality social services including social protection interventions.

OUTPUT	MAIN ACTIVITIES	UN AGENCIES	IP <sup>9</sup>	Y1	Y2	Y3	Y4	Estimated cost(\$)
<b>JP Output 2.1:</b> Conditions conducive for retention and completion of education under UPE and USE institutions enhanced for especially girls	2.1.1 Strengthen teacher's development, pupil performance, school management and community/parents participation for improved quality of primary and secondary education.	UNICEF at national and district levels in 7 districts <sup>10</sup> WFP UNHCR	MoES, DEOS, NGOs, MoH, MoLG, MGLSD DLGs	X	X	X	X	UNICEF Secured \$500,000 \$ 5,060,000 not secured WFP \$6,500,000 secured; \$ 7,000,000 not secured UNHCR: \$1,000,000 secured and \$ 2,275,000 not secured
	2.1.2 Increasing timely enrollment retention and completion of children and adolescents' (boys and girls) including refugees.	WFP (Karamoja region), UNICEF	MOES, NGOs GTZ DED RTP DLGs (Arua, Moyo, Adjumani, Masindi)	X	X	x	x	WFP \$12,000,000 secured; \$12,000,000 unsecured UNICEF \$ 785,000 secured; \$12,711,200 unsecured

<sup>9</sup>Implementing Partners

<sup>10</sup>Mubende, Kaabong, Nakapiripirit, Amudat Kyenjojo, Kyengegwa, and Amuru,





OUTPUT	MAIN ACTIVITIES	UN AGENCIES	IP	Y1	Y2	Y3	Y4	Estimated cost(\$)
JP Output 2.2: Improved access to a quality package for maternal, newborn and child health services	2.2.1 Set up integrated FP service points to include services for HIV positive couples <sup>H</sup>	WHO	MOH	X	X	X	X	WHO Secured \$ 80,000 Not secured \$2,000,000
	2.2.2 Build capacity of the health system to provide quality integrated MNCH services at both facility and community level.	UNICEF national & focus districts UNFPA WHO WFP	MOH and District Local Governments GTZ AHA ADEO	X	X	X	X	UNFPA \$3,217,869 secured; \$5,000,000 unsecured UNICEF \$5,200,000 unsecured WHO \$8,000,000 unsecured WFP \$400,000 unsecured
	2.2.3 Strengthening capacity of central and district government partners in planning and delivery of WASH services in communities and health facilities based on needs	UNICEF national and focus districts	MWE, MOH, MoES DLGs	X	X	X	X	UNICEF: \$ \$1,614,524 not secured
	2.2.4 Support interventions to improve nutrition among new borns, children under 5, pregnant & lactating women and refugees (including the special needs of PLHIV)	WFP (Bundibugyo & Karamoja region) UNICEF UNHCR WHO	MAAIF, NAADS, NUSAF, MOH, NGOs, DLG, GTZ, AHA	X	X	X	X	WFP \$11,050,000 unsecured; \$250,000 secured UNICEF \$2,340,000 unsecured; \$1,000,000 secured UNHCR \$500,000 secured; \$500,000 unsecured WHO \$800,000 unsecured

**JP Outcome 3: Youth and vulnerable groups have competitive skills and opportunities to participate in the economy including urban development**

**Related UNDAF outcomes**

**UNDAF Outcome 2:** Vulnerable segments of the population increasingly benefit from sustainable livelihoods and in particular improved agricultural systems and employment opportunities to cope with the population dynamics, increasing economic disparities, economic impact of HIV/AIDS, environment shocks and recovery challenges by 2014.

**UNDAF Outcome 3:** By 2014, vulnerable populations in Uganda, especially in the north, have increased access to and use of sustainable and quality social services including social protection interventions.

OUTPUT	MAIN ACTIVITIES	UN AGENCIES	IP	Y1	Y2	Y3	Y4	Estimated cost(\$)
<b>JP Output 3.1:</b> Access to socio-economic services, infrastructure and systems for the youth increased.	3.1.1 Promoting skills and knowledge enhancement as well as access to employment opportunities for youth	UNHCR UN-HABITAT UNICEF UNIFEM	DED; AAH; WTU; RTP; GTZ, DRC; NSANIZI, MoES, DLGs	X	X	X	X	UNHCR: \$ 1,400,000 not secured UNICEF \$90,000 secured; \$390,000 not secured UN-HABITAT Secured \$ 110,000 and \$590,000 not secured UNIFEM: \$ 340,000 not secured; \$60,000 secured
	3.1.2 Providing Business development and financial services for the youth	ILO UNFPA	MLGSD, BDS providers BTVET & Tertiary Institutions, MoH, MoE, MoFPED	X	X	X	X	ILO \$ 950,000 Secured \$ 2,270,000 not secured UNFPA \$45,000 unsecured
	3.1.3 Establishing labour market information systems to support youth employment	ILO	BTVET and Tertiary Institutions					ILO unsecured \$375,000; secured \$50,000
	3.1.4 Supporting vulnerable women from Northern Uganda to access labour market/ employment opportunities	IOM		X	X	X	X	Unsecured \$3,750,000 Secured 500,000





OUTPUT	MAIN ACTIVITIES	UN AGENCIES	IP	Y1	Y2	Y3	Y4	Estimated cost(\$)
<b>JP Output 3.2:</b> Strengthened youth and adolescent participation in planning and decision making	3.2.1 Supporting participation of young people and vulnerable populations in planning, decision making and consultative forums and processes	UNFPA UNICEF UN-HABITAT	UBOS, NYC, MOH/ UAC/ MARPS Network, MoES, MoD/MoIA/ YEAH campaign, STF/ NAFOPHANU, media	X	X	X	X	UNFPA Unsecured \$452,000 UNICEF: \$ 25,000 secured and \$ 320,000 not secured UN-HABITAT \$130,000 unsecured
	3.2.2 Establish civil society-based Youth Coalition for youth participation and engagement for the purpose of coordinating youth-focused activity in the region: encompassing youth representatives, youth groups, CSOs, FBOs, CBOs, government services, local media, NGOs	UNICEF	Makerere, MoES, MoH, Straight Talk Foundation, other NGOs, CBOs, and media partners, CDFU	X	X	X	X	UNICEF Secured \$20,000; unsecured \$180,000
	3.2.3 Empower youths between the ages of 16-29, in 34 highest-mortality districts, with access to relevant and culturally appropriate youth-friendly information and multi-media learning materials	UNICEF		x	x	x	x	UNICEF 1,170,000 unsecured, 80,000 secured
<b>JP Output 3.3:</b> Urban development and structure plans address the needs of youth and vulnerable populations	3.3.1 Support improvement of urban environment	UN-HABITAT National	MLHUD, UNDP Private sector, Cities Alliance MUK	X	X	X	X	UN-HABITAT \$2,832,000 secured; unsecured \$5,800,000

**JP Outcome 4: Adequately resourced, coordinated and managed national population programme**

**Related UNDAF outcomes**

**UNDAF Outcome 1:** By 2014, capacity of selected government institutions and civil society improved for good governance and realization of human rights in order to reduce geographic, socio-economic and demographic disparities in the attainment of Millennium development goals.

**UNDAF Outcome 3:** By 2014, vulnerable populations in Uganda, especially in the north, have increased access to and use of sustainable and quality social services including social protection interventions.

<p><b>JP Output 4.1:</b> Increased commitment of leaders at national and sub-national levels to address population trends and allocate budget</p>	<p>4.1.1 Support community leaders and policy makers to address population challenges, using evidence-based research arguments</p>	UNFPA	POPSEC Parliamentary Forum for Youth Affairs	X	X	X	X	UNFPA- Unsecured \$310,000, Secured\$176,000
	<p>4.1.2 Integrate population dynamics in wider context of development planning process in 15 districts</p>	UNFPA	POPSEC,	X	X	X	X	\$2,766,404 Not secured; Secured \$205,676
	<p>4.1.3 South-to-South sharing of experiences from the joint program</p>	UNFPA	POPSEC/ PPD- ARO	X	X	X	X	UNFPA 410,000 not secured





OUTPUT	MAIN ACTIVITIES	UN AGENCIES	IP	Y1	Y2	Y3	Y4	Estimated cost(\$)
<b>JP Output 4.2:</b> Increased availability and utilization of reliable and disaggregated data, including demographic and socio-economic variables, at national sectoral and sub national levels	4.2.1 Strengthen analysis and use of data on urban vulnerabilities for urban development planning, decision making and monitoring progress	UNICEF	UBOS/ POPSEC	X	X	X	X	UNICEF: 87,000 unsecured
	4.2.2 Supporting the implementation of the National Plan for Statistical Development	UNICEF	UBOS	X	X	X	X	UNICEF \$ 800,000 unsecured
	4.2.3 Strengthening government institutions responsible for civil and population registration information for efficient public administration and generation of statistics for national development	UNICEF- national level	URSB, UBOS	X	X	X	X	UNICEF: \$ 195,000 secured and \$ 630,000 not Secured
	4.2.4 Establish and set MDG targets on employment and lives of slum dwellers	UNFPA	MOLGSD, Min Urban Dev	X	X	X	X	UNFPA \$90,000 unsecured
	4.2.5 Generate research evidence to create awareness, close knowledge gaps and inform decision making	UNFPA	MUK -ISAE	X	X	X	X	UNFPA: \$ 670,000 unsecured
	4.2.6 Analyze, generate dynamics in key indicators for decision making, and explain changes pertinent for programming based on past census and surveys, including contraceptive mapping prevalence mapping	UNFPA	UBOS	X	X	X	X	Secured \$375,000; Unsecured \$240,000
	4.2.7 Support to the national surveys to provide evidence on population and development	UNFPA	UBOS	X	X	X	X	Secured \$35,000; Unsecured \$600,000

<b>JP Output 4.3:</b> Strengthened partnership, coordination and implementation of the joint programme on population	4.3.1 Strengthening effective institutional coordination and technical capacity to deliver the JPP results	UNFPA	UN agencies in the JP on population	X	X	X	X	UNFPA: \$ 953,000 unsecured
	4.3.2 Strengthening the monitoring and evaluation of the joint programme	UNFPA	All UN agencies in the JP on population	X	X	X	X	UNFPA \$ 816,000 Unsecured
	4.3.3 Support to the national population action plan and the Population council institutional framework	UNFPA	All UN agencies in the JP on population	X	X	X	X	UNFPA Secured \$67,000; Unsecured 600000





## 6.0 MONITORING AND EVALUATION MATRIX

Expected results (Goal, Outcomes and Outputs)	Indicators Description	Baseline		Target by 2014		Means of Verification/ Collection Methods	Responsibilities	Assumptions and risks
		Status and source	Year	Status	Year			
		<p><b>Goal:</b> Contribute to a accelerating the onset of a beneficial demographic transition in Uganda.</p>	<p>1. Population growth rate</p> <p>2. Human development index</p> <p>2. Young age dependency ratio</p>	<p>3.2% (Census)</p> <p>0.514 (HDR, NDP performance report)</p> <p>101 (World Bank Development Indicators database)</p>	<p>2002</p> <p>2007</p> <p>2009</p>			

<b>Outcome 1:</b> Fertility reduced in line with individual/couple choices especially among young people	1. Total fertility rate	6.7	2006	6.O (NDP)	2014	UDHS/ NDP Report	NPA MoH
	2. Contraceptive prevalence rate (women 15-49)	24% (any method)	2006	50% (NDP)	2015	UDHS	MoH/NPA
	3. Teenage pregnancy rate	25% (UDHS)	2006	20% (UNFPA CPAP)	2014	UDHS	MoH
JP Output 1.1: Increased access to FP, sexuality information and youth friendly services for sexually active population especially young people	1. % of young people with accurate information on FP in selected districts	33% (UDHS)	2006	50%	2014	UDHS	JP Outcome members
	2. % of HC III & IV providing adolescent Youth Friendly Services in selected districts	TBD (Baseline study)	2011	TBD	2014	Programme evaluation	JP Outcome members
	3. % increase in number of new users of FP in selected districts	TBD (Baseline study)	2011	TBD	2014	Programme evaluation	JP Outcome members
JP Output 1.2: Community groups mobilised for male and young people's involvement in advancing SRH and rights	1. Proportion of target districts with functional male action & young people's groups advocating for SRH & rights.	TBD (Baseline study)	2011	TBD	2014	Programme evaluation	JP Outcome members
	2. Number of community initiatives on SRH & rights implemented by male action groups	TBD (Baseline study)	2011	TBD	2014	Programme evaluation	JP Outcome members
	1. Net enrolment ratio secondary, by sex	Secondary: 24% (M:26%, F:23%) (ESAPR, NDA performance Report)	2009	Secondary: 35% (M:37%, F:32%) (2014/15) NDP	2014	MoES Annual Performance reports NDP performance Report	NPA MoES
JP Outcome 2: Prepared, protected and healthy mothers, children and youth	2. Completion rate, P7 and S4, by sex	Primary: 51% (M: 55%, F: 48%) Secondary 37% (M: 42%, F: 31%)	2009	Primary: 59.8% (M: 66.5%, F: 68.5%) Secondary: 35% (M: 37%, F: 32%) (2014/15) NDP	2014	MoES APR NDP Performance Reports	MoES NPA
	3. % births attended by midwife/medical professional	a) 34% (Annual Health Sector Performance Report)	2008/9	b) 80%	2015	Road Map, MoH NDP performance report	NPA MoH
							Quality and reliability of EMIS is improved
							Quality and reliability of HMIS is improved





Expected results (Goal, Outcomes and Outputs)	Indicators		Target by 2014				Means of Verification/ Collection Methods	Responsibilities	Assumptions and risks
	Description	Baseline	Status	Year	Year	Year			
JP Output 2.1: Conditions conducive for retention and completion of education under UPE and USE institutions enhanced especially for girls	4. % pregnant women with any anemia	64.4% (Annual Health Sector Performance Report)	2006 (UDHS)	30% (Road Map, MoH)	2015	MoH	MoH Annual Report	MoH	
	Completion rate in the selected districts for P7 and S4 (boys and girls)	TBD (Baseline study)	2011	TBD	2014	JP Outcome members	Programme evaluation	JP Outcome members	
JP Output 2.2: Improved access to quality health care package for maternal, new born and child health	Number of girls retained in school through the secondary school bursary programme	0	2010	900	2014	JP Outcome members	Monitoring data	JP Outcome members	
	% of deliveries occurring in health facilities	TDB (Baseline study- meta analysis of AHSPR)	2011	TBD	2014	JP Outcome members	Programme evaluation	JP Outcome members	
	Proportion of mothers & newborns who had PNC visits by VHT	TBD (Baseline study)	2011	TBD	2014	JP Outcome members	Programme evaluation	JP Outcome members	
	% of households with pit latrine in selected districts	TBD (Baseline-meta analysis AHSPR)	2011	TBD	2014	JP Outcome members	Programme evaluation	JP Outcome members	
	% of health centres with access to safe drinking water in selected districts	TBD (Baseline study)	2011	TBD	2014	JP Outcome members	Programme evaluation	JP Outcome members	
	% of schools (P&S) that provide access to safe drinking water in selected districts	TBD (Baseline study)	2011	TBD	2014	JP Outcome members	Programme evaluation	JP Outcome members	





Expected results (Goal, Outcomes and Outputs)	Indicators		Target by 2014				Means of Verification/ Collection Methods	Responsibilities	Assumptions and risks
			Baseline		Status	Year			
			Description	Status and source					
<b>JP Outcome 4:</b> Adequately resourced, coordinated and managed national population programme	1.	% of NPPAP actions	0%	2010	50% of planned activities (2014)	2014	POPSEC		
	2.	% increase in financial resources mobilised for the population programme	0%	2010	TBD	2014	POPSEC		
JP Output 4.1: Increased commitment of leaders at national and sub-national levels to address population trends and patterns and allocate budget		% of target districts (15) that allocate funds in budgets in response to population trends & patterns	0% fully, 37.5% at least 2 areas (UNFPA Country Programme Baseline Study)	(2009)	100% fully		JP Outcome members		
		Percent of leaders that are aware and understand the inter-linkages between population and development concerns	TBD (Baseline survey)	2011	TBD	2014	JP Outcome members		
JP Output 4.2: Increased availability and utilization of disaggregated data, including demographic and socio-economic variables, at national sectoral and sub national levels		Proportion of district and sector plans that refer to data from demographic and socioeconomic analytical reports	D: 65, N: 85 (UNFPA CP, Baseline Study)	(2009)	D: 100, N: 100	2014	JP Outcome members		
JP Output 4.3: Strengthened partnership, coordination and implementation of the joint programme on population		1. % of JPP annual targets achieved	0	2010	100%	2014	JP Outcome members	Strong and continuous commitment to the programme by the Resident Coordinator, heads of participating agencies and their staff throughout the duration of the programme; Agencies committed to work and 'deliver-as-one'	
		2. Financial expenditure rate	0	2010	100%	2014	JP Outcome members		





SLEEPY -  
ASK ME  
TO DO

BE COUNTED  
SAY WHAT YOU NEED

BE COUNTED  
SAY WHAT YOU NEED



## 7.0 Management and coordination arrangements

The UN Joint Programme on Population management and coordination arrangement will be implemented through four levels. These are the National Steering Committee, the Programme Management Team, Coordination team and the Outcome Technical working groups (Figure 2). The structure will be adapted in line with evolving DOCO guidelines.

### 7.1. National Steering Committee

The national steering committee will be the key structure for ensuring overall responsibility for oversight and accountability and will be established in line with UNDG standard rules governing pass-through arrangement and will have authority to make fund allocation decisions. This committee will be co-chaired by the RC or a delegated UN Head of Agency and Government. Membership will include the RC, Government of Uganda, Donor representative and Heads of Participating UN Agencies. The national steering committee will meet bi-annually and will provide annual progress report to stakeholders including the development partners.

### 7.2 Programme Management Team

The Programme Management Team consists of programme managers (Deputy Representatives and/ or senior programme managers) of Agencies (an existing UNCT structure with scheduled meetings). Within the scope of their scheduled meetings, the Coordinating team will brief the PMT on programme implementation during their scheduled monthly meetings. The PMT will meet on a quarterly basis to review progress in the implementation of the JPP and provide guidance to improve programme performance. This forum will primarily focus on strategic programmatic aspects of the Joint Programme implementation including providing oversight in monitoring progress of the JP implementation.

### 7.3 Coordination Team

The day to day management and coordination of the JPP will be done through the Coordination Team which consists of the Coordination Office and the 4 Outcome Technical Working Groups leaders. This forum will address operational issues and coordination of the JPP including issues of synergy and inter-linkages between programme components and will meet on a monthly basis. The Coordination Team will support the Steering Committee, PMT and prepare substantive and financial reporting for the JPP. The Team will also coordinate field visits among the outcome teams and JPP as a whole.

### 7.4. Outcome Technical Working Groups

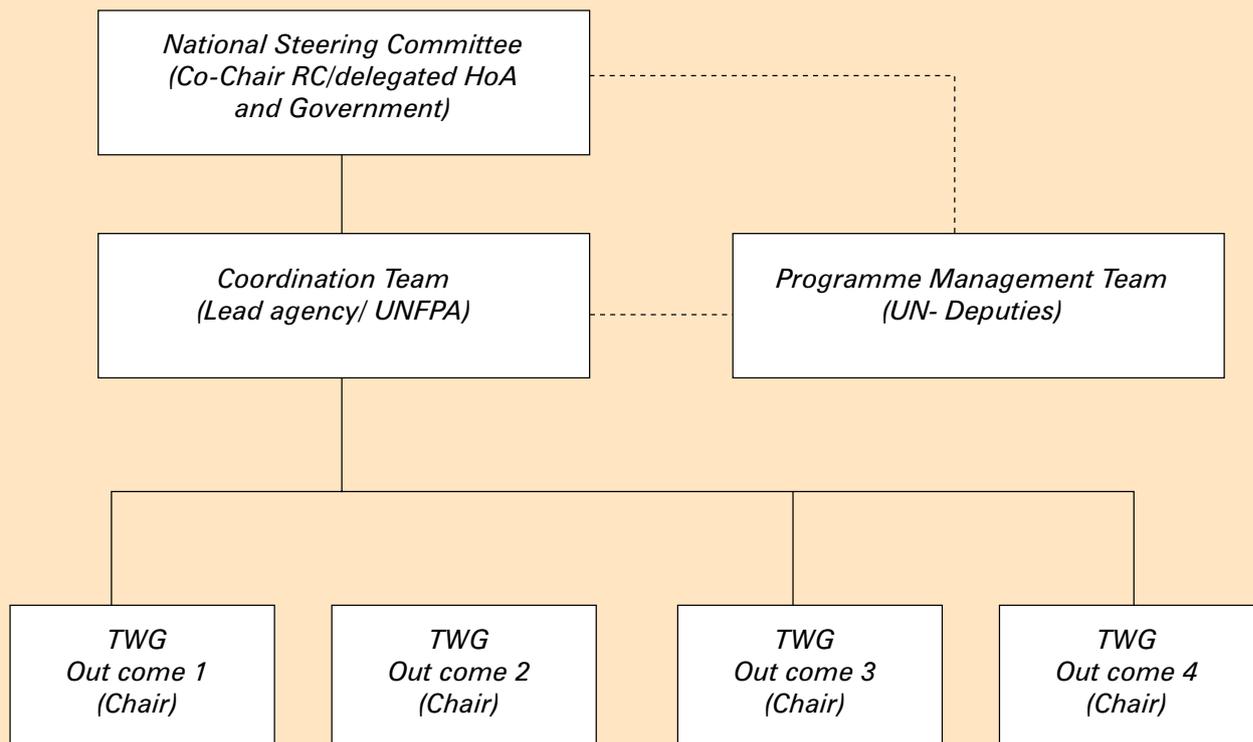
The JPP will be operationalised through 4 Outcome Technical Working Groups in line with the key programme outcome areas of the JPP. The OTWG will comprise of participating UN agencies, Government Counterparts and civil society organisations and interested development partners. This structure will involve regular meetings at the Outcome level between members of the participating agencies and implementing partners and will ensure day-to-day accountability for substantive and financial management of the outcome areas and will conduct regular monitoring visits. Technical working Groups will prepare quarterly progress reports on implementation of the JPP.



## Management and coordination arrangements

continued

**Figure 2: Proposed coordination mechanism**



### 7.5 Communication:

As recommended in the UNDGO Guidelines on Joint Programmes, each participating UN agency, and particularly UNFPA as the coordinating agency, will take appropriate measures to publicize this joint programme and to give due credit to the contributions of all participating agencies and national institutions. Information given to the press, to the beneficiaries of the joint programme, all related publicity material, official notices, reports and publications, shall acknowledge the role of the Government of Uganda, donors, participating UN agencies and any other relevant parties.



## 8.0 Fund management arrangements

Two funding modalities – the parallel and pass-through modalities - will be used for the funding (and reporting on the use of funds) for this joint programme. The key justification for the adoption of both funding modalities is because, although most activities of the joint programme are integral elements of agency-specific programmes of support to the country and funds for them already provided for in their CPDs, CPAPs, AWPAs and associated budgets, such funds will, however, not be sufficient to meet all required programme costs, thus necessitating the mobilisation of additional financial support from some development partners.

The management of funds under each of the two modalities will be according to the current guidelines on joint programming provided by the UNDG. Accordingly, each agency will be responsible for the management of, accountability for, and reporting on funds it has made available (or allocated) for the joint programme under the parallel funding modality for agreed-upon activities in the joint programme work plan for which it is responsible. The agency will do so in accordance with its own internal financial procedures, regulations and rules for individual programming and project processes, and using agreed-upon reporting formats for easy compilation of the periodic/annual aggregated (narrative and financial) reports of all participating agencies. Each agency will also prepare a specific budget covering joint programme activities for which it is responsible for inclusion in the overall joint programme budget and annual resource allocation plans.

Additional resources mobilized from development partners for the implementation of agreed-upon activities in the joint programme work plan but for which agencies do not have sufficient funds (or have not allocated any funds) will be made available to the participating agencies through the pass-through funding modality. Such funds from development partners will be made available to UNFPA which has been selected by participating UN organizations in consultation with the Government as the Administrative Agent for such funds, following the criteria that have been established for that purpose. UNFPA will, in turn, channel such funds to the participating agencies as directed by the steering committee. Programmatic and financial accountability for the use of such channelled funds will rest, not with UNFPA as

Administrative Agent but with the participating agencies that would be managing their respective components of the joint programme.

UNFPA, as the Administrative Agent, will record in a special ledger; all funds received from donors for the joint programme, and will keep such funds in a special joint programme account. UNFPA will not record funds channeled by it to other participating UN agencies as income to itself. It will, however, record as income those funds received from the joint programme account for activities that it is programmatically and financially accountable as a participating agency in the joint programme. UNFPA will be allocated one percent (1%) of the amount contributed to the joint programme by donors so as to enable it effectively perform its functions as the AA for the programme. Indirect costs of the Participating UN Organizations recovered through programme support costs will be 7%. In accordance with the UN General Assembly resolution 62/208 (2007 Triennial Comprehensive Policy Review principle of full cost recovery), all other costs incurred by each Participating UN Organization in carrying out the activities for which it is responsible under the Fund/Programme will be recovered as direct costs.

Other financial management issues related to balance of funds at the end of the programme, interest earned on funds received from donors, and treatment of audit opinions, shall be as per the UNDG guidelines on joint programmes and agency-specific rules and regulations.



It is therefore necessary to develop a



## 9.0 Monitoring, Evaluation and Reporting

Since the design of the joint programme is based on the results based management (RBM) approach, efforts have to be made to ensure that programme processes, products and services contribute to the attainment of planned results (goal, outcomes, and outputs), and ultimately to the goals of the UNDAF and the NDP. It is therefore necessary to develop a monitoring and evaluation framework in order to measure programme performance, progress and impact.

The M&E framework for this programme is based on, linked with, and actually derived from the M&E framework of the UNDAF and ultimately to that of the NDP. Monitoring will be used to ensure that planned inputs are made available and planned activities are undertaken as and when due and to track progress towards achieving annual work plan targets. Periodic progress reports from all participating agencies and institutions will be required for this purpose. Evaluation activities will aim at assessing progress towards achieving programme outputs and outcomes (against planned targets), ascertain continued relevance of planned approaches (strategies) and interventions, and assess the continued validity of identified risks and assumptions.

### 9.1 Risks and assumptions

There are a number of risks associated with the implementation of this joint programme; many of them have already been identified in section 4 under lessons learned and challenges confronting joint programme development, implementation and management by the UN system in the country. The following are the key risks identified and possible ways of addressing them.

a) Securing a very strong commitment to the programme by the Resident Coordinator, heads of participating agencies and their staff throughout the duration of the programme: This is very critical for the smooth and effective implementation of the programme and achievement of planned results. As at now, commitment is high but uneven; some agencies may indicate commitment since joint programming is an integral part of the UN reform which many agencies cannot openly repudiate. In addition, some of these agency

heads may be redeployed elsewhere and new ones will come on board before the end of the programme. They may not be as strongly committed as their predecessors. The RC and UNFPA will periodically update UNCT about the progress of programme on quarterly basis and timely brief new members of the UNCT. The programme coordination team at UNFPA will continuously update participating Agency technical teams on progress of the programme within the TWG.

- b) Getting agencies to work and 'deliver-as-one', though a requirement has proven problematic in the past and may continue to do so in the future – even when the heads of agencies are committed to joint programming and joint programmes. Internal agency capacities (human, financial, physical), loyalties, mandates and efficiencies vary and may affect the timely achievement of results that need collective efforts by all. At the same time, some agencies are concerned that participation in joint programmes may interfere with their internal programming processes and requirements of projects they support (eg. accountability frameworks, reporting, financial management). The joint programme will follow the standard procedures laid down in the UNDG guidelines for joint programmes for pass through and parallel funding mechanisms. The programme through the RC will ensure common understanding of the requirements by all participating agencies. The JPP will continue to act on lessons learnt from other UN joint programmes.
- c) Geographical coverage of planned interventions: Many participating agencies currently focus their support to a number



## Monitoring, Evaluation and Reporting

continued

of districts that are often not aligned. The UNDAF, while national in coverage, requires geographic focus of some interventions on the northern part of the country. Yet the coverage of the national population policy and of the NDP is country-wide support. Since support by UN agencies typically cover a few districts it is likely that getting agencies to focus their interventions in specified districts (outside the north) may be problematic. The coverage is in line with UNDAF priorities and in line with UN strategy to implement in strategic focus areas to gather evidence to inform policy and advocacy.

- d) External resistance to programme aims and results: Population has become a politically sensitive issue in the country. There may thus be some reluctance to support in the programme at high political levels (nationally and in the districts). In relation to all stakeholders involved in the joint programme, the programming assumption is that they will continue to extend their full support to the jointly agreed results. Linkage with other UN joint programmes: There are now three on-going joint programmes, and two under development. Another two or three may soon be developed. There is now an issue of how all of them will be linked and managed, since they are all in the same social sectors, involve the same (or almost the same) UN agencies and national institutions, have similar management structures that involve virtually the same players. This makes it necessary to arrive at an innovative approach for their joint management, either through the office of the UN Resident Coordinator, a national institution, or a special unit attached to one of the UN agencies. The JPP focuses on creating an enabling environment for services to be delivered. It looks at structures and systems gaps and engaging the leadership at national, sub-national and community levels to identify champions to address the gaps in population. Other programmes deliver the actual services.

The coordination mechanism will be headed by the RC.

- e) Capacities of participating national institutions: The role of the UN system in the implementation of this programme will essentially be catalytic, supportive and facilitative. Actual implementation will be done by institutions of Government and the civil society at the national and district levels. The capacities of many of them, especially in the districts, to deliver anticipated results are known to be weak. Although strengthening such capacities is an element of the programme, there is the risk that they are also likely to negatively impact on the success of the programme.

The programme will support not only capacity building but also change of the culture and attitudes so that the implementers can deliver.

On the positive side, there are already experiences with, and lessons learned from, on-going joint programmes in the country to benefit from. There is consensus on the choice of UNFPA as the coordinator and Administrative Agent for the programme and the confidence that it has the capacity needed to discharge its functions and responsibilities. The programme, as currently formulated and the process for doing so, has received enthusiastic endorsement from the UNCT. Agencies had earlier agreed on a standard rate for the recovery of indirect costs so the issue of differential requirements of agencies in this respect will not arise.

### 9.2 Reporting

1. Each Participating UN Organization will provide the Administrative Agent with the following statements and reports prepared in accordance with the accounting and reporting procedures applicable to the Participating UN Organization concerned, as set forth in the TOR/Joint Programme Document. The Participating UN Organizations will endeavour to harmonize their reporting formats to the extent possible



by following the standard format for such reports as recommended by UNDGO so as to facilitate their compilation.

- a) Quarterly reports on progress (and constraints) in implementing planned activities. These reports will be collated (in the form that they are submitted) by UNFPA and distributed to all participating agencies for their information. They will constitute inputs into the deliberations of the technical working committee and of the Joint Steering Committee, and be used by UNFPA for its quarterly briefing of the UNCT.
  - b) Annual narrative progress reports, to be provided no later than three months (31 March) after the end of the calendar year;
  - c) Each participating UN agency receiving funds from the Administrative Agent will prepare quarterly reports on use of such funds. Such reports will be aggregated by the AA and shared with the UNCT and Steering Committee.
  - d) Annual financial statements and reports as of 31 December with respect to the funds disbursed to it from the Fund/Programme Account, to be provided no later than four months (30 April) after the end of the calendar year;
  - e) Final narrative reports, after the completion of the activities in the approved programmatic document/Joint Programme Document and including the final year of the activities in the approved programmatic document/Joint Programme Document, to be provided no later than four months (30 April) of the year following the financial closing of the Fund/Programme. The final report will give a summary of results and achievements compared to the goals and objectives of the Fund/Programme; and
  - f) Certified final financial statements and final financial reports after the completion of the activities in the approved programmatic document/Joint Programme Document and including the final year of the activities in the approved programmatic document/Joint Programme Document, to be provided no later than six months (30 June) of the year following the financial closing of the Fund/Programme.
2. The Administrative Agent will prepare consolidated narrative progress and financial reports, based on the reports referred to in paragraph 1 (a) to (e) above, and will provide those consolidated reports to each donor that has contributed to the Fund/Programme Account, as well as the Steering Committee, in accordance with the timetable established in the Administrative Arrangement.
  3. The Administrative Agent will also provide the donors, Steering Committee and Participating UN Organizations with the following statements on its activities as Administrative Agent:
    - (a) Certified annual financial statement ("Source and Use of Funds" as defined by UNDG guidelines) to be provided no later than five months (31 May) after the end of the calendar year; and
    - (b) Certified final financial statement ("Source and Use of Funds") to be provided no later than seven months (31 July) of the year following the financial closing of the Fund/Programme.
  4. Consolidated reports and related documents will be posted on the websites of the UN in Uganda ([undp.org.ug](http://undp.org.ug)) and the Administrative Agent ([uganda.unfpa.org](http://uganda.unfpa.org)).



## Monitoring, Evaluation and Reporting

continued

### 9.3 Joint monitoring visits

Joint monitoring visits shall be planned and undertaken every six months by participating agencies and national partners to observe programme implementation, constraints encountered and offer advice (when necessary) on how such constraints should be resolved. It will also provide opportunities for enhancing synergies and complementarities in activities being supported by different agencies as part of the programme.

### 9.4 Evaluation

There will be a mid-term evaluation of the programme, as part of the mid-term evaluation of UNDAF, in the second quarter of 2012. The results of this evaluation will be used by the UNCT (on the advice of the joint steering committee) for making decisions on any corrections that need to be made on any aspect of the programme for the rest of its duration. A final evaluation of the programme will also be undertaken, as part of the final evaluation of UNDAF, in the last quarter of the programme period to assess the extent to which programme targets, outputs and outcomes have been achieved as well as the need for the continuation of the programme in the future. It will also assess how well UN agencies have worked and delivered 'as one' (in terms of improved alignment, harmonization of processes, joint implementation of activities, etc).

### 9.5 Review meetings

As indicated above, there will be quarterly review meetings of all participating agencies and national institutions (at the levels of the technical working group and of the joint steering committee), quarterly briefing of the UNCT during one of their regular monthly meetings, annual review meetings (in conjunction with annual review of the UNDAF), and a final programme review meeting, also in conjunction with the final review meeting of the UNDAF. Participants at the annual, mid-term and final review meetings, to be jointly organized by the UNCT and Government, will include all programme stakeholders (Government, NGOs, civil society organizations, development partners).

### 9.6 Monitoring and evaluation framework and schedule

A robust M&E System with clear indicators and mechanisms for review and reporting has been developed and agreed upon by all players. The final design workshop helped to obtain final consensus and buy in from the agencies. The M&E information is in harmony with UNDAF, NDP and NPPAP frameworks. There are three indicators per output which are already captured either through data from Government Ministries and departments, or from ongoing programme and projects of participating agencies that directly relate to NDP and UNDAF indicators. Data collection will come through existing channels to avoid expensive data collection exercises.

The programme monitoring and evaluation framework is presented in Table 2 and the M&E time table/schedule in Table 3. Baseline information and targets to be attained for each indicator (for which information is available) are indicated therein to provide hard evidence for measuring progress in the attainment of expected results. Like the M&E of the UNDAF, the programme M&E framework relies heavily on existing national monitoring and evaluation mechanisms. Data for their collection is expected to come from national sources, including data disseminated through Uganda Bureau of Statistics, Office of the Prime Minister, annual sectoral service reports/statistics, from regularly scheduled data collection exercises by Government (UDHS, household surveys, census, etc). The programme aims at working with UBOS to ensure that such statistics/information is linked together with its existing management information systems (such as Uganda Info and the Integrated Management Information System, IMIS).



## 10.0 Legal context and basis for relationship

The legal context, basis for relationship and Joint Programme management will be according to the guidelines on joint programming provided by the UNDGO. As for funds management, two funding modalities – the parallel and pass-through modalities - will be used for the funding (and reporting on the use of funds) for this joint programme. In this case the under listed guidelines on joint programming provided by the UNDGO will be used. They include:

- Harmonized Financial Reporting to Donors in Joint Programmes, Explanatory note: September 2006
- Standard Memorandum of Understanding (Mou) for Multi-Donor Trust Funds and Joint Programmes Using Pass-Through Fund Management, 2008
- Annex 3: Operational details for pass-through fund management for joint programmes;
- Annex 4: Standard Memorandum of Understanding between the Participating UN Organizations and the Administrative Agent for pass-through fund management;
- Annex 5: Glossary;
- Annex 6: Standard Letter of Agreement between the Donor and the Administrative Agent for pass-through fund management





## 11.0 Work plan and budget

The summary unfunded (non-core-resource) budget by outcome is shown in ANNEX 3 and the detailed Workplan and Budget is shown in ANNEX 4.



## Annexes

### ANNEX 1

#### Demographic Dividend- conceptual framework

The relationship between population change and development is summarised by the Demographic Transition Theory. The theory describes how populations change over time from a situation of high fertility and high mortality to a low fertility and low mortality in response to the evolution of the economies from traditional and agrarian economies to modern industrial economies. According to the demographic transition model, populations undergo a transition (evolution) from a situation of high fertility and high mortality (pre-industrial, Stage 1) through a stage where mortality declines rapidly whilst fertility remains high (Stage 2, marked by rapid population growth). This is followed by a third stage where fertility begins to decline together with mortality (Stage 3), leading to a stage where both fertility and mortality are low and population growth is very low or negative (Stage 4, industrialised). Most developed countries are in stage 3 or 4 of the model; the majority of developing countries have reached stage 2 or stage 3. The major (relative) **exceptions** are some poor countries, mainly in sub-Saharan Africa and some Middle Eastern countries.

The interplay between declining mortality and declining fertility, during demographic transition, and their combined effect on the age structure of the population brings on another demographic stage referred to as the '**Demographic Window of Opportunity**' or **Demographic Bonus**. It is defined to be that period of time in a nation's demographic evolution when the proportion of population of working age group is particularly prominent. In response to initial declines in mortality especially child mortality, and in the face of relatively high fertility, the dependency ratio increases resulting in fewer workers and increased demand for social services such as health and education at the expense of investment.

As fertility begins to decline, population growth will slow down and dependency ratios will decrease. With continued fertility decline, the bulge of young people reaching working age will boost the labourforce and increase savings and investment. The demographic change in the age composition of the population also reduces demand for social services and freeing resources for human and capital investment.

Typically, the demographic window of opportunity lasts for 30–40 years depending upon the country and usually occurs late in the demographic transition when the fertility rate falls and the youth dependency rate declines. The exact technical boundaries of definition vary, but the UN Population Division has defined 'window' as the period when:

- the proportion of children and youth under 15 years falls below 30 per cent and the proportion of people 65 years and older is still below 15 per cent.
- the ratio of dependents to working-age population (multiplied by 100) is roughly between 40 and 60

In most cases, the dependency ratio declines during the demographic window phase, hits a minimum, and starts to rise as the demographic window phase ends. Much of Africa is expected to enter the demographic window in 2045, and exit in 2080 with Eastern, Central and Western African regions entering the demographic window latest of all, not starting until 2050 or 2055 (UN, 2004).

The so called "demographic bonus" (or demographic dividend), however, remains only a potential advantage as low participation rates (for instance among women) or rampant unemployment may limit the impact of favourable age structures. Thus, the magnitude of the demographic dividend appears to be dependent on the ability of the economy to absorb and productively employ the extra workers, rather than be a pure demographic gift. Thus benefits of the demographic bonus depend on accelerated decline in fertility as well as sound economic and labour market policies.



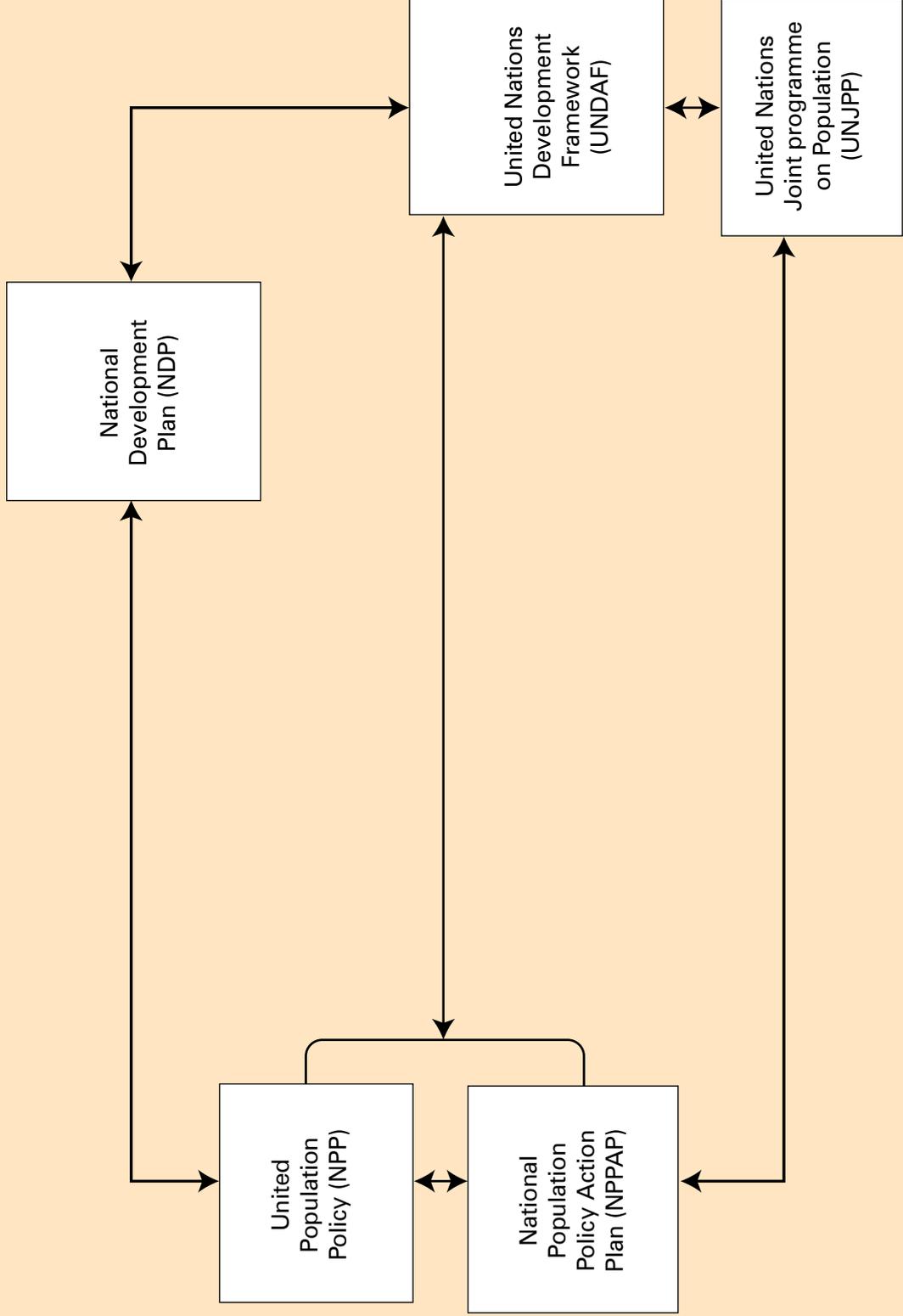
As noted by the World Bank (2007), for the increasing share of the working age population to positively contribute to economic growth, they must:

- be productively employed
- save more and invest wisely
- be well educated to ensure high return for their labour efforts



## ANNEX 2

### Implementation Framework



## ANNEX 3:

### Summary Unfunded (Non-Core Resource) Budget

ANNEX 3: UNJPP- SUMMARY BUDGET						
UN Joint Programme-Summary Unfunded (non-core-resource) Budget (\$)						
	2011	2012	2013	2014	TOTAL	
<b>OUTCOME 1: Fertility reduced in line with individual/couple choices especially among young people.</b>						
<b>Programme costs</b>						
UNFPA	6,238,000	6,533,000	6,583,000	6,408,000	25,762,000	
WHO	3,040,000	1,905,000	1,745,000	1,290,000	7,980,000	
UNHCR	200,000	150,000	150,000	150,000	650,000	
<b>SUB TOTAL</b>	<b>9,478,000</b>	<b>8,588,000</b>	<b>8,478,000</b>	<b>7,848,000</b>	<b>34,392,000</b>	
<b>Indirect costs (7%)</b>						
UNFPA	436,660	457,310	460,810	448,560	1,803,340	
WHO	212,800	133,350	122,150	90,300	558,600	
UNHCR	14,000	10,500	10,500	10,500	45,500	
<b>TOTAL OUTCOME 1</b>	<b>10,141,460</b>	<b>9,189,160</b>	<b>9,071,460</b>	<b>8,397,360</b>	<b>36,799,440</b>	





	2011	2012	2013	2014	TOTAL
<b>OUTCOME 2: Prepared, protected and healthy mothers, children and youth</b>					
<b>Programme costs</b>					
UNFPA	1,800,000	1,600,000	1,500,000	1,300,000	6,200,000
WHO	2,375,000	2,425,000	2,375,000	2,425,000	9,600,000
UNICEF	7,172,094	6,492,031	9,308,746	4,052,853	27,025,724
WFP	3,400,000	2,600,000	9,725,000	9,725,000	25,450,000
UNHCR	125,000	125,000	400,000	2,125,000	2,775,000
<b>SUB TOTAL</b>	<b>14,872,094</b>	<b>13,242,031</b>	<b>23,308,746</b>	<b>19,627,853</b>	<b>71,050,724</b>
<b>Indirect costs (7%)</b>					
UNFPA	126,000	112,000	105,000	91,000	434,000
WHO	166,250	169,750	166,250	169,750	672,000
UNICEF	502,047	454,442	651,612	283,700	1,891,801
WFP	238,000	182,000	680,750	680,750	1,781,500
UNHCR	8,750	8,750	28,000	148,750	194,250
<b>TOTAL OUTCOME 2</b>	<b>15,913,141</b>	<b>14,168,973</b>	<b>24,940,358</b>	<b>21,001,803</b>	<b>76,024,275</b>

<b>OUTCOME 3: Youth and vulnerable groups have competitive skills and opportunities to actively participate in the economy including urban development</b>						
<b>Programme costs</b>						
UNFPA	271,500	93,500	93,500	38,500	497,000	
UNICEF	610,000	600,000	480,000	370,000	2,060,000	
UNHCR	400,000	400,000	300,000	300,000	1,400,000	
IOM	500,000	1,500,000	1,500,000	250,000	3,750,000	
ILO	921,000	503,000	603,000	618,000	2,645,000	
UNIFEM	80,000	80,000	80,000	100,000	340,000	
UNHABITAT	2,010,000	2,740,000	1,680,000	90,000	6,520,000	
<b>SUB TOTAL</b>	<b>4,792,500</b>	<b>5,916,500</b>	<b>4,736,500</b>	<b>1,766,500</b>	<b>17,212,000</b>	
<b>Indirect costs (7%)</b>						
UNFPA	19,005	6,545	6,545	2,695	34,790	
UNICEF	42,700	42,000	33,600	25,900	144,200	
UNHCR	28,000	28,000	21,000	21,000	98,000	
IOM	35,000	105,000	105,000	17,500	262,500	
ILO	64,470	35,210	42,210	43,260	185,150	
UNIFEM	5,600	5,600	5,600	7,000	23,800	
UNHABITAT	140,700	191,800	117,600	6,300	456,400	
<b>TOTAL OUTCOME 3</b>	<b>5,127,975</b>	<b>6,330,655</b>	<b>5,068,055</b>	<b>1,890,155</b>	<b>18,416,840</b>	





<b>OUTCOME 4: Adequately resourced, coordinated and managed national population programme</b>					
<b>Programme costs</b>					
UNFPA	2,044,710	1,823,898	1,735,898	1,850,898	7,455,404
UNICEF	425,000	417,000	360,000	315,000	1,517,000
<b>SUB TOTAL</b>	<b>2,469,710</b>	<b>2,240,898</b>	<b>2,095,898</b>	<b>2,165,898</b>	<b>8,972,404</b>
<b>Indirect costs (7%)</b>					
UNFPA	143,130	127,673	121,513	129,563	521,878
UNICEF	29,750	29,190	25,200	22,050	106,190
<b>TOTAL OUTCOME 4</b>	<b>2,642,590</b>	<b>2,397,761</b>	<b>2,242,611</b>	<b>2,317,511</b>	<b>9,600,472</b>
<b>ALL OUTCOMES</b>					
Programme+ Indirect costs	33,825,165	32,086,549	41,322,484	33,606,829	140,841,027
Administrative Agent costs (1%)	338,252	320,865	413,225	336,068	1,408,410
<b>GRAND TOTAL (Unfunded-non-core resource budget)</b>	<b>34,163,417</b>	<b>32,407,415</b>	<b>41,735,709</b>	<b>33,942,897</b>	<b>142,249,437</b>
<b>SECURED DONOR FUNDING (DFID)</b>					<b>\$45,000,000</b>
<b>BALANCE UNSECURED</b>					<b>\$97,249,437</b>

In addition to the budget requested, UN Agencies will contribute a total of \$43,578,545 to the Joint programme on population over the four year period from their regular resources as indicated in ANNEX 4.

# ANNEX 4:

## Detailed work plan and budget

Indicators (only at Outcome and output levels)	UN Agency	Implementing Partner	Indicative Budget (USD)										TOTAL AVAILABLE
			Year 1		Year 2		Year 3		Year 4		TOTAL GAP		
			Secured	Un-secured	Secured	Un-secured	Secured	Un-secured	Secured	Un-secured			
<b>Outcome 1: Fertility reduced in line with individual/couple choices especially among young people.</b>													
Total fertility rate													
Contraceptive prevalence rate (women 15-49)													
Teenage pregnancy rate													
<b>Output 1.1: Increased access to FP, sexuality information and youth friendly services for sexually active population especially young people</b>													
% of young people with accurate information on FP in selected districts													
% of HC III & IV providing adolescent Youth Friendly Services in selected districts													
% increase in number of new users of FP in selected districts													
<b>Activity 1.1.1: Supporting Health Facilities in provision and capacity building of youth friendly services in selected districts</b>													
Sub-activity													
Support the MOH to finalize the strategy, service standards and guidelines and job aides including printing and dissemination	WHO	MOH	250,000	75000	150000	50000	525,000	0					
Train National Trainers on the produced guidelines , job aides and service standards for YFS and undertake cascade at district and facility level	WHO	MOH	500,000	250000	150000	50000	950,000	0					





Support procurement of family planning commodities that ensures method mix including a comprehensive condom programme (male and female condoms) for dual protection;	UNFPA	MoH	2,300,000	3,750,000	2,500,000	3,750,000	2,700,000	3,750,000	3,000,000	3,750,000	15,000,000	10,500,000
Facilitate and document steps taken to deliver a unified RH emergency response using the inter-agency field manual on RH guidelines	WHO		10,000	40,000	5,000	30,000	5,000	25,000			95,000	20,000
Support to Reproductive health services in conflict affected populations & Procurement of RH commodities in emergencies	UNHCR			150000		100000		100000			450,000	0
Support the public & PNFPS and FP oriented CSOs to provide FP services ( static clinics, routine and event specific outreaches and camps)	UNFPA	RHU MSU PACE PI	400000	800000	450000	900000	500000	1000000	550000	1100000	3,800,000	1,900,000
Support healthy choices radio programme for Social Behaviour Change Communication (SBCC) for out of school youths	UNFPA	CDFU	150,000	150,000		600000		600000			1,650,000	150,000
Support regional hospitals and District Hospitals to conduct quarterly FP camps for vulnerable groups and hard to reach populations in the 15 districts	WHO	MOH DHMTs Hospitals		600000		600000		600000			2,400,000	0
Support CSOs including women support organizations and professional associations to undertake educative programs on FP with communities	UNFPA	RHU MSU PACE PI	160,000	350,000	180,000	360,000	200,000	400,000	250,000	500,000	1,610,000	790,000





Indicators (only at Outcome and output levels)	UN Agency	Implementing Partner	Indicative Budget (USD)										TOTAL AVAILABLE
			Year 1		Year 2		Year 3		Year 4		TOTAL GAP		
			Secured	Un-secured	Secured	Un-secured	Secured	Un-secured	Secured	Un-secured			
<b>Activity 1.1.3: Promoting healthy life styles and relationships, safer sexual practices and reduction of pregnancy especially amongst teenagers</b>													
<b>Sub-activity</b>													
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	WHO	MoE, MoH	100,000		75,000		50,000		50,000		275,000	0	
Sensitize and Mobilize teachers, parents and educationists on integration of sexuality education (including HIV) into the school curriculum and extra-curricular activities and provide TA to MOES for integration in curriculum.	UNFPA	MoES/NCDC	160,000		120,000		100,000		50,000		430,000	0	
Support functionality of school and community youth health clubs	WHO	Selected Schools	150,000		100,000		100,000		100,000		450,000	0	
Support establishment of community groups (parents, teachers, community leaders) for promotion of sexuality education (APADOC)	WHO	District and Local Councils	200,000		150,000		120,000		100,000		570,000	0	





**Activity 2.1.1**

Strengthen teacher's development, pupil performance, school management and community/parents participation for improved quality of primary and secondary education.	UNICEF	MoES, DEOs,	200,000	1,700,000	150,000	1,400,000	100,000	1,030,000	50,000	930,000	5,060,000	500,000
	WFP	MoES, DEOs,	3,250,000		1,000,000			1,000,000		1,000,000	2,000,000	4,250,000
	UNHCR	MoES, DEOs,	1,000,000					275,000		2,000,000	2,275,000	1,000,000

**Activity 2.1.2: Increasing timely enrollment, retention & completion of children & adolescents' (boys and girls) including refugees, and supporting formal and non-formal education in the Acholi and Karamoja****Sub-activity**

Roll out and support Go Back to School (GBS) with emphasis on girl child; Roll out GEM in all primary schools; support capacity development of alternative education	UNICEF	MOES, LGs, BRAC, NGOs	435,000	1,426,547	350,000	1,700,000		5,472,000		945,453	9,544,000	785,000
Promoting girl child education through provision of scholarships at secondary schools in 8 target districts (approx: 1000 girls),	UNICEF	GEM, FAWE, MOES		1,284,000		856,000		684,800		342,400	3,167,200	0
Increase enrolment, retention and completion for chn in Karamoja and provide food take home rations for 13,000 school girls per year	WFP		6000000		6000000			6000000		6000000	12,000,000	12,000,000





Indicators (only at Outcome and output levels)	UN Agency	Implementing Partner	Indicative Budget (USD)										TOTAL AVAILABLE	
			Year 1		Year 2		Year 3		Year 4		TOTAL GAP			
			Secured	Un-secured	Secured	Un-secured	Secured	Un-secured	Secured	Un-secured				
<b>Output 2.2: Improved access to a quality package for maternal, newborn and child health services.</b>														
% deliveries occurring in health facilities														
Proportion of mothers & newborns who had PNC visits by VHT														
% pregnant women with any anemia in the selected districts														
% of households with pit latrine in selected districts														
of health centres with access to safe drinking water in selected districts														
% of schools with access to safe drinking water in selected districts														
<b>Activity 2.2.1</b>														
Set up integrated FP service points to include services for HIV positive couples-capacity building for health workers to deliver integrated FP/HIV and RH choices services for PLWH	WHO/UNAIDS	MoH	20,000	500,000	20,000	500,000	20,000	500,000	20,000	500,000	20,000	500,000	2,000,000	80,000
<b>Activity 2.2.2</b>														
Build capacity of the health system to provide quality integrated MNCH services at both facility and community level.														
<b>Sub-activities</b>														
Build human resource capacity to offer quality MNCH services within the district health system.														

Support bonding and training of midwives and support policy on recruitment of midwives	UNFPA	MOH	119,489	100,000	119,489	100,000	119,489	100,000	119,489	100,000	400,000	477,956
Support printing, training and supervision for comprehensive EMOC	WHO	MOH		400,000		400,000		400,000		400,000	1,600,000	0
Support training and supervision for comprehensive newborn care	UNICEF			100,000		100,000		100,000		100,000	400,000	0
<b>Support VHT to promote an integrated minimum package of MNCH interventions at community level</b>												
Support training supervision and provision of VHT	UNICEF	MOH and DLGs		400,000		400,000		400,000		400,000	1,600,000	0
Community mobilisation for SRH rights and uptake-materials production	WHO	MOH and DLGs		75,000		75,000		75,000		75,000	300,000	0
Training and re-orientation of VHTs on SRH rights, pregnancy monitoring and referral	UNFPA	MOH and DLGs		50,000		50,000		50,000		50,000	200,000	0
Procure equipment, commodities and supplies for MNCH services including transport and communication (ambulances, theatre equipment, rehabilitation of water and electricity).	UNFPA	MOH	614,493	1,000,000	614,493	900,000	614,493	800,000	614,493	700,000	3,400,000	2,457,972
Procurement of MAMA kits	UNFPA	MoH		400,000		300,000		300,000		200,000	1,200,000	
Procurement of village phones, and publication of lessons learnt	WHO	MoH		100,000		150,000		100,000		150,000	500,000	0
Support community health information system	UNICEF			500,000		450,000		400,000		350,000	1,700,000	0
<b>Build capacity of targeted District Health Teams to supervise, monitor and evaluate MNCH service delivery.</b>												
Support capacity building for district and regional hospitals to conduct MBDR	UNFPA	MoH	70,485	150,000	70,485	150,000	70,485	150,000	70,485	150,000	600,000	281,941





Indicators (only at Outcome and output levels)	UN Agency	Implementing Partner	Indicative Budget (USD)										TOTAL AVAILABLE				
			Year 1		Year 2		Year 3		Year 4		TOTAL GAP						
			Secured	Un- secured	Secured	Un- secured	Secured	Un- secured	Secured	Un- secured							
Support review and production of MBDR materials and formation of MBDR committees at national and district levels including publication of MDBR materials	WHO	MoH	Secured	100,000	Secured	100,000	Un- secured	100,000	Secured	100,000	Un- secured	100,000	Secured	100,000	Un- secured	400,000	0
Build capacity at National and District level for planning, management and leadership for MNCH services including adaptation of WHO guidelines	WHO	MoH, DLGs	Secured	250,000	Secured	250,000	Un- secured	250,000	Secured	250,000	Un- secured	250,000	Secured	250,000	Un- secured	1,000,000	0
Build capacity for provision of focused ANC including birth prepared	WHO	MOH	Secured	300,000	Secured	300,000	Un- secured	300,000	Secured	300,000	Un- secured	300,000	Secured	300,000	Un- secured	1,200,000	0
Support strengthening of PHNC services	WHO	MOH	Secured	350,000	Secured	350,000	Un- secured	350,000	Secured	350,000	Un- secured	350,000	Secured	350,000	Un- secured	1,400,000	0
Support strengthening of newborn care services	UNICEF	MoH	Secured	300,000	Secured	300,000	Un- secured	300,000	Secured	300,000	Un- secured	300,000	Secured	300,000	Un- secured	1,200,000	0
Support the MoH technical assistance plan with particular focus on MNCH	UNFPA	MoH	Secured	100,000	Secured	100,000	Un- secured	100,000	Secured	100,000	Un- secured	100,000	Secured	100,000	Un- secured	400,000	0
	WHO	MoH	Secured	100,000	Secured	100,000	Un- secured	100,000	Secured	100,000	Un- secured	100,000	Secured	100,000	Un- secured	400,000	0
	UNICEF	MoH	Secured	100,000	Secured	100,000	Un- secured	100,000	Secured	100,000	Un- secured	100,000	Secured	100,000	Un- secured	400,000	0
	WFP	MoH	Secured	100,000	Secured	100,000	Un- secured	100,000	Secured	100,000	Un- secured	100,000	Secured	100,000	Un- secured	400,000	0

**Activity 2.2.3:**

Strengthen capacity of central and district government partners in planning and delivery of WASH services in communities and health facilities based on needs	UNICEF	MWE, MOH, MoES, DLGs	776,547	601,031	236,946	1,614,524	0
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**Activity 2.2.4 : Support interventions to improve nutrition among new borns, children under 5, pregnant & lactating women and refugees (including the special needs of PLHIV)**

Support training of VHTs on nutrition	UNICEF		460,000	460,000	460,000	125,000	125,000	460,000	1,840,000	500,000
Support VHTs to carry out nutrition education for households	WHO		200,000	200,000	200,000			200,000	800,000	0
Support training and sensitization of DHTs, HWs, VHTs on Great Start project in Bundibugyo	WFP		125,000	125,000	125,000			125,000	250,000	250,000
Provide food to 31,000 MCHN beneficiaries in Karamoja,	WFP		1,500,000	2,500,000	2,500,000			2,500,000	9,000,000	0
Support provision of RH emergency kits including capacity building for HWs in emergencies (in collaboration with WHO and UNFPA)	UNHCR		125,000	125,000	125,000			125,000	500,000	500,000
Support the formation of backyard fruit/vegetable gardens by the households	WFP		900,000						900,000	0
Distribute food to antenatal (ANC/PNC) mothers	WFP		900,000						900,000	0
Support scale up of Integrated Management of Acute Malnutrition (IMAM) at all levels of the District Health System	UNICEF		125,000	125,000	125,000			125,000	500,000	500,000





Capacity building -knowledge and self esteem to empower young women to demand the resources promised to them and to access existing resources and engage in income generating activities, specifically in Karamoja, including sensitizing communities to VAW.	UNIFEM		20,000	80,000	20,000	80,000	20,000	80,000	20,000	80,000	100,000	340,000	60,000
Supporting technology for development to enable youth and adolescents to access information- ICT tools and basic ICT use at 40 youth centers	UNICEF	BOSCO, Camara, BRAC, YWCA	50,000	50,000	0	100,000	0	100,000	0	100,000	100,000	350,000	50,000

### Activity 3.1.2: Providing Business development and financial services for the youth

#### Sub-activity

Promote affordable technical, advisory and, affordable financial services	ILO	MLGSD, BDS SPs, Fis	250000	390000	200000	350000	200000	400000	200000	100000	450000	1,590,000	750,000
Strengthening national Youth Policy environment- legal/ institutional framework, promoting revised NYP implementation	ILO	MLGSD,	45000	165000	20000	50000	20000	100000	20000	15000	55000	370,000	100,000
Strengthening delivery of skills to the youth- entrepreneurship through apprenticeships- BTVET	ILO	BTVET, tertiary institutions	35000	105000	25000	65000	25000	65000	25000	15000	75000	310,000	100,000
Advocate for mainstreaming of youth concerns in sectoral development plans, frameworks and budgets for MoH, MoFPED, MoE & MoGLSD.	UNFPA	MoGLSD MoE MoH MoFPED	0	15,000	0	15,000	0	15,000	0	0	0	45,000	0





Indicators (only at Outcome and output levels)	UN Agency	Implementing Partner	Indicative Budget (USD)										TOTAL AVAILABLE
			Year 1		Year 2		Year 3		Year 4		TOTAL GAP		
			Secured	Un-secured	Secured	Un-secured	Secured	Un-secured	Secured	Un-secured			
<b>Activity 3.1.3: Establishing labour market information systems to support youth employment-management framework and designing the LMIS dbase</b>													
	ILO	MLGSD BTVET and Tertiary Inst.	14000	261000	12000	38000	12000	38000	12000	38000	375,000	50,000	
<b>Activity 3.1.4: Supporting vulnerable women from Northern Uganda (Gulu, Pader, Agago, Abim, Nakapiripirit, Amudat) to access labour market/ employment opportunities</b>													
<b>Subactivity</b>													
Conduct socio-economic opportunity mapping and labour market assessment in Northern Uganda (Gulu, Pader, Agago, Abim, Nakapiripirit, Amudat)	IOM		15,000	50,000		50,000		50,000		150,000		15,000	
Establish passive referral (viz. self-referral) system within existing youth friendly sites to connect vulnerable women with labour market opportunities in Northern Uganda	IOM		25,000	100,000		500,000		500,000		1,100,000		25,000	
Establish job referral, small business and/or self-help group start-up assistance within existing youth friendly sites for vulnerable women in Northern Uganda	IOM		460,000	350,000		950,000		950,000		2,500,000		460,000	





Indicators (only at Outcome and output levels)	UN Agency	Implementing Partner	Indicative Budget (USD)										TOTAL AVAILABLE	
			Year 1		Year 2		Year 3		Year 4		TOTAL GAP			
			Secured	Un-secured	Secured	Un-secured	Secured	Un-secured	Secured	Un-secured				
Conduct consensus building meetings on development of an effective and functional national youth coordination mechanism basing on findings and recommendations of the Assessment.	UNFPA		0	7500	0	3500	0	3500	0	3500	0	3500	18,000	0
Develop a monitoring and evaluation framework and monitor progress in implementation of youth programmes as pre-scribed in the National Youth Policy Action Plan.	UNFPA		0	4000	0	0	0	0	0	0	0	0	4,000	0
Capacity building tools development for engagement of youth in planning and decision making at local level	UN Habitat		0	20,000	0	30,000	0	0	0	0	0	0	50,000	0
Develop and implement strategies to increase engagement of young women in one-stop youth centre activities	UN-HABITAT		0	40,000	0	20,000	0	10000	0	10000	0	10000	80,000	0
Scale up of community-based and youth-led social monitoring systems for better service delivery and accountability; associated advocacy and communication campaigns	UNICEF	Scouts Movement, GEM, Straight Talk clubs, BOSCO, BRAC, YWCA	15,000	80,000	10,000	80,000	0	80,000	0	80,000	0	80,000	320,000	25,000

**Activity 3.2.2**

Establish civil society-based Youth Coalition for youth participation and engagement for the purpose of coordinating youth-focused activity in the region: encompassing youth representatives, youth groups, CSOs, FBOs, CBOs, government services, local media, NGOs

UNICEF

20000

50,000

70,000

40,000

20000

180,000

20,000

**Activity 3.2.3**

Empower youths between the ages of 16-29, in 34 highest-mortality districts, with access to relevant and culturally appropriate youth-friendly information and multi-media learning materials- digital content collection for ASRH; youth FGDs;;youth friendly communication materials

UNICEF

MUK, MoES, MoH, STF, NGOs, CBOs, Media , CDFU

20000

430,000

350,000

20000

220,000

20000

170000

1,170,000

80,000

**Output 3.3 : Youth and vulnerable groups benefit from planned urbanization and human settlement development**

# of urban structure plans being implemented									
# of youth and vulnerable people benefitting from slum upgrading									
# of strategic investment plans made and implemented									





Indicators (only at Outcome and output levels)	UN Agency	Implementing Partner	Indicative Budget (USD)										TOTAL AVAILABLE
			Year 1		Year 2		Year 3		Year 4		TOTAL GAP		
			Secured	Un-secured	Secured	Un-secured	Secured	Un-secured	Secured	Un-secured			

**Activity 3.3.1: Support improvement of urban environment**
**Sub activity**

Developing and review of strategies, policies, legal institutional framework for improved urban environment	UN Habitat		200,000	150,000	0	150,000	0	0	0	0	0	0	0	0	300,000	200,000
Support and build capacity for design and implementation of city development strategies (physical and socioeconomic planning) for town councils	UN Habitat		0	350,000	0	400,000	0	0	0	0	0	0	0	0	750,000	0
Slum upgrading and empowerment of especially women in shelter, land rights districts of Tororo and Jinja	UN Habitat		632,000	500,000	1000000	500,000	1000000	0	500,000	0	0	0	0	0	1,500,000	2,632,000
Support physical planning for towns that have been elevated to the level of municipalities (including capacity building)	UN Habitat		0	500,000	0	800,000	0	0	1000000	0	0	0	0	0	2,300,000	0
Urban campaign about benefits, rights and responsibilities for urban governance	UN Habitat		0	100,000	0	150,000	0	0	0	0	0	0	0	0	250,000	0
Review of the curriculum and capacity building for urban planning department at Makerere University	UN Habitat		0	200,000	0	500,000	0	0	0	0	0	0	0	0	700,000	0





Indicators (only at output levels)	UN Agency	Implementing Partner	Indicative Budget (USD)										TOTAL AVAILABLE	
			Year 1		Year 2		Year 3		Year 4		TOTAL GAP			
			Secured	Un-secured	Secured	Un-secured	Secured	Un-secured	Secured	Un-secured				
<b>Output 4.2: Increased availability and utilization of reliable and disaggregated data, including demographic and socio-economic variables, at national and sub national levels</b>														
Proportion of district and sector plans that refer to data from demographic and socioeconomic analytical reports														
<b>Activity 4.2.1</b>														
Strengthen analysis and use of data on urban vulnerabilities for urban development planning, decision making and monitoring progress-comparing population groups in urban settings, to urban non-slums and rural settings	UNICEF	UBOS, POPSEC	25,000		22,000		20,000		20,000		20,000		87,000	0
<b>Activity 4.2.2</b>														
Supporting the implementation of the National Plan for Statistical Development- Statistics Bill, national data systems, LG Strategic plan, District planning units	UNICEF	UBOS	200,000		200,000		200,000		200,000		200,000		800,000	0
<b>Activity 4.2.3</b>														
Strengthening government institutions responsible for civil and population registration information for efficient public administration and generation of statistics for national development	UNICEF	URSB, UBOS	70,000	200,000	60,000	195,000	40,000	140,000	25,000	95,000	25,000	630,000	195,000	

**Activity 4.2.4**

Establish and set MDG targets on employment and lives of slum dwellers

UNFPA

MoL, MoUD

30,000

30,000

30,000

90,000

0

**Activity 4.2.5: Generate research evidence to create awareness, close knowledge gaps and inform decision making****Sub-activities**

Conduct a study on "Investing to reap the benefits of the demographic bonus in Uganda"	UNFPA/ WORLD BANK				60,000												60,000				0
Conduct study on the social and cultural context of birth experiences for women in Uganda	UNFPA			45,000													45,000				0
Conduct a study to understand "the stagnation of fertility in the face of increasing contraceptive prevalence (including fast increase recently): is there a contradiction?"	UNFPA/ WORLD BANK			50,000													50,000				0
Conduct a study to understand the high and increasing unmet need for family planning, including male involvement, cultural context, and dropout rates	UNFPA			45,000					30,000								105,000				0
Conduct study on "inclusion of population indicators such as contraceptive prevalence rate and age-structure in modeling macroeconomic policies in Uganda"	UNFPA/ WORLD BANK			60,000													60,000				0
Support the development & implementation of the research agenda for the Uganda population program	UNFPA			50,000					100,000								350,000		100,000		0





**Activity 4.3.1**

UNFPA	PUN		215,000	243,000	240,000	255,000	953,000	0
Strengthening effective institutional coordination and technical capacity to deliver the JPP results- technical assistance, coordination meetings (SC, NPRM, MC & TWGs)								

**Activity 4.3.2**

UNFPA	PUN		125,000	175,000	130,000	270,000	700,000	0
Strengthening the monitoring and evaluation of the JP-Baseline; Joint AWP's, joint field visits; joint reports, joint reviews, mid-term evaluation, JP evaluation								
UNFPA	PUN		29,000	29,000	29,000	29,000	116,000	0
Promoting visibility of the JP through media engagement ( press releases, press conferences)								

**Activity 4.3.3**

UNFPA	PUN	67,000	150,000	150,000	150,000	150,000	600,000	67,000
Support to the national population action plan and the Population council institutional framework								

\* PUN- Participating UN Agencies

**GRAND TOTAL**

	SECURED (UN core resources)	UNSECURED	TOTAL
Programme costs	43,578,545	131,627,128	175,205,673
Indirect costs (7%)		9213899	9,213,899
Admin Agency costs		1408410	1,408,410
<b>TOTAL</b>	<b>43,578,545</b>	<b>142,249,437</b>	<b>185,827,982</b>
Donor funding (DFID)		\$45,000,000	
<b>BALANCE UNSECURED</b>		<b>\$97,249,437</b>	









# Joint Programme on Population

## *Investing in People*



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