



# Millennium Development Goals

Uganda's Progress Report **2007**







**Millennium  
Development Goals**  
Uganda's Progress Report  
**(2007)**



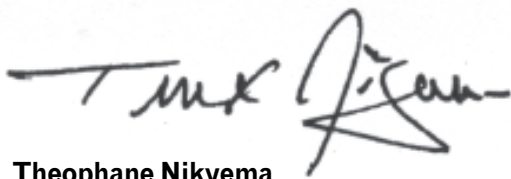
## Preface

UNDP is the official “score keeper” for the Millennium Development Goals (MDGs) set forth by the UN Millennium Declaration. We are therefore mandated to keep track of the progress countries are making towards attainment of these goals. In collaboration with the Government, UNDP reports on progress using the framework for reporting that includes eight goals — based on the UN Millennium Declaration. For each goal there is one or more specific target, along with specific social, economic and environmental indicators used to track progress.

This report is the second of its kind that analyses Uganda's performance in the eight MDGs to date. The report shows that although Uganda has made progress since the last reporting period there is still a long way to go if we are to achieve all the goals by 2015 especially the health related goals on child mortality and maternal health.

This report provides an in-depth analysis of where Uganda is as far as attainment of the global goals and targets and suggests areas of improvement. We hope that the report on progress and the recommendations mentioned will provoke all the players in development to expedite our interventions in MDG related programmes.

This report is a product of consultative work with Government, UN agencies and the Civil Society. We would like to thank all those who have contributed to it.



**Theophane Nikyema**

UNDP Resident Representative and Resident Coordinator of the UN System in Uganda

## Foreword

Uganda is a signatory to the Millennium Declaration that was launched at the UN Summit in September 2000. The declaration spells out the eight Millennium Development goals (MDGs), which countries aim at achieving by the year 2015. The MDGs are: 1) eradicating extreme poverty and hunger; 2) achieving universal primary education (UPE); 3) promoting gender equity and empowering women; 4) reducing child mortality; 5) improving maternal health; 6) combating HIV/AIDS; 7) ensuring environmental sustainability; and 8) developing global partnerships for development.

The MDGs are in line with the Government's Poverty Eradication Action Plan (PEAP), which covers the objectives, strategy and the overarching policy framework for achieving economic development. Already, significant progress has been made in the following areas: eradication of extreme poverty, UPE, gender equity and HIV/AIDS. As we move into the future, the Government will strengthen policy measures and institutional frameworks for dealing with the remaining challenges. For example, the Government has formulated a priority program for the financial year 2007/08 to implement the Peace, Recovery and Development Plan (PRDP) in Northern Uganda which has fallen behind the rest of the country on all MDGs. Furthermore, through the Sub-county Development Programme, Government will equip all levels of Local Government with the skills and equipment to collect community level data under the Community Information System (CIS) and use it for planning to deliver the required services. Sector ministries are required to establish the basic minimum standards of infrastructure and services for all subcounties. They should then use these standards as the basis for determining their long term plans as well as their annual budgets.

Government will institute strong measures for the review monitoring of implementation processes and results across all sectors and levels of government. This will ensure availability of timely information for policy review and redress of any imbalances that may be persistent within the system. Finally, it is my belief that realization of the Movement Government's Vision of "Prosperity for All", which goes beyond the needs of meeting MDGs, will require efficient and optimal utilization of all available and future resources. To this end, Government will continue to establish strong measures to ensure increased efficiency, value for money and accountability in all sectors.

I would like to thank the UNDP and all our development partners for their continued support to poverty eradication in Uganda. The Government remains committed to the Millennium Declaration and to the achievement of the goals.



**Dr. Ezra Suruma**

Minister of Finance, Planning and Economic Development



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## Acronyms

ACFODE:	Action for Development
ART:	Anti-retroviral Therapy
CEEWA:	Council for Economic Empowerment of Women in Africa
DOTS:	Directly Observed Treatment Short-course
FAWEU:	Forum for Women Educationalists – Uganda
FOWODE:	Forum for Women in Democracy
GoU:	Government of Uganda
HBMF:	Home Based Management of Fever
HIPCs:	Highly Indebted Poor Countries
HSSP:	Health Sector Strategic Plan
IDP:	Internally Displaced Persons
IEC:	Information Education Communication
IMCI:	Immunization Integrated Management of Child Illness
IMR:	Infant Mortality Rate
ITNs:	Insecticide Treated Nets (ITNs)
LOGICS:	Local Government Information and Communication System
M&E:	Monitoring and Evaluation
MDG:	Millennium Development Goals
MDGR:	Millennium Development Goals Reports
MFPEd:	Ministry of Finance, Planning and Economic Development
MGLSD:	Ministry of Gender, Labour and Social Development
MoES:	Ministry of Education and Sports
MTCS:	Medium-term Competitiveness Strategy
MTEF:	Medium-term Expenditure Framework
NAADS:	National Agriculture Advisory Services
NEMA:	National Environment Management Authority
NEPAD:	New Partnership for Africa's Development
NIMES:	National Integrated M&E Strategy
NPV:	Net Present Value
NUSAF:	Northern Uganda Social Action Fund
PAF:	Poverty Action Fund
PEAP:	Poverty Eradication Action Plan
PMA:	Plan for Modernization of Agriculture
PMES:	Poverty Monitoring and Evaluation Strategy
PMTCT:	Prevention of Mother to Child Transmission
PNFP:	Private Not for Profit
PRDP:	Peace and Recovery Development Plan
PTR:	Pupil/Teacher Ratio
SEI:	Strategic Export Initiative
SRH:	Sexual and Reproductive Health and Rights
SWAp:	Sector Wide Approach
SWG:	Sector Working Groups

UBOS:	Uganda Bureau of Statistics
UHSBS:	Uganda HIV/AIDS Sero Behavioral Survey
UNHS:	Uganda National House Surveys
UNMHCP:	Uganda National Minimum Health Care Package
UPE:	Universal Primary Education
UPHC:	Uganda Population and Housing Census
UPPAP:	Uganda Participatory Poverty Assessment Process
USE:	Universal Secondary Education
WFP:	World Food Programme



## Background

In September 2000, at the Millennium Summit in New York, Heads of State and Government of 191 nations adopted the Millennium Declaration that outlines peace, security and mainstreaming of a set of inter-connected development goals into a global agenda collectively code-named the Millennium Development Goals (MDGs). The MDGs commit countries to:

- (1) reduce poverty and hunger;
- (2) achieve universal primary education;
- (3) promote gender equality and empower women;
- (4) reduce child mortality;
- (5) improve maternal health;
- (6) combat HIV/AIDS, malaria and other diseases;
- (7) ensure environmental sustainability and
- (8) strengthen partnership between rich and poor countries.

Measurable targets have been set for each goal, to be achieved by the year 2015. Appropriate indicators have been selected to monitor progress for each of the targets. Monitoring of MDG takes place globally through an annual report of the Secretary General to the General Assembly, and at country level through preparation of national MDG Reports (MDGR). The main purpose of the MDGR is two-fold: public information and social mobilisation. It is a tool for raising awareness, advocacy, building alliance, and renewal of political commitment at country level. The MDGR primarily addresses a national audience in an effort to bring the MDGs 'home'. The MDGR adopts a national character in ownership of the process and product for monitoring progress, where countries adapt their targets and indicators as national equivalents.

This MDG Report (2007) is the second on Uganda. It presents an assessment of performance of the economy against MDG targets, on the basis of available data and analyses, and views of key development partners. This report is a quick update of the 2003 progress report, in addition, it incorporates new data, new policy responses and emerging challenges from a national perspective.

The report includes a summary of the development process in the country setting context, it gives a summary of the goals, status of progress to date, major challenges faced, requirements for domestic and external resources, status at a glance of progress towards meeting the MDGs, and assessment of the capacity to monitor progress.

## STATUS AT A GLANCE

GOALS/TARGET	Indicator	Current Status	Year	Will the Goal or Target be Met?	State of National Support
<b>Extreme Poverty</b> Halve the proportion of people living in extreme poverty between 1990 and 2015	Proportion of population living below US\$1.00 per person per day	31%	2005/06	Probably	Strong
	Poverty gap ratio (incidence x depth)	8.7%	2005/06		
<b>Hunger</b> Halve the proportion of underweight, under-five year olds by 2015	Prevalence of underweight children	20.4%	2006	Potentially	Fair
<b>Universal Primary Education</b> Achieve 100% enrolment of 6-12 year old children into primary school by 2015	Net enrolment in primary	84%	2006	Probably	Strong
	Literacy rate (15-24yrs)	84 %	2005/06		
	Ratio of literate females to males	0.73	2005/06		
<b>Gender Equity and Women Empowerment</b> Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels by 2015	Ratio of literate women to men, 15-24yrs	0.92		Probably	Strong
	Ratio of girls to boys in primary schools	0.99	2005/06		
	Ratio of girls to boys in secondary schools	0.97	2005/06		
	Ratio of girls to boys in tertiary institutions	0.84	2005/06		
	Share of women in wage employment in the non agricultural sector	28.9	2005/06		
	Proportion of seats held by women in Parliament	30 %	2006-2011		
<b>Infant mortality</b> Reduce by two thirds, between 1990 and 2015, the under five-mortality rate	Under-five mortality ratio	137 per 1000 live births	2007	Unlikely	Fair
	Infant Mortality rate	76 per 1000 live births	2007		
	Proportion of 1 year children immunised against measles	59.4	2004		
<b>Maternal health</b> Reduce, by three quarters, the maternal mortality rate by 2015	Maternal mortality ratio	435	2007	Unlikely	Fair
	Proportion of births attended to by skilled health personnel	41 %	2006		
<b>HIV/AIDS, malaria and other diseases</b> Halt, and begin to reverse, by 2015, the spread of HIV/AIDS	HIV prevalence rate among pregnant women	6.4	2004/05	HIV/AIDS reduction already achieved; malaria and others-Potentially	Strong for HIV/AIDS and fair for others
	Access to contraceptives	24 %	2006		
	Condom use at last high risk sex				
<b>Environment sustainability</b> Reverse loss of environmental resources by 2015	Degradation of natural resources			Potentially	Fair
Halve, by 2015, the proportion of people without sustainable access to safe drinking water	Access to improved water sources	67%	2006	Probably	Strong
<b>Global partnership</b> Strengthen partnership between rich and poor countries	ODA, Market access, debt sustainability			Probably	Strong

Note: Interpretation:

- (i) **Probable:** There is every likelihood that the target will be achieved based on the trends of the indicator in question and the time left to reach the target. The assumption underlying this rating is that there will be no reversal in the current trends.
- (ii) **Potential:** There is room for improvement and the target will be met if all the necessary interventions/efforts are made.
- (iii) **Unlikely:** The target cannot be achieved in the remaining time even if more effort and the best of the available resources are ploughed in.



# Uganda: Development Context

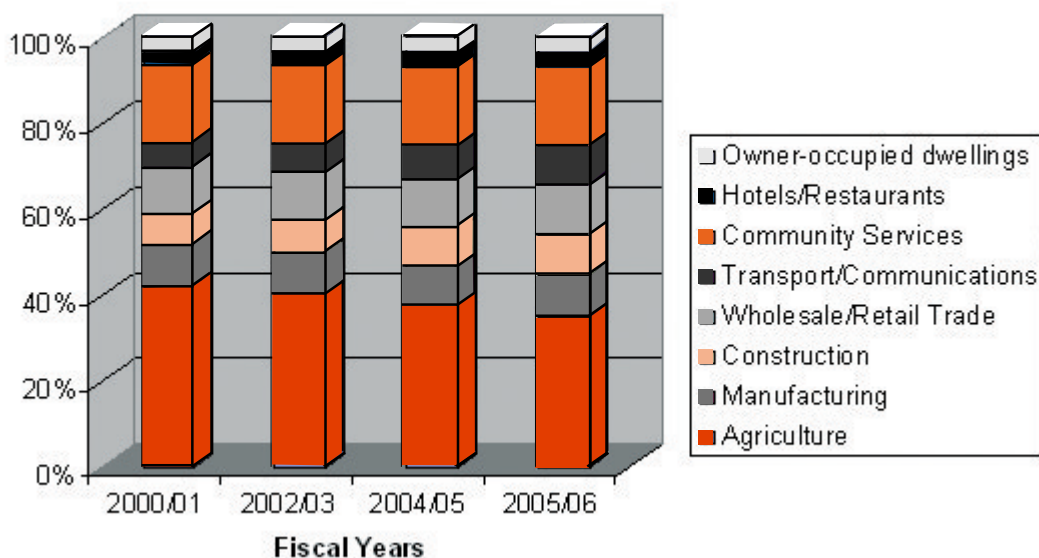
## Economic trends

The Ugandan economy has continued to register impressive growth rates by standards of many developing countries. The economy's gross domestic product (GDP) is estimated to have grown by 5.3 per cent in 2005/06 which is lower than 6.6 per cent in 2004/05. The corresponding increases in per capita GDP are 3.2 per cent and 1.2 per cent. In 2006/07 the GDP growth rate was 6.5 per cent. These developments are largely a result of wide-ranging economic reforms that have been carried out in the country over the last decade. Throughout the 1990s, Uganda pursued policies aimed at the liberalisation of the economy to ensure effective application of market-based decisions in a bid to build a private sector led economy. Agricultural inputs and product markets were liberalised along with

financial sector operations. Capital and current accounts were liberalised, and a number of government parastatals were privatised in order to stimulate private sector participation in the economy and reduce government spending.

The economy has grown at an average rate of 5.6 per cent per annum over the past five years with single digit annual inflation rate. Successes from policy reforms and significant amounts of donor support have led to a substantial reduction with headcount poverty declining from 56 per cent in 1992 to 31 per cent in 2006. More so, the structure of the economy has continued to evolve with a bias towards the service and manufacturing sectors as predicted by economic theory for economies progressing along the development path (see Figure 1).

**Figure 1** Structure of GDP-Percentage share of major sectors



Source: Ministry of Finance, Planning and Economic Development (MFPED).

The share of the agricultural sector in GDP terms should decline in relative terms, release labour resources for other sectors of the economy, but should experience higher productivity levels that will ensure its continued growth in absolute terms. Investments in agriculture should continue to increase so as to ensure absolute growth since the sector provides a source of livelihood to over 80 per cent of the population and it is, therefore, very vital for poverty eradication. Besides, the agricultural sector is a major source of raw materials for industrial growth and food supplies for all categories of employees.

### Main development challenges

Despite the impressive economic performance, the country still faces several challenges with regard to meeting targets of key economic and social indicators. For example, the average growth rate of about 5.6 per cent over the past five years is below the 7 per cent target required to reduce absolute poverty to below 10 per cent of the population by 2017. The GDP per capita was US\$ 346 and US\$ 394 in 2005/06 and 2006/07 respectively, and a headcount poverty rate of 31 per cent in 2006 is still high. The slowdown in economic growth and structural transformation on the one hand, and the high growth rate of the

population of 3.2 per cent on the other, indicate that underemployment will critically affect extreme poverty alleviation strategies. The agricultural sector where the bulk of the labour force is employed has grown slower than the overall economy, implying that efforts to implement agricultural policies need to be substantially reinforced. Nevertheless, the relative share of agriculture in GDP remains high at 34 per cent in 2005/6 and is, therefore, inconsistent with the transition into a middle-income country status (Figure 1). With respect to welfare levels, the volatility witnessed during the periods 1999-2003 when poverty levels went up and 2003-2006 when poverty levels declined was mainly due to the performance of the agricultural sector. The recovery of the coffee sector between 2002/03 and 2006 from an average price of \$0.56 per kg to \$1.35 per kg, partly contributed to the decline in poverty levels from 38 per cent in 2003 to 31 per cent in 2006.

Uganda has an estimated population of about 27 million people and a life expectancy of 50.4 years (Table 1). As Table 1 shows, health indicators remain poor with maternal and infant mortality recorded at 435 per 100,000 and 87 per 1,000 respectively, in 2002. The gross domestic savings ratio is extremely low at about 10 per cent in 2004/5. Donor dependence remains significantly high; grants account for over 30 per cent of total government expenditure.

Table 1: Selected Development indicators 2000-2006

Indicator	2000/01	2002/03	2004/05	2005/06
<b>MDG Indicators</b>				
Headcount poverty (percentage of population)	34	38	-	31
Maternal mortality per 100,000 (2000, 2005)	505	-	-	435
Infant mortality per 1,000 (2000, 2005)	88.4	-	-	76
HIV/AIDS prevalence (per cent)	6.1	6.2	6.4	6.4
Literacy rate of 15-24 years (2000, 2003, 2006)	78.8	80	-	84.1
<b>Other development indicators</b>				
Life expectancy at birth	44.7	45.7	47.3	50.4
GDP approximation (billion US\$)	5.30	5.60	8.65	9.5
Estimates of GDP per capita (US\$)	225	245	324	357.7
Headline inflation (per cent)	4.5	5.7	5.0	8.5
Fiscal deficit as a percentage of GDP	13	11.2	9.9	8.6
Current account deficit excluding grants (million US\$)	812.9	903.5	1,099	
Debt stock/GDP (percent)	65.5	67.4	50.7	58.7
Grants (%) of government expenditure	37.8	46.7	40.0	33
Gross Domestic Investment (per cent of GDP)	18.1	20.3	-	18.9

Source: MFPED (2005, 2007), UNDP (2004, 2005) and UBOS (2005, 2006).

Note: The headcount poverty figures under the column 2000/01 is for the period 1999/2000



Uganda faces considerable challenges in revamping economic growth performance and reducing poverty to under 10 per cent by 2017, and meeting the various Millennium Development Goals (MDGs). These developments have prompted the government to make poverty reduction the main priority in all policies.

### **Policies and programs for sustainable growth and poverty reduction**

In the year 2000, world leaders unanimously agreed to work towards a world free of poverty, hunger and disease, greater survival prospects for mothers and their infants, better educated children, equal opportunities for women and a healthier environment. They also resolved to work towards a world in which the developed and the developing countries worked in partnership for the betterment of all. This vision was presented in a framework of the Millennium Development Goals (MDGs) and Uganda committed itself to work towards the realisation of these aspirations.

Poverty Eradication Action Plan (PEAP) is Uganda's main policy document which is compatible with strategies put in place, for the attainment of the MDGs. The PEAP recognises the prevailing development challenges and, therefore, aims to: (i) enable sustainable growth in the incomes of the poor; (ii) increase productivity and competitiveness of the economy; (iii) restore security, resolve conflicts and improve regional equity; (iv) strengthen governance; and (v) enhance human resource development.

The PEAP recognises the importance of enhancing human development as part of the development process. The human development pillar covers health, education, water and sanitation and aims at delivering a healthy and well educated population as the ultimate outcome. Investments in education under the

Universal Primary Education (UPE) have been substantial and the effort to extend it to cover the secondary level is commendable. The Health Sector Strategic Plan (HSSP) acts as the framework through which the PEAP and health MDG outcomes will be fulfilled. This has been operationalised through the sector wide approaches with emphasis on lower level care as outlined in the minimum health care package. Sustaining a healthy and educated population requires provision of adequate and easily accessible water for consumption and production and proper waste management for environmental preservation.

The overall strategy of the PEAP for poverty reduction is private sector driven industrialisation and export-led growth. The PEAP is primarily implemented through sector-wide plans whose implementation depends on the resources provided within the Medium-term Expenditure Framework (MTEF); a three-year rolling spending plan that links priority public spending areas to medium-term development goals. Sector priorities arise from consultations between various levels of government - local governments, line ministries, the executive and legislature; and they are also informed by various national surveys and sector specific reviews. Priority areas are aimed at poverty eradication and are reflected in the indicative budget allocations in the MTEF. Continuous dialogue between different stakeholders takes place in Sector Working Groups (SWGs), which take a lead in ensuring pro-poor expenditure within each sector.

Given the fact that the bulk of the labour force is employed in agriculture, the Plan for Modernization of Agriculture (PMA) is crucial if the PEAP and MDG income-poverty targets are to be achieved. The PMA outlines a series of multi-sectoral interventions aimed at improving agricultural productivity in order to boost output and increase the incomes for the poor. To improve the feasibility of PMA and PEAP in general, the

government is operating programmes such as the Strategic Export Initiative (SEI) and the Medium-term Competitiveness Strategy (MTCS, 2000-2005). The SEI aims to boost the export performance of specific export commodities. Interventions under the SEI include providing farmers with high quality planting and stock materials; promoting the production of high value-added quality products through processing and other specialised techniques; and skills development in strategic areas such as textiles and garment production, and information and telecommunication technology (ICT). The MTCS (2000-2005) is designed to alleviate constraints to private sector growth and increase the investment. Reforms under the MTCS are focused at providing infrastructure, improving access to credit, strengthening the commercial justice sector, promoting business growth and exports, and improving the business environment for small enterprises.

In recognition of the importance of agriculture and its sluggish response to favourable macroeconomic climate and private sector participation incentives, government, in the budget proposal for the financial year 2005/06, reiterated the need to re-orient public expenditure towards increased investment in agriculture, value addition through industrial processing, and innovation. Compared to the previous year (2004/05), public expenditure on the agricultural sector was increased by 29 per cent, raising its budget share to more than 4 per cent for the first time in several years. Furthermore, an integrated approach to support farmers has been initiated, where groups and organisations are formed or mobilised for purposes of facilitating them through government-supported farm input supply, advisory service delivery, and microfinance services (Republic of Uganda, 2005)

## **Financing growth and poverty reduction**

On the whole, the PEAP is under implementation in a liberalised economic environment with systematic emphasis on macroeconomic stability. The strategy for sustaining macroeconomic stability is guided by macroeconomic programmes that target inflation to single-digit rates. In this regard, Uganda's current policy focus is on fiscal deficit control through enhanced domestic resource mobilisation or deliberate capping of foreign aid inflows.

The contribution of donor funds to Uganda's development financing is supposed to be guided by the partnership principles that are enshrined in the PEAP. Precisely, government's preferred modality of development aid is the general budget support system through which donor contributions are channelled directly into the national budget in accordance with the MTEF. But to the contrary, the share of project aid in donor funding has been steadily increasing from 48 per cent in 2003/04 to 54 per cent in 2004/05 and was projected to rise to 56 per cent in 2005/06. However, to ensure that aid funds that flow directly into project financing are subject to rigorous prioritisation in accordance with the PEAP, sectoral MTEF ceilings have been extended to include donor projects. Channelling aid through the general budget support and including it in the MTEF ceilings are also aimed at reinforcing the central monetary policy stance of controlling the macroeconomic destabilising effects of aid flows. However, without enhanced efficiency in resource allocation and use, such policy positions could precipitate serious tradeoffs with respect to financing development programmes towards achieving the MDGs.

Although the prospects of achieving the income-poverty goal are bright for Uganda, the actual realisation will depend mainly on:





- (i) sustained good macroeconomic management that takes cognisance of social sector development tradeoffs;
- (ii) efficient allocation and use of public resources;
- (iii) a balance between social and real sector expenditure;
- (iv) population growth management; and
- (v) putting initial emphasis on the sector (agriculture) which is the main source of livelihood for the majority of the population.

## Monitoring and evaluation

In 2001, the government developed a Poverty Monitoring and Evaluation Strategy (PMES) as an overarching plan for monitoring and evaluation (M&E) within the context of the PEAP. Chapter nine of PEAP provides the Results and Policy Matrix of indicators to be monitored during the implementation of PEAP. The objective of Monitoring and Evaluation (M&E) is to provide relevant information to enable government to make informed decisions on whether modifications to policies, strategies, programmes and spending patterns are necessary. Focus on M&E has increased the quality of decision-making in terms of design of strategies, budgeting and operational management. The increased availability of information on progress and challenges related to poverty eradication efforts has also increased the participation and policy influence of parliament, civil society and development partners.

Monitoring of poverty is done through a number of reports such as: the Poverty Status Report, the Background to the Budget/Poverty Reduction Strategy Paper Report, and the National Service Delivery Survey. These reports rely on the

following three main types and sources of data: surveys conducted by the Uganda Bureau of Statistics (UBOS), data collected by sector ministries through their management information systems, and data from the Uganda Participatory Poverty Assessment Process (UPPAP). Most of administrative information is generated by local governments, which are the key implementers of government programmes. The UPPAP, on the other hand, provides qualitative perspectives on the nature of poverty and so brings the voices of the poor and several socio-cultural aspects into the planning process.

In order to address challenges facing the current M&E structure, which include limited flow of relevant information, gaps in the data and poor coordination across sectors, the government has designed the National Integrated M&E Strategy (NIMES) with a secretariat in the office of the Prime Minister. The NIMES has been designed, not as a new system but, as a framework through which existing systems can be harmonised to reduce duplication of efforts and enhance timeliness, quality of data and actual use of M&E information by decision makers. Information flow in the districts is coordinated through the Local Government Information and Communication System (LOGICS) that has been developed by the Ministry of Local Government. Sector specific information at the district level is exchanged through LOGICS, thereby allowing stakeholders in NIMES to directly monitor progress in implementation of PEAP in each local government area.

More recently, the Office of the Prime Minister has led the Annual PEAP Implementation Review (APIR).





# Goal 1



## Eradicate Extreme Poverty and Hunger

**Target 1:** Halve between 1990 and 2015, the proportion of people living in extreme poverty

**Target 2:** Halve, between 1990 and 2015, the proportion of people suffering from hunger

# GOAL 1: Extreme Poverty and Hunger

**Target 1:** Halve between 1990 and 2015, the proportion of people living in extreme poverty

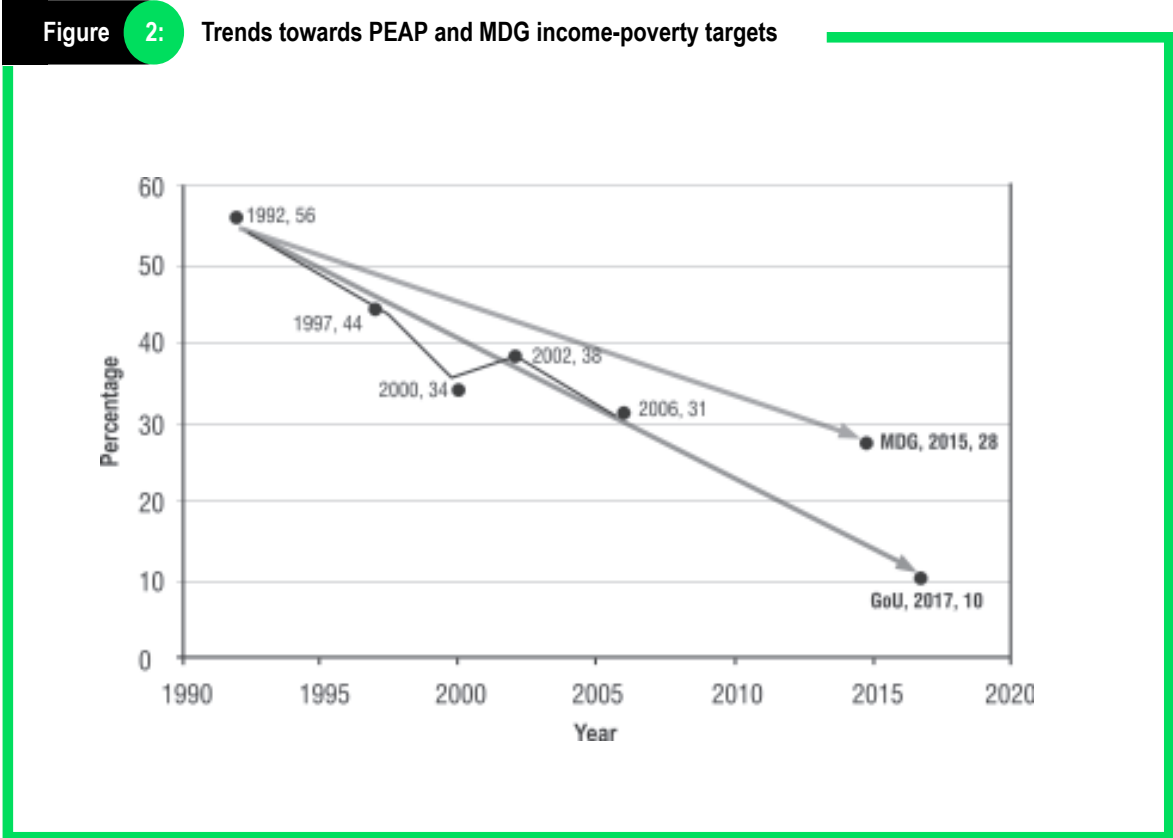
**Status at a glance**

Will the target be reached by 2015?

Probably	Potentially	Unlikely	Insufficient Data
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**State of Supportive environment**

Strong	Fair	Weak but improving	Weak
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Source: UBOS (2006) and MFPED (2004)



## Poverty reduction: Status and trends

A stable macroeconomic environment, sustained high growth rates and huge dividends from policy liberalisation translated into impressive poverty reduction rates during the 1990s and the early 2000s. Precisely, income-poverty headcount fell from 56 per cent in 1992/93 to 34 per cent in

1999/00 and then rose to 38 per cent in 2002/03 before declining again to 31% in 2005/06 (Figure 2 and Table 2). If the current trend in poverty reduction recorded in 2005/06 continues, the prospects for achieving the income-poverty MDG target remain high given the conducive policy environment that are highlighted later in this chapter.

**Table 2: Poverty and inequality by spatial subgroup, 1992 to 2006**

	Poverty headcount					Gini index of inequality				
	1992/93	1997	1999/00	2002/03	2005/06†	1992/93	1997	1999/00	2002/03	2005/06
National	55.7	45.0	33.8	37.7	31.1	0.36	0.35	0.40	0.43	0.408
Rural	59.7	49.2	37.4	41.7	34.2	0.33	0.31	0.33	0.36	0.363
Urban	27.8	16.7	9.6	12.2	13.7	0.40	0.35	0.43	0.48	0.432
Central	45.6	27.9	19.7	22.3	16.4	0.40	0.36	0.42	0.46	0.417
Eastern	58.8	54.3	35.0	46.0	35.9	0.33	0.33	0.35	0.36	0.354
Northern	72.2	60.9	63.6	63.3	60.7	0.32	0.28	0.32	0.36	0.331
Western	53.1	42.8	26.2	31.4	20.5	0.34	0.31	0.34	0.34	0.342

Source: Okidi et al (2005), Ssewayana (2006), UBOS (2006).

Note: † Estimate based on entire country sample.

The PEAP (an abridged version of which constitutes Uganda's PRSP) targets an income-poverty level of less than 10 per cent by 2017, which is a much more ambitious goal than the first MDG, which in the Ugandan scenario entails reducing income-poverty headcount from about 56 per cent in the early 1990s to about 28 per cent in 2015. However, between 1999 and 2006, the trends in income-poverty ratings were volatile and can be explained in two parts - the period 1999/00-2002/03 marked by an increase in the headcount index; and 2002/03 to 2005/06 marked by a decline in the headcount index. The challenge of progressing towards the 2015 income poverty target is maintaining a downward trend in poverty reduction. The period 1999/00 to 2002/03 was characterised by an increase in income-poverty from 34 per cent to 38 per cent. As summarised in Okidi et al. (2005) poor performance of the agricultural sector (the source of livelihood for the bulk of the population) can explain much of the decline in household

welfare in the early 2000s. The sector had a slow growth during this period, exacerbated by limited direct public financing as illustrated by its share in the national budget remaining below 4 per cent such that the innovative framework for modernisation of agriculture largely remained unimplemented. Furthermore, the main agricultural tradable, coffee, suffered significant price falls after the boom of the mid-1990s. Although diversification of the export base into commodities such as fish and flowers have compensated declines in export earnings attributed to coffee price falls, the poverty effects have been rather limited given that only a small segment of the population is engaged in these commodity sub-sectors.

On the other hand, the period 2002/03 to 2005/06 registered a decline in income-poverty from 38 per cent in 2002/03 to 31 per cent in 2005/06. The positive gains in welfare seem to have been partly due to better performance of the agricultural

sector. Coffee prices increased from US \$0.56 cents in 2003 to 1.38 cents /kg in 2006 representing almost a doubling in prices of coffee. Household survey data show that the welfare improvements were mainly driven by rural areas especially in the eastern and western regions of the country and reflects broad based growth during the period 2003 to 2006.

### **The chronic poor (the poorest 10 per cent)**

The poverty headcount masks the degree of variation among the poor. It is especially hard to understand the effect of poverty on the most vulnerable groups in society. Analysis of household survey 2005/06 shows that in terms of characteristics, the poorest of the poor have higher dependency rates than the national average. For instance, the share of children within households constitute 60 per cent of the household membership compared with the national average of 48 per cent. Furthermore, the prospects of building human capital through education are not exploited to the full given that 22 per cent of the children aged 6-17 years are not in school. About 13 percent of the children in these vulnerable households are orphaned. These households have to make hard choices to ensure their survival. It is even more complicated for the northern region where the options are more limited or nonexistent due to the insurgency.

### **Distributional welfare impacts of reforms**

The main outcome of Uganda's policy reforms has been sustained high growth rates averaging about 5 per cent per annum since 1987/88. In conformity with common knowledge that growth is good for poverty reduction (Dollar and Kraay, 2001), analysis of the Uganda National

Household Survey consumption data shows that the 18 percentage point fall in poverty between 1992 and 2003 was wholly attributed to growth, and that had there been no growth, poverty would have risen by 8 percentage points owing to welfare distributional change that disfavoured the poor (Okidi et al., 2005). In other words, if welfare distribution had not shifted against the poor (evidenced by deepening inequality in Table 2), income-poverty headcount would have reduced by a further 8 percentage points.

### **Regional disparities**

Spatially, poverty in Uganda remains predominantly a rural phenomenon. Rural poverty headcount declined from 60 per cent in 1992 to 34 per cent in 2006. The corresponding figures for the urban are 28 per cent and 14 per cent respectively. During the same period 2002/03 and 2005/06, rural poverty declined by 8 percentage points while no significant declines were observed in urban poverty. During the period, the disproportionate contribution of rural areas to national poverty remained unchanged at about 93 per cent. Regional imbalance, especially between northern and the rest of the country has persisted. The northern region has maintained the highest incidence of poverty of 61 per cent. This is largely attributable to the 19-year old conflict in the region, coupled with the cattle rustling problem that has traditionally plagued Karamoja and the surrounding sub-region<sup>1</sup>. Although the northern region still has the highest poverty incidence, the 2005/06 household survey shows that there are indications of a significant drop in the poverty gap. This may partly be attributed to the interventions of both the humanitarian and government interventions in the region and the cessation of hostilities culminating in the relative calm experienced during this period.

<sup>1</sup>Conflict situation in northern and southwestern Uganda also resulted in the exclusion of the districts of Kasese, Bundibugyo, Kitgum and Gulu from some of the earlier surveys. The 2005/06 estimates are for the entire country. However for consistency and comparability over time, these districts are omitted from the welfare analysis of the Ugandan data for the earlier surveys. When this is applied to the recent data, 29 per cent of the population is estimated to be income poor. For details please refer to Socio-economic Report, UBOS (2006).

## Disparities in welfare

Analysis of the 2005/06 household survey shows a decline in inequality between 2002/03 and 2005/06 from a Gini coefficient of 0.43 to 0.41. The lower deciles registered higher rises in welfare than the more affluent. This decline was driven mainly by a fall in inequality of income in urban areas. Since the distribution of income became less unequal, growth in consumption was positive and strong. Household survey findings further indicate that there is rising inequality between regions and falling inequality between rural-urban and between education attainment levels. The trend in inequality observed between 2003 and 2006 is a reversal of earlier indications of rising inequality between 1992 and 2003 from a Gini coefficient of 0.36 to 0.43. The increase in the inequality levels was mainly attributable to the growth in consumption that favoured the richest 20 per cent between 1999 and 2003.

## Poverty and gender

Poverty is predominantly rural and hence agricultural based. The majority of the people employed in agriculture are either self employed or unpaid family workers who are likely to be women. These two together constitute 91.5 per cent of all women. Given the volatility of the returns from sale of agricultural labour and produce, poverty tends to impact more on women than men. Moreover, the dominance of women in the agricultural sector with the lowest returns to labour, coupled with low female literacy levels makes it difficult for them to compete on the highly competitive job market (UNHS 2005/06). Lack of explicit measures in place to create employment further diminishes any hopes of reversing this trend.

## Main challenges

Upon restoration of relative peace to the country by the turn of the 1990s, Uganda attained high

economic growth rates with significant poverty reduction due to successful policy reforms, significant donor support, and reversal of capital flight. However, after peaking at about 10 per cent in 1994/95, growth slowed down to about 5 per cent per annum (below the estimated of 7 per cent target required to achieve the PEAP goal), and welfare inequality significantly increased, undermining the benefits of growth.

The slowdown in economic growth and stalled structural transformation pose serious challenges to Uganda's efforts to increased national income for poverty reduction. The challenge is exacerbated by the country's high annual population growth rate of 3.2 per cent. The agricultural sector which employs the bulk of the labour force has grown at a slower rate than the overall economy, implying that efforts to implement the national framework for modernisation of agriculture needs to be substantially reinforced.

In spite of an impressive drop in poverty during the 1990s, Okidi and McKay (2003) demonstrate that Ugandan households remain vulnerable to poverty. An in-depth analysis of factors explaining poverty dynamics in Uganda (Deininger and Okidi, 2003 and Lawson, et al., 2003) assesses the contribution of economic policy environment, physical household assets, human capital accumulation, health conditions, physical infrastructure, and external shocks to Uganda's vulnerability to poverty. The studies show that in the absence of a diversified economic base, predominantly agricultural households are highly vulnerable to volatility in the prices of commodities such as coffee. In terms of household assets, the poor have no chance of moving out of poverty given that during the 1990s, asset accumulation at 0.3 per cent per annum among the poor had an insignificant impact compared to a 4 per cent rate for the non-poor. Whereas educational status of Ugandans has improved with the proportion of household heads with no formal education declining from 34 to 27 per cent for the poor between 1992 and

2003; health conditions remained a problem between 1992 and 2000, with the number of adult days lost to illness by the average household rising from 8 to 12.

The cessation of hostilities in the north poses another challenge to government. Whereas this is a positive move and all efforts should be made towards finding a long term solution, the post conflict challenges are many and varied. The government has to ensure that the resettlement of the internally displaced population is orderly, coordinated and planned. Government has through the Northern Uganda Social Action Fund (NUSAF) and the Peace and Recovery Development Plan (PRDP) programmes already

invested in the process through the resources are still inadequate in light of the destruction that has characterised this conflict. More resources should be devoted to the reconstruction programme to reinforce the poverty reduction efforts.

### Way forward

Any further progress towards reducing poverty hinges on increasing agricultural productivity and funding of the post conflict programmes in northern Uganda. Government should further increase the budget share of the agricultural sector since it is the main factor in the poverty eradication efforts in Uganda.

## Target 2: Halve, between 1990 and 2015, the proportion of people suffering from hunger

### Status at a glance

Will the target be reached by 2015?

Probably

Potentially

Unlikely

Insufficient Data

State of Supportive environment

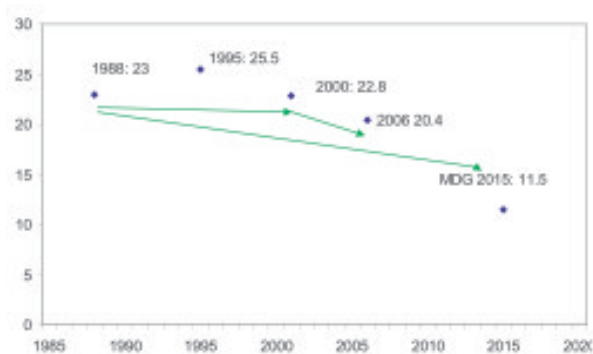
Strong

Fair

Weak but improving

Weak

Figure 3: Prevalence of underweight children, 1988-2015



Source: Uganda Demographic and Health Survey (2001), Uganda Demographic and Health Survey, Preliminary Report (2006)



## Status and trends

The two main indicators for monitoring hunger are the prevalence of underweight children under five years of age and the proportion of the population living below the minimum level of dietary energy consumption. Over the period 1995-2006, the proportion of underweight children reduced to 20.4 per cent from 25.5 per

cent in 1995 (Figure 3). The proportion of the population unable to meet the recommended food caloric intake increased from 58.7 per cent in 1999 to 68.5 per cent in 2006, with wide geographical divergences (Table 3). Urban rather than rural households had a higher caloric deficiency mainly because urban dwellers consume more restaurant foods which are less nutritious, in comparison with the food available in the rural areas.

**Table 3: Population below minimum caloric intake, 1992-2006**

	Food insecure (%)				Persons food insecure ('000)			
	1992	1999	2002	2006	1992	1999	2002	2006
National	83.4	58.7	63.5	68.5	12,207	11,790	14,187	17,689
Rural	82.5	56.5	61.6	66.2	10,514	9,844	11,911	14,540
Urban	89.2	73	75.4	80.9	1,693	1,945	2,276	3,149
Central	85.3	63.2	68.4	73.5	3,944	3,781	4,892	5,522
Eastern	83.2	59.9	73.1	73.4	3,301	3,261	4,792	4,802
Northern	89.5	73.8	68.2	84.3	2,222	2,552	2,223	4,315
Western	76.8	42.3	42.4	45.3	2,740	2,196	2,280	3,051

*Source: Ssewanyana et al (2005, 2007).*

*2006: Preliminary results based on the entire country.*

Based on spatial location, households in eastern Uganda have the highest prevalence of caloric deficiency (73%) while households in western Uganda have the least (45.3%). The high prevalence of caloric deficiencies in eastern Uganda has been attributed to land fragmentation due to population pressures and commercialisation of food production - the switch from producing root crops for home consumption to the production of cereals, in particular maize, for sale. Preliminary analysis of the data shows that between 2002 and 2006, the northern region reported the highest prevalence of caloric deficiency replacing the eastern region as previously observed between 1999 and 2002/03. This time round, unlike in earlier surveys, IDPs were covered, which may partly explain the increase in caloric deficiency in the northern region. This is coupled with the return to normalcy of the eastern region during the period 2003 - 2006 as compared to 1999-2003.

## Main challenges

Food availability is not a major problem in Uganda in as far as food security is concerned. However, food access and food utilisation remain inadequate. Although poor nutritional status of children under five is highly linked to poverty, reduction in poverty alone is not a solution to the compromised nutritional status of the under five children. Low agricultural productivity that has intensified over the years poses a big challenge to food security in Uganda. It is compounded by factors such as declining soil fertility, poor land management, crop diseases, and unreliable rainfall. Unless farmers adopt better and appropriate technologies to mitigate the challenges, the situation is likely to remain if not get worse.

The prolonged conflict in parts of northern Uganda (Gulu, Kitgum and Pader) and drought

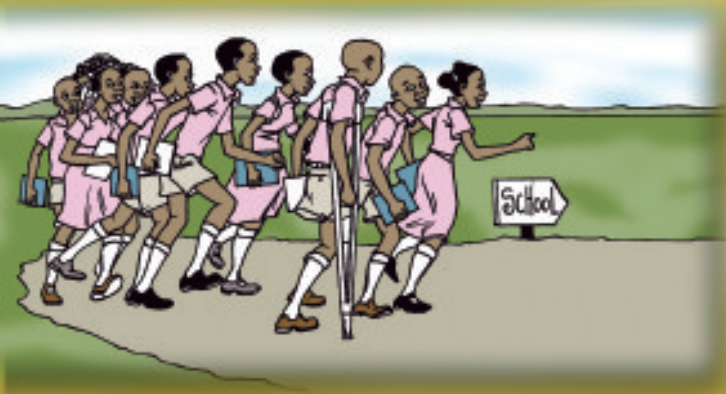
in the Karamoja region have forced populations in these areas to internally displaced persons camps (IDPs). Coupled with low incomes and little or no access to their household farms to grow food, IDPs continue to heavily rely on food aid.

### **Government response**

As part of the wider poverty reduction initiative, GoU adopted the Plan for Modernization of Agriculture (PMA) as means of boosting agricultural production and consequently incomes. In this plan, attainment of household food security is envisaged through the market-by households engaging in commercial agriculture to earn an income which can be used to acquire food. The 2005 mid-term evaluation of the PMA indicated that household adoption of improved technologies and marketing of output has increased (Oxford Policy Department, 2005). One of the pillars of the PMA - the National Agricultural Advisory Services (NAADS), which provides extension services to farmers, was rolled out to 37 districts by 2005. Indeed, the reduction in livestock losses due to preventable diseases is highlighted as one of the important achievements (Elis, 2006).

### **Way forward**

Improving agricultural productivity and reducing food loss remain key to ensuring food and nutrition security. Improved land management and use of high yielding disease resistant crop varieties will go a long way in boosting agricultural production. Improved household food storage will on the other hand reduce food loss, ensure sustenance, as well as enable farmers get better prices for their produce.



# Goal 2

## Achieve Universal Primary Education



**Target 3:** Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

# GOAL 2: Achieve Universal Primary Education

**Target 3:** Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

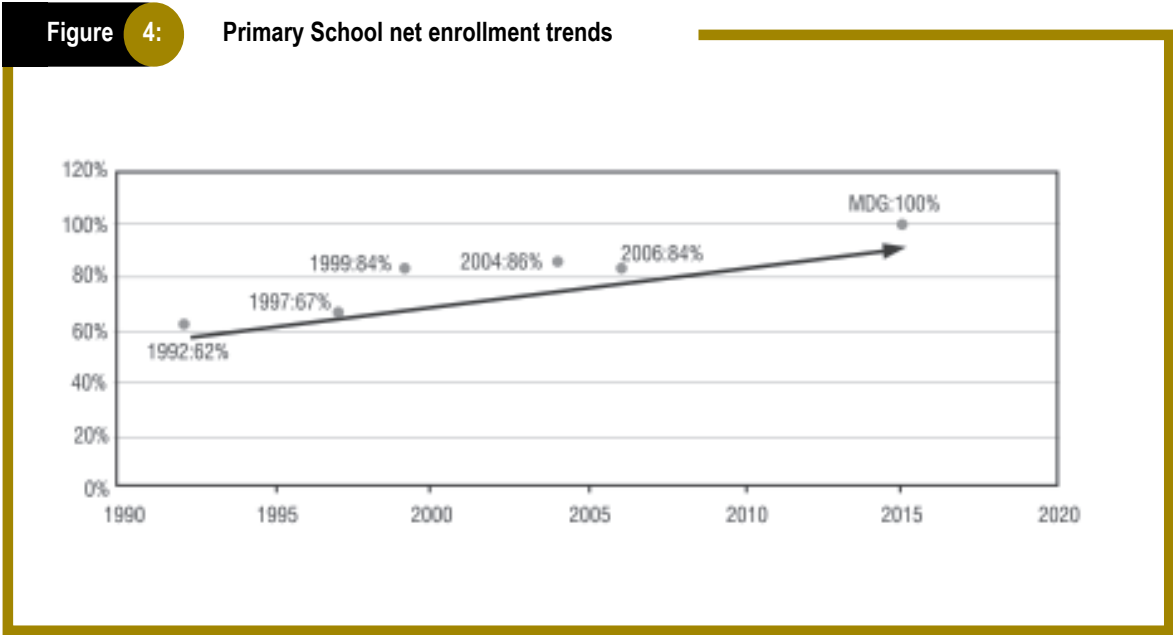
**Status at a glance**

Will the target be achieved by 2015?

Probably	Potentially	Unlikely	Insufficient Data
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State of Supportive environment

Strong	Fair	Weak but improving	Weak
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Source: UBOS (2005), UBOS (2006).

## Achieving Universal Primary Education: Status and Trends

Universal Primary Education was initiated by the Government of Uganda, with the main objective of increasing access to quality primary

education. The government committed itself to subsidise costs at primary school level by paying school fees, providing textbooks and other

instructional materials for both pupils and teachers, to meet the costs of co-curricular activities, school administration and maintenance. Though this policy was initially aimed at four children of school-going age per family, it was revised in 2002 to cover all children in the school-going age group. Parents were expected to provide their children with clothing (uniform), exercise books, stationery, transport, meals and medical care.

Financing of the education sector as a whole subsequently increased significantly from 2.1 per cent GDP in 1995 to 4.8 per cent of GDP in 2003/2004. The share of education in the national budget went up from 19 per cent in 1995/96 to 26.8 per cent in 1998/99, before dropping to 18.8 per cent in 2003/2004. Debt cancellation that Uganda benefited from under the Highly Indebted Poor Countries (HIPC) debt relief initiatives of 1998 and 2001, enabled the country to establish a Poverty Action Fund (PAF) into which savings made from debt servicing were deposited for the purposes of funding high priority poverty reduction programmes. All UPE expenditure is funded from PAF.

The introduction of UPE in 1997 led to a substantial increase of 132 per cent in gross enrollment from the pre-UPE total of 3.1 million in 1996 to 7.2 million children in 2006. In 2004, Uganda recorded a gross enrollment ratio of 104.4 per cent and net enrollment ratio of 86 per cent (Figure 4). According to the national household survey 2005/06, the net enrolment ratio was 84 per cent reflecting a slight decline. Uganda is therefore on the right path to achieving the MDG target of 100 per cent by 2015. In addition, the gender enrollment gap in terms of primary school level has narrowed tremendously, with the proportion of girls in total enrollment rising to 49 per cent in 2004 up from 44.2 per cent in 1990.

## Challenges and constraints

Despite the positive developments in the education sector, it still faces a number of challenges and constraints which continue to undermine the full realisation of the expected benefits on the quality and efficiency of education service delivery. These, include socio-economic and regional disparities, armed conflicts, the continued prevalence of poverty, high dropout and repetition rates, disease (especially HIV/AIDS), and limited participation of the local communities.

Although the current enrollment data for primary schools signify the existence of near gender parity in access to education it masks a lot of socio-economic and regional disparities in education. For example, about 7 per cent of children aged 6-12 years had never attended school in 2004. There are noticeable imbalances in gross enrollment ratios between rural and urban areas.

Providing education in conflict areas is a serious challenge to government. An estimated one and a half to two million pupils were affected by conflict during 2003 in northern, north-eastern and some parts of western Uganda. While displacement was most severe in 2003, the conflict in the north has persisted for 20 years now. Education delivery in northern Uganda remains heavily reliant on humanitarian agencies including UNICEF, World Food Programme (WFP), NGOs and faith-based organisations. Schools have been destroyed, supplies looted and there is a shortage of teachers. Many teachers and children have moved to more secure districts where they have further strained over stretched facilities and resources. This has created a shortage of accommodation for teachers and students, scholastic materials, classrooms, drugs, water and sanitation, and recreation facilities. In addition, the learning and effective participation of children in the classroom is also affected by

their traumatic experiences. Moreover, UPE is not matched to the curriculum needs of traumatised or displaced children. The skills of teachers in particular are not suited to coping with such children and therefore urgent attention should be paid to teacher training.

The substantial increase in enrollment after the introduction of UPE has not been matched by an equivalent increase in teachers, classrooms and textbooks. This has negatively impacted on the quality of education all over the country. In 2003, the pupil/teacher ratio (PTR) and pupil/textbook ratio for P3-P7 were 58:1 and 3:1 for P3 and P4, respectively (MFPED, 2004). There are also indications of leakages in the textbooks distribution system that should be investigated. These ratios should be compared to 40:1 and 1:1 which is the long-term desired position. Pupil/classroom ratios are still high, thus underscoring the need for improvement in infrastructure development. There are imbalances in the quality

of teachers and their distribution; teachers in primary schools serving in rural and hard to reach areas are largely not well trained while others are not trained at all compared to teachers in urban areas.

Dropout and repetition rates in primary schools are still high. This is largely due to financial constraints at the household level, lack of interest, poor health and long distances to school (Table 4). According the household survey of 2006, 43 per cent of the girls dropout of school due to cost considerations as compared to 35 per cent of the boys. Extra charges and fees imposed by schools namely, examination fees, interview fees, building funds, milling fees, etc inhibit access to primary education<sup>2</sup>. Provision of preferential treatment to boys as opposed to girls in accessing education promoted by a traditional, social and cultural setting is also partly responsible for some girls dropping out of school prematurely.

**Table 4: Drop out and repetition rates by proportion of total enrollment and gender (percentages)**

Year	Proportion of enrollment		Repeaters: Proportion of gender		Drop Out: Proportion of gender	
	Drop out	Repeaters	Male	Female	Male	Female
1997	4.6	9.5	53.7	46.3	53.3	46.7
1998	5.4	6.9	57.0	43.0	52.0	48.0
2000	4.5	9.7	52.5	47.5	50.7	49.3
2001	4.7	9.5	52.1	47.9	50.6	49.4
2002	4.4	10.5	51.9	48.1	49.9	50.1
2003	4.5	13.3	51.4	48.6	49.7	50.3
2005	9.7	13.7	51.3	48.7	47.8	52.2
2006	8.5	15.7	49.8	50.2	46.3	53.5

*Source: Authors calculations from UBOS (2004, 2006), Statistical Abstract figures.*

## Primary school completion rates

Attainment of the MDG target of getting all children to complete a course of primary schooling requires all children who join Primary One to complete Primary Seven. However, the completion rates recorded in Uganda are far lower than the impressive enrollment figures that have been recorded since 1997. Figure 5 shows

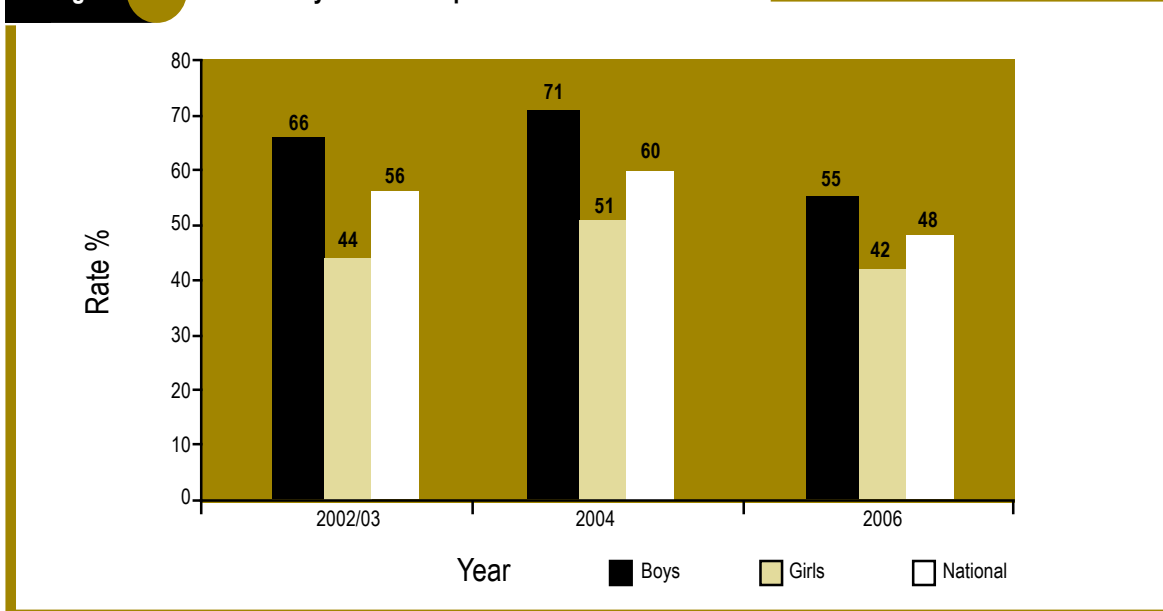
that the completion rates have been far from 100 per cent and have actually fluctuated between 48 per cent in 2006 and 60 per cent in 2004. The low completion rates imply that the investment in primary education has not translated into real gains due to the high dropout rates. The low completion rate in 2006 and the declining enrollment ratios observed during the same period (according to the household survey data of 2006) calls for a more detailed investigation.

<sup>2</sup>Uganda National Household Survey Report 2005/06: Qualitative Module Report.



**Figure 5:**

**Primary school completion rates 2002 - 2006**



Source: Education Sector Performance Reports

The 2005/06 household survey data was analysed to determine the completion rates. Assuming that all pupils who joined Primary One in the year 2000 progressed through all the grades, findings from the household survey of 2005/06 show that only 38 per cent reached Primary Seven. In absolute terms, Table 5 shows that overall, about 1.8 million pupils enrolled in Primary One in 2000, only 685,000 pupils were estimated to be in Primary Seven in 2006, meaning that the rest dropped out of school along the way or repeated a grade.

**Table 5: Primary school completion rates 2000 - 2006 ('000 pupils)**

Currently attending	Attending P.1 in 2000			Attending P.7 in 2006		
	Male	Female	National	Male	Female	National
Kampala	53	39	92	16	15	31
Central	251	226	477	80	85	165
Eastern	177	187	364	94	74	168
Northern	176	203	379	90	47	137
Western	251	244	496	98	86	184
National	900	907	1,807	378	307	685

Source: UBOS: Uganda National Household Survey, Socio-economic Report 2006.

Completion rates for secondary education according to available information shows lower completion rates for both boys and girls. According to the Education Sector Review, the completion rates for boys and girls in secondary schools were at 28 and 22 per cent respectively in 2004.

HIV/AIDS and malaria have adversely affected the quality of education because many teachers are sick, which leads to frequent absenteeism. There are many HIV/AIDS orphans in school, some are HIV positive and yet others take care of sick family members. HIV/AIDS also contributes to rising dropout rates, absenteeism, repetition and poor academic performance, and overall poor quality education.

Inadequate/fixed primary education budgets in the face of increasing demands to improve access and quality has inevitably led to delays in the recruitment of more teachers, construction of civil works, procurement of consultancies and awarding of contracts as well as submission of accountability reports from districts. There is also a latent problem arising from delayed payment of salaries to primary school teachers.

There is general lack of coordination between the centre and the local governments, and in some cases clarity of roles. Although the adoption of the Education Sector Wide Approach (SWAp) has helped in overcoming the shortcomings of the project funding modality and enhanced partnership through multi-stakeholder participation, the benefits of the SWAp process have largely remained limited to the centre. This means the mechanism for cascading the SWAp process to maximise its trickle-down benefit still remains weak.

Participation of local leaders and communities in the UPE programme is still limited; which impacts negatively on its sustainability. Enlisting genuine interest, motivation and participation of parents, local leaders and communities requires greater efforts in raising awareness and building local capacities through sensitisation.

There is insufficient technical capacity at the district level to cope with the new budgetary system and delays in release of funds that constrain revenue utilisation. The poor rate of absorption of UPE funds has affected primary education outcomes in several ways. For example, in some districts fewer classrooms have been built and fewer teachers have been recruited than were targeted within the planned period.

As in several government departments, there is concern that UPE funds including grants are being mismanaged at the district level. There are

also concerns that local governments fail to account in time for funds released to them, in contravention of guidelines provided in the Public Finance Act, the Treasury Accounting Instructions and the PAF.

Because of these irregularities, government has instituted investigation by the Inspector General of Government (IGG) and through monitoring of schools by stakeholders including the community and local council as well as the School Management Committees. All schools are supposed to display details of accountability of UPE funds in the most convenient places in the school.

Supervision, monitoring and evaluation of programmes have been inadequate. The linkage between schools inspection and Education Standards Agency needs to be streamlined and strengthened.<sup>3</sup>

## Policy suggestions

Broadening service reach and improving the quality and efficiency of education will necessarily be an ongoing long-term process involving awareness building, institutional liaison, capacity building, policy consultations, systems adjustment and operational action on several fronts and from a sector-wide perspective. However, there are a number of critical short-term policy suggestions including:

- A strategy to improve the quality of primary education which has been affected by increasing teacher absenteeism partly due to high prevalence of HIV/AIDS should be put in place. It is important that appropriate measures should be undertaken to treat and provide counselling to these teachers, so they can remain in service as well as provide mentoring to new teachers to ensure that education quality is not compromised.

<sup>3</sup>For a further discussion of the challenges see Ministry of Education and Sports (2004).



In addition, UPE has led to a large increase in enrollment, which has put pressure on the limited available resources - teachers, classrooms, desks, and textbooks -which naturally leads to poor learning outcomes. Furthermore, lack of accommodation for teachers, especially in the hard to reach areas and inadequate supervision due to resource constraints at district level, affect overall service delivery in the education sector. There is need to provide adequate facilities and resources if the quality of education is to improve.

- There is a need to resolve the insecurity problem of the north and establishment of a post-war remedial plan to reverse the process of educational retrogression. Such a plan must include a psycho-social recovery component, a continuation of a paid school fees programme, in-service training of teachers in methods suited to handling traumatised children, reconstruction of infrastructural facilities, reconstitution of management organs for educational institutions and special affirmative action for the traumatised children, those with learning impairments and other marginalised groups.
- A need for a robust legal policy framework to combat the problem of corruption. There must be a mechanism to enforce a strict regime of legally sanctioned penalties for say, embezzlement of UPE funds, examination malpractices, or for punishing those who default on submission of accountabilities, submission of progress reports, etc.
- Strengthening of data collection at both the district and school levels is very important. Currently the District Education Officer is the focal person for data collection and yet accountability for the use of UPE funds rests with the district Chief Administrative Officer. Since district data is of strategic significance in policy formulation and resource allocation, the centre could consider recruiting a data

collection specialist whose mandate would be to monitor its collection, verification and establishing its authenticity before carrying out preliminary analysis.

- There is need to strengthen capacity building efforts particularly at the district level and at the level of frontline education service facilities aimed at mitigating the fiduciary risk in public expenditure management, enhancing transparency and accountability, maximising value for money and in ensuring efficiency and effectiveness in use of public funds. The MoES has already got a number of activities and initiatives that broadly relate to the capacity-building concern. What is needed is to bring alignment, coherence and synergy to the already existing arrangements.
- The SWAp process should be fine-tuned to facilitate its trickle-down effect so as to ultimately bring the districts and other lower level power centers on board as integral actors in that process.
- Given the high reliance on external sources for the funding of education services, there is concern as to how donor funding can be relied on in the medium term. Predictability of financing has implications for recurrent costs and development expenditures, which are essential for the improvement of service coverage and quality. According to current estimates for UPE, Uganda needs an additional 50 per cent from its current allocation of USD 160 to USD 240 million to address education challenges. Despite requests for increased allocation, the issue of absorptive capacity in priority areas has also been raised. In addition, the efficiency gains that are possible within the existing resource envelope need to be tackled as a priority, if not, there is a danger that additional funding to education could result in inefficient investments (World Bank, 2002).





# Goal 3



Promote Gender Equality  
and Empower Women

**Target 4:** Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels not later than 2015

# GOAL 3: Promote Gender Equality and Women Empowerment

**Target 4:** Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels not later than 2015

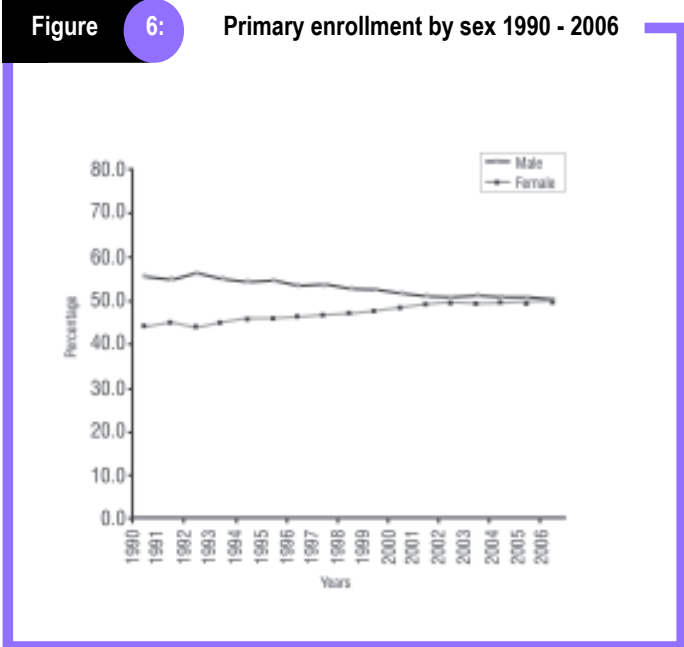
**Status at a glance**

Will the target be reached by 2015?

Probably Potentially Unlikely Insufficient Data

**State of Supportive environment**

Strong Fair Weak but improving Weak

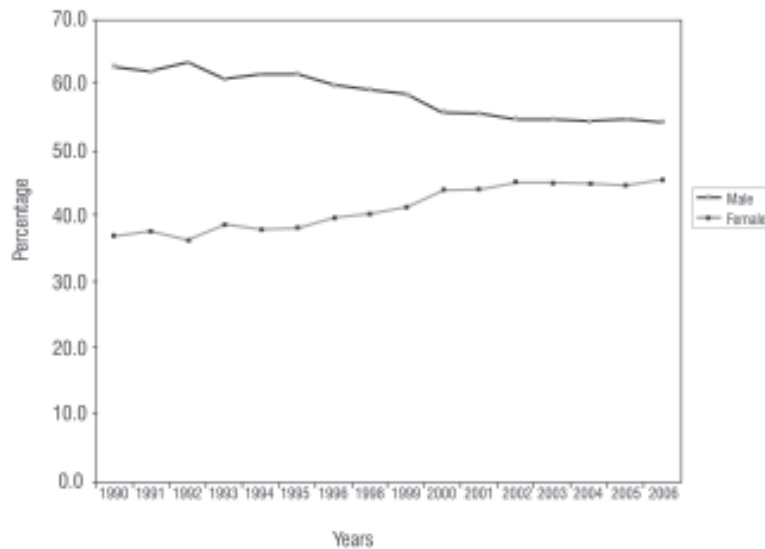


Source: Ministry of Education and Sports (2003).

The gender enrollment gap in terms of primary school has narrowed down tremendously (Figure 6). The proportion of girls in primary schools improved to 49.8 per cent in 2006 from 44.2 per cent in 1990. Reasons for the narrowing of the gender gap in enrollment include enlightenment, affirmative action, and most importantly to the introduction of UPE at the primary school level that has specific provisions to address gender and other inequities. Nevertheless a proportion of the girls who get enrolled, school dropout for various reasons including lack of interest, financial constraints, family responsibilities, sickness, and early marriages and pregnancies. Advancement of girls' education, the protection issues are crucial: children must be safe to and from school, as must the teaching-learning environment.

Figure 7:

Gross secondary enrollment by sex 1990 - 2006



Source: Ministry of Education and Sports (2003).

At secondary school level, the proportion of girls in total enrollment improved significantly from 37.2 per cent in 1990 to 46 per cent in 2006 (see Figure 7). Estimated secondary school enrollment for 2005/06<sup>4</sup> was estimated to be about 900,000. Of these, 53 per cent were boys and 47 per cent were girls. There were about the same number of girls and boys who were enrolled in S1 (50%) in 2005/06. However, the number enrolled decreases substantially in higher grades with more boys (58%) than girls (42%) enrolled in Senior Four. The number of girls enrolled in Senior Six constitutes only 37 per cent of all the children in Senior Six. The introduction of Universal Secondary Education (USE) would substantially increase enrollment of girls and improve the current gender imbalance.

However, the secondary school ratios are lower than recorded at the primary school level.

<sup>4</sup>Uganda Household survey 2005/06

### Challenges of gender balance in enrollment at primary and secondary school level.

- Social and cultural bias and considerations put the girl child at a disadvantage. In some households, particularly the not so well to do ones, parents often choose to take boys to school leaving girls behind when money is not sufficient to cover school expenses for both. Choices have to be made especially for education levels such as secondary and higher education, where the parent is required to meet the cost of education. Furthermore, domestic chores, early marriage, and pregnancy put girls at a great disadvantage when it comes to accessing education.
- There are income and regional-based inequities, evident everywhere in the system. The top income quintile occupies 63.0 per cent of all secondary places. The inequity

also manifests itself in the type of schools attended; with the rich attending elite boarding schools while the poor access low quality, poorly resourced community schools. At secondary school level, the proportion of girls in total enrollment is much lower than that of boys at 45.2 per cent in 2003; and girls are still under-represented in the science and vocational subjects. In addition, there are concerns about the relevance and quality of secondary education delivered: secondary education tends to be theoretical with little practical application of knowledge and skills.

For gender equity to be achieved at secondary education level, there is need to ensure that all children of secondary school age enroll and remain in school up to the end of the cycle. There is need for sensitisation about the importance of secondary education. Furthermore, there is need for state action in terms of effecting laws and regulations to ensure that all children, boys and girls alike, access both primary and secondary education. The introduction of the Universal Secondary Education (USE) by government is a good starting point.

### **Women empowerment: Status and trends**

Uganda has and is still using the policy of affirmative action to reduce gender imbalances in several areas namely, higher education, governance, politics, and management. Many job advertisements clearly point out that qualifying women are encouraged to apply.

### **Higher education**

Since 1990, Uganda has exercised affirmative action in favour of women with regard to admission into university and other tertiary institutions. Women applying for admission into institutions of higher learning are awarded 1.5 bonus points on top of their scores to help them

gain admission. Indeed, the policy led to significant increase in the number of women at universities. The proportion of females of total student enrollment increased from 31 per cent in 1993/94 to 40 per cent in 2002 and up to 42 per cent in 2004. In primary teacher colleges, women were 48 per cent of the total student population in 2003. However, one notices wide gender gaps when data is disaggregated by field of study and faculties. For example, in Kyambogo University, while the total enrollment of females was 37 per cent in 2003/04 academic year, in the faculties of engineering and science, they constituted only 10 per cent and 19 per cent of the total numbers registered respectively. It is only in the faculties of arts and special needs that women (53 per cent) outnumbered men.

### **Participation in politics**

The Local Council (LC) system, which is the bedrock of local government in Uganda provides for reservation of at least one third of the posts for women. In addition, each LC has a post of Secretary for Women Affairs, reserved for a woman.

At the national level, every district has a woman Member of Parliament elected to represent it; this ensured a total of 79 women members of Parliament. In addition, women are encouraged to compete for the rest of the constituencies - 14 women won parliamentary seats after contesting with men. Furthermore, among the special appointees to Parliament by the President, one was a woman. Seven other women represent special interests including persons with disabilities (1), youth (1), Army (2), ex-officio (1) and workers (2). Altogether, there are 100 women members in the 8th Parliament out of 332; representing 30 per cent of Parliament. This is an improvement from the 18 per cent registered in 1995. Despite the improvements, the number of women members of Parliament still lags far behind that of men suggesting that the policy of

affirmative action should be maintained and efforts to enhance their participation in politics raised. In terms of representation on committees of the 8th Parliament, one woman MP and four other women chair a standing committee and four sessional committees respectively. There are thirteen sessional and standing committees of Parliament.

## Employment

### Central government

In 1998 government created the Ministry of Women in Development that was later renamed the Ministry of Gender, Labour and Social Development (MGLSD). The ministry ensures that gender concerns are streamlined in all government policies and actions. The ministry formulated a national gender policy in 2003 that ensures that policy makers in all fields take into consideration gender issues. In addition to the MGLSD, there are various organs that exist at the national and sectoral level with mandate to enhance women empowerment. The National Women's Council was established in 1993 with structures similar to those of the LC system to mobilise women for civic and development activities.

### Civil society

There are over 300 women non-government organisations (NGOs), and community based organisations (CBOs). The National Association of Women Organisations coordinates activities of all women organisations in Uganda. The women groups support women in various areas such as enhancing women's access to credit, ensuring access by women to legal services, promoting equal opportunity to women in employment etc. Examples of prominent women organisations include The association of Uganda women lawyers (FIDA); Council for Economic Empowerment of Women in Africa - Uganda (CEEWA-Uganda); Forum for Women in

Democracy (FOWODE); Forum for Women Educationalists - Uganda (FAWEU); and Action for Development (ACFODE).

## Remaining challenges

While cognisant of the progress made towards gender equity, equality and empowerment, women's lack of control over resources is the major cause of their poverty. Women deprivation is rooted in negative cultural practices at the household level and history that deprived them of key resources, especially land. Proposals have been made on how the Land Act of 1998 could be amended to cater for the special needs of women, but hardly any progress has been made. A Domestic Relations Bill has been debated for about three years without formulating any law that would address social and cultural injustices women face in marriage. Finally, women's organisations championing the cause for gender equality are too much dependent on foreign funding which may be detrimental in the long run when there is no more aid. Without addressing these basic considerations that determine gender relations, pursuit of women's empowerment, gender equality, and poverty reduction for women in Uganda is likely to remain elusive.

## Share of wage employment in non-agricultural employment

The proportion of wage/salary employment in non-agricultural employment is an indicator of employment opportunities, especially for developing countries, because it conveys considerable information about the nature of the economy. Table 6 shows that overall 47 per cent of all the employed persons in non-agricultural employment are wage earners. About half (53%) of the employed males in non-agricultural employment are wage earners compared to about one in every three (36%) females. Kampala

had close to 56 per cent of its non-agricultural employment working as wage earners followed by western and eastern regions both with 46 per cent. There is a positive relationship between level of education and the wage earners in non-agricultural employment. The higher the level of education, the more likely the chance of being employed in a non-agricultural employment. About eight in every ten persons with post secondary education had non-agricultural employment compared to only three in every ten persons with no formal education. The low level of education among wage earners makes it difficult to compete for well paying jobs and

further diminishes the prospects of competing on the job market.

Women are particularly disadvantaged because of the lower earnings from employment compared to men. This may be a reflection of discrimination in wage structures due to the nature of employment, and level of education. The low levels of education and lower earnings make women more vulnerable to poverty.

**Table 6: Distribution of wage employment in non-agricultural employment by sex, residence and educational levels (%)**

Sex	Persons Employed in Non-Agric sector	Wage Earners (Employees)	(%)
Male	1,745,692	930,654	53.3
Female	1,023,389	363,759	35.5
<b>Rural/Urban</b>			
Urban	1,171,242	598,810	51.1
Rural	1,597,839	695,603	43.5
<b>Region</b>			
Kampala	539,066	299,986	55.6
Central	859,159	384,734	44.8
Eastern	455,074	207,030	45.5
Northern	389,924	162,596	41.7
Western	525,859	240,068	45.7
<b>Educational Levels</b>			
No formal schooling	172,219	53,032	30.8
Primary	1,340,496	495,103	36.9
Secondary	762,072	369,855	48.5
Post secondary	475,947	366,193	76.9
Do not know	3,818	2,135	55.9
<b>National</b>	<b>2,769,081</b>	<b>1,294,413</b>	

Source: UBOS: Uganda National Household Survey, Socio-Economic Report 2006.

## The burden of care

Investment in social infrastructure has a direct linkage to increased productivity especially for women. Provision of infrastructure relieves women of the burden of fetching water, collecting firewood and looking after the sick among others.

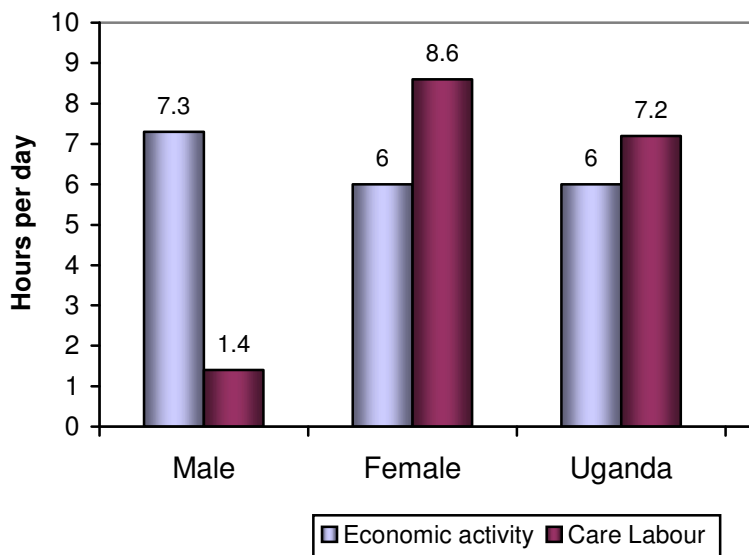
Available information shows that men spend about one hour more per day than women on economic activity. Women on the other hand spent about 9 hours per day on care labour activities compared to males who spent about 1 hour. The wide disparity between males and females in terms of time spent on care labour





activities is a reflection of the productive time lost by women which makes them more vulnerable to poverty (see Figure 8).

**Figure 8:** Average time spent on economic and care labour activity per day by sex (hours)



Source: UBOS: Uganda National Household survey, Socio-Economic Report 2006.





# Goal 4

## Reduce Child Mortality



**Target 5:** Reduce by two thirds, between 1990 and 2015, the under five-mortality rate

# GOAL 4: Reduce Child Mortality

**Target 4:** Reduce by two thirds, between 1990 and 2015, the under five-mortality rate

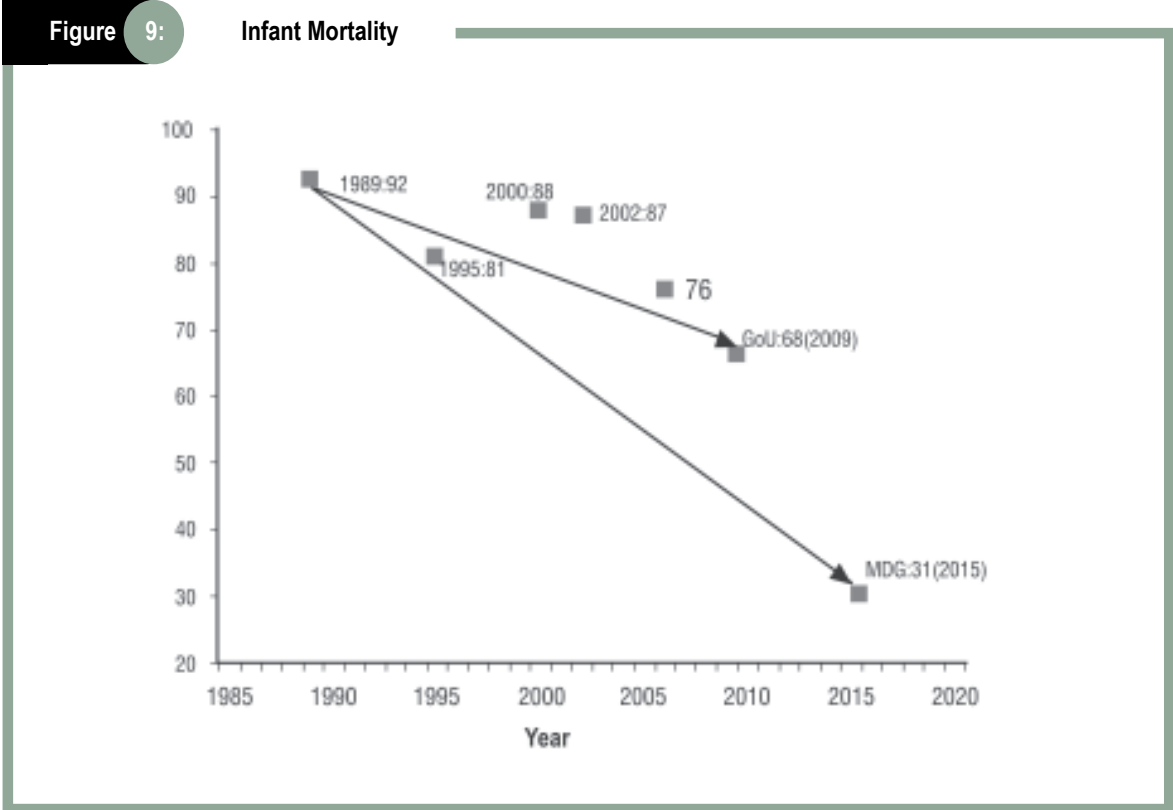
**Status at a glance**

Is the target achievable by 2015?

Probably      Potentially      **Unlikely**      Insufficient Data

State of Supportive environment

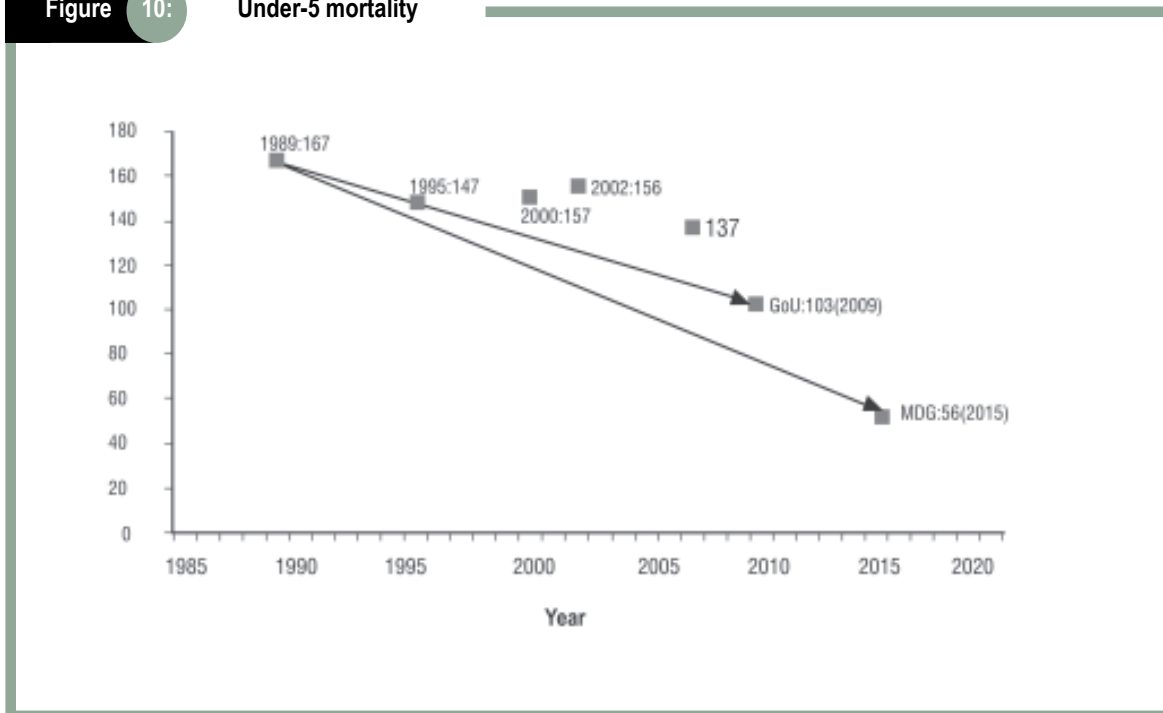
Strong      Fair      **Weak but improving**      Weak



Source: GoU, 2005, UBOS (2006).

Figure 10:

Under-5 mortality



Source: GoU, 2005b, UBOS 2006

### Reducing child mortality: Status and trends

The infant mortality rate (IMR), which measures child deaths before the age of 1, declined to 76 deaths per 1,000 live births in 2007 from 122 deaths per 1,000 live births in 1991. On the other hand, the under-five mortality rate-which measures child deaths before the age of 5, declined from 167 to 137 deaths per 1,000 live births during the same period. The majority of infants die before their first birthday, this review will focus on why this has been so.

As part of wider Poverty Eradication Action Plan (PEAP) goals, the Government of Uganda (GoU) set a number of medium term targets for the reduction of infant mortality. The first target was to reduce IMR to 78 deaths per 1000 live births by 2002, which was not attained. On the other hand, the date for achieving the next target of 68 deaths per 1000 live births has been shifted from 2005 to 2009 (GoU, 2005b). If the country is to remain on course to meet the MDG target of 31 deaths per 1000 live births by 2015, the IMR must

reduce by more than half in 6 years (2009- 2015). This particular MDG target seems unattainable.

### Determinants of infant mortality

Ssewanyana and Younger (2005) identify the following as the most important factors impacting on child survival: household income; child's personal characteristics (birth order and multiple births); mother's characteristics (education and age at first birth); availability of health services, and the vaccination of children. Although household income - proxied by asset holdings is negatively correlated with the IMR, its actual impact is relatively small. Doubling the household asset holding would only reduce the IMR by between 20-24 deaths per 1,000 births. Given the slow growth of household incomes during the 1990s, especially rural incomes, future effects of incomes on IMR are predicted to be very small.

With regard to child characteristics, first-born

children have a 2 per cent higher mortality rate than other children. On the other hand, children of multiple births (e.g. twins) have a much higher death rate than other children - 200 deaths per 1,000 births.

Mother's education attainment has increasingly large impacts on the IMR. Children whose mother completed primary education have a mortality rate lower by 20 per 1,000 births compared to children whose mothers did not complete primary education. Furthermore, the IMR for children whose mothers have attained secondary or higher education is 34 per 1,000 lower than those children whose mother did not complete primary education. On the other hand, children born to young mothers have a higher mortality rate-each year the first birth is delayed reduces the IMR by 4 per 1,000. Having access to health services significantly reduces the mortality rate by about 31-35 deaths per 1,000 births. Related to health services, children receiving full vaccinations would reduce the IMR rate by 15 per 1,000 births.

## Government responses

As part of the implementation of the first Health Sector Strategic Plan (HSSP), GoU undertook multiple interventions such as: immunization; integrated management of child illness (IMCI); implementation of child days, and home based management of fever (HBMF).

Specific to the IMCI, the programme entailed the improvement of the skills of health workers in the diagnosis and management of child illness. With regard to child days, GoU designated the months of May and November for the implementation of child days, where children are provided with routine immunisation, Vitamin A supplementation and de-worming, in addition to other services.

Specific to immunisation, the MoH embarked on a nation wide measles vaccination for all children aged 6 months to 14 years during the 2003/2004 financial year. Table 7 shows that the national vaccination coverage for the most important childhood diseases increased between 2000 and 2004. Specifically, DPT coverage increased by about 9 percentage points; measles by about 20 percentage points; and BCG by 12 percentage points. Furthermore, the gap in vaccination coverage between rural and urban children reduced, especially for measles. According to 2005 health policy statement, the effects of improved measles vaccinations are reflected in reduced hospitalization due to the disease with some hospitals actually closing downwards for measles.

The percentage of children who are fully immunised is, however, still low. Preliminary findings from the Uganda Demographic and Health Survey 2006 indicate that fully immunised children aged 12-23 months constituted only 46.2 per cent although, 93 per cent of the children had been given at least one of the antigens.<sup>5</sup> Immunisation coverage is lowest for DPT3 antigen and highest for Polio1. Immunisation coverage was lowest in central region especially in the districts of Kalangala, Masaka, Mpigi, Rakai, Sembabule and Wakiso.

<sup>5</sup>Antigens include: BCG, DPT1, DPT2, DPT3, Polio 0, Polio 1, Polio 2, Polio 3 and Measles.

**Table 7: Uganda vaccination coverage for children under 5 years (%)**

	DPT		Measles		BCG	
	2000	2004	2000	2004	2000	2004
National	78.8	87.6	63.1	82.7	78.2	90.4
Rural	77.6	86.9	62.2	82.5	76.8	89.7
Urban	87.9	89.4	69.6	83.2	89.4	92.6
Central	77.2	84.5	63	79.8	78.5	87.4
Eastern	78.2	87.4	57.1	82.1	80.8	81.2
Northern	78.4	91.1	64.5	86.2	76.9	93.5
Western	81.6	88.1	69.5	83.8	75.4	90.6
Age Group						
Age 0-1 year	61.6	73.5	20.7	59.4	67.2	81.8
Age 2-5 years	84.1	93.3	76.1	91.9	81.6	94.2

*Source: Authors calculations from the 1999/2000 Uganda National Household Survey and 2004 National Service Delivery Survey.*

## Challenges

The major challenge in this area has been limited human resources, funds to ensure appropriate and timely technical support to districts. The area of monitoring also requires strengthening.

## Way forward

From a public policy stand point, reducing infant mortality would entail boosting female education beyond the primary level, reducing teenage pregnancies, improving access to quality health services and achieving full vaccination coverage. Proposals to implement some of these programmes such as universal secondary education have been mooted. Other initiatives such as full vaccination coverage can be improved at a relatively lower cost.





CLINIC



# Goal 5



## Improve Maternal Health

**Target 6:** Reduce, by three quarters, between 1990 and 2005, the maternal mortality rate.

# GOAL 5: Improve Maternal Health

**Target 6:** Reduce by three quarters, between 1990 and 2005, the maternal mortality rate.

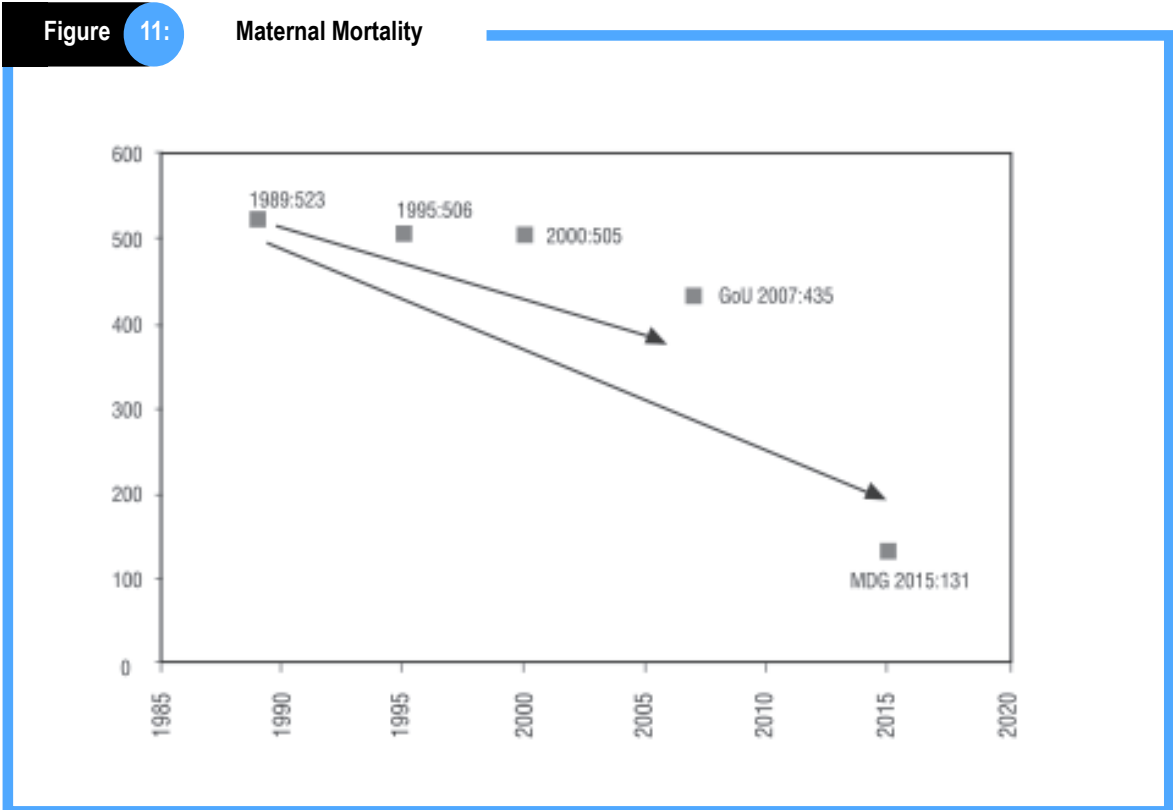
**Status at a glance**

Is the target achievable by 2015?

Probably   Potentially   **Unlikely**   Insufficient Data

**State of Supportive environment**

Strong   Fair   **Weak but improving**   Weak



Source: Ministry of Health (2000), UNDP (2000) and UBOS (2007)

## Status and trends

The maternal health indicators for Uganda have generally remained poor in the last two decades. Over the period 1995-2000 maternal mortality stagnated at about 505 deaths per 100,000 live births. The estimated maternal mortality from the Uganda Demographic and Health Survey is 435 deaths per 100,000 live births. To meet the MDG target, Uganda will need to reduce its mortality rate from 435 to 131 deaths per 100,000 live births by 2015 (Figure 11). Over the last few years, a number of interventions have been implemented by the government towards improving overall

maternal and child health. However, data available on a few output indicators indicates that though there was a general improvement in health performance over the year 2003/04 PEAP output indicators fell short of its targets. For example, Tetanus Toxoid (TT2) coverage for pregnant women was 50 per cent in 2003/04 against a target of 70 per cent; deliveries in GoU and private not for profit (PNFP) health facilities was 24.4 per cent falling short of the 2004 target of 30 per cent (Table 8). Considering that all process indicators available have fallen short of targets, meeting the goals of maternal mortality by 2015 is doubtful.

**Table 8: Trends for the selected PEAP indicators 1999/00 to 2004/05**

Indicator	Baseline 1999/00	2000/01	2001/02	2002/03	2003/04	2004/05 Target
Proportion of pregnant women who receive protection against malaria	0			20.3%	24% (40%)	60%
Deliveries at Health Facilities - GoU and PNFP	25.2%	22.6%	19%	20.3%	24.4% (30%)	35%
Increased TT2 coverage for pregnant women	42%			50%	50% (70%)	80%
DPT 3/Pentavalent vaccine coverage	41%	48%	63%	84%	83% (85%)	85%
Community based IMCI coverage	10%			25%	30% (50%)	50%
Health Worker skills development under IMCI	15%			65%	65% (75%)	100%

Source: Ministry of Health (2004).

Note: Targets for 2003/04 are indicated in brackets.

## Causes of maternal mortality

The major causes of maternal mortality have been highlighted as follows: severe bleeding, eclampsia, unsafe abortions, obstructed labour, malaria, HIV/AIDS. The other contributing factors include: high rates of fertility (6.7 births per woman); poor access to quality maternal and neonatal care; limited capacity of health facilities to manage abortion/miscarriage complications.<sup>6</sup> Others are short pregnancy intervals; high costs of maternal /health care; poor information on

safe pregnancy and disease, harmful culture and traditional practices; low status of women in the family and community; Blanc et al (1996) further observe possible correlations between overall maternal health in Uganda with the access of women to household income. Blanc et al in particular find that women's occupation and ability to earn money were important for their ability to save for maternity care; and that the bargaining power of women regarding seeking maternal health services was affected by the poor information sharing between couples about their household incomes.<sup>7</sup>

<sup>6</sup>The results of a needs assessment for emergency obstetric care in 37 districts indicate that 88.6 per cent of 351 health facilities do not have emergency obstetric services (The Republic of Uganda (2004) pg 43).

<sup>7</sup>For a further discussion of the causes of maternal mortality see MFPED (2003), Kirunga and Ogwang (2004), UNDP and MFPED (2003), Ssengooba et al (2003).

## Government policy on maternal and child health

Interventions towards maternal and child health are implemented through the overall Health Sector Strategic Plan (HSSP) 2001-2005, through delivery of the Uganda National Minimum Health Care Package (UNMHCP), focusing on integrated management of childhood illness, adolescent pregnancy, emergency obstetric care and overall maternal and newborn health (Republic of Uganda, 2004). Among others, the following programmes are specifically targeted at improving maternal and infant health.

Sexual and Reproductive Health and Rights (SRH) targeted at: increasing access to institutional deliveries and emergency obstetric services; strengthening family planning services; and strengthening goal oriented ANC including PMTCT. Among others, safe motherhood is being improved through development and distribution of reproductive health information, education and communication (IEC) equipment and supplies to health units, increase of family planning services, completion and implementation of the adolescent health policy. These efforts have led to a slight improvement in the proportion of mothers delivering in government and PNFP health units to 41.1 per cent in the 2006 from 38 per cent in 2001.<sup>8</sup>

In addition to the specific maternal health related interventions, there have been other general, government policies with a bearing on maternal health. Elimination of cost sharing (user fees) at public facilities in 2001 coupled with the adoption of measures to improve service delivery is said to have had a positive impact on access to health services (see Deininger and Mpuga, 2005; Acaye (2001).

The national population policy seeks to reduce fertility and maternal morbidity and mortality by

promoting informed choice, service accessibility and improved quality care. The policy outlines the need for a multisectoral implementation strategy involving education, health, agriculture, the economy and need for changes in cultural practices to achieve the goals.

It is further expected that the above efforts will in the long run be complemented by the benefits of schooling under UPE programme, which will be reflected in improved maternal and reproductive health indicators.

Government has established a task force on infant and maternal mortality, charged with formulating a comprehensive strategy to effectively address the problem of high infant and maternal mortality rates. The task force, has to date, identified through a study (MFPED, 2003), the causes, interventions and strategies through which to reduce infant and maternal mortality rates.

## Challenges

Nevertheless, the ability of the health care system to handle the life threatening complications of pregnancy is still very low. Though there have been considerable gains in family planning services uptake, the general unmet need still remains high (35 %) and worse in the long-term permanent methods, especially in the rural areas where the capacity to provide these services is still low.

The other challenges relate to inadequate human resources in numbers and skills particularly in the rural areas; inadequate funding for the sector, which has resulted in drugs and supplies stock-outs; lack of information about the nature of private practice and the extent to which it meets public health goals, which has had a serious impact on the success of the public-private

<sup>8</sup>Uganda Bureau of Statistics and Macro International Inc. 2001: Uganda Demographic and Health survey 2001 and Preliminary UDHS report 2006.

partnership strategy. There is low value for money in public expenditure on social services; and lack of an effective accountability at the political, administrative and management level, commonly referred to as "good governance". There is also inadequate funding and rapid population growth which has wiped out gains in improved social spending.

At the macro level, poverty is the major problem for hindering status development. Rampant poverty at the community level works in many ways to exclude women in need of maternal care. About a third of the national population lies below the poverty line. Per-capita spending on social services is low due to a poor tax base. As a result, government has relied upon development partners to provide financial support to social services, including in the health sector.

the government should be formed to monitor the performance of the agreed indicators. However, it is recognised that a reduction in maternal mortality and infant mortality requires a substantial investment of financial resources in the social sector. Therefore, efficient utilisation of resources should be emphasised to ensure that there is value for money. Finally, an improvement in nationwide security, particularly in northern Uganda is important to facilitate easy access to health units throughout the country.

## Way forward

In general, there is a need to ensure that the sexual and reproductive health and rights programme is adequately funded and fully implemented, with particular emphasis on:

- Improved access to obstetric emergency health care facilities;
- Strengthening reproductive health IEC and family planning services;
- Protection against and prompt effective treatment of communicable diseases such as malaria and HIV/AIDS; and
- Increasing the number and skills of health personnel.

This should be complemented by strengthening the monitoring and evaluation of the HSSP to access the performance of the major indicators. Joint missions of the development partners and





# Goal 6

## Combat HIV/AIDS, Malaria and Other Diseases

**Target 7:** Have halted by 2015 and begun to reverse the spread of HIV/AIDS

**Target 8:** Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

# GOAL 6: Combat HIV/AIDS, Malaria and other Diseases

## Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

**Status at a glance**

**HIV/AIDS**  
Will the target be reached by 2015?

The target has already been achieved

State of Supportive environment

Strong	Fair	Weak but improving	Weak
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**Malaria**  
Will the target be reached by 2015?

Probably	Potentially	Unlikely	Insufficient Data
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State of Supportive environment

Strong	Fair	Weak but improving	Weak
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According to the 2004-05 Uganda HIV/AIDS Sero Behavioral Survey (UHSBS), 6.4 per cent (or slightly over 800,000 people) of adult population in Uganda is infected with HIV (The Republic of Uganda, 2005, pg. 2). Overall there has been a decline in HIV infection from a peak of 18 per cent in 1992 to the current level of about 6 per cent. The international target is to halt, by 2015 and begin to reverse, the spread of HIV/AIDS. Uganda therefore seems to be well ahead of this target.

Despite the sustained declining trend of HIV/AIDS prevalence, it remains a significant, threat to human and economic development. Over 1

million cumulative HIV/AIDS-related deaths have been reported since HIV/AIDS was first recognised in the country;<sup>9</sup> and HIV/AIDS remains one of the major causes of morbidity and mortality in Uganda. HIV/AIDS has orphaned scores of children-jeopardising their rights and well-being, and compromising the overall development prospects of the country. Uganda has about 2 million orphans (out of whom 45 per cent are a result of HIV/AIDS). The number of orphans is increasing, which is making it difficult for many extended families and orphanages to cope. HIV/AIDS has created long-term impacts on the education system, which include mortality

<sup>9</sup>This figure has been estimated from several reports produced by the Ministry of Health (1999, 2003).



of children and teachers. HIV/AIDS has also adversely affected labour productivity and output in all organisations through decimating the workforce, especially skilled personnel, increasing labour costs arising from medical treatment and care, payment of salaries and wages to sickly employees, and funeral expenses (UNDP, 2000). In addition, HIV/AIDS often wipes out a family's resources before the breadwinner dies, leaving the children and other dependants with nothing. HIV/AIDS also imposes significant demands on time, particularly for women, who must take on additional care activities related directly to the pandemic.

### **Government response**

Over the last decade, the government of Uganda in partnership with development partners has shown continued commitment to controlling and preventing HIV/AIDS. There has been an increase in the funds allocated for the purpose of accelerating activities against HIV/AIDS, these include funds from the Global Fund against AIDS, TB and malaria programme. Uganda has to-date received a total of USD 26.2 million towards HIV/AIDS. Control and prevention of HIV/AIDS have been strengthened through the STD/AIDS Control Programme. This has made it possible to control the epidemic and cultivate sexual behavioural change. Control and prevention of HIV/AIDS has mainly been implemented through information, communication and behaviour change communication.

- Information education communication (IEC)/behaviour change communication: IEC activities include (i) mass campaigns at grassroots through drama and meetings (ii) condom distribution by the Ministry of Health, social marketing groups and the private sector. Despite a high awareness about the use of condoms as a preventive measure (76.4 per cent for males and 83 per cent for females) the misconceptions and myths about

condoms hinder their use in some districts (iii) Voluntary counselling and testing (VCT), which now covers all districts in the country. There has been a revision of the VCT policy to include innovations of routine counselling and testing (RCT) all health units. Among others, this has increased the proportion of Ugandan women who have been tested for the HIV virus, from 8 per cent in 2000-01 Uganda Demographic and Health Survey to 15 per cent in the UHSBS.

- Prevention of Mother to Child Transmission (PMTCT). Activities under PMTCT include primary prevention of HIV/AIDS, prevention of unintended pregnancies among HIV positive women, distribution of ARV drugs to HIV infected pregnant mothers to reduce Mother to Child transmission of HIV, and comprehensive care to the mother and her family. Over the last few years there has been increased access to services under this strategy. PMTCT services are now available at 140 sites in 49 districts compared to 71 sites in 31 districts in 2002/03.
- Infection control, which involves preventing transmission of nosocomial infections.
- Care and support including anti-retroviral therapy (ART). Under this initiative, a package of care services is provided including clinical management, psychosocial support (counselling) and home based care. The public sector ART programme was launched in June 2004 with drugs for treating 2,700 adults that were procured under the World Bank funded Uganda Aids Control Project. ARVs are now part of the national drug distribution system. As of December 2005, 50,000 persons were on ARVs; the programme is on target. The cost of ARVs and services like HIV testing are, however, still way beyond the reach of the ordinary poor. This poses a major barrier to their utilization, thus requiring a form of subsidy by government to

lower their prices. Capacity to implement the ART programme has been stepped up through the training of staff in HIV management and home based care.

- Monitoring and evaluation of the HIV/AIDS epidemic is done routinely through surveillance activities including sentinel surveillance and knowledge, attitude, behavioural change, practice surveys.

## Challenges

Despite the progress achieved in reducing the prevalence of HIV in Uganda, its prevention and control faces a number of challenges<sup>10</sup> namely;

- (i) misconceptions: for example, despite a high awareness about use of condoms as a preventive measure (76.4 per cent for males and 83 for females) misconceptions and myths about condoms hinder their use in some districts.
- (ii) Mismatch between knowledge and behaviour: Though over 80 per cent of the mothers attending antenatal clinics, knew the risk of MTCT, only 38 per cent were counselled and only 13 per cent took the HIV test. Despite the high level of awareness about HIV/AIDS, only 14 per cent of both the men and women had taken an HIV test. Women cited fear of stigma in case of positive results, and being traumatised if seen by the community members attending the service, and eventually breaking their marriages.
- (iii) Limited accessibility to and affordability of services, particularly in rural areas, has negative implications on the utilisation of the services. Awareness about preventive mechanisms of HIV/AIDS is limited to vulnerable groups such as people with disabilities (PWDs).<sup>11</sup>
- (iv) Human resource capacity in terms of numbers and skill still poses a special

- challenge to scaling up these vital services.
- (v) There appears to be problems in the management of HIV/AIDS funds and projects.

## Way forward

There is need to scale up these interventions, to build on the successes achieved so far and to deal with other emerging issues and challenges. In this regard, behaviour change communication (BCC) strategies that target vulnerable groups and regions should be strengthened and scaled up, and government subsidies on the cost of ARVs are needed to facilitate more access. A cultural approach to HIV/AIDS prevention and care should be adopted to deal with the gender and social cultural issues affecting access to and utilisation of HIV/AIDS services. Gender responsive programmes which address issues of knowledge gaps, economic empowerment and confidence building should be developed to enhance their capacity to respond to the HIV/AIDS challenge. Capacity building for programme delivery in respect to human resource training and equipment and infrastructure development needs to be carried out. Revitalising community based economic initiatives to respond to the impact of HIV and AIDS, including social economic support for a large number of orphaned children is also necessary. Finally, an improvement in efficiency in resource use and management of projects is called for to improve access to services.

## Assessment of the overall health sector response and capacity

Uganda has a very high level of political commitment and awareness at all levels and a strong and comprehensive health sector response to HIV/AIDS that has become a model for many countries. The Uganda AIDS

<sup>10</sup>For a further discussion of these challenges see, The Republic of Uganda (2004).

<sup>11</sup>Action Aid Uganda (2003) finds that in Rakai District finds that 55 percent of female and 44 percent of male PWDs considered themselves as being at risk of contracting HIV either through unprotected sex or having multiple partners (pp: 33).

Commission was established in 1992 under the Office of the President with a mandate to coordinate a national multisectoral AIDS control approach through the development of policies and implementation guidelines, joint planning, joint monitoring and evaluation and information sharing. The response to the epidemic has been guided by a series of plans, including the Multisectoral Approach to the Control of AIDS (1993) and the National Operational Plan for HIV/AIDS and Sexually Transmitted Diseases Prevention, Care and Support (1994-1998). Current activities are outlined in the National Strategic Framework for Expansion of HIV/AIDS Care and Support (2000/2001 to 2005/2006), which highlights the need to place HIV/AIDS in the broader context of national policies on health and reduction of poverty. HIV interventions in Uganda have focused on prevention programmes, relying on spreading awareness and encouraging changes in behaviour through abstinence-based approaches and promoting condom use. The national strategy has also included preventing mother-to-child transmission, strengthening laboratory and blood transfusion services, managing sexually transmitted infections and establishing a continuum of comprehensive care that includes HIV testing and counselling, providing drugs for treating opportunistic infections and providing antiretroviral drugs. In 1997, the HIV Drug Access Initiative was

launched with the support of UNAIDS to improve access to HIV care, including antiretroviral therapy. In 2000, the Ministry of Health established a national committee on access to antiretroviral therapy, and in 2003 developed a national policy on antiretroviral treatment. Since June 2004, the government has provided free antiretroviral drugs.

### **Critical issues and major challenges**

The shortage of human resources is a major constraint to scaling up antiretroviral therapy. This has been compounded by low salaries, lack of incentives and a ban on hiring new staff in the public sector. The costs of drugs and laboratory services remain high. The availability of antiretroviral therapy services is limited at the district and sub district levels, and the capacity for scaling up is inadequate. Drug procurement and supply management systems need to be strengthened. There is also need to strengthen monitoring and supervision of antiretroviral therapy and to expand community involvement in providing adherence and psychosocial support for people living with and affected by the disease. As Uganda scales up its antiretroviral therapy programme, the need to raise community awareness about the benefits and limitations of antiretroviral therapy has also been identified.

**Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases**

### **Malaria status and trends**

Malaria remains the leading cause of morbidity as well as mortality in Uganda (Table 9). According to The Republic of Uganda (2004), malaria accounts for 52 per cent of outpatient department (OPD) attendance, and 30 per cent of in-patient admissions. Malaria morbidity remains high and 95 per cent of the country is

still classified as endemic to the disease. However, increasing cases of malaria may also be attributed to increased resistance to most commonly available drugs. The previously first-line drug treatment of chloroquine was replaced in 2002 with a combination of chloroquine and fansidar. However, the disease has developed resistance to even this combination. Consequently, the MoH in 2004 adopted a new

Artemisinin combination therapy as the first-line of treatment.

Malaria is also responsible for 9-14 per cent of all in-patient deaths. However, the inpatient deaths for children under-five attributed to the disease are about double at 20-23 per cent. According to The Republic of Uganda (2004), on the basis of data from 10 regional referral hospitals, the case fatality rate (death from malarial causes) reduced from 5 per cent in 2000/2001 to 3 per cent in 2003/2004. Again, the mortality of children under-five in these facilities

is nearly double that of persons over five years of age (4.05 vs 2.18 per cent).

The higher OPD attendance for malaria cases is attributed to the increased availability of drugs, and consequently, increased utilisation of health services. Furthermore, the implementation of malaria in pregnancy control strategic plan has resulted in increases in the proportion of pregnant women who receive intermittent preventive treatment from 0 to 24 per cent between 2000/2001 and 2003/2004.

**Table 9: Types of illness for those reporting illness 1999-2006 (%)**

	All				0-4 years				5 years+			
	1999	2002	2004	2006	1999	2002	2004	2006	1999	2002	2004	2006
Malaria/Fever	56.3	55.8	55.2	49.7	61.1	63.9	61.5	60.2	38	36.3	35.7	36
Respiratory Infections	12.2	14.2	4.5	14.1	11.4	12.9	2.4	14.7	14.6	16.2	8.5	13.5
Measles	6.2	2.9	2.1		4.2	6.4	4.7		9.4	0.3	0.2	
Diarrhoea	5.2	4	4.4	4.1	10.2	7.1	8.1	8.5	2.9	3.4	3.7	2.3
Intestinal Infections	2.9	4.4	4.11		6.1	2.1	2.2		0.4	8.3	6.8	
Skin Infections	3	3.2	2.6	3.2	2.4	2.5	5.6	4.2	3.5	3.2	2.7	2.9
Others	14.2	15.4	27		4.6	4.9	16		31	32.2	42	
Total	100	100	100		100	100	100		100	100	100	100

Source: Ssewanyana et al (2004) and authors calculations from UBOS (2005).  
The National Service Delivery Survey, 2004, UBOS (2006).

## Government response

The MoH has implemented various policies to treat and control malaria, notably the home based management of fever (HBMF) and the provision of insecticide treated nets (ITNs). The HBMF was initiated in 2002 with an objective of providing free malarial treatment through community distributors, consequently reducing both inpatient and outpatient cases. According to The Republic of Uganda (2004), in some districts that have full coverage, the number of children under five treated by community distributors have surpassed those treated at health facilities. Thus, interventions may now be reaching remote populations previously thought to engage in self-medication.

Regarding ITNs, taxes on nets were abolished in 2001 in a bid to make them affordable to the poor. However, utilisation of nets remains low with only 16 per cent of Ugandans, mainly in urban areas, having access to them. Based on welfare status, mosquito net use for the top quintile is more than three times that of the poorest quintile (19 vs 6 per cent)-highlighting the cost implications for undertaking preventive malaria control measures. Overall, the MoH hoped to increase the proportion of the population that receives effective treatment for malaria within 24 hours of the onset of symptoms from 30 to 60 per cent between 2000 and 2005.



## Other diseases (Tuberculosis - TB)

In Uganda, tuberculosis remains endemic especially among HIV-infected persons; with the notified number of TB cases continuing to rise by about 8 per cent since 1994. According to the annual health sector performance report 2003/04, treatment for TB with directly observed treatment short-course (DOTS) strategy was available in 46 out of 56 districts with an overall national coverage of 82 per cent. However, success in treatment of TB once detected is still below target (only 62 per cent) due to population movements, lack of trained personnel and lack of laboratory services in some districts.

The HSSP II (2005-2009) aims at increasing the TB case detection rate from 60 per cent in 2005 to 70 per cent in 2009, increasing the TB cure rate to 85 per cent, reduce TB associated deaths by half to 3.1 per cent, and attain full coverage of TB DOTS country wide. The above targets are to be met principally through improved laboratory diagnosis. Specifically, this will be achieved through training of microscopists in peripheral laboratories and ensuring that every health sub-district has one laboratory equipped to undertake a smear microscopy.

## Challenges

With insufficient funding for the overall health system, resources for disease control and prevention remain inadequate. Indeed, health facilities, especially those at community level are still plagued by drug stock-outs. Also, notwithstanding the GoU subsidy on ITNs, their costs remain prohibitive which inhibits their use. Finally, according to the AHSPR 2004, the local suppliers of HOMAPAK-used in HBMF, cannot satisfy the demand for the districts when the HBMF is rolled out.

## Way forward

The GoU intends to reintroduce vector control as part of the wider malaria prevention strategy. However, the proposed spraying using DDT is facing stiff challenges on environmental grounds. Given the enormous cost for malaria treatment, spraying could be the best long-term cost effective prevention measure. It is also very important to integrate the management of HIV/AIDS with TB control.





# Goal 7

## Ensure Environmental Sustainability

**Target 9:** Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.

**Target 10:** Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

**Target 11:** By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.

## GOAL 7: Ensure Environmental Sustainability

### Status at a glance

Will the target be reached by 2015?

Probably

Potentially

Unlikely

Insufficient Data

State of Supportive environment

Strong

Fair

Weak but improving

Weak

Table 10: Rural access to safe water (1991-2003)

Year	Population Projections		Hand Pumps			Springs	Gravity Flow Scheme		Total Water Sources	Service Coverage	
	Total	Rural	B/holes	S/wells	Total		Scheme	Taps		People served	%
1991	16,671,705	13,905,869	7,613	-	7,613	4,329	6	22	11,964	2,553,369	18.4
1992	16,691,653	13,923,743	9,420	281	9,701	8,011	6	22	17,734	3,331,938	23.9
1993	17,144,283	14,316,145	9,865	517	10,382	9,846	41	41	20,269	3,813,090	26.6
1994	17,696,192	14,786,905	10,695	953	11,648	12,179	48	48	23,875	4,465,465	30.2
1995	18,248,105	15,257,667	12,432	1,045	13,477	14,111	61	61	27,649	5,194,510	34.0
1996	18,804,952	15,733,891	12,982	1,364	14,346	15,081	67	84	29,511	6,191,857	39.4
1997	19,467,841	16,305,398	13,515	1,586	15,101	15,791	73	889	31,781	6,544,095	40.1
1998	20,150,447	17,845,266	14,474	2,525	16,999	16,662	75	2,711	36,372	7,568,925	42.4
1999	21,619,692	18,188,941	15,374	2,774	18,148	17,282	82	2,893	38,323	8,518,090	46.8
2000	21,954,145	18,616,541	16,948	3,656	20,604	17,948	125	3,096	41,648	9,277,114	49.8
2001	22,461,731	19,055,188	17,894	4,984	22,878	19,146	129	3,384	45,408	10,243,883	53.8
2002	23,009,493	19,875,895	18,410	5,998	24,408	20,224	134	4,262	48,894	10,908,140	54.9

Source:

### Water service coverage in Uganda

There has been a strong positive trend in rural water coverage between 1992 and 2002 though it is still below the desired target of providing safe water within easy reach of 65 per cent of the rural population by 2005 and 100 per cent of the population by 2015. The recent Ugandan National Household Survey (UNHS, 2006) data and information from the Directorate of Water Department (DWD) indicate an increase in water service coverage nationwide from a little over 20 per cent in 1991 to almost 68 per cent in 2006. Equally, the Uganda Population and Housing

Census (UPHC) data reports a rise in water service coverage from 26 per cent in 1991 to 68 per cent in 2002.

Recent figures from Uganda National House Surveys (UNHS) indicate that around 80 per cent of households used the same water source in 1999 as in 1992. Only half of those who used the same water source had safe water while 84 per cent of those who changed water sources had clean and safe water and about 58 per cent households in rural areas did not use protected water sources. This was attributed to the limited access to safe water or non-availability (58%)



while 30 per cent attributed the problem to long distances to protected water sources.

According to DWD (2001), a household is categorised as having access to safe and clean water if the water source is situated within distance of 500 meters and 1.5 km for urban and rural households respectively.<sup>12</sup> Access to safe water in rural areas increased from 47 per cent in 1999 to 59 per cent in 2006 with considerable variations across districts (see Annex 1 for details). Rudaheranwa, et al, (2003) show that between 1999 and 2002 access increased from 36 to 52 per cent for the central region; from 36 to 46 per cent for the eastern region; from 34 to 55 per cent for the northern region and slightly fluctuated between 58 and 65 per cent in the western region.

Although access to improved water sources has increased, the functionality rate is far from 100 per cent. It is estimated that about 50 per cent only of the rural population has access to functional improved water sources. This may be attributed to the inability of the user committees to maintain the improved water sources within their localities and their over reliance on the central government interventions. There is need to provide for an effective and sustainable means to maintain the improved water sources to ensure continued access for all by 2015 and beyond.

The number of shallow wells more than doubled, from 2,774 in 1999 to 7,432 in 2003, representing an increase of about 168 per cent. Protected springs and boreholes remained the dominant water sources. Protected springs increased by 24 per cent from 17,282 in 1999 to 21,477 in 2003; while the number of deep boreholes rose by 24 per cent from 15,224 in 1999 to 18,873 in 2003.

There was an increase in the number of protected springs in all the regions of Uganda.<sup>13</sup> The

number of protected springs in the central region increased from 2,581 in 1999 to 3,684 in 2003; 1,731 in 1999 to 2,684 in 2003 in the eastern region; 10,155 in 1999 to 11,837 in 2003 in the west; and 2,815 to 3,272 over the same period in the northern region.

At national level of boreholes increased from 15,224 in 1999 to 17,915 in 2001 and all regions recorded increases in the number of boreholes. The number of boreholes increased from 2,798 in 1999 to 3,800 in 2003 in the central region; from 4,307 in 1999 to 5,797 in 2003 in the eastern region; from 4,974 in 1999 to 5,671 in 2003 in case of the northern region; and from 3,145 in 1999 to 3,605 in 2003 in the western region.

Analysis of the population with access to improved water sources shows wide variations across districts. The DWD (2006) shows that there is considerable inequity in coverage between districts. Whereas Kabale, Kanungu, Luwero, Nakaseke, Kaberamaido and Kibale have coverage of over 80 per cent, Kaabong, and Yumbe districts have only 10 per cent and 24 per cent respectively (Annex 1). There is urgent need for more equitable distribution of water resources to these under served areas.

## Natural resources

Uganda is well endowed with environmental resources, however, various reports<sup>14</sup> indicate persistent degradation of these natural resources namely declining soil fertility, deforestation particularly outside protected areas, pasture degradation, and decreasing fish stocks, water pollution caused by discharge of water from industries and domestic water use etc. This degradation impacts heavily on livelihoods of the poor by constraining their ability to increase incomes and making them more vulnerable. This environmental stress is partly attributed to recent impressive economic growth in Uganda.

<sup>12</sup>In addition, it is targeted that 20 litres of clean and safe water per person per day should be supplied. Due to data limitation, our analysis focuses on the distance between households and water points only.

<sup>13</sup>Annex 1 provides the distribution of rural water points by regions.

<sup>14</sup>For a comprehensive review of these reports is given in the UNDP report 'Uganda Human Development Report 2004.'

The last few decades have seen an increase in the frequency and intensity of extreme weather variations, with adverse socio-economic consequences. Drought and environmental degradation have led to food shortages and increased pressure on available land and water resources. Persistent droughts as a result of prolonged dry seasons, and flooding due to flash storms and hailstorms, including shifts in seasons are of great concern because they impact directly on agricultural production and, hence, human development. According to NEMA (2003) as cited in UNDP (2004) effects of the last El Nino in Uganda for example included:

- (i) death of 525 people with over 11,000 hospitalised and treated for cholera that was triggered by the El Nino, induced floods and landslides;
- (ii) death of 1,000 people due to floods-related accidents;
- (iii) damages to trunk and rural road infrastructure estimated at about \$400 million; and infiltration of water resources and the flooding (sub-merging of some pumping stations). Variations of rainfall have made it impossible for farmers to predict when to plant annual crops, which led to crop failures triggering famines and reliance on relief food aid.

## Lands and soils

Of the total area of Uganda, 84,694 km<sup>2</sup> is farmland of which 84,010 km<sup>2</sup> of this farmland area is under subsistence agriculture while a mere 684 km<sup>2</sup> is used for commercial farming, illustrating the importance of land in supporting rural livelihoods. Land is thus the major constituent of household assets.

**Table 11: Area and distribution of land-use/cover at national level**

Stratum	Area (ha)
Plantations hardwoods	18,682
Plantations softwoods	16,384
Tropical high forests (normal)	650,150
Tropical high forests (degraded)	274,058
Woodlands	3,974,102
Bush lands	1,422,395
Grasslands	5,115,266
Wetlands	484,037
Subsistence farmlands	8,400,999
Commercial farmlands	68,446
Built up areas	36,571
Water	3,690,254
Impediments such as rocks, etc.	3,713
<b>Total</b>	<b>24,155,058</b>

Source: Adapted from UNDP (2004).

## Forests and woodlands

Forests and woodlands are critical to the protection of the Ugandan landscape and are vital to people's livelihoods, particularly the rural poor by providing a wide range of products and ecological services on which the poor depend, for employment and economic growth. Forests and woodlands covered about 108,000 km<sup>2</sup> of Uganda in 1890; and as of 2002, this coverage had shrunk to approximately 49,000 km<sup>2</sup>. Seventy per cent of the remaining forests and woodland area are on private or customary land while the other 30 per cent by law is land held in trust by government.

Uganda is reported to be losing its forest cover through deforestation. Studies such as (FD, 2000; MFPED, 1994; FAO, 2000) cited in UNDP (2004) report estimates of varying annual deforestation rates from 550 km<sup>2</sup> per year to 700 km<sup>2</sup> - 2,000 km<sup>2</sup> /year primarily due to deforestation for agricultural purposes. Since 70 per cent of forest and woodland areas are private or customarily owned, the decision to convert into alternative use is easily since people for example think that agriculture will generate higher returns than forestry. Other factors contributing to deforestation include policy failures, lack of

alternative energy sources which leads to over-harvesting of trees for firewood; high population growth; absence of effective systems for enforcement of forest and other environmental laws; and increased demands for construction materials and charcoal.

Deforestation result into increased poverty through higher fuel wood (firewood and charcoal) costs, both in terms of money and time spent in collection. Distance travelled particularly by women and children to collect firewood has increased dramatically between 1992 and 2002 from 0.06 km to 0.9 km, which impacts negatively on household productivity since the time spent on collecting firewood could

have been used for other economic activities.

## Sanitation

Housing conditions are of significant importance in the understanding of the sanitary conditions of households. Poor housing conditions are often associated with poor sanitation manifested by pests and disease that are a menace to health (and welfare) of household members. According to information recently released by the Uganda Bureau of Statistics (UBOS, 2005), own occupied housing stood at about 87 per cent and 49 per cent in rural and urban areas respectively. The information in the table below gives recent status of sanitary indicators in Uganda.

**Table 12: Distribution of households by type of sanitary facility and residence (%)**

Characteristics	Rural	Urban	Total
<b>Type of kitchen</b>			
1. Inside	9.2	16.3	11.5
2. Outside (built)	56.5	30.7	47.9
3. Makeshift	15	13.5	14.5
4. None	19.3	39.5	26.1
5. Total	100	100	100
<b>Garbage disposal</b>			
1. Pit	31.2	38.1	33.5
2. Skip	3.9	32.8	13.5
3. Bush	20.5	9.9	17
4. Garden	43.1	16	34
5. Other	1.4	3.3	2
6. Total	100	100	100
<b>Type of bathroom</b>			
1. Inside	2.8	14.1	6.6
2. Outside (built)	28.2	52.4	36.3
3. Makeshift	37.4	21.7	32.2
4. None	31.5	11.8	24.9
5. Total	100	100	100
<b>Provision of hand washing facility after toilet use</b>			
1. Yes	25.6	41.4	31
2. No	74.4	58.6	69
3. Total	100	100	100

**Source:** UBOS (2005), 2004 National Service Delivery Survey Report, Uganda Bureau of Statistics, Entebbe, Uganda.

The information given in Table 12A above clearly shows that about 26 per cent of households lack kitchens and, where kitchens existed, the majority were located outside the dwelling place. Moreover, more kitchens were located outside the dwelling unit more in rural areas than in urban areas. Pits and gardens are the most forms of garbage disposal in both rural and urban areas. Specifically, about 31 per cent and 38 per cent of rural and urban households respectively dispose off their garbage in pits but in the order of 43 per cent and 16 per cent in using gardens for garbage disposal.

### 13: Distribution of households by type of toilet facility and residence (%)

Type of toilet	2005			2006		
	Rural	Urban	Total	Rural	Urban	Total
1. Covered pit latrine (private)	39.1	25.8	34.6	44.2	24.1	40.9
2. Covered pit latrine (shared)	22.8	45.3	30.3	27.6	59.4	33.2
3. Uncovered pit latrine	19.7	11.6	17	13.9	2.6	12.4
4. Other	3.2	13.6	6.7	2.0	11.2	3.6
5. No toilet	15.2	3.7	11.4	12.3	2.7	9.9
6. Total	100	100	100	100	100	100

Source: UBOS (2006), *Uganda National Household 2005/06; Socio-Economic Report*, Uganda Bureau of Statistics, Kampala, Uganda.

Furthermore, the available information (Tables 12A and 12B) shows that availability and conditions of bathrooms and toilets varies among rural and urban households. In rural areas, makeshift bathrooms were common (about 37 per cent) while in urban areas outside built bathrooms were more prevalent (about 52 per cent). In addition, most urban dwellers (about 45 per cent) were using shared covered pit latrines. It is clear that close to 75 per cent of rural and 60 per cent of urban households lacked hand washing facilities after toilet use. Lack of built facilities is attributed to inadequate awareness and high costs of construction materials. The limited use of toilet facilities is attributed to ignorance by about 28 per cent of community members who responded to the survey questionnaire by UBOS.

#### Improving the lives of slum dwellers

More than 50 per cent of Uganda's urban population lives in informal unplanned settlements on land owned by other people or the government. Without security of tenure, they cannot access credit from the formal financial institutions and therefore lack the basic means of production. The squalid conditions they live in are a source of health hazards they face on a daily basis. Although urban authorities have put in place programmes to improve the lives of slum dwellers, the challenge remains enormous. Interventions are limited to public works programmes such as drainage improvement, roads, and water supply.

#### Challenges

- Maintenance of safe water sources is a major problem according to recent studies (DWD, 2001 and Rudaheranwa, et al, 2003) of rural water facilities, which reported a functionality rate of 70 per cent in 2000 compared to 20 per cent in 1980. About 40 per cent of the water sources that were not functioning had broken down for a period of over two years; of which 46 per cent failed after a period of over one year.
- Implementation of the rural electrification programme intended to reduce dependency on the natural resource base for energy is in progress.
- Resources for environmental health activities:
  - The available water testing kits are not sufficient for the districts with trained staff. Districts were expected to procure the equipment and reagents but they are currently not able to do so. The sector should plan for central procurement of the water testing kits.
  - Inadequate human capacity and logistical support such as transport for monitoring and training activities in districts.
- Institutional framework for environmental health.

- The differentiation of roles for the water and health departments at the district level, though less marked, still poses a challenge to the smooth implementation of water and sanitation activities;
  - Shortfalls in data management at all levels thus hindering verification of key indicators;
  - Weak enforcement mechanisms especially at the community level e.g. community by-laws:
- Social mobilisation:
    - The attitude and practices of some communities towards human waste disposal require fresh approaches for effective and sustainable behavioural change;
    - District political and civic leadership need to get more involved in community mobilisation for water and sanitation activities in accordance with the KDS.





# Goal 8



## Develop a Global Partnership for Development

- Target 12:** Develop further an open, rule-based, predictable, non discriminatory trading and financial system
- Target 13:** Address the special needs of least developed countries. This covers tariff and quota free access for least-developed countries' exports, an enhanced programme of debt relief for HIPC and cancellation of official bilateral debt, and more generous ODA for countries committed to poverty reduction
- Target 14:** Address the special needs of landlocked countries.
- Target 15:** Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt servicing sustainable in the long term.
- Target 16:** In co-operation with developing countries, develop and implement strategies for decent and productive work for youth.
- Target 17:** In co-operation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.
- Target 18:** In co-operation with the private sector, make available the benefits of new technologies, especially information and communications.

## GOAL 8: **Develop a global Partnership for Development**

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<b>Target 18:</b>	<b>In co-operation with the private sector, make available the benefits of new technologies, especially information and communications.</b>

As pointed out in Uganda's MDG progress report of 2003, the country does not have specific targets for this goal. However, Uganda's Poverty Eradication Action Plan 2004/05 to 2007/08 is devoted to the matter of developing partnerships for the realisation of the PEAP development targets.

Partnerships relate both to policies and mobilisation of resources for financing the development process. On policy, Uganda has had a stabilisation and structural adjustment programme with the International Monetary Fund (IMF) since 1987. This allowed partnerships between Uganda and other donors to develop

throughout the 1990s to the present. Uganda's economy is open, rule-based and quite predictable. However, it is a fragile economy that could be grossly affected by political developments.

Uganda has done well in terms of work done towards target one of this goal (MDG target 12). The country has maintained macroeconomic stability, instituted measures to ensure that the private sector leads the process of economic growth, and instituted measures to ensure good governance over time.

Uganda is an active participant in the New



Partnership for Africa Development (NEPAD) that promotes good governance through its peer review mechanism. The peer review for Uganda, coordinated by the National Planning Authority (NPA) at the national level and by NEPAD at the regional level is ongoing.

On the side of resource mobilisation for financing the development process, Uganda is putting heavy emphasis on improving domestic revenue, which in 2004/05 was 12.7 per cent of GDP thus falling below the sub-Saharan average of 18 per cent. The Medium Term Expenditure Framework (MTEF) projection of revenue shows a slight improvement to 13.5 per cent of GDP in 2007/08. Uganda has decided to decrease the fiscal deficit from 10.9 per cent in 2004/05 to 6.9 per cent in 2007/08. The combined effect of these measures will be a reduction in the proportion of total government expenditure to GDP from 23.5 per cent in 2004/05 to 20.4 per cent in 2007/08.

The strategy has attracted mixed reactions from civil society and donors alike. To meet the MDGs, Uganda may require increased government expenditure to key sectors. There is recognition that management of public expenditure is plagued by inefficiencies; measures are being taken to rectify these problems. However, while aware of resource slippages, some development partners, line ministries, and civil society argue strongly for increased government expenditure especially to the social sectors if Uganda is to meet the MDG targets.

With regard to trading, the international community seems committed to addressing the special needs of developing countries. Restrictive quotas and tariffs imposed by western countries against exports from developing countries are being abolished or decreased. However, this process needs speeding up so as to make the contribution of trade to the realisation of the MDG targets in Uganda timely. As of now, the strategy to reach MDGs remains that of delivery of social services, and less of

trade.

Through regional co-operation, Uganda has taken measures to address challenges arising out of being landlocked. The East African Customs Union was launched on 1 January 2005 as a beginning of a new phase in the development of the community. Measures towards integration include a progressive reduction of tariffs and protection of agricultural production. The protocol on free movement of persons, labour, services, and rights of establishment and residence is expected to be concluded by June 2006; and Common Market by December 2007.

Uganda is one of the Highly Indebted Poor Countries (HIPC); the country's external debt is unsustainable as measured by the ratio of Net Present Value (NPV) of debt to exports of goods and services, which was 279.5 per cent at the beginning of the financial year 2004/05. The HIPC debt relief threshold for sustainability is 150 per cent. This rate is slower than the anticipated growth of exports and increased NPV of debt arising from increased disbursements, especially from multilateral creditors. Previously, the country benefited from debt relief under the HIPC (1998) and under the enhanced HIPC debt relief initiative (2001). On the request of donors, Uganda put savings made from debt service (about US\$40 million annually) into the Poverty Action Fund (PAF) that financed the country's poverty reduction programme particularly UPE, rural roads, and health programmes. Other donors have made significant contributions (about US\$35 million annually) to the PAF thus significantly increasing the resources earmarked for poverty reduction programmes. However, poverty still remains the number one development challenge facing Uganda. Accordingly, Uganda has welcomed the proposal by the G8 for total debt cancellation for poor countries. Western countries are still debating the proposal, and some of them do not support it.

With regard to development of strategies for decent work for youth, Uganda is relying on the private sector. Indeed, government has instituted a range of measures to ensure that the private sector grows and absorbs the youth into employment. Unfortunately, many challenges still bedevil private sector development, particularly domestic private investment. Foreign direct investment increased but not to the desired level, extent and type. Accordingly, unemployment of the youth is still a big challenge the government is even considering exporting labour. Co-operation of the international community in this regard is required. However, a long-term solution to the employment problem lies in creating employment opportunities within the country. Partnerships between the private sector and the public sector should be established with a view creating to employment.

Affordability of essential drugs is still beyond the reach of the majority ordinary Ugandans. While cognizant of Uganda's efforts towards the reduction of HIV/AIDS, many Ugandans have died of HIV/AIDS related ailments, partly because prices of life saving drugs were too high. However, availability of generic ARVs at reasonable prices enabled many people infected with HIV/AIDS to live longer. Government has now embarked on free distribution of ARVs through registered health centers. Malaria remains the number one killer disease in Uganda; most of the recommended drugs for the treatment of malaria are not effective anymore. There is debate on whether DDT should be used to control the spread of malaria or whether it should not; some people have expressed fear on the possible adverse impact on the environment while others have argued that DDT has no adverse environmental effects. More work at the internal level is needed to develop vaccines for HIV/AIDS and malaria, and ensure that they are affordable by developing countries.

As regards information and communication

technology, Uganda liberalised the industry to attract foreign investment into the sector. The sector has registered tremendous growth. Government removed taxes on technology related imports such as computers and accessories in 2005/06. Institutions of higher learning, including some universities are offering a wide range of information and communication technology courses. Some secondary schools offer computer science as an examinable subject at O-level. These benefits, however, accrue to people who reside in urban areas, mainly Kampala. A bigger proportion of Uganda's population equivalent to 88 per cent resides in rural areas and has no access to ICT. Government with assistance of the international community needs to do more to make the new technologies accessible to a bigger proportion of the population. The benefits of globalisation will accrue to those with the means to tap them; poor people in rural Uganda may not only miss them but witness a widening gap in terms of well being between themselves and their counterparts who live in urban areas. Government should take deliberate measures to avoid that predicament by making ICT available to schools in rural areas.

## Conclusion

Although Uganda has relentlessly pursued the MDGs during the past decade, more effort is needed to ensure that all MDGs are met. Uganda is on course for universal primary education and HIV/AIDs reduction only. Although the country is on course with the universal primary education programme, education quality is still poor. Again, much as the country has done reasonably well in fighting HIV/AIDs, malaria and other infectious diseases still pose a serious challenge to the country.

The country is hardly on course for the rest of the MDGs and associated targets. Poverty reduction is the country's biggest development challenge. Uganda has recently made pronouncements to the effect that more emphasis will be put on the growth sector. This will be fine so long as it is not done at the expense of financing the achievement of the MDGs. Unfortunately Uganda does not have adequate financial resources to finance MDGs as well as what has been dubbed the growth sectors.

Failure to keep track on the attainment of MDGs has been blamed on the country's high population growth, inefficiency in the management of the social budget, and inadequacy of resources. Indeed, these adversely affect outcomes of development interventions; there is need to address them urgently. A population growth rate of 3.2 per cent per annum could make achievement of some MDGs elusive, unless sufficient resources are provided and used effectively. Inefficiency too could make the realisation of MDG targets difficult to achieve and this partly explains stagnation of Uganda's health and education output indicators despite increased public sector spending in these areas.

While cognizant of inefficiencies and with a resolve to address them, line ministries and other

government departments say that the resources allocated to them are inadequate to achieve desired targets. This calls for increased mobilisation of resources to finance the development process, beginning with domestic sources. The country's tax to GDP ratio in 2004 was only at 12.7% compared to a sub-Saharan average of 18 per cent indicating that Uganda could mobilise more resources domestically.

On the external front, the country needs to pursue relentlessly the tenets of the MDGs on global partnerships particularly those relating to external trade, external debt, access to essential drugs, utilisation of information and communication technologies, and dealing with the challenge and reality of being landlocked.

A development strategy that puts people at the center of the development process is desirable. The country's expressed desire to decrease its fiscal deficit at a time when the trend of the Uganda's human development indicators is hardly on track vis-à-vis reaching the MDGs should be re-examined.



## References

Acaye, G. (2001). Increased utilization, reduced quality: the results of cost sharing abolition in Busia. *Uganda Health Bulletin* 7(3) 49-53.

Action Aid International Uganda (2003). *Reproductive Health and HIV/AIDS among Persons with Disabilities*. (August). (Kampala: Action Aid International Uganda).

Bategeka et al. (2004). *Financing Primary Education for all: Uganda*. (Kampala).

Blanc et al (1996). *Negotiating Reproductive outcomes in Uganda*. Macro International Inc. and Makerere University.

Deininger and Mpuga, 2005.

Dollar, D. and Kraay, A. (2001). "Growth is Good for the Poor", *Journal of Economic Growth*, 7, 195-225.

Kirunga Tashobya, C., and P, Ogwang Ogwai (2004). The Effort to achieve the Millennium Development Goals in Uganda: Reaching for the sky? *Health Policy and Development*, 2(1) 33-39.

Lawson, David, Andrew McKay & John Okidi (2003), "Poverty Persistence and Transitions in Uganda: A Combined Qualitative and Quantitative Analysis," CPRC Working Paper No. 38, University of Manchester.

Mbonye, A.K. (2000). Abortion in Uganda: magnitude and Implications. *African Journal of Reproductive Health* 4(2): 104-108.

MFPED (2003). *Infant and maternal mortality in Uganda: Causes, Interventions and Strategies*. (December). (Kampala: MFPED).

MFPED (2004). *Poverty Eradication Action Plan (2004/5-2007/8)* (December) (Kampala: MFPED)

MFPED (2004). "An Overview of the National Economy", Discussion Paper 7. (Kampala: MFPED).

MFPED (2004). *Poverty Eradication Action Plan 2004/05-2007/08*. (Kampala: MFPED).

MFPED (2005). *Background to the Budget , 2005/06*. (Kampala: MFPED).

MFPED and UNDP (2003). *The Millenium Development Goals Report for Uganda*. (Kampala: MFPED and UNDP).

Ministry of Education and Sports (2003). Education Statistic Abstract, 2003. (Kampala: Ministry of Education and Sports).

Ministry of Education and Sports (MoES) (2004). The Education Sector Annual Performance Report, Financial Year 2003/04, (October), (Kampala: MoES). Internet: <http://www.education.go.ug/>.

Ministry of Health (2000). Health Sector Strategic Plan, 2000/01-2004/05. (Kampala: Ministry of Health).

Ministry of Health (2000). More about HIV/AIDS in Uganda. Internet: [http://www.health.go.ug/docs/part2\\_current.pdf](http://www.health.go.ug/docs/part2_current.pdf)

Ministry of Health (2003). STD/HIVAIDS surveillance report, June. (Kampala: Ministry of Health).

Ministry of Health (2004). Annual Sector Performance Report, 2003/2004. (October). Internet: <http://www.health.go.ug/>

Ministry of Health, (2005). Health Sector Strategic Plan 2005/2006-2009/10. (Kampala: Ministry of Health).

Ministry of Health, (2005). Health Policy Statement 2005. (Kampala: Ministry of Health).

Moller, C.L. (2002). "Infant mortality in Uganda, 1995-2000: Why the non-improvement?" Uganda Health Bulletin Vol. 8: No. (3/4): 211-214.

Nkonya, E., D. Sserunkuuma and J. Pender (eds)(2002). Policies for Improved Land Management in Uganda: Second National Workshop, EPTD Workshop Summary Paper # 12, Washington, D.C.: IFPRI.

Obwona, M. and S. Ssewanyana (2004). Rural infrastructural services and agricultural marketing and food security in Uganda, EPRC Mimeo.

Okidi, J., Ssewanyana, S., Bategeka, L. and Muhumuza, F. (2005). Operationilizing Pro-poor Growth: Uganda Case Study. Internet: <http://www.dfid.gov.uk/pubs/files/oppguganda.pdf>.

Okidi, John and Andrew McKay (2003). "Poverty dynamics in Uganda: 1992 to 2000," Chronic Poverty Research Centre, University of Manchester, Working Paper No. 27.

Pender, J., S. Ssewanyana, E. Nkonya and E. Kato, (2004). Linkages between Poverty and Land Management in Rural Uganda: Evidence from the Uganda National Household Survey, 1999/00, Mimeo.

Parliament of Uganda (2007). A Directory of the Eight Parliament of Uganda 2006-2011. 2007 Edition Republic of Uganda (2005). Budget Speech - Financial Year 2005/06, Kampala. Intenet: <http://www.finance.go.ug/>

Ssengooba et al (2003). Maternal Health Review Uganda. HSD/WP/04/03. Health Systems Development Programme Paper, HSD/WP/04/03.



Ssewanyana, S. and S.D. Younger (2005). "Infant Mortality in Uganda: Determinants, Trends, and The Millennium Development Goals." Cornell Food and Nutrition Policy Program. Working Paper (No.186).

Ssewanyana, et al (2004). "Demand for Health Care Services in Uganda: Implications for Poverty Reduction". Economic Policy Research Centre Research Series (No. 40).

Ssewanyana, et al (2005). "Understanding Food Insecurity in Uganda" EPRC mimeo

The Republic of Uganda (2005). Health Policy 2005/2006 by Hon. Jim Muhwezi. (June).

Uganda Bureau of Statistics (UBOS) (2000). Uganda National Household Survey 1999/2000. (Entebbe: UBOS).

Uganda Bureau of Statistics (2001). Uganda Demographic and Health survey 2000/2001

Uganda Bureau of Statistics (UBOS) (2003). Report on the Socioeconomic Survey (Entebbe: UBOS).

Uganda Bureau of Statistics (2004). Statistical Abstract 2004. (Entebbe: UBOS).

Uganda Bureau of Statistics (2005a). National Service Delivery Survey 2004. (Entebbe: Uganda Bureau of Statistics).

Uganda Bureau of Statistics (2006). Statistical Abstract 2006. (Kampala: UBOS).

Uganda Bureau of Statistics(2006). Uganda Demographic and Health Survey, Preliminary Report 2006

Uganda Bureau of Statistics (2006). Report on the Socio-Economic Survey (Kampala: UBOS).

Uganda Bureau of Statistics (2006). Uganda National Household survey: The qualitative Module Report (Kampala: UBOS).

United Nations Development Programme (2000). Uganda Human Development Report. (Kampala; UNDP).

United Nations Development Programme (2005). Human Development Report 2005. (New York: UNDP).

World Bank (September, 2002). The Republic of Uganda Public Expenditure Review, Report on the Progress and Challenges of Budget Reforms (No 24882-UG).

# ANNEX 1

## Access to improved water Sources (June 2007)

District	Projected population		Access to improved water supply		
	Total	Rural	Number of people	Coverage (%)	Access to functional sources(%)
Kalangala	47,100	43,165	23,984	56	44
Kiboga	270,568	256,694	147,700	58	50
Luwero	371,034	310,104	237,261	77	70
Nakaseke	155,955	155,955	134,272	86	84
Masaka	792,813	714,664	505,464	71	47
Mpigi	437,439	426,664	235,639	55	53
Mityana	300,727	262,130	165,422	63	63
Mubende	486,595	468,236	208,950	45	45
Mukono	893,462	788,753	521,690	66	66
Nakasongola	134,411	127,341	64,612	51	42
Rakai	504,078	481,318	245,788	51	33
Ssembabule	199,179	194,826	67,536	35	24
Kayunga	319,629	298,128	161,500	54	49
Wakiso	1,131,108	864,854	425,627	49	42
Bugiri	511,241	488,870	136,378	28	24
Busia	253,539	211,375	137,234	65	61
Iganga	807,880	765,013	512,582	67	62
Jinja	463,639	351,255	199,400	57	56
Kaliro	173,326	173,326	87,000	50	45
Kamuli	630,657	617,988	294,400	48	46
Bukwo	58,410	58,410	35,136	60	56
Kapchorwa	168,439	158,003	96,677	61	61
Amuria	232,371	232,371	123,442	53	44
Katakwi	155,761	146,539	95,318	65	53
Kumi	453,396	443,619	314,914	71	63
Manafa	436,857	436,857	179,259	41	35
Mbale	373,279	294,125	134,166	46	42
Pallisa	588,588	561,631	238,300	42	36
Soroti	411,520	365,643	281,288	77	74
Butaleja	180,119	180,119	82,100	46	42
Tororo	446,137	398,599	233,227	59	55
Kaberamaido	139,952	139,952	128,035	91	84
Mayuge	371,669	361,502	129,908	36	33
Sironko	322,930	310,501	202,952	65	65
Adjumani	253,641	228,437	162,312	71	94
Apac	766,854	755,183	328,712	44	37
Koboko	152,291	118,220	104,756	89	72
Arua	837,171	784,076	530,227	68	59
Gulu	519,325	393,882	250,226	64	63
Kitgum	333,733	283,660	139,065	49	45
Kabong	553,293	534,288	55,854	10	9
Kotido	304,380	285,375	128,666	45	32
Amolatar	109,843	109,843	51,750	47	40
Lira	753,824	651,495	362,950	56	42
Moroto	203,644	194,681	106,647	55	48
Moyo	266,055	249,516	107,044	43	42
Nebbi	478,835	406,750	354,414	87	77
Nakapiririt	190,559	188,506	96,980	51	22
Pader	341,685	330,110	160,251	49	39
Yumbe	337,843	317,405	75,600	24	19
Bundibugyo	257,089	239,987	133,860	56	44
Bushenyi	776,618	735,946	606,813	82	71
Hoima	417,370	373,559	283,463	76	74





Kabale	507,079	459,494	430,584	94	81
Kabalore	380,647	337,615	220,688	65	53
Kasese	612,116	544,201	438,788	81	76
Kibaale	503,470	497,596	373,390	75	75
Kisoro	231,085	219,893	91,850	42	38
Masindi	565,208	534,516	329,292	62	52
Ibanda	219,892	194,458	106,994	55	50
Isingiro	354,096	354,096	95,824	27	21
kiruhura	235,485	235,485	74,461	32	27
Mbarara	399,725	322,882	173,730	54	49
Ntugamo	417,094	402,708	368,470	91	85
Rukungiri	338,894	320,422	281,325	88	79
Kamwenge	333,185	317,573	164,296	52	34
Kanungu	221,637	208,724	208,724	95	95
kyenjojo	436,669	419,016	224,180	54	48
<b>Total</b>	<b>26,834,146</b>	<b>24,638,127</b>	<b>14,409,349</b>	<b>59</b>	<b>52</b>

*Source: Directorate of Water Development*





