PREFACE

This is the first Millennium Development Goals (MDGs) progress report for Uganda. As it is well known, the MDGs represent a set of global development priorities and targets that world leaders, including Uganda's leader committed themselves to at the UN Millennium Summit held from 6 to 8 September 2000 in New York. The eight goals are:
(1) eradicating extreme poverty and hunger; (2) achieving universal primary education; (3) promoting gender equity and empowering women; (4) reducing child mortality;(5) improving maternal health; (6) combating HIV/AIDS; (7) ensuring environmental sustainability; (8) developing global partnership for development.

The Government endorsed the MDGs at the Summit and in doing so Uganda agreed with the international community to these set of achievable goals by the year 2015. The MDGs are perfectly consistent with Uganda's main strategic framework, the Poverty Eradication Action Plan (PEAP) and other sector plans to fight poverty and promote human development.

This report makes an assessment of Uganda's performance in relation to these goals and identifies where problems are, analyses what needs to be done to reverse the problems. In some cases some suggestions are provided. According to available empirical evidence, Uganda is on track to meeting some of the goals by 2015. These include in particular the international income poverty target, universal primary education target and the doubling of the funds dedicated to education. With respect to reversing the incidence of HIV/AIDS this has already been achieved and the main challenge is capacity of the country to sustain the gains made to date.

The MDGs clearly represent a departure from the past approaches to addressing poverty. It focuses on a core set of inter-related goals and targets. It definitely provides an opportunity to mobilize development partners into a mode of action to support well-defined goals of Uganda within specified period of time. The next series of reports would seek to examine these goals with respect to the 56 districts in the country and how specific programmes could be targeted to them. I trust that this initial report will serve as a tool to promote public awareness and relevance of these goals among the population, media, civil society organizations, parliamentarians and more importantly policy makers at all levels.

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

FOREWORD

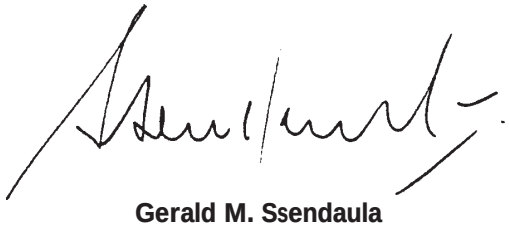
The Millennium Development Goals (MDGs) were launched at the UN Summit in New York in September 2000 when world leaders from 189 countries came together to reassert their commitment to eradicating poverty and crystallize a global vision for human development. The Government of Uganda is honoured to be part of this global process, because the major objective of our development agenda is to eradicate absolute poverty by 2017.

Since 1997, the Uganda Government has pursued the goal of poverty eradication through the Poverty Eradication Action Plan (PEAP), which is Uganda's national development framework and medium-term planning tool. It guides the formulation of Government policy and the implementation of programmes through sector-wide approaches and a decentralized system of governance. The main strength of the PEAP derives from powerful implementation mechanisms tied into the national budget process.

Today all national policy and expenditure programmes are aligned towards eradicating poverty in the country. This has resulted into significant progress on many areas. We have greatly increased our expenditure focus on poverty eradication, through the Poverty Action Fund, which has led to major strides in universal primary education, primary health care, water and sanitation, etc.

The MDGs are consistent and very much in line with Uganda's Poverty Eradication Action Plan. This Progress Report on the MDGs clearly shows that Uganda is on track on most of the MDGs and has already attained some of them; for example the education goal has been achieved through Universal Primary Education and the goal of reversing the incidence of HIV/AIDS has already been achieved. This report also shows that in Uganda, the State of Supportive Environment for all MDGs is very Strong.

The MDGs are a global initiative that many countries have agreed to keep. The Government of Uganda remains committed to achieving these targets because they are fully consistent with our national priorities. We are confident that with enhanced partnership between our development partners and ourselves we will achieve the MDGs.



Gerald M. Ssendaula
Minister of Finance, Planning and Economic Development

The Millennium Development Goals Progess Report for Uganda

In September 2000 at the Millennium Summit in New York, 191 Nations, most represented by Heads of State and Government, formally agreed to the Millennium Declaration, which set a global agenda for addressing concerns in the areas of peace, security and development. The Declaration is largely based on the International Development Goals (IDGs) derived from a series of United Nations global conferences during the nineties. The development goals contained in the Millennium Declaration were therefore similar to the IDGs. Recently, the two sets of goals have been merged under the designation of the Millennium Development Goals (MDGs) consisting of 8 goals and 18 targets, most of them with the timeframe of 2015.

Although this is the first Country Progress Report on the MDGs for Uganda, a lot of work has already been done in this field. The UN System and the Government of Uganda have financed a number of studies focusing on the linkages between Uganda's Poverty Eradication Action Plan (PEAP) and the MDGs. In particular, the commissioned work has sought to:

- measure the progress Uganda has made in attaining PEAP targets in the context of the MDGs
- assess the extent to which Uganda's poverty eradication agenda measures up to the MDGs;
- provide cost estimates of the levels of financing required to meet the MDGs.

This report therefore draws on a rich available literature to provide a concise assessment of progress made in meeting agreed targets at the country level. For each of the goals, the report describes:

- ***Status and trends***: An update on progress made in meeting individual development targets and eradicating poverty.
- ***Development challenges***: Existing challenges to the attainment of each of the MDGs.
- ***Government response***: An outline of government policy and the existing supportive environment.
- ***The Way Forward***: Concluding remarks on the next steps.

Uganda has a mixed fact sheet when it comes to the realization of the MDGs. Whereas for some of the goals, for example on HIV/AIDS, Uganda has already attained the MDG target, in other cases, like infant and maternal mortality, it is unlikely that Uganda will meet the goals. On the whole, however, the majority of the goals seem attainable. For those where key concerns remain, remedial steps are being taken to reverse negative trends.

Table of contents

List of Graphs

List of Tables

List of Boxes

STATUS AT A GLANCE

GOALS / TARGETS	WILL THE GOAL / TARGET BE REACHED?				STATE OF SUPPORTIVE ENVIRONMENT			
EXTREME POVERTY Halve the proportion of people living below the national poverty line by 2015	**Probably**	Potentially	Unlikely	No data	**Strong**	Fair	Weak but improving	Weak
HUNGER Halve the proportion of underweight under-five year olds by 2015	Probably	**Potentially**	Unlikely	No data	Strong	**Fair**	Weak but improving	Weak
UNIVERSAL PRIMARY EDUCATION Achieve universal primary education by 2015	**Probably**	Potentially	Unlikely	No data	**Strong**	Fair	Weak but Improving	Weak
GENDER EQUALITY Achieve equal access for boys and girls to primary and secondary schooling by 2005	Probably	**Potentially**	Unlikely	No data	**Strong**	Fair	Weak but improving	Weak
CHILD MORTALITY Reduce under five mortality by two thirds by 2015	Probably	Potentially	**Unlikely**	No data	Strong	**Fair**	Weak but Improving	Weak
MATERNAL HEALTH Reduce maternal mortality by three quarters by 2015	Probably	Potentially	**Unlikely**	No data	Strong	**Fair**	Weak but improving	Weak
HIV/AIDS, Malaria and other diseases Halt and reverse the spread of HIV/AIDS by 2015	This target has already been met				**Strong**	Fair	Weak but improving	Weak
ENVIRONMENTAL SUSTAINABILITY Reverse loss of environmental resources by 2015	Probably	**Potentially**	Unlikely	No data	Strong	**Fair**	Weak but Improving	Weak
Halve the proportion of people without access to safe drinking water	**Probably**	Potentially	Unlikely	No data	**Strong**	Fair	Weak but improving	Weak

Uganda : Development Context

Recent Economic Trends

Uganda's economic performance during the mid-nineties was commendable, largely as a result of the adoption of free market policies and across the board liberalisation measures. The impact of implementation of wide ranging economic reforms that began in 1986 was greatest during the period 1990 – 1995. According to survey figures, the number of Ugandans living below the poverty line also reduced consistently over this time, from 56% in 1992 to 35% in 2000. However, since then, growth as well as other key macro indicators have stagnated, portraying the need for more sector specific structural and institutional reforms.

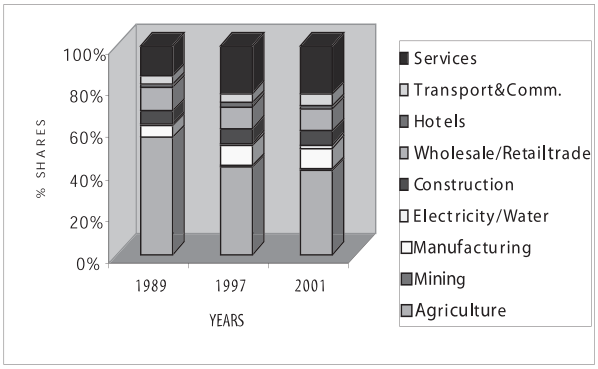
Today Uganda has a population of 24.7 million people, with a population growth rate of 3.4%. This makes it one of the fastest growing populations in the world. Uganda's per capita GDP is $320.

Table 1. Development Indicators (2002)

INDICATOR	VALUE
Population Size (2003)	24.7million
Population growth Rate (2003)	3.4%
Life expectancy at birth	43 years
GDP Growth rate	4.9%
GDP per capita	$320
Debt	$3.8billion
Poverty headcount ratio	35%
HIV/AIDS prevalence rate	6.1%
Safe water access	52%
Net primary school enrolment	79%
Girl/Boy primary ratio	96%
Under five mortality ratio (per1000)	152
Maternal mortality ratio (per 100 000)	505

The structure of the economy has changed since 1986, with the agricultural share of GDP reducing steadily, and the industry and services sector increasing, although the pace has slowed down significantly. Agriculture still accounts for over 40% of GDP, and is the main means of livelihood for the majority of the population.

Graph 1: GDP Structure – Selected Year



Poverty Eradication – a Government Priority

Government's over-riding aim, as espoused in its Poverty Eradication Action Plan (PEAP) is the reduction of the total number of people living in absolute poverty to less than 10% of the population by 2017. The PEAP was adopted in 1997, and is revised every three years. It has four goals, namely, economic growth and structural transformation, good governance and security, increasing the incomes of the poor, and improving their welfare.

Adopting the sector wide approach (SWAP) to planning and programme implementation, the government has developed sector specific programmes under each of these goals. The process has been highly participatory, involving wide consultations with all stakeholders at each stage. The people have been consulted using participatory methods on their views on poverty and government's poverty eradication efforts. Lessons learnt from this process are utilized in the PEAP revision, and have provided the basis for key policy changes. Thus the 2001 Revised PEAP prioritized safe water access as a prerequisite for poverty reduction.

The government's budgeting process has also evolved over time to reflect its development priorities. The formulation of the PEAP has resulted in a shift in budget allocations from low to high priority areas focusing on poverty eradication. Spending priorities are articulated under each of the four goals of the PEAP. A key budgeting tool in this regard is the Medium Term Expenditure Framework (MTEF), a three-year rolling budget plan that provides an overall spending framework for the medium term, and facilitates the annual budget process by providing annual limits on spending within a three years framework. In this way, the government's long-term poverty eradication goals are translated into action over the medium-term within the set budgetary limits. Plans are underway to buttress the MTEF through the development of a Long-Term Expenditure Framework.

Monitoring progress in Poverty Eradication

The overall framework for poverty monitoring is quite inclusive. It involves Government, civil society, development practitioners and a host of the partners at sector levels.

In order to facilitate the systematic monitoring of PEAP targets, a Poverty Monitoring and Evaluation Strategy (PMES) was developed, again through a process of wide consultation with all stakeholders. The PMES has been designed as a national framework for monitoring and evaluation, in all sectors and at all levels. It includes priority indicators, data collection methods and the roles of the different poverty monitoring institutions.

The Poverty Monitoring Network (PMN) comprised four types of institutions in the fight against poverty:

- The Ministry of Finance, Planning and Economic Development (MFPED) through the Poverty Monitoring and Analysis Unit (PMAU) is the lead institution for monitoring the outcomes of poverty reduction efforts.

- The Uganda Bureau of Statistics (UBOS) is the statistical agency with the mandate to carry out national data collection, and to produce data and indicators on poverty. UBOS carries out biennial national household surveys entailing the collection of information from a sample of selected households covering a number of welfare indicators. It is from this data on household consumption that the number of people living below the poverty line, defined as a dollar a day, is calculated.

- Line ministries are responsible for monitoring poverty indicators, as well as tracking levels and progress made in improving service delivery in their sectors. For example, the Ministry of Health is responsible for tracking the maternal and infant mortality rates, while the Ministry of Education is responsible for monitoring pupil to classroom ratios.

- District authorities are also responsible for monitoring progress in the implementation of poverty eradication programmes within their localities. Other stakeholders in the monitoring process include research institutions, civil society and Uganda's development partners.

Apart from quantitative household surveys, information on poverty is also collected using qualitative methods, namely, participatory poverty assessments. These permit a deeper investigation into issues arising from information collected using quantitative methods. Based on this data, the government produces Poverty Status Reports (PSR) every two years which detail progress made in the fight against poverty. In the years in which they are produced, these reports double as Uganda's Poverty Reduction Strategy Papers (PRSPs), an annual requirement by the World Bank for the disbursement of the Poverty Reduction Support Credit (PRSC). In alternate years when the PSR is not written, a PEAP progress report serves as the PRSP. All these documents are key tools for the dissemination of data on the fight against poverty.

MDGs are enriching the ongoing PEAP revision by refocusing the national agenda especially providing targets and indicators that are a framework for monitoring progress. This would reflect on the right-based approach to development to be addressed by the international and constitutional obligations Uganda has subscribed to, thus enforced by institutional and policy frameworks.

Extreme Poverty and Hunger

MDG Target

Halve the proportion of people living in extreme poverty between 1990 and 2015

Status at a glance

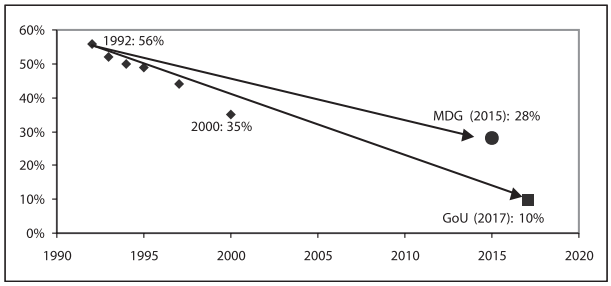
Will target be reached by 2015?

Probably	Potentially	Unlikely	Insufficient Data

State of supportive environment

Strong	Fair	Weak but improving	Weak

Graph 2: Trends in PEAP and MDG1 targets



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

Poverty Reduction: Status and Trends

Uganda's poverty eradication target is more ambitious than the Millennium Development Goal for poverty reduction. It aims at reducing to less than 10% the number of people living in poverty by 2017, whereas the MDG target involves reducing the poverty headcount from 56% (1990 estimate) to 28% by 2015. Poverty levels have been dropping steadily; most recent estimates put the figure at 35% (2000 estimate – see Graph 2). In this context, attaining the MDG on poverty seems to be achievable.

The link between growth and poverty reduction has been well documented, and it is now widely accepted that economic growth is an essential ingredient for poverty reduction. However, there are disparities in the pattern of growth: regional, rural/urban, rich/poor and gender. Evidence from annual household surveys carried out by the Uganda Bureau of Statistics reveal that the highest reduction in poverty occurred in parts of the country where income generating activities, specifically cash crop, in this case, coffee, farming was taking place.

Regional Disparities

The downward trend in poverty reduction has been true for the central, western and to a lesser extent, the eastern regions of Uganda.

Northern Uganda continues to lag behind the rest of the country in all aspects of development, primarily as a result of the armed rebellion led by the Lord's Resistance Army that has persisted in the region for the last seventeen years.

Box 1
Northern Uganda Conflict

Regional statistics indicate that, as opposed to other regions, poverty in the North increased from 60% in 1997 to 64% in 2002. The majority of the population is living in protected camps,whose estimated population is 1.4 million. This has handicapped income generating activities leading to increased dependency on food aid. In addition to the refugees in the North are estimated to number 200,000.

There is also the menace of cattle rustling that have prevailed in the Karamoja sub region of Northern Uganda. Until peace is restored to the whole region, Northern Uganda will continue to lag behind the rest of the country, and undermine the gains realized in other areas.

Other emerging challenges to poverty reduction include the following:

- The rate of economic growth remains below the PEAP annual target of 7%.

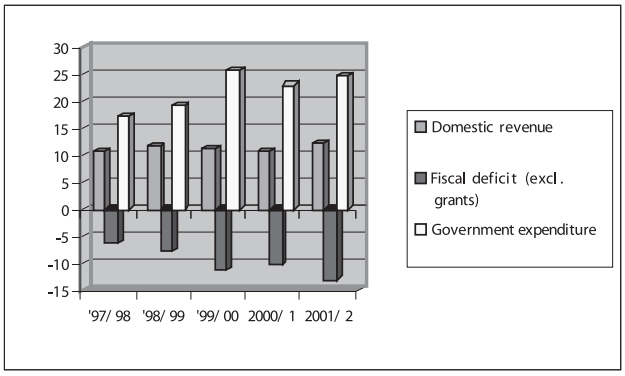
↳ Uganda's high population growth rate is also an increasing concern. Indeed, the growth in per capita real income has remained below the annual PEAP target of 5%. Also, the prevalent high fertility rate of 6.9 children per woman reduces women's productivity, and is a burden to social service delivery.

↳ Structural transformation has slowed down since 1997, as reflected from the relatively unchanging GDP structure (see Graph 1).

↳ There are high levels of unemployment and underemployment.

↳ Domestic revenues remain low, oscillating between 11% and 12.5% of GDP. They need to grow at a rate of at least 0.5% per annum if the fiscal deficit, and hence donor dependency, are to be reduced without affecting development programmes, since the fiscal deficit is almost entirely donor funded. Donors currently fund 48% of Uganda's budget.

Graph 3: Fiscal Performance Trend as a % of GDP



***Source:* MFPED**

Government policies and programmes

The first goal of the PEAP is economic growth and structural transformation. The private sector has been identified as the engine for economic growth, and the government has adopted the role of a non-participatory regulator and overseer. In this regard, government has come out with a number of key relevant policy strategies. These include the Plan for Modernization of Agriculture (PMA), the Strategic Exports Initiative (SEI), and the Medium Term Competitiveness Strategy (MTCS), all aimed at assisting various sectors in improving efficiency and productivity for increased output. The MTCS is aimed at creating an enabling environment for private sector promotion and development.

Together, these three programmes are expected to address supply side constraints to economic growth. These include limited market access due to poor transport infrastructure and market information, limited access to affordable long-term financing, poor tax administration and inadequate legal provisions and systems.

Donors / Government coordination

A set of partnership principles (PEAP Vol III) to enhance government – donor co-ordination has been developed. In these principles, it is explicitly stated that all donor support is aimed at executing the PEAP. The government's preferred modality for donor assistance is general budget support, where untargeted funds are given to the government to help it in executing its budget, as agreed with development partners.

There also exists a Poverty Action Fund (PAF), which was created in 1998, to serve as a depository for savings realised from the HIPC debt relief initiative. The PAF soon evolved into a more general means of financing poverty eradication, as more donors channeled their support through it. It was attractive because it was protected from budget cuts, and solely used to execute poverty eradication programs.

The government also accepts sector support from donors who are unable to provide untargeted assistance. This is usually the case for sectors that have already developed sector plans, in line with the sector wide approaches. Project aid also exists primarily as a means of skills transfer, and capacity building.

It is important that Uganda's development partners recognize the need to enhance market access for Uganda's exports. This is of particular concern especially where agricultural subsidies for farmers in developed countries are concerned, because agricultural output and food crop prices need to grow if the livelihoods of the poor are to improve. Currently, the agricultural sector is growing at a slower rate than other sectors. Wider market access would play a significant role in reversing this trend.

However, there are concerns on the percentage of resource allocations on the budget to the agricultural sector , which is the mainstay of 80 % of the population.

Given present trends Uganda has good prospects of meeting Goal 1 of the MDGs. However, prospects of meeting both the MDGs and the more ambitious PEAP target would be enhanced if the high fertility rate could be checked; if there was increased market access for Uganda's exports and if peace and stability could be maintained in the whole country.

Universal Primary Education

MDG Target

Achieve 100% enrolment of 6 –12 year old children into primary school by 2015

Status at a glance

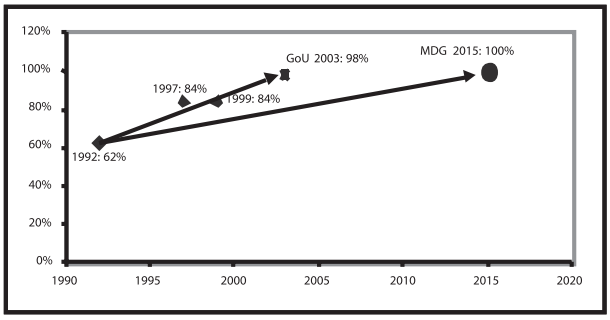
Will target be reached by 2015?

Probably	Potentially	Unlikely	Insufficient Data

State of supportive environment

Strong	Fair	Weak but improving	Weak

Graph 4: Primary School Net Enrolment Trends



***Source:* MFPED**

Achieving Universal Access to Primary Education: Status and Trends.

In 1997, the policy of Universal Primary Education (UPE) was introduced in Uganda. Under it, school fees for all children of primary school going age, i.e. 6-12 years, was scrapped. While government was to provide textbooks for the children, parents were expected to contribute meals, uniforms and stationery.

The introduction of UPE saw primary school enrolment figures increase from 3.4 million in 1996, to 6.9 million in 1999. In 2002, total enrolment was 7.3 million. The government's aim was to achieve a 98% enrolment rate for this age group by 2003. Current estimates put the enrolment rate at 79%. Although the 2003 target has not been met, current trends suggest that realizing the MDG target on universal primary education seems feasible – See Graph 4.

Challenges facing UPE

Low retention rates

These are especially prevalent in remote areas, and in addition, or as a consequence, suffer quality problems. The government has design tailored education programs for these areas. Examples include Alternative Basic Education for Karamoja (ABEK), and multi-grade teaching in sparsely populated areas e.g. Kalangala Islands.

Low enrolment rates for higher classes

The number of pupils per class decreases with higher classes. The PEAP retention rate target of 100% for P7 is quite unrealistic and unlikely to be attained. Although the P7 net enrolment rate increased from 8% to 10% between 2000 and 2002, the PEAP target of ensuring 20% P7 enrolment is also ambitious.

Population growth rate

Although the sectoral budget allocation increased from UgSh. 20.6 billion at the start of UPE to UgSh. 46.7 billion in 2003, this increase has not resulted in a proportional improvement in the pupil teacher ratio, or the quality of education. The population growth rate is therefore overwhelming existing resources.

Logistical inadequacy

There is need to maintain the momentum of the ongoing teacher recruitment exercise, as well as continue availing funds for classroom construction. There has been a lot of concern regarding the value for money utilization of these resources, with funds meant for this exercise being misappropriated, resulting in sub-standard structures. Academic standards also need to be maintained, and quality not sacrificed at the expense of quantity. The availability of textbooks remains a major concern with textbook to pupil ratio being 1:4.

Gender Equity and Women Empowerment

MDG Target

Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels by 2015

Status at a glance

PRIMARY EDUCATION

Will target be reached by 2015?

Probably	Potentially	Unlikely	Insufficient Data

State of supportive environment

Strong	Fair	Weak but improving	Weak

SECONDARY EDUCATION

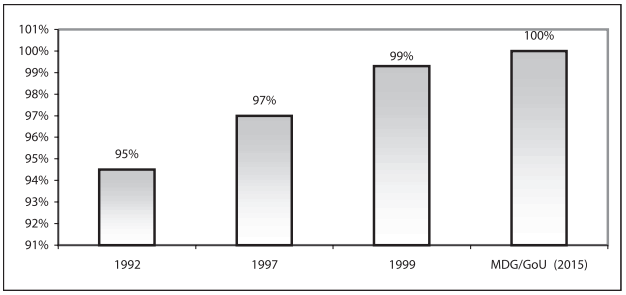
Will target be reached by 2015?

Probably	**Potentially**	Unlikely	Insufficient Data

State of supportive environment

Strong	Fair	Weak but improving	Weak

Graph 5: Primary education sex ratios (selected years)



Source: MFPED

Gender Equity in Education: Status and Trends

The UPE policy of free education entitles equal access to school for girls and boys. Although there has been a significant improvement in primary education sex ratios, enrolment figures show that with higher classes, the difference between the number of boys and girls also increases, with more boys enrolled at higher primary levels than girls. This shows that girls are more likely to drop out of school, a reflection of the social and cultural disadvantages that they face.

For secondary education, the gender imbalance is of the ratio 55:45 in favour of boys. As is the case with primary schools, students are more concentrated in the lower grades. Drop-outs are also higher in the lower grades. Lack of school fees is the single most cited reason for dropping out of secondary school, followed by early pregnancies and marriages.

Challenges facing the realisation of gender equity

Improvement of school sanitation facilities.

The inappropriate sanitation facilities for girls at school also contribute to their dropout particularly with the onset of puberty.

Social and cultural biases

Qualitative evidence suggests that in many rural communities, most parents, when faced with a choice, will still select the boys over the girls when it comes to sending a child to school. Girls are further

disadvantaged by domestic chores, early marriage pregnancy. Increased civic education would influence cultural values and supplement the relatively ineffective laws and regulations.

Women empowerment: Status and Trends

Higher education

Uganda has, since 1990, exercised an affirmative policy

towards women in the field of university education. First year female candidates for university entry are awarded 1.5 bonus points to help them gain admission. When this policy was first implemented, female entry to the university doubled from 19% to 38%. Since then, there has been a steady increase in the number of females at university.

Local government

Within the Local Council (LC) system of government, which exists right from the village to the district level, up to one third of the seats on each of the LCs is allotted to women by law. There is also a stipulation for the post of Secretary for Women on each LC. Furthermore, each of the 56 districts has a woman representative in Parliament. The women also have the opportunity to compete with men for individual constituencies.

Central government

In 1988, the government created the Ministry of Women in Development to mainstream gender into the development process. The Ministry was playing a lead role in improving the status and welfare of women in Uganda. The Ministry, since renamed Gender, Labour and Social Development, provides guidance and technical support to other institutions involved in incorporating gender aspects

into development planning. It also helps to draw attention to key concerns affecting women, such as property ownership and legal rights, as well as exploring means of addressing these issues.

In addition to the Ministry, various organs exist at the national and sectoral level whose mandate is to enhance women empowerment and foster the creation of equal opportunities for all. These include:

1) The National Women's Councils, established in 1993, with a structure similar to the LC one. They are aimed at mobilising women for civic and developmental activities within their localities.

2) The Directorate of Mass Mobilisation, Gender and Interest Groups within the Movement Secretariat of the NRM government is a political organ charged with raising the profile and awareness of gender issues through sensitisation. It works through LCs and Movement Committees, which exist at each LC level, and are mandated with the articulation of Movement policies and programmes.

Policies

Under the National Gender Policy approved by the government in 1997, the Ministry in charge gender is mandated with the promotion of gender equity. The policy aims at mainstreaming gender into the national development process, and maps out the roles and responsibilities of various stakeholders in ensuring that this objective is achieved. It is currently under revision.

Civil society

There are over 300 women NGOs, and CBOs in Uganda. Their activities are coordinated by the National Association of Women Organizations (NAWOU), which was established in 1993. These groups support women in various areas, ranging from the facilitation of women's access to credit to the provision of legal services.

Remaining challenges

While a lot has been done to ensure that relevant policies and programmes are in place, issues of gender equity and equality have a foundation at household level. Attitudinal change is more difficult, and will take longer, especially in the redefinition of gender roles and ownership.

Evidence from UPPAP II reveals that women's lack of control over resources is the number one poverty issue, causing both deprivation and inefficiency. Although women are usually responsible for feeding their families and providing for other household needs, they have no control over the productive resources like land, agricultural produce or money. Men decide on how family income should be spent, and in most cases, use it for their own benefit, instead of the household's. Furthermore, the unequal division of roles and responsibilities results in women being overburdened, thereby reducing their productivity.

Key concerns affecting women's rights in Uganda today would be largely addressed through the enactment of two bills – an amendment to the Land Act 1998 and the Domestic Relations Bill. Together, these two legal instruments will define women's rights, issues of access to and ownership of land, and the co-ownership of marital property. Their speedy enactment would make a positive contribution towards the legal redress of existing gender inequalities in Ugandan society.

Infant Mortality

MDG Target

Reduce, by two thirds, the under five mortality rate by 2015

Status at a glance

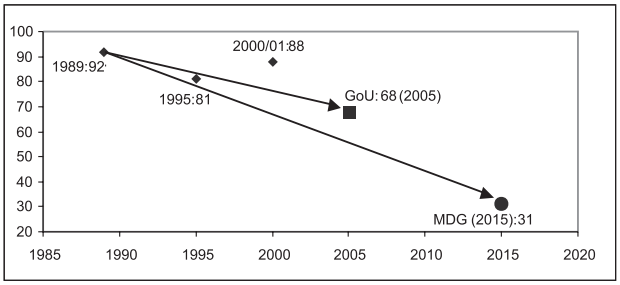
Will target be reached by 2015?

Probably	Potentially	**Unlikely**	Insufficient Data

State of supportive environment

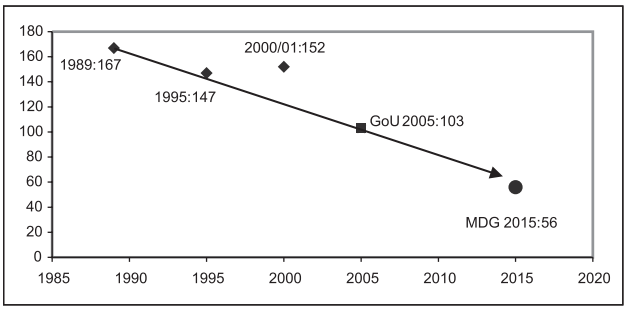
Strong	**Fair**	Weak but improving	Weak

Graph 6: Infant mortality



***Source:* MFPED**

Graph 7: Under -5 mortality



***Source:* MFPED**

Reducing Child Mortality: Status and Trends

Although economic growth indicators have been positively improving over the last decade, the same has not been true for infant mortality and other reproductive health indicators. Between 1995 and 2000, infant mortality increased from 81 to 88 deaths per 1000 live births, while under five mortality increased from 147 to 152 deaths per 1000 live births.

Government missed the PEAP target of 78 per 1000 live births in 2002. The next target is 68 per 1000 by 2005. Achieving this goal will require direct efforts aimed at addressing the main causes and determinants of high infant mortality. If this does not happen, it is unlikely that the MDG target in Uganda of 31 per 1000 live births will be met.

Causes of worsening trends in infant mortality

Child deaths in Uganda are directly caused by malaria, diarrhoea, acute respiratory infection (ARI), malnutrition, HIV/AIDS, and maternal conditions. A study by the Ministry of Finance (2002) attributes the increased incidence of these diseases to a number of causes that include the following:

- It is possible that the malaria parasite has developed an increased resistance to chloroquine, the main drug used in treating malaria. This has led to an increase in the number of deaths caused by malaria, and subsequently worsened the level of infant mortality.

- Inaccessible and inadequate health facilities to handle diarrhoea cases have led to a number of child deaths. Inadequate treatment of diarrhoeal ailments points to ignorance, linking poor health to low educational status, Also, diarrhoea is closely associated with poor sanitation and limited access to safe water.

- Although prevalence rates have fallen drastically, HIV/ AIDS continues to exacerbate the level of infant mortality through mother to child transmission, and the erosion of family support networks that previously undertook to look after children belonging to the extended family.

- High rates of maternal mortality, as well as a decline in the nutritional status of the poorest 40% of women, have contributed to an increase in the rate of infant mortality.

- The above is aggravated by high incidence of poverty.

Determinants of infant mortality

There are a number of factors that determine or contribute to high incidences of infant mortality. These include early pregnancies, marital status, contraceptive use, low birth spacing, and mother's education. Others including the following:

- **High fertility rates** are known to cause high mortality rates. Uganda has one of the highest fertility rates in the world of 6.9 children per woman.

- **Low immunization rates** of both mothers and children contribute to infant morbidity. Unfortunately, between 1995 and 2000, there was a fall in the national immunization coverage, from 47% to 36%.

- **Home deliveries, and unsupervised deliveries**, are more likely to cause complications and endanger the lives of both the mother and the child. The statistic has remained high for the last ten years.

The increased infant mortality rates can be attributed to a combination of a number of factors as demonstrated above. In the case of Uganda, some factors have improved, for example, the number of teenage pregnancies has gone down and some have worsened, like immunization coverage, while others, like home or unsupervised deliveries, have remained constant. Table 2 below ranks determinants of infant mortality on a scale ranging from high to low risk factors.

Constraints to reducing infant mortality

1. Poverty

Although there has been a significant drop in the number of people living below the poverty line over the past decade, Uganda is still a poor country, with 35% of its population living on less than one dollar a day. Health requirements like contraceptives, mosquito nets and drugs are more or less a luxury for these households. Money to pay secondary school fees so as to reduce drop-out rate and to attend health clinics is simply not there. The same predicament is prevalent at national level. There is a widely held view that the health sector is under funded. However, government resources are scarce, and administered under a hard budget constraint. The government cannot afford to deliver many of the required services that would directly reduce infant mortality, like adequate essential drugs, and health centres with delivery facilities.

2. Political commitment on key related policies

Key national political leaders require coordinating policy statements on family planning and immunization.

It is important that the population receives a clear message on the dangers of low communication levels, low birth spacing and the negative impact of high fertility on female health and productivity.

With regard to immunization, the decentralization of this service caused a drop in coverage, because many local governments did not consider it a priority, and failed to allocate resources for its implementation.

3. Culture and tradition

Undesirable practices in this regard include negative male attitudes towards condoms; educating boys more than girls at higher levels; low levels of female participation in decision making at the household level.

4. Accessibility to health services

There is poor attitude of health workers towards their patients, as a result of low logistical support and motivation.

The way forward to achieving reduced infant mortality rates is two – pronged. Firstly, it lies in the adoption of a multi-sectoral approach, particularly the health, education and water sectors. Interventions in this regard include improved educational attainment, improved nutritional status and increased access to safe water. Secondly, more direct measures aimed at reducing infant mortality need to be taken. These include protection against malaria, for example, using mosquito nets, increased immunisation coverage and improved diarrhoeal treatment.

Table 2: Ranking of risk factors determining infant mortality

High Risk Factors (>50%)	Medium risk factors (30 – 49%)	Low risk factors (<29%)
High fertility and low birth spacing	Migration	No use of modern contraceptives
Single, divorced, widowed & separated mothers	No access to safe water	Home deliveries
Teenage mothers	Low education attainment of mother	
Immunization of children	Northern region	

Source: MFPED (2002), "Infant Mortality in Uganda: 1995 – 2000"

Maternal Health

MDG Target:

Reduce, by three quarters, the maternal mortality rate by 2015

Status at a glance

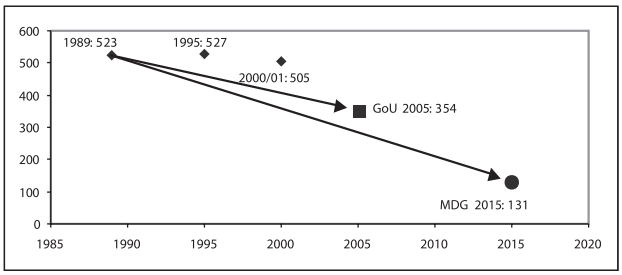
Will target be reached by 2015?

Probably	Potentially	**Unlikely** Data	Insufficient

State of supportive environment

Strong	**Fair**	Weak but improving	Weak

Graph 8: Maternal mortality.



***Source:* MFPED**

Status and Trends

Maternal and child health are closely linked, with factors determining the latter closely linked to the former. Examples include home versus assisted deliveries, fertility rates and child spacing. It is therefore not surprising that the poor performance of child health indicators is closely mirrored by similar trends in the maternal health arena.

Between 1989 and 2001, maternal mortality fell only slightly, from 523 to 505 deaths per 100,000 live births. Government missed its target of 354 per 100,000 live births by 2000, and postponed it to 2005. In order to meet the MDG target, Uganda will have to reduce its maternal mortality rate from 505 to 131 per 100,000 live births by 2015. The MDG target is more ambitious than the PEAP target, and will be difficult to achieve if primary health care delivery is not improved. Uganda has been listed as one of eight countries with the highest maternal mortality rates in the world.

Causes of maternal mortality

The main, direct causes of maternal mortality have been identified as bleeding, infection, obstructed labour, hypertension and abortion.

Maternal mortality rates have not improved over the past five years because of poor maternal nutrition, short birth intervals, early age at first birth, and lack of trained assistance at birth.

Over the last five years, the proportion of undernourished women has remained constant, at an estimated 10%. Uganda's median birth interval is the lowest in Sub Saharan Africa, and has remained unchanged over the last five years. Although the incidence of teenage pregnancies has fallen, from 43% in 1995 to 31% in 2000, the number of attended births has remained constant over the same period.

Evidence from UPPAP II (see Box 2) suggests that difficulties in accessing health care facilities are a major cause of maternal deaths. Clinics and other health facilities are far. Evidence from these two communities are to a large extent capturing the national outlook.

Box 2
Voices of the poor
Speak out on Maternal Health

"For us in Lwitamakooli we are supposed to get sick only during the day but not at night. This is because there will be no one to attend to you. Because of this many of our women have given birth by the road-side at night when we are trying to take them to Buwenge 10km away. In fact one woman gave birth in that swamp 3km from here and they used a sugar cane peeling to cut the umbilical cord." Woman in community meeting, Lwitamakooli, Jinja District.

The attitudes of health workers towards patients have also been cited as a contributory factor towards worsening infant and maternal mortality trends. Evidence, from PPA I suggests that health workers discriminate against women, and in some cases, embarrass them.

Health workers have also been known to solicit bribes for attending to patients. All these factors discourage women from seeking professional help.

Government Health Policy

Health as a sector falls under the fourth pillar of the PEAP, namely, improving the welfare of the poor. The Health Sector Strategic Plan (HSSP) 2001 – 2005 guides interventions in the health sector through the delivery of the Minimum Health Care Package (MHCP) to the population. The MHCP is a collection of health care programmes that are thought to be the most effective way of reducing vulnerability to the major causes of death and disease in the country. Its elements include the Integrated Management of Childhood Illnesses (IMCI), immunization, sexual and reproductive health and rights. Components of IMCI are the control of diarrhoeal diseases, case management of malaria and child nutrition. These elements are responsible for 70% of childhood illnesses in Uganda. Specific targets for each element have been set over the HSSP's five year period, e.g., the Ministry of Health aims at halving diarrhoeal disease incidence from 30 to 15 per 1000, and reducing the case fatality rate from diarrhoeal diseases of epidemic potential from 6% to 1% by 2005.

Infant and maternal mortality rates are perceived to be important indicators of the level of success attained in implementing the PEAP, because the level of infant mortality results from a broad spectrum of interventions across a number of sectors. The extent to which services in the health, education and water sectors can be accessed directly impact on the levels of infant and maternal mortality experienced.

Government response

In recognition of the stagnating trends in infant and maternal mortality, the government instituted a Task Force on Infant and Maternal Mortality mandated with the responsibility of producing a national strategy for tackling the problem. Specifically, the task force was to establish causes, identify critical interventions as well as review existing ones, ascertain challenges and propose an action plan. In its report, the Task Force observed the following:

1) Although high mortality is a health outcome, activities aimed at reducing it cut across a number of sectors, including health and education.
2) High mortality is also a result of poor or inadequate policy implementation. Current policies lack the universality, consistency and persistence that are required for them to make a positive difference in people's lives.

The way forward

As direct interventions aimed at the reduction of maternal mortality, the health sector needs to ensure:

1) Improved access to obstetric emergency health care facilities
2) Protection against malaria, as well as prompt, effective treatment
3) Increased availability of modern contraceptives
4) Training of health workers in attitudinal and behavioural change, and implementing pay reform recommendations as a source of increased motivation for these workers.

Generally, there is need to:

1) Improve nationwide security, particularly in Northern Uganda
2) Provide clear policy guidelines at the national and sectoral levels
3) Provide adequate funding for the implementation of interventions, taking into account existing budgetary and macroeconomic constraints
4) Promote family planning so as to reduce fertility levels and increase birth spacing

Within the multi-sectoral context, as stated earlier, reduced mortality also depends on increased access to safe water and sanitation, and women's educational level. Both these sectors therefore need to continue improving access as well as enhancing the quality of their service delivery.

A reduction in infant and maternal mortality requires a substantial investment of financial resources in the social sector. The most effective direct intervention if mortality rates are to be reduced is expanded access to emergency health care facilities, which is also extremely expensive.

Government should explore ways of utilizing affordable traditional facilities such as traditional birth attendance whose capacities need to be developed.

HIV/AIDS, Malaria and other Diseases

MDG Target

Halt, and begin to reverse, by 2015, the spread of HIV/ AIDS

Status at a glance

MALARIA

Will target be reached by 2015?

Probably	**Potentially**	Unlikely	Insufficient Data

State of supportive environment

Strong	Fair	Weak but improving	Weak

HIV/ AIDS

Will target be reached by 2015?
The target has already been met.

State of supportive environment

Strong	Fair	Weak but improving	Weak

MALARIA

Status and Trends.

Malaria is the leading cause of morbidity and mortality in the World and Uganda is no expection. It particularly affects children aged less than five years old, and pregnant women, thereby being a major cause of high infant and maternal mortality rates discussed earlier. According to the Ministry of Health's annual sector report for the year 2000/1, the proportional morbidity for adults and children linked to malaria increased from 25% in 1995 to 37% in 2000. Furthermore, the 2000/01 Uganda Demographic Health Survey (UDHS) estimates that only 13% of households possess a mosquito net, and that only 8% of children under 5 have access. Also, only a third of all Ugandan women take anti–malarial drugs during pregnancy.

Monitoring and evaluation

Although the first element of the Minimum Health Care Package (MHCP) is the control of communicable diseases, i.e. malaria, HIV/ AIDS, and tuberculosis, monitoring efforts aimed at tracking progress in fighting the diseases have been relatively limited. The Poverty Monitoring and Evaluation Strategy (PMES) list of poverty indicators does not contain any malaria indicator, while only one of the eighteen health sector indicators is related to malaria, namely, the malaria case fatality rate for under 5 years old. It is important that the lack of indicators be addressed.

Why is malaria on the increase?

Malaria has developed increased resistance to chloroquine, which is the official first line of treatment for the disease. As a result, the Ministry of Health has now modified the first treatment to include Fansidar as well as chloroquine, although this change is yet to be fully implemented. It is also claimed that changes in climate have caused an increased incidence of malaria, particularly in areas of higher altitude like south - western Uganda, causing severe epidemics.

Government response

The government abolished taxes on mosquito nets in mid–2000, thereby improving their affordability to the poor. In addition, early this year, the government also introduced home based fever management. This initiative provides free pre–packaged malaria treatment for children through community distributors, thereby providing crucial follow up support for current policies and programmes, like the use of insecticide treated mosquito nets, and malaria control during pregnancy.

Challenges

Poverty

Empirical evidence has revealed that higher income households are more likely to possess a mosquito net than their poorer counterparts. Poor households simply cannot afford mosquito nets.

The way forward

Increased support to the health sector in order to ensure a steady supply of drugs, and to facilitate the widespread

adoption of new policies, like the new line of treatment and the home based fever management is required. This poses a real challenge, particularly in terms of budgetary and macroeconomic implications of increasing sectoral expenditure.

There is also need for enhancing sensitization and awareness raising campaign, in order to promote the adoption of preventive measures, such as the use of mosquito nets, supplemented by appropriate environmental strategies and use of community based approaches.

HIV/ AIDS

HIV/ AIDS was first identified in Uganda in 1982. UNAIDS estimates that by 1999, about 1.9 million Ugandans had lived with the virus since the onset of the disease. Today, AIDS is the leading cause of death among individuals aged 15 to 49. An immediate social impact of the pandemic has been the increasing number of orphans already estimated at 2 million (UNAIDS 2002).

Government response

The government has been open and committed in its fight against AIDS, adopting a multi-sectoral approach since AIDS has been considered to be a cross-cutting issue. In 1986, the government created an AIDS control program in the Ministry of Health as the first major step towards mainstreaming HIV/ AIDS into the policy arena. In 1992, the Uganda AIDS Commission (UAC) was formed under the Office of the President, and charged with coordinating multi-sectoral efforts against the epidemic. In addition, the government has developed the National Strategic Framework (NSF) for HIV/AIDS activities in Uganda. It covers the period 2000/1 to 2005/6, and is a partnership involving all stakeholders in the fight against AIDS, including (UAC), the Joint United Nations Programme on AIDS, NGOs, CBOs and the private sector. Among its objectives, the NSF aims at providing overall guidance for activities geared towards preventing the spread of HIV/AIDS and mitigating its effects within the framework of the PEAP. Civil society has played a key role in providing support and counseling services to infected peoples and their families and influencing the national policy in the Uganda HIV.AIDS Partnership, under the aegis of the Uganda AIDS Commission. This concerted national effort caused a substantial decline in the national HIV prevalence rate, from 20% in 1991 to 6.5% in 2001, and made Uganda a model example internationally in combating AIDS.

Consequently, Uganda in this regard is ahead of the international target for the MDG on HIV/ AIDS. Whereas it aims at halting and beginning to reverse the spread of HIV/ AIDS by 2015, Uganda met this target in 1996, almost twenty years ahead of schedule.

Challenges

However, it is important that complacency does not cause a reversal in this downward trend. Recent evidence reveals that the prevalence rate has increased from 6.1% in 2000 to 6.5% in 2001. Although awareness of HIV/ AIDS is widespread, knowledge of ways of avoiding the virus are not as well known. According to the 2000 Uganda Demographic and Health Survey 13.4% of Ugandans did not know any programmatically important way to avoid HIV/ AIDS. It is therefore crucial that government's and civil society ongoing information, education and communication campaigns continue raising public awareness of the existing risk and ways of prevention.

Culture and tradition perpetuate the reluctance of implementation of certain preventive measures, for example the use of condoms. Although this is a well-known means of avoiding AIDS, only 7% of women and 15% of men use condoms nationally. Female respondents in the recently concluded second Participatory Poverty Assessment felt particularly vulnerable. A woman from Barungwee in Kitgum district was quoted as saying,: *"You know that AIDS has entered the home and you accept to die of AIDS, because the men do not know how to protect themselves against AIDS."*

In spite of these cultural and traditional constraints, there is need for continued distribution of condoms throughout the country. Ensuring access to counseling and testing services, and the continued Prevention of Mother to Child Transmission (PMTCT) campaign must also be sustained.

Furthermore, although AIDS is being openly discussed in Uganda, there is need to address the issue of stigma and discrimination against people living with HIV/AIDS.

Another challenge is the 2 million orphans with an urgent need for housing, food and education, and also an infrastructure that will provide psycho-social support and family norms and values. Presently, only about 10% of those who are in need of anti retroviral medication have access to these life saving drugs. A challenge is to make the financial resources of the World Bank's Multi Country AIDS Programme, the Global Fund against AIDS, Tuberculosis and Malaria and other funding mechanisms, equitably available. The World Health Organization and UNIADS' appeal to "3x5" (treatment of 3 million people living with HIV/AIDS by 2005, worldwide) could be an excellent opportunity for Uganda.

Environment

MDG Targets

- Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
- Halve, by 2015, the proportion of people without access to safe drinking water
- Achieve, by 2020, a significant improvement in the lives of at least 100 million slum dwellers. This includes improvement in sanitation.

Status at a glance

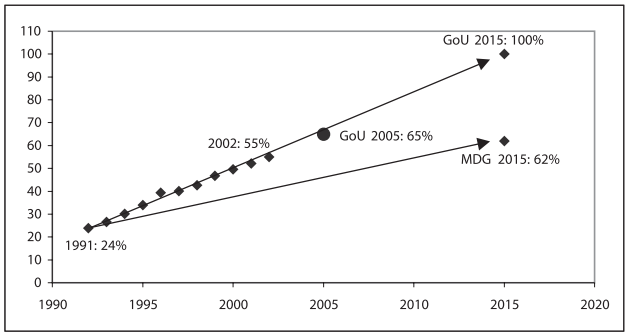
Will target be reached by 2015?

Probably	**Potentially**	Unlikely	Insufficient Data

State of supportive environment

Strong	**Fair**	Weak but improving	Weak

Graph 9: Rural access to Safe water 1991-2001



Source: MFPED

Environmental sustainability: Status and trends

More than 15% of the country is covered in water. However, these water resources are not evenly distributed. Large parts of the country, particularly the north and northeast are dry, with seasonal water sources. There are wide fluctuations in the availability of water between periods of wet and dry years, leading to floods, droughts and uncertainties over the timing of wet seasons.

High population density, deforestation and poor agricultural practices are scaling down the availability of water resources. Severe soil erosion is reported in the mountainous and hilly areas of the eastern and northeastern parts of the country, as well as in the pastoral livestock areas.

Other activities that are affecting water sources include brick making, growing of eucalyptus trees and the reclaiming of land for agricultural production. Some land users appear not to be aware of environmentally sustainable methods and practices. The people living in the semi-arid North and Northeastern parts of the country partly depend on livestock for their livelihoods. The water table in this area has been falling since the sixties owing to drought and environmental degradation.

There is need to develop systems for the protection of water sources and catchment areas, in order to ensure the sustainability of water supplies. Furthermore, in order to ensure sustainable water resources management, institutional structures at the national, district and lower levels need to be put in place.

The National Environment Statute, enacted in 1995, established the National Environmental Management Authority (NEMA). Under the statute, pollution is prohibited, and NEMA is required to carry out Environmental Impact Assessments (EIAs) and environmental audits of infrastructural developments. NEMA is also mandated to set water quality and effluent standards.

A Water Statute was also enacted in 1995. It is the principle law governing the use, protection and management of water resources and water supply. These two laws have established institutional arrangements for the sustainable development of the country's natural resources.

Improving access to safe water: Status and Trends

Substantial progress has been made with regard to improving access to safe water over the past ten years, as reflected in graph 9. Rural coverage increased from 24% in

1991/2 to 55% in 2001/02, while urban coverage increased from 60% to 62% between 2000 and 2001. Government's target as stipulated in the PEAP is to provide safe drinking water to 100% of the urban population by 2010, and 100% of the rural population by 2015. The MDG on water for Uganda translates into a rural target of 62% by 2015, which is much less ambitious than the PEAP target. Although lack of data for the 1990s prevented the calculation of the urban target for the MDG, based on a comparison of the rural targets for both goals, it is evident that Uganda will surpass the MDG target much earlier than 2015.

Government policies and programmes

As part of government's policy of decentralizing service delivery functions to local governments, the implementation mandate for rural water and sanitation was transferred from the central government to the districts. This shift created a new set of roles and responsibilities for all stakeholders. Central government re-oriented its focus from project implementation to providing an advisory and regulatory role, while the local governments required enhanced capacity to be able to take on board their new duties.

The actual construction of water facilities is tendered out to the private sector, in line with the central government's policy of divesting itself of direct intervention in the provision of services, and promoting private sector development.

Community mobilization for participation in programmes has been instrumental to ensure ownership and maintenance of facilities.

Increased financing

During the 1998 UPPAP consultation process, access to safe water was identified as key to poverty eradication. Consequently, with the advent of the HIPC initiative and the subsequent creation of the Poverty Action Fund (PAF), the water sector was identified as one of the programme beneficiaries. Therefore, between 1997/8 and 2000/01, financial inputs to the water sector tripled.

Challenges

Decentralization

As reflected in the PEAP (2000), by 1999, an estimated 47% of the rural population had access to safe water. However, distribution varied across the country, with 10 districts having coverage of 30% or less. However, the target to ensure that 75% of the rural population had access to safe water by the year 2000 was not met.

The slow progress is partly attributed to limited implementation and absorptive capacities at district level. Before services were devolved to the district under decentralization in 1995, water coverage had doubled from 18% in 1991 to 36%. Between 1995 and 2000, an additional 14% coverage was achieved. With continued capacity development in Local Governments, increased delivery will be realized.

Technological requirements

The expansion in safe water access at the beginning of the nineties was principally based on simple, easy–to–implement, low cost technologies, such as spring protection and shallow wells. However, as the number of springs yet to be protected reduced, the sector had to engage in much more expensive activities, like bore holes and gravity flow schemes, in order to provide safe water. This led to a significant increase in the marginal cost of ensuring safe water access.

Limited impact on the ground

Past spending in the water sector was on tangible outputs, and aimed at the provision of materials like pumps and pipes. However, owing to a policy shift from a centralized to a bottom up approach, present spending priorities encompass the facilitation of community planning processes, policy formulation and sector capacity building. While these activities are essential for the development of a sense of community ownership of safe water sources, evidence from the recent PPA II suggests that the impact of increased spending on community planning processes have not been felt on the ground.

Ambitious targets

It must be recognized that PEAP targets are based on investment plans that are only partly funded, and that under the current scenario, which is unlikely to change significantly in the near future. Among the three service delivery sectors, i.e. health, education and water, the latter is the most under-funded in comparison to individual sectoral investment plans. Officials estimated that under present funding levels, only 57.9% rural coverage would be realized by 2006/7 against a set target of 67.3%. There is need for the sector to develop a more realistic set of targets. In this regard, the MDG target for water, although much less ambitious, may be more realistic than the PEAP target.

The way forward

Two key prerequisites will determine whether or not the PEAP targets for the water sector will be met. These are the realization of efficiency gains, and the successful implementation of the decentralization policy.

A recent Value for Money and technical audit study of the water sector in 55 districts revealed that although most of

the works were substandard, yet the unit cost of the construction of water and sanitation facilities was increasing. The study attributed this to erroneous tender processes and awards, weak construction supervision, inadequate monitoring and generally corruption and misappropriation of funds.

There is a clear need for increased transparency and accountability on resources availability and utilization. Public disclosure of funds remitted to the district for water, as practiced for education, would partly address the problem.

Sanitation: Status and Trends

A lack of baseline data has prevented the calculation of the sanitation MDG for Uganda. The overall target is to halve the proportion of people without access by 2015. Sanitation and corresponding household hygiene practices are of a very low standard in the country. According to the 2001 Poverty Status Report, only just over half of rural households have access to safe sanitary disposal facilities.

The stakeholders in the sanitation sub sector have different targets for the same goal, thereby complicating the monitoring of trends. While the health sector aims at increasing safe waste disposal in 60% of households and institutions in Uganda by end 2004, the water sector's objective is to ensure sustainable access to safe water and sanitation facilities of 65% by 2005 in rural areas, and 80% in urban areas. In an effort to clarify the roles of the different sectors responsible for sanitation, a Memorandum of Understanding (MoU) was signed by all actors at the beginning of 2002. The Ministry of Health was given the responsibility for household hygiene and sanitation, the Ministry of Education and Sports was charged with school latrine construction and hygiene education, and the Ministry of Water, Lands and the Environment mandated with the provision of public and institutional sanitation.

Why is sanitation poor?

Government policy is that households are responsible for their own sanitation. And that the government will only provide sanitation in public institutions, urban areas and rural growth centres. However, household survey evidence reveals that increases in household incomes have not been spent on improving their sanitation. Rather, it has been spent on improving the roofs, floors and walls of their houses. This shows that households do not consider sanitation to be a priority.

Qualitative evidence from PPA II suggests that there is a need to strengthen health education activities, and to improve the construction, use and maintenance of latrine facilities. Attitudes and cultural beliefs have been blamed in some areas for poor sanitation.

Challenges

Although the water, health and education sectors all highlight sanitation as a high priority in their policy documents, in practice, it is not a funding priority for any of them. This is partly due to the fact that sanitation differs from each of these sectors' core function and expertise.

Secondly, at the district level, because of the lack of clear budget lines earmarked for sanitation in the grants received from the centre, local governments have little incentive to give the issue the prominence it deserves. There is a narrow focus on the construction of latrines as the key activity in providing sanitation, and yet the spectrum is much broader, and includes drainage, waste disposal, food and personal hygiene.

The way forward

There is need to ensure adequate funding for the sanitation sub-sector through the re-allocation of funds within the three ministries. More importantly, it may be necessary to propose new institutional responsibilities, limited to single rather than multi-sectoral interventions, in order to ensure a successful outcome. This is because the expected inter-sectoral linkages that are assumed to exist, may in fact, not be very efficient or satisfactory, rendering the sectors unable to deliver according to expectations.

Improving the lives of slum dwellers

More than 50% of Uganda's urban community is living in informal unplanned settlements, with a majority of these poor being unemployed due to lack of skills. With absence of security of tenure, they cannot access any financial support for investment. They are victims of health hazards, lack of clean water and inadequate sanitation facilities. Their children suffer from deprivation and are exposed to disease and low education etc. Female-headed households are more urban areas (31%) than in rural areas (27%) and continue to suffer gender discrimination.

In Uganda, Government has a wonderful opportunity to mainstream the concerns of the urban poor / slum dwellers into the national agenda. Some studies have already been conducted, including that of the UN Habitat with a view to addressing targets of goal 7.

Global Partnership for Development

There are seven MDG targets under this goal:

1) Develop further an open, rule – based, predictable, non-discriminatory trading and financial system. This includes a commitment to good governance, development and poverty reduction, both nationally and internationally.

2) Address the special needs of the least developed countries. This covers tariff and quota free access for least – developed countries' exports, an enhanced programme of debt relief for HIPCs and cancellation of official bilateral debt, and more generous ODA for countries committed to poverty reduction.

3) Address the special needs of landlocked countries

4) Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

5) In co-operation with developing countries, develop and implement strategies for decent and productive work for the youth

6) In co-operation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

7) In co-operation with the private sector, make available the benefits of new technologies, especially information and communications.

Uganda has no specific targets for this goal. The first seven goals are about monitoring the improvements in the quality of lives of the people. This last MDG is critical to the realization of the first seven goals. It covers aspects regarding sources of financing development in Uganda, i.e.

1) The need to have fair and transpar ent trading systems that will help Uganda access international markets
2) Debt relief to allow more resources to stay in the country to fund development activities
3) Increased overseas development assistance by the developed countries

This goal emphasizes the need for good governance and transparency. These are both critical for development. In addition, it covers employment for the youth, access to essential drugs – a necessity for a healthy and productive nation, and access to information and communication technologies that are essential for the building of a competitive economy.

Uganda has made progress towards addressing this goal by putting in place institutional and policy framework. The PEAP for instance, has been an instrument not only for partnership but also for HIPC consideration. Uganda was one of the first countries to benefit from HIPC and has increased its utilization of the Poverty Action Fund (PAF).

Through regional cooperation, Uganda has attempted to address challenges of landlockedness.

Government has also put in place a national ICT policy being propagated by UNCST (Uganda National Council of Science and Technology).

Other institutions and policies have been established in respect of trading, access to market (e.g. AGOA), and establishment of Uganda Investment Authority and Export Promotion Act to facilitate the policy of private sector led development including attracting FDIs.

The challenges however, that exist are structural and infrastructural in nature. Others include the low institutional absorption capacity and inadequate legal frameworks and systems in the country.

The other problems relate to policy of partners regarding subsidies and intellectual property rights, etc. These concerns are also sounded in the Global Human Development Report 2003 that calls for "a compact among nations" if the MDGs have to be realized.

Conclusion

In order to achieve the MDGs, particularly in areas of special concern like infant and maternal mortality, the implementation of the PEAP, as well as sectoral plans and strategies need to be strengthened. In some sectors, it may be necessary to re-consider a number of targets. It is hoped that the current PEAP revision process will address these issues.

The financial demands from social sector investment plans overwhelm the available resources. Realizing the MDG and PEAP targets will depend on the government's ability to increase the efficiency and effectiveness of spending, as well as improving domestic resource mobilization. In this regard, the implementation of cross cutting reforms, including civil service reform, fiscal decentralization, procurement, financial management and increased transparency, civil society participation and anti-corruption measures will need to be implemented.

Gender equity is an essential ingredient for realizing the MDGs. Efforts to meet the MDGs without addressing related gender issues will only increase costs while minimizing the likelihood of achieving the goals. Enhancing gender equity and women empowerment is vital if the MDGs are to be attained.

Uganda's performance over the past twenty years has been commendable. The real challenge is now to sustain the progress made, and to devise means of helping the private sector to harness existing opportunities created by the restoration of national economic order. Sustained macroeconomic stability, budgetary discipline, provision of public services for enhancing private sector led growth, policy time-consistency and conscious reflections on rights-based approach to development will remain the cornerstones for steady progress towards the attainment of the MDGs.

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