Government of Uganda - UNICEF

COUNTRY PROGRAMME ACTION PLAN 2016 - 2020

THE REPUBLIC OF UGANDA

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Government of Uganda-UNICEF

COUNTRY PROGRAMME ACTION PLAN

2016-2020

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Care
APR	A Promise Renewed
ART	Anti- Retroviral Therapy
ARV	Anti Retro Viral
AWP	Annual Work Plan
BCA	Basic Cooperation Agreement
BRMS	Basic Requirements & Minimum Standards
C4D	Communication for Development
CBO	Community Based Organization
CCC	Core Commitments for Children
CCM	Community Case Management
CCT	Coordinating Centre Tutors
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEmOC	Comprehensive Emergency Obstetric Care
CLTS	Community-Led Total Sanitation
CPMT	Country Programme Management Team
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organizations
DIS	District Inspector of Schools
DPs	Bilateral and Multilateral Bilateral and Multi-lateral Development Partners
DPT3	Diphtheria, Pertussis, Tetanus (3 Rounds)
DRC	Democratic Republic of Congo
DRR&R	Disaster Risk Reduction & Response
ECD	Early Childhood Development
Edutrac	EduTrac is a mobile phone-based data collection system for the education sector
EDP	Education Development Partners
EMIS	Education Management Information System
eMTCT	Ending Mother to Child Transmission
FGM/C	Female Genital Mutilation/Cutting
EMIS	Education Management Information Systems
FAO	Food and Agriculture Organization
FBO	Faith Based Organization
GAIN	Global Alliance for Improved Nutrition
GAVI	Global Alliance for Vaccines and Immunisation
GBVMIS	Gender Based Violence Management Information System
GEM	Girls Education Movement
GOU	Government of Uganda
HACT	Harmonized Approach to Cash Transfer
HIV	Human Immunodeficiency Virus
HSSP	Health Sector Strategic Plan
IASC	Inter Agency Standing Committee
ICAAT	IMCI Computer Assisted/Adopted Training Tool
IDP	Internally Displaced Person
ILO	International Labour Organisation
IMCI	Integrated Management of Childhood Illnesses
IMEP	Integrated Monitoring and Evaluation Plan
ICCM	Integrated Community Case Management
INEE	Inter Agency Network for Education in Emergencies
IOM	International Organization for Migration
IYCF	Infant and Young Child Feeding
JLOS	Justice, Law and Order Sectors
KAP	Knowledge, Attitude and Practice (survey)
LGs	Local Governments
LLITN	Long Lasting Insecticide Treated Net
LRA	Lord's Resistance Army
MDGs	Millennium Development Goals
MoES	Ministry of Education and Sports
MoH	Ministry of Health

MoJCA	Ministry of Justice and Constitutional Affairs
MoFPED	Ministry of Finance, Planning and Economic Development
MoGLSD	Ministry of Gender, Labour and Social Development
MoLG	Ministry of Local Government
MoWE	Ministry of Water and Environment
Mtrac	is a mobile phone-based data collection system for the health sector
MTCT	Mother-to-Child Transmission (HIV)
NCC	National Council for Children
NDP	National Development Plan
NELDS	National Early Learning and Development Standards
NGO	Non- Governmental Organisation
NPA	National Planning Authority
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
O&M	Operation & Maintenance
OR	Other Resource
OOSC	Out of School Children
OVC	Orphans and Vulnerable Children
PCR	Polymerase Chain Reaction (HIV test)
PEPFAR	President's Emergency Plan for AIDS Relief (US)
PMTCT	Prevention of Mother-to Child Transmission
PTC	Primary Teachers' Colleges
RMNCH	Reproductive, Maternal, New-born and Child Health
SAGE	Uganda Social Assistance Grants for Empowerment
SAM	Severe and Acute Malnutrition
SDGs	Sustainable Development Goals
SUN	Scaling up Nutrition
SWAP	Sector Wide Approach
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UN	United Nations
UAC	Uganda AIDS Commission
UNAIDS	United Nations Joint Programme on HIV and AIDs
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNGEI	United Nations Girls Education Initiative
UNHCR	United Nations High Commissioner for Refugees
UNHS	Uganda National Household Survey
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UPDF	Uganda People's Defence Forces
URSB	Uganda Registration Services Bureau
VAC	Violence against Children
VHT	Village Health Team
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

The Framework

The Government of the Republic of Uganda, hereinafter referred to as "the Government" and the United Nations Children's Fund, hereinafter referred to as "UNICEF

- **Furthering** their mutual agreement and cooperation for the fulfilment of the Convention on the Rights of the Child;
- **Building** upon the experience gained and progress made during the implementation of the previous Programme of Cooperation;
- **Entering** into a new period of cooperation from [January 2016]to [December 2020];
- **Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

Part I:

Basis of Relationship

The Basic Cooperation Agreement (BCA) concluded between the Government of Uganda and UNICEF on 6 December 1995 provides the basis of the relationship between the Government and UNICEF. This Country Programme Action Plan for the period **January 2016 to December 2020** is to be interpreted and implemented in conformity with the BCA. The programmes described herein have been agreed jointly by the Government of Uganda and UNICEF.

Part II:

The Situation of Children and Women in Uganda

1. The country context

Uganda's strong record of prudent macroeconomic management and structural reform has been recognized given that was among the first Sub-Saharan African countries to embark on liberalization and pro-market policies in the late 1980s. The country has sustained a high levels of economic growth over the last five years with highest GDP growth rate of 6.7 percent achieved in 2010/11, plummeting to 3.4 in 2011/12, recovering and gradually rising to 5.4 in 2012/13 to 6.0 in 2013/14. This is projected to be sustained at 7 per cent or above in the subsequent years. It is worth noting that Uganda weathered the storm of the global financial crisis and has been growing above the Africa average of 5.1 percent since 2012/13.

Uganda has experienced increase in household income with the per capita income rising from USD 506 in 2008/2009 to USD 596 in 2012/13. The proportion of people living below the poverty line declined from 56.4 percent

"It is worth noting that Uganda weathered the storm of the global financial crisis and has been growing above the Africa average of 5.1 percent since 2012/13."

> **"Income inequality as measured by the Gini coefficient increased from 0.426 in 2009/10 to 0.431 in 2012/13"**

in 1992/3 to 24 per cent in 2009, and further to 19.7 percent in 2012/13 surpassing the Millennium Development Goal (MDG) target of halving the proportion of the population living in extreme poverty by 2015.

Despite sustained economic growth and poverty reduction, poverty and vulnerability continue to affect large sections of society with serious implications for Uganda's long term growth and prosperity objectives embedded in Vision 2040. Income inequality as measured by the Gini coefficient increased from 0.426 in 2009/10 to 0.431 in 2012/13. It is higher in urban areas (0.45) compared to the rural areas (0.38). The government recognizes that despite these improvements, the challenge of going forward is to ensure sustenance of the inclusive growth trajectory towards true socioeconomic transformation. With a per capita income of US$596, Uganda remains a poor country.

In 2014, Uganda ranked 164th of 187 countries on the Human Development Index with a low human development index of 0.484 and a multidimensional poverty index of 0.359, falling in the Low Human Development category. Despite many efforts to improve social sector outcomes, the country has not yet achieved a number of MDG targets in health and education. However, gender equality has been met in primary and secondary with school enrollment with gender parity reached in 2009/10.

Since the outbreak of violence in South Sudan in December 2013, more than 160,000 South Sudanese refugees have arrived in Uganda and have been assisted by June 2015. The current total caseload of registered refugees, asylum seekers and displaced people in Uganda is more than 400,000. These refugees include women, child survivors of violence, and separated and unaccompanied children in urgent need of protection. For those fleeing the latest outbreak of violence in South Sudan and DRC, the Government of Uganda is offering refugee status on a prima facia basis.

Uganda is also responding to significant nutrition, health, and water and sanitation concerns in the Karamoja region, the most underdeveloped part of the country which is particularly vulnerable to climatic, economic and conflict-related shocks. The region lags behind the rest of the country in many socio-economic indicators with over 80per cent of the Karamoja population living below the poverty line. In addition, rapid onset disasters including Floods, landslides and disease outbreaks continue to affect the Eastern, Northern and Western Uganda and pose a national challenge.

Uganda Vision 2040 is to transform the Society from a predominantly peasant and low income to a competitive, upper middle income status with a per capita income of USD 9,500 within 30 years. The Vision focuses on successfully harnessing the abundant economic opportunities to strengthen Uganda's development agenda. The government, through the National Planning Authority (NPA) has further identified five pillars for the NDPII with the highest potential to generate the desired economic transformation. These include: infrastructure, agriculture, mining of minerals, tourism and human capital development. The NDP II (2015/16 to 2019/20) Logical Prioritization Framework outlines four key objectives namely: (i) Increasing sustainable production, productivity and value addition in the identified priority primary growth drivers; (ii) Increasing the stock and quality of strategic infrastructure to accelerate the country's competitiveness; (iii) Enhancing human capital development to execute the planned interventions; and (iv) Strengthening mechanisms for quality, effective and efficient service delivery.

2. Profile of poverty and vulnerability in Uganda

> "Uganda moved from 43rd to 29th in the global gender gap ranking between 2008/09 and 2011/12"

While monetary household poverty has been on a steady decline, there is significant movement of households into and out of poverty over time. From 2005/6 to 2009/10, 15 per cent of households moved out of poverty. However during the same period 10.5 per cent of households, which were classified as non-poor in 2005/6, fell into poverty. In other words, 70per cent of those who escaped poverty were simply replaced by households that fell into poverty. An analysis of poverty trends further shows that, of households that slipped (back) in to poverty between 2005/6 and 2009/10, 64.5 per cent had increased household size and 32.6 per cent had increased the number of children under five years of age (MGLSD 2012). This process of 'churning' of people above and below the poverty line underlines the need to understand the dynamics of people's vulnerability to poverty for the development of relevant policy and programming. Poverty rates are higher in rural (27.1 per cent) than in urban areas (9.1 per cent). In addition, there remains significant disparities in poverty levels across regions, in rural-urban divide with the highest levels reported in Northern Uganda (44 percent) followed by the Eastern region at 24.5 percent. Uganda moved from 43rd to 29th in the global gender gap ranking between 2008/09 and 2011/12 suggesting some successes in equalizing access to services and opportunities between women and men.

Vulnerability to poverty is widespread in Uganda: 43 per cent of Uganda's population live on incomes below twice the poverty line (but below the international poverty line) which is described as 'insecure non-poor' and are thus vulnerable to falling back into poverty. 67.4 per cent of the Ugandan population is either in poverty or highly vulnerable to poverty. While the poverty statistics show a reduction in poverty rates over the years, the population of those moving out of poverty still remains vulnerable to falling back into poverty. Despite the falling poverty rates, the absolute number of poor people has decreased is relatively little due to high population growth rates. High population growth is accompanied by increasing number of young people joining the labour force each year. Estimates suggest that by 2020, 25,000 young people will be joining the labour force per week[1]. For sustainable poverty reduction Uganda cannot afford to focus on only enabling poor people to rise out of poverty, but it also needs to enable them to keep out of poverty once they have moved above the poverty line.

1 Estimate based on the numbers currently in the 15-19 age cohort, and average labour force participation rates. The rate during the period 2005.06-2009/10 was about 9,500 per week. (2009/10 Panel Survey data).

Child Poverty: Poverty and deprivation in childhood represent potentially irreversible violations of children's basic rights. The impact of child poverty deprivation can be devastating as the suboptimal provision of education, health, nutrition and other basic services self-perpetuates a vicious cycle reinforcing the inter-generational transmission of poverty. Notably, in addition to effective national policies and programmes designed to deliver child friendly, fully accessible quality services essential for child development and well-being, household income also plays an important role in safeguarding children's rights.

While Uganda has shown progress in reducing income poverty, child poverty remains high and widespread across the country. The Child Poverty and Deprivation Report (2014) reveals that more than half (55 per cent) of children aged 0-4 years are deprived in at least two of the six dimensions of poverty; 23.8 per cent of these children are extremely deprived in at least two dimensions. More than a third (38 per cent) of children 6 and 17 years of age experience child poverty with approximately 20 per cent of these children living in extreme poverty. This study further shows that the incidence of child poverty and deprivation varied by region, gender, location and the wealth status of the household. Child poverty and deprivation rates are reported to be particularly high in Northern (67.4 per cent) and Eastern Uganda (60.4 per cent) compared to the Western (50.2 per cent) and Central (44.6 per cent) regions. Children in rural areas are more likely to suffer from two or more deprivations (60per cent) compared to those living in urban areas (29 per cent). There is a strong correlation between household wealth and child deprivation: 84 per cent (24 per cent) of children in the poorest (highest) wealth quintile are reported to be deprived in at least two dimensions of poverty.

With over 56 percent of the population below 18 years of age, and over 78 per cent below the age of 35 years, Uganda's Vision 2040 to become a middle income country by 2040 remains highly contingent on government's ability to safeguard its children's right. t. Investing in its young population will enable Uganda to reap an unprecedented demographic dividend. The youth constitute a sizeable labour force; 4.4 million of which (3.5 million) are rural based. Youth unemployment is estimated at about 18 per cent, while less than 20 per cent are in wage employment. Put differently, over the next 30 years, today's children will gradually transition into an already dynamic labour force and hold the potential to transform Uganda's economy, and remodel the socio-economic future of the nation.

> Uganda is also a signatory to the Livingstone Call to Action, 2006, which puts in place costed plans for the implementation of (DIS) programmes to reach the most vulnerable group including children, older, diasbled persons and their families.

3. The right to social security and adequate standard of living (CRC Article 26)

The right to social security is particularly important considering Uganda's high levels of poverty. Widespread child poverty and deprivation in Uganda undermines government efforts to create a conducive environment for child growth and development. Social protection is one of the means to reduce child vulnerability and poverty caused by household stress, shock and chronic poverty and to protect people including children, from falling into worse deprivation. The Uganda's Child Poverty and Deprivation Report (2014) contends that multi-layered child deprivation prevent children from growing up to their full potential severely jeopardising Uganda's ability to reap the full benefits from the much anticipated demographic dividend.

Uganda has ratified several international treaties that call for provision of social security including social insurance.[2] Uganda is also a signatory to the Livingstone Call to Action, 2006, which calls African states to put in place costed plans for the implementation of Direct Income Support (DIS) programmes to reach the most vulnerable groups including children, older persons, persons with disabilities and their families. The African Union Social Policy Framework, 2008, calls on member states to recognize that social protection is a state obligation requiring national legislation.

2 UN CRC (Article 26, UDHR, Art. 22, ICESCR, Article 9, UN Convention on the Rights of Persons with Disabilities, Article 28).

The Constitution of the Republic of Uganda provides a firm basis for social protection interventions including a commitment to providing special protection to orphans and other vulnerable children (Article 34). Social protection is increasingly seen as an important part of the government's strategy to fight poverty and promote economic growth.

In 2010, the Government of Uganda with support from DFID, Irish AID and UNICEF started the Expanding Social Protection Programme (ESPP) which aims to address poverty and vulnerability. One of ESPP's key components piloted cash transfer programme for senior citizens / older persons (aged 60 years and above) in 14 districts. The ESPP targets over 113,000 direct beneficiaries and about 420,000 indirect beneficiaries including a small proportion of children. If rolled out throughout the country, the SCG has potential to reach only 2.1 million children who live under the care of older persons, representing only 13-16 per cent of the poor and is therefore not an adequate social protection response for children. The ESSP initially had a second grant the "Vulnerable Household Grant (VHG)" which had potential to reach more vulnerable children living in extremely poor and labour constrained households. Recent programme reviews led to the government's decision not to expand the VHG from the initial 3 pilot sub counties due to the high administration costs and targeting. These inadequate interventions call for the need for social protection measures for the poor and vulnerable children in Uganda need more attention.

Currently, the social protection sector in Uganda comprise many small scale social protection programmes with poor national overall coverage that is in tandem with the levels of poverty and vulnerability. Only 5per cent of the working population benefits from a pension scheme, while 4.5 per cent of the total population receives any kind of assistance through Direct Income Support. The exact number of children who receive social protection benefits is not known but is very low. This evidence, coupled with very low levels of spending in the social protection sector – 1.2 per cent of GDP compared to an average of 2.8 per cent for the African continent as a whole – suggests a weak and highly fragmented social protection system. The current social protection expenditure which remains low at 0.75 per cent of GDP is not pro-poor and does not provide beneficiaries with predictable multi-annual support. Coordination between programmes is not well-developed, an issue which the social protection policy aims to address through provision of an over-arching framework to bind future social protection activities into a coherent system.

While government capacity is relatively strong in terms of policy and planning, it is less so for implementation and M&E. This is further constrained is resource constrained government systems where working government staff are under-resourced and may have conflict over mandates. Social protection is largely considered a consumptive and not a productive expenditure. There are concerns about sustainability of social protection expenditures as they

are largely externally supported. It is justified to provide funding for social protection which is costly, and prioritization of efforts to address poverty and support the most vulnerable but at the same time balance expenditure against other government priorities if government's efforts for poverty reduction gains are to be sustained and inequality addressed. Discussion on fiscal space for social protection and its relative prioritisation relative to other expenditures is ongoing, with arguments that Uganda cannot afford extensive social protection at present given the high levels of poverty and vulnerability. Despite these bottlenecks, there is growing recognition that in the medium and longer term Uganda will need a social protection system in place, as it moves to middle-income status.

Uganda's Vision 2040 and the National Development Plan (NDP) 2010-2015 articulates a route to prosperity through economic growth and job creation. It emphasizes the need to ensure that wealth creation is accompanied by sustained reductions in poverty and improvements in the welfare of people living below the poverty line. Given this focus on economic growth with equity, the NDP highlights the need for social protection for those unable to work or those who lack basic resources.

More recently, the Ministry of Gender, Labour and Social Development (MGLSD) has been spearheading the formulation of the Uganda Social Protection Policy and harmonizing framework for social protection. The policy development process has been highly evidence-based and participatory, involving a large number of stakeholders nationwide. The draft policy is currently with Uganda's Cabinet for approval. The policy presents a number of technical, institutional and financial implications and stipulates cooperation amongst a wide range of stakeholders for successful translation of the policy to relevant actions. Finalisation of the policy and increasing coverage of poor and vulnerable households and their families remain a critical priority to pursue.

The programme plan of interventions for implementing the policy is being developed The Government of Uganda has commissioned a social protection sector review to develop a shared understanding of how best to implement the policy. This sector review will feed into development of the Programme Plans for Implementation that are the basis of implementing Uganda's national policies. The commission and sector review will mobilise critical evidence, conduct key analyses, identify important lessons, and the define approaches for implementation of the draft policy, once approved. The review will integrate child poverty and vulnerability, as well as social care and support and target the most vulnerable will prioritise children among the key target groups for social protection in Uganda.

4. The right to survival and health (CRC Articles 6 (2), 24 and 25)

4.1 Maternal, neonatal, child and adolescent health

Although not on track to achieve the health UN MDGs on the reduction of child and maternal mortality rates and the prevalence of HIV and AIDS, Uganda has over the years recorded steady decline in infant and under-five mortality while no real progress in observed in reducing neonatal and maternal deaths. Under-five mortality rate was reduced from 137 to 90 deaths per 1,000 live births (LBs) between 1990 and 2011, against the MDG target of 56 per 1000 live births. Infant mortality rate declined from 76 to 54 deaths per 1,000 LB over the same period against the MDG target of 41/1000 LB. On the other hand, neonatal mortality rate dropped only marginally from 29per cent to 27 per 1,000 LB against the 2015 target of 23/1000 LBs while maternal mortality rate increased from 435 to 438 per 100,000 LBs against the MDG target of 131/100,000 LBs.

Child mortality is not evenly distributed across the country. The highest mortality is in Karamoja, Southwest, West Nile and western regions. Rural areas are significantly higher than in urban areas, although even in urban areas rates are comparatively high. There are also substantial regional differences in under-five mortality, with significantly higher rates having been reported from the North (West Nile and North) and the South West.

> "Under-five mortality rate was reduced from **137** to **90** deaths per **1,000** live births (LB) between **1990** & **2011**"

> The immediate causes of infant mortality are **hypothermia 37%, premature birth 18%** and **pneumonia** and infections **15%**

The *immediate causes of under-five mortality* pneumonia (16 per cent), malaria (13 per cent), diarrhea (10 per cent) and HIV and AIDs (7 per cent). In terms of trends, an encouraging decline has been observed in mortality due to malaria and perinatal conditions, while the contribution of pneumonia has been rising steadily. The contribution of diarrhea has been relatively stable at around 10 percent. The *immediate causes of infant mortality* are hypothermia (37 per cent), premature birth (18 per cent) and pneumonia and infections (15 per cent). According to the 2012 Review of Agriculture, Food Security and Human Nutrition Issues in Uganda, malnutrition was found to account for 40 per cent of all child deaths in Uganda. The *immediate causes of maternal mortality* is hemorrhage accounting for 42 per cent of deaths, obstructed labor (22 per cent) and complications from abortion 11per cent. Important indirect causes include malaria, a factor in 36 per cent of maternal deaths recorded, anaemia at 11per cent and HIV/AIDS at 7per cent.

The *underlying causes of child morbidity and mortality* include unavailability of services, especially in rural areas, poor quality of care and low uptake of services. At facility level, while service availability for various components range in 2013 from 74per cent (child growth monitoring) to 93per cent (provision of preventive and curative care for U-5), service readiness in two critical areas is very low: existence of IMNCI guidelines (51 per cent) and staff trained in IMNCI (40per cent); existence of guidelines for growth monitoring (34 per cent) and trained staff in growth monitoring (26per cent). Most importantly, only one per cent of facilities meet all the child health services across the four readiness component (staff and guidelines, equipment, diagnostics, and medicines and commodities). Key interventions to reduce malaria, pneumonia and diarrhoea deaths at different levels in the health system lack the necessary efficiency and effectiveness and inadequate coverage.[3]

The *underlying causes of high maternal and neonatal mortality* rates are inadequate service coverage along the continuum of care and uptake namely, the low levels of antenatal care visits, low levels of delivery at health facilities and high levels of delivery at home. According to UDHS 2011, though 95 per cent of pregnant women attend the first antenatal care visit (ANC1), less than half (47.6 per cent) in Uganda complete the required 4+ visits (57 per cent in urban areas vs 46 per cent in rural settings). This reduces the opportunities to complete the recommended series, identification, and correction of medical complications in a timely manner. Similarly, although skilled personnel are involved in ANC delivery in 95 per cent of the cases, only 51 per cent of the mothers received information on possible complications during pregnancy in 2011 UDHS as compared to 35 per cent observed in 2006 UDHS. While ANC services are available in 70 per cent of the facilities, only 6 per cent of facilities had all the items required for ANC in 2013. The proportion of births supervised by a skilled health worker has risen from 41 per cent in 2006 to 58 per cent in 2011 (UDHS). However, there is a significant geographic disparity, with a coverage of deliveries with skilled providers of 53per cent in rural areas compared to 90

3 Ministry of Health, RMNCH Sharpened Plan – A Promise Renewed. 2013

per cent in urban areas. Basic Emergency Obstetric and New-born Care (BEmONC) services are available only in 15 per cent of facilities surveyed; and readiness with tracer functions ranging from 25 per cent (Assisted vaginal delivery) to 53 per cent (delivery services). Neonatal resuscitation was available in 51 per cent of the facilities. With regard to Comprehensive Emergency Obstetric and New-born Care (C-EmNOC) services, availability of overall services and in the two critical signal functions were as follows: C-section (12 per cent), Blood transfusion (7 per cent) and C-EmNOC (2 per cent), coverage being substantially higher in hospitals and Health Centre IV compared to HCIII and II across all three measures.

Inadequate family planning and adolescent health also contribute to the high maternal and neonatal mortality rates. High total fertility rate, high teenage pregnancy and high unmet need for family planning increase exposure to the risk of pregnancy and hence pregnancy related deaths for both women and newborns. Contraceptive prevalence was estimated in 2012 at 30 per cent, a notable increase from the 2006 rate of 24 per cent. Unmet need for family planning declined from 41 per cent to 34 per cent during the same period. Adolescent fertility rate declined from a baseline figure of 24 per cent in 2009/2010 to 18 per cent in 2012/13. Although FP services were available in 92 per cent of the facilities assessed in 2013, only 21 per cent of them had all the required tracer items, a net increment from the 12 per cent coverage recorded in 2012. Only 49 per cent and 44 per cent of facilities had at least one staff trained and FP guidelines. Coverage remains inadequate as adolescent health services and HIV counselling and testing are offered in only 59 per cent and 60 per cent of the facilities, respectively. With regards to readiness of services for adolescents health and HIV/AIDs services, across the four determinants of service readiness (staff and guidelines, equipment, diagnostics, and medicines and commodities), the percentage of facilities with all the required items for optimal service decreased from 19 per cent to 9 per cent, with a mean availability of tracer items stagnating at 47 per cent; availability of guidelines on adolescents services in 23 per cent and staff trained staff in the provision of adolescent health services in only 37 per cent of facilities. *(Sources: 2012 and 2013 Service availability and readiness assessment)*

Structural causes include inadequate functioning of **the health system: (1) Inadequate funding:** Though government has an elaborate plan that define the strategic shifts the country should take to bring down morbidity and mortality among the mothers and children and improve MNCH, these plans are not adequately funded. Funding for RMNCH has dwindled with the government. Allocation to the health sector has reduced to 7.9 per cent in 2014/15 down from 9.6 per cent in 2009/10. Implementation of iCCM is completely dependent on donor funding.This goes in tandem with as high as 71 per cent out of pocket expenditure for reproductive health services, and 61 per cent for child health services as outlined in the latest national health account. Consequently, in addition to the communities, development partners have been financing most of the health sector budget, including that of RMNCH. **(2) Inadequate human resources:** Other key bottlenecks that constrain progress in reduction of maternal and neonatal mortality in Uganda include inadequate human resources for health at facility and community level coupled with absenteeism. Only 63 per cent of approved health worker posts are filled by health workers in public facilities and 60.5 per cent districts staffing posts are filled. At health Centre (HC) IIIs and HC IVs: staffing levels are at 70 per cent and 71 per cent respectively. Only 34 districts met the HSSIP target of 70 per cent for the year under review. Absenteeism rate at Health Centre III and HC II: rose from 46per cent in 2009/10 to 48 per cent in 2010/11. **(3) Inadequate supply of commodities across the continuum of care** is another major issue. Stock outs of essential drugs, lack of motivation of the existing health personnel and a weak M&E systems are a key problem. These are further compounded by the lack of substantive and a comprehensive approach to MNH service delivery across the continuum of care and all the three delays.

4.2 HIV and AIDS prevention, care and treatment

The 2013 estimates show that children below 15 years account for 176, 948 (11per cent) of the estimated 1,618,233 persons living with HIV in Uganda. With the roll out of the Option B+, 1st PCR positivity rates declined from 8.7 per cent from September 2012 to 5.3 per cent by April 2014. While the absolute number of HIV/AIDS-related death in children aged 0-4 years has decreased by more than half from over 100,000 between 2000 and 2012, the number of deaths in adolescents aged 10-19 years has increased from less than 50,000 to over 100,000 during the same period. (UNAIDS 2012 HIV/AIDS estimates). Two thirds of all new HIV infections in 2012 were among adolescent girls. HIV is now the second leading cause of death among adolescents, 300 deaths every day.

On the EMTCT/Paediatric cascade, child related services have considerably lagged behind those for adult and pregnant women. Approximately 72 per cent of infected women are receiving ART whereas only 37 per cent of infants were on treatment. In 2012, PMTCT services were available only in 52 per cent of facilities, an improvement from 45 per cent (MOH -SARA 2013). With the new guidelines of treatment for all children and 43,481 children on treatment, proportion of children on treatment has dropped from 41per cent to 25 per cent. Almost double the number of children on treatment in 2013 would require treatment by 2015 as 79,792 infected children are put on treatment. Up to 56per cent of 98,328 HIV exposed infants had 1st PCR test in 2012 but only 37 per cent within the prescribed 2 months of birth. Paediatric TB is a major cause of death among HIV infected children and yet there is no significant attention on diagnosis and treatment for TB in infected children.

Policy and programmatic shifts including the adoption of option B+ in 2012 and recently the child-plus treatment in 2013 have begun to show results with reduction of vertical transmission. The remarkable progress achieved by Uganda through a robust multi-sectoral response can be attributed to the strong

commitment and leadership led by HE President Yoweri Museveni, the First Lady, Honourable Janet Museveni and other cultural leaders. Strong technical and financial support from development partners since inception of response helped articulate the evidence based interventions outlined in the NSP, the strategic national guidance plan which has been guiding the national HIV/AIDS response. Notable partnerships that have supported the national response include PEPFAR, the Global Fund, the UN agencies, and the EU group of bilateral partners, the private sector, the media and communities including groups of PLHIV. With declining donor resources for HIV response, advocacy push for an increased domestic financing has been in progress through an HIV investment case developed by Government with support from UN and other partners. Government is discussing the approval of an HIV Trust Fund in this regard.

4.3 Child Nutrition

Progress in Nutrition has remained slow. Progress was relatively more visible in reduction of stunting levels from 38 per cent to 33 per cent against the target of 13 per cent compared to *wasting rate which decreased only* from 6per cent to 5per cent and *underweight* from 16 per cent to 14 per cent (against a target 10 per cent). UDHS (2011) data showed a decline in children born with low birth weight over the past 10 years from 13 per cent (2006) to 10 per cent (2011). Vitamin A deficiency: Children under five years: 38per cent; Women of childbearing age: 36 per cent. Although *breastfeeding* as a practice is close to being universal in Uganda, the rate of exclusive breastfeeding at 6 months stands at 62 per cent, after dwindling towards 6th month. There is no statistically significant difference across background characteristics.

There are significant regional variations in stunting, with the highest rates recorded in Karamoja (45 per cent), followed by the Western region (44 per cent), West Nile (38 per cent), central 2 (35.6per cent) East-central (33.5 per cent), Central 1 (32 per cent), North (25 per cent), and Kampala (13.5 per cent). There are also regional disparities for wasting, with Karamoja being the hardest hit at 7 per cent; followed by West Nile, Central 2, and West Nile and central 1 (6 per cent); central 2 (5.3 per cent); East-central (5 per cent); Kampala (4.4 per cent), North (3.4 per cent); and Western (2.7 per cent).

Underlying and structural causes of under-nutrition include ineffective mainstreaming of nutrition into other sectors beyond planning stages; ii) Slow scale up of proven high impact and cost-effective nutrition interventions that would effectively contribute to reducing stunting; iii) Multi-sectoral approach and coordination mechanisms limited to pilot districts; set up at district and community level presenting challenges of sustainability; iv) IYCF integration at facility level generally focused mostly on curative service provision, with limited skills for promotion and support of IYCF; v) Inadequate resource allocation for scaling up of proven high impact nutrition interventions; vi) limited scale of community model coupled with a weak Community capacity development and involvement in preventive and promotive nutrition programming and implementation; and vii) low staffing level for nutrition at all levels.

4.4 Water, Sanitation and Hygiene (WASH)

The national coverage of access to improved sources of drinking water increased from 67 per cent in 2006 to 70 per cent of households in 2011 (Urban 89.6 per cent and Rural 66.6 per cent); (UDHS 2011). With regard to sanitation, 16 per cent of households use improved toilet facilities that are not shared (21 per cent in urban areas and 15 per cent in rural areas) (UDHS 2011). The impact of inadequate access to water and sanitation is affecting the rights of the child in two main ways: First, the right to survival: Although evidence shows that hand washing with soap alone can reduce water and sanitation-related diseases by 43 per cent in children, the current coverage is still low and diarrhoea continues to be one of the major killer diseases for children under five years. Secondly, the right to quality education: low coverage of WASH facilities in schools contribute to low school enrolment and high dropout rates. The pupil stance ratio in schools is 70:1 slightly lower than previous year's 69:1. But only 36.8 per cent of the schools have access to hand washing facilities, use is much less as some of the hand washing facilities did not have water or soap.

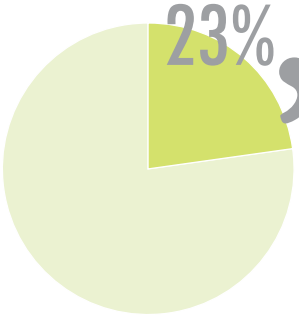
Underlying and structural causes of inadequate WASH services include: the declining sector funding from 3.2 per cent in 2012/13 to 2.8 per cent in 2013/14 makes it difficult to meet the needs of the growing population as well as the sector targets; the lack of ownership and inadequate operations and maintenance of water facilities; and inadequate capacity of institutions, particularly the local governments' capacity to utilize allocated funds also constrains achieving of increased coverage and access. With regard to sanitation, cultural beliefs and social norms continue to impede the construction and use of the latrines and this negatively affects service coverage and utilisation, especially in the pastoral and nomadic region of Karamoja. In addition, low private sector capacity, especially in relation to availability of spare parts for maintenance of water facilities poses supply constraints.

5. The Right to Education (CRC Articles 28 and 29)

5.1 Early Childhood Development

Early childhood development (ECD) is a comprehensive approach to policies and programs designed for children from conception to eight years of age, with their parent and caregivers purposely to help the child grow and thrive physically, mentally, emotionally, spiritually, morally and socially. ECD should include a variety of strategies and a wide range of services to provide basic health care, adequate nutrition, water and sanitation, nurturing and stimulation within a caring safe and clean environment for children and their families. It therefore calls for multi-sector collaboration to fulfil these developmental needs of young children.

> "Currently the net attendance rate at pre-primary in Uganda is 23%"



Despite the Government's efforts to ensure access to essential ECD services for all children, coverage levels remain low, particularly for children from disadvantaged families and those living in marginalized areas. Currently the net attendance rate at pre-primary in Uganda is 23 per cent (UDHS). According to the NDP (2010/11 - 2014/15), in 2008, ECD enrolment stood at only 89,296 yet there were about 3.5 million aged 3-5 years. There are inadequate targeting mechanisms to ensure that the most marginalized and those living in isolated areas are guaranteed access to existing ECD interventions. The provision of pre-primary education through private providers disproportionately disfavours children from disadvantaged families. Majority of children from disadvantaged households and low-income communities do not attend ECD as most private nurseries and day-care centres are located in urban areas and serve the better off. The few available in rural areas are ill-equipped and run by staff with inadequate preparation, experience and early childhood development training. The rest of the children sit at homes with their parents, yet the services given to the parents to address the ECD needs of those children are minimal.

A MoES Study (2011) on ECD in Uganda estimates that there are around 3,200 ECD centres in the country, with a significantly higher proportion in the Central region compared to other regions. Over 80per cent of the ECD centres / pre-primary schools are private nurseries that are out of reach of most Ugandans. Only 28 of the 112 districts implement early learning and development for 0-3 and 3-5 year old children and out of these only about 15.5 per cent of children are enrolled in ECD. Available data also show that many vulnerable children especially in rural areas, post-conflict areas, isolated communities, and poor urban and other disadvantaged communities do not access any form of ECD, and where they do, it is of very poor quality. The majority of the teachers in these centres (92 per cent) have some related training, but less than 64 per cent hold a certificate in pre-school teaching.

> “Pre-primary is considered to have the highest rate of economic returns of all levels of education.”

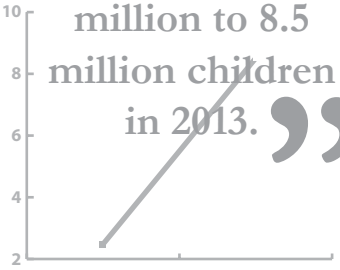
Underlying and structural causes of inadequate ECD services include: low national coverage (net attendance ratio is 23 per cent), a skewed distribution that favours the urban areas, very few teachers are trained, unclear curriculum arrangements and limited awareness and appreciation of ECD by policy makers, practitioners and the public at large. (1) The policy environment for provision of ECD has been improving over the years. The Government of Uganda (GoU) has established national laws and regulations to promote the provision of Early Childhood Development (ECD) services. Pre-primary is considered to have the highest rate of economic returns of all levels of education. The Education Act. 2008 recognizes pre-primary as the first level of education in Uganda. The Education sector ECD policy recognizes four programs; day care centers, home based centers, community centre and Nursery Schools. The implementation of ECD services remain isolated and fragmented. Government is responsible for the provision and supervision. ECD services are presently scattered across various sectors. There are various ECD sensitive policies domiciled in different sectors of Government. These include; the Ministry of Education and Sports (MoES) ECD Policy (2007), The National Health Policy (2010), Malaria Control Policy, National Food and Nutrition Policy (2003), OVC Policy (2004), National Policy on Disability (2006), National Gender Policy (2006), National Culture Policy (2006), and National Population Policy for Social Transformation and Sustainable Development (2008), among others. (2) Inadequate funding: Though government acknowledges the importance of ECD and has developed a policy, it invests little in this area. This is further exacerbated by the limited budget allocation of less than 0.1per cent of the educational sector. Outside the education sector, no ECD-specific budget has been allocated –the MoGLSD has been using funds from its policy development budget to finance the National Integrated ECD policy formulation. Although the MGLSD has been established as an institutional anchor for coordination of ECD, it is unclear whether it has adequate resources to effectively play its leading role. Specific spending levels for ECD health and nutrition activities in Uganda are difficult to ascertain. Each of the relevant ministries involved in ECD are responsible for financing their respective interventions. Information is not available on any explicit criteria used for the allocation of ECD funding. The provision of pre-primary education and ECD is thus largely dependent on NGOs and FBOs. Data on ECD is limited and this too needs to be improved.

5.2 Basic Education

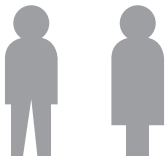
Education (CRC Article 28) and especially access to a quality education is a crucial foundation for a child to be able to succeed in their lives socially and economically. A holistic rights-based approach to education encompasses access to education, educational quality and the environment in which education is provided. Human rights related to education cannot be realized unless and until all three elements are addressed.

The implementation of the Universal Primary Education (UPE) policy since 1997 has resulted into increased equitable access to education from over 2.5 million to 8.5 million children in 2013. According to MoES statistics Uganda has reached 96 per cent enrollment rate in Primary Education with the gender gap in primary schools closed. The national pupil to classroom ratio has improved from 68:1 in 2009 to 57:1 in 2013 on account of increased stock of infrastructure through construction of classrooms, rehabilitation and maintenance of the existing ones. Uganda has reached 96per cent enrolment rate at P1. However, approximately 8 per cent of school going age children 6-12 years have never enrolled in primary. The primary completion rate in 2014 was 69 per cent (69 per cent girls, 71 per cent boys).

> **"UPE policy since 1997 has resulted into increased equitable access to education from over 2.5 million to 8.5 million children in 2013."**



“The completion rate was



71% 69%

in 2013.”

Primary school dropout rate in Uganda is somewhere between 4.5 per cent (by MoES) and 10 per cent (UNESCO). The Uganda Child Poverty report (2014) indicates that 15.2 per cent of school-aged children (between 6 and 17 years) never attended school in 2011, while the out of school study (OOSC 2014) indicated that approximately 8 per cent of school going age children 6-12 years have never enrolled in primary school. There are major regional and district level differences in completion rates. In Amudat district only 6.2 per cent of children complete the primary education, in central Uganda the rate is close to 100 per cent. However in Uganda, the rate is not calculated from the entire theoretical entrant population (cohort analysis), but from the P7 entrants. The survival rate gives a much clearer picture of the situation. Survival rate at P7 is only at 32 per cent (32.3 per cent boys and 31.9 per cent girls).

An Out of school Children study report, 2014 revealed 16 per cent of non-enrolment or dropout cases is comprised of children with physical and mental disabilities. Ministry data also showed that only 9 per cent of 2.5 million children with disabilities were enrolled in either pre-primary, primary or secondary schools over the 2009-11 period. These children are further disadvantaged if they are girls because at family, community level they are often rejected and hidden away by their own families denying them the right to education sometimes as a protection measure, as there are no support structures to facilitate their learning. The child disability prevalence is approximately 13 per cent, or about 2.5 million children live with some form of disability in Uganda. While, *the proportion of children with disabilities (CwDs) in pre-primary, primary and secondary school is very low:* about 9 per cent of CwDs who attend school, only 6 per cent of them complete primary school and transition to post primary education (OOSC Report, 2014).

Underlying and structural causes of non-realization of children's rights to education include: shortage of qualified, teachers; low teacher motivation; inadequate school infrastructure that includes toilets and water points; shortage of teaching and learning materials; weak capacity of communities to demand quality education; inadequate provision for children with special learning needs; limited teacher time on task and weak supervision arrangements; among others. An analysis of some of the key bottlenecks to improved learning outcomes are described below:

Quality of learning: Improving the quality of education has been a major focus in the last decade, as reflected in the Education Sector Strategic Plan

(2007-2015) and the NDP I and NDP II. A number of policies[4], reforms and strategies have been introduced since 2000, including the Education Act 2008, Review of the Primary and Lower secondary School Curriculum, and the introduction of the Thematic Curriculum in pre-primary and lower Primary. The inspection cycle and the inspection tools have also been reviewed. The policy environment is comprehensive (excluding of a teacher policy) but the challenge lies in the implementation of the policies and strategies. Despite these positive developments, *the quality of education in primary schools is still low* as demonstrated particularly by the declining literacy and numeracy rates. The national achievement levels in primary school for literacy are currently at 56.20 per cent for P3 and 40.15 per cent for P6; and numeracy rates are at 69.9 per cent in P3 and 40.4 per cent in P6. There are vast differences between well performing and poorly performing districts with the competencies at P3 literacy varying anything between 12.3 per cent and 92.5 per cent and at P 6 between 9.8 per cent and 72.2 per cent based on the National Assessment of Progress in Education (2012). An independent study by UWEZO gave an even grimmer picture.

> **"Teacher absenteeism varies between 20% and 80% on any given day."**

Teacher Absenteeism. There is a very high rate of teacher absenteeism and this affects quality of education and is also probably the main source of wastage in the sector. Teacher absenteeism varies between 20 per cent and 80 per cent on any given day. In the 16 poorest performing Quality Enhancement Initiative (QEI) districts, the teacher absenteeism rate was estimated at 23 per cent, and pupil absenteeism rate at 32 per cent. This was confirmed by the Service Delivery Indicator Study by the World Bank in 2013 which found that the average absenteeism rate for teachers in Uganda is 23.8 per cent and the average absenteeism rate from classroom is as high as 52.5 per cent.

Teacher Competencies. Another factor that compromises education quality relates to quality of teachers. According to the same study, teachers' competencies are alarmingly low – only 19 per cent of the teachers had the minimum acceptable knowledge on year four English and Mathematic tests. Teachers scored particularly badly at pedagogics in which the average score was 28 per cent and only 7 per cent of the tested teachers scored 50 per cent or higher. This is visible in any classroom visit and is demonstrated in limited pedagogic practice and instructional strategies; non-participatory nature of classroom work; under-use of instructional materials; limited attention to

4 Including: placing books in hands of pupils; gender and HIV/AIDs mainstreaming; enrolment in primary one at the age of six years; automatic promotion; inclusive education; science education policy for Secondary; class teacher system and teacher deployment i.e. small classes in primary 1-3; community mobilization; alternatives to corporal punishment; safety and security in schools; school fires; draft school health policy; gender in education policy; disadvantaged children's policy; special needs education policy; non-formal education policy.

> “It is evident that teachers have not mastered the required skills despite the training”

different needs or SNE; preponderance of lower-order questioning; and under-utilization of continuous assessment. It is evident that teachers have not mastered the required skills despite the training. One of the reasons for the poor teacher quality may be that teaching is sometimes considered as one of the last resort options for a career because it is poorly remunerated. Uganda implements a “Teacher Development Management System” (TDMS) that provides the services of the Coordinating Centre Tutors to all primary schools. The CCTs provide support to the head teachers and teachers on technical and pedagogical issues. The distribution of the schools between CCTs is very uneven (between 8 and 40 schools) and often the CCTs find themselves distributing materials and collecting data on behalf of the inspectors, leaving very little time to conduct their real duties . The system will soon wind up and many of the CCTs are part of the original group put in place in 1997 and have now reached retirement age. Very few districts have replaced the CCTs and many of the coordinating Centres are covered by “care takers” who are either retired CCTs or pre-service tutors.

The reduction of the capitation grant (the UPE funding per enrolled pupil) to 8,000 shillings per child (per year) compromises school development, in areas such as school facilities. Up to 28 percent of schools lack access to safe water within a distance of 500m, whilst the pupil latrine stance ratio for WASH is still 69:1 compared with the national standard of 40:1.

Head teachers lack management skills and/or authority over the teachers, which is not helped by the random re-deployment of teachers, even during the school year. Foundation bodies (religious institutions supporting non-Government or Government grant-aided schools) have been known to prefer teachers that share the creed of the school, even ahead of relevant skills and qualifications. Communities are not able to hold head teachers or DEOs accountable for poor performance.

> "Many teachers still resort to violence as a means of teaching and correction."

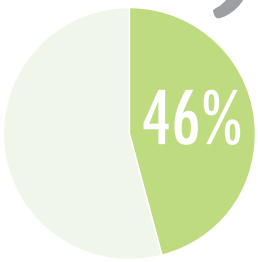
Lack of meals for pupils at school: The 2013/14 (ESSAPR 2012/13) attributes the high rate of pupil absenteeism and truancy to lack of mid-day meals at school. Official statistics indicate that at least 60per cent of school children do not receive any regular meals while at school.

Parental and community participation is low and varies considerably among urban and rural schools. Community Participation in education is provided for in the Education Act and UPE policy guidelines that stipulate the roles and responsibilities of all stakeholders in Education, including that of parents, foundation bodies and the community. School/community partnerships is a key indicator in the MoES BRMS standards.

Accountability practices: The education sector is decentralized and largely managed by the District Education Officers (DEOs) who are supported by the District Inspector of Schools. The DEOs receive an education budget that includes the share for inspection, in addition the Capitation Grant (UPE funding for each UPE school based on the enrolment of pupils) goes through the district office. Accountability remains low at the district level. UNICEF has supported the MoES since 2012 with Edutrac to resolve the bottleneck of lack of information from schools to district and vice versa in 34 districts and further under the Global Partnership on Education (GPE) nationally.

Inspection of schools is not yet optimal: DEOs are now in theory able to send the District Inspectors to visit schools where severe issues appear and even if there are some positive results, in general school inspection is not effective, and the set standards such as termly visits; school reports are not adhered to. The inspection in most cases also covers mainly tangible aspects like the existence of lesson plans but has very little coverage on the actual teaching or learning outcomes.

> 46% of pupils in primary schools reported having been emotionally abused by a teacher and bullied in school.



Violence at school: Violence at school is a matter of concern in Uganda as it is widespread in different forms and is an important contributor to drop-out and poor performance. Whereas schools are supposed to be trusted places for the holistic development of children (social, psychological, physical, mental, life skills), many teachers still resort to violence as a means of teaching and correction. The 2012 MoES National study on child protection, safety and security issues for children in Uganda primary and secondary schools revealed that: 77 per cent of pupils in primary schools had experienced sexual abuse, 67 per cent of these being perpetrated by male teachers. 60 per cent of girls. 61 per cent of boys who participated in the study indicated that they had never reported, partly due to fear of being victimized by perpetrators. Boys felt ashamed to report acts of sexual abuse due to fear of being stigmatized as "not being man enough." On the other hand, 46 per cent of pupils in primary schools reported having been emotionally abused by a teacher and 46 per cent of pupils in primary schools have been bullied in school. Corporal punishment was banned by the MoES in 1997, however, 74 per cent of children surveyed reported to being canned by an adult in school. The MoES with support from UNICEF started an initiative to address VAC in schools in 2012 which led to the integration of violence monitoring into the Basic Requirements Minimum Standards for school (BRMS). However these efforts need to be consolidated in order to realise zero violence in schools.

One of the immediate causes of violence in schools is the limited capacity of teachers to use alternatives to corporal punishment, with many still using corporal punishment as a means of teaching and correction. Additionally the absence of or unclear reporting mechanisms for violence against children in schools hampers response and tracking of incidents of violence. The MoES lacks mechanisms for enforcement of its ban on corporal punishment. The underlying cause is the deeply entrenched social norms within communities and institutions therein that support corporal punishment as a disciplinary measure. The lack of proper management of violence cases often leads to no provision of response services to victims.

Inadequate water and sanitation in schools: The provision of adequate and safe water and sanitation, particularly at upper primary and lower secondary has a strong link with retention and completion. In Uganda up to 28 per cent of schools still lack access to safe water within a distance of 500m, whilst the pupil stance ratio has largely remained at 69:1 compared to required national standard of 40:1. The temporary nature of the nationally dominant VIP latrine technology, has also complicated the problem further, as school VIP latrines get closed down when filled up.

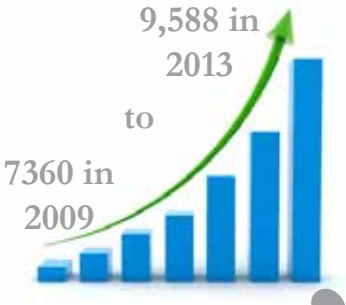
Right to education in Emergency contexts: Natural and man-made disasters that include floods, epidemic disease outbreaks, mud/landslides, lightening and conflict adversely affect education. Uganda is home to refugees from neighbouring countries with over 400,000 registered refugees, asylum seekers and displaced people. More recently, inter-communal violence in the Western Districts of Bundibugyo, Kasese and Ntoroko led to over 100 casualties, the closure of all schools, and the displacement of thousands of learners, teaching staff and their communities. Landslides have ben common in the Rwenzori and Elgon areas. The right to education cannot be fully realized in such contexts.

“Uganda is home to refugees from neighbouring countries, reaching

400,000 registered refugees”

6 The rights to special protection, to a family environment, and to alternative care

> "The number of defilement cases reported to the police increased from 9,588 in 2013 to 7360 in 2009"



6.1. Violence Against Children

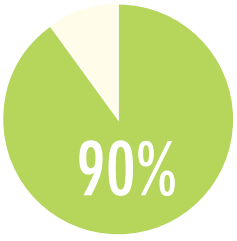
All children have the right to be protected from violence, exploitation, abuse, discrimination and neglect. Yet violence against children remains a key child protection issue in Uganda and its forms range from slapping a child and using abusing language to sexual abuse, defilement, child mutilation and sacrifice. Though there is no nationwide data on VAC, there are several partial studies and official statistics that provide an insight on the magnitude of different forms of VAC. The most common form of violence is sexual violence especially defilement of girls. The number of defilement cases reported to the police increased from 7,360 in 2009 to 9,588 in 2013, representing 30per cent increase and translating to estimated 26 girls being defiled daily in Uganda among the reported cases to police. 77 per cent of primary school children and 82 per cent of secondary school students surveyed in a study conducted by MoES/UNICEF in 2012 revealed that they experienced sexual abuse at school. Of those who experienced sexual abuse at school, 67 per cent of them said the perpetrators were male teachers, and 22 per cent, fellow students, 5 per cent female teacher and 6 per cent non- teaching staff (source Windsor report). Sexual violence often leads to teen-age pregnancy and thus to school dropout and marginalization of girls.

Physical violence is another major concern in Uganda and is largely normalized and practiced in the context of disciplining a child. About 40per cent of children suffered physical violence that left a mark on them, according to the study conducted by UNICEF and the MGLSD (VAC: A decade of research and practice, 2002-2012). Studies show that about 40 per cent of children experience violence at home and 32 per cent at school. The Ugandan Police Annual Crime report shows that 20,100 children were victims of offences during 2011. Child mutilation and sacrifice has of recent also become rampant and the practice involves removing a child's body parts, blood or tissue while the child is alive. These body parts, blood or tissue are either worn, buried, concealed or consumed in the belief they will benefit an individual, family or community. This practice often results in the death of the Child. Because this is an illegal practice, the official available data from police records and media reports indicates that cases of child sacrifice and the mutilation of children linked to ritual murders have been on the increase since 2006.

Child marriage is rampant across Uganda and the UDHS (2011) indicates that 49 per cent of women aged 20-49 years had got married before the age of 18 while 15 per cent of them got married by the age of 15 years. This is also closely linked with a high rate of teenage pregnancy (24 per cent) and is among the highest in Africa. This further aggravates maternal and under 5 mortality rates. Although, FGM/C affects only 1.4 per cent of the population in Uganda, it is estimated that it affects about 90 per cent of girls in the 6 districts where FGM/C is practiced (three in Karamoja and three in Eastern Uganda). FGM/C is not only a violation of girls' rights done through a violent act but it has emotional and health consequences for the entire life of girls that are forced and coerced to undertake FGM/C.

It is estimated that about 2.4 million are engaged in exploitative child labour of whom 1.7 million are below 14 years. Generally 27 per cent of boys and 24 per cent of girls aged 5-17 years are child labourers. The proportion is higher among 5-11 olds where 36 per cent boys and 32 per cent girls are working.

> **"It is estimated that FGM/C affects about 90% of girls in the 6 districts where is practiced"**



> “Approximately 45,000 children living in residential care, and Approximately 10,000 children living and working on the streets.”

6.2 Children in need of special care and protection

Orphans and Vulnerable Children: An estimated, 2.43 million children or approximately 12.7 per cent of children have lost one or both parents while there about 25,000 child headed households. Despite the fact that a majority of orphans are cared for by their extended family [18 per cent of households have orphans and close to 1/3 of households have foster children] there has been a drastic increase in the number of residential care facilities across the country from 88 such facilities in 2003 to over 500 currently. Less than 10 per cent of these are approved; and close to 85per cent of the children in care have at least one living parent. This is symptomatic of the stresses that families find in looking after orphaned children due to poverty. Children living in residential care often live in exploitative conditions and are enrolled without following proper national standards. This is compounded by the lack of effective enforcement of standards resulting from weak inspection by the relevant government department. Current estimates indicate that there are approximately 45,000 children living in residential care, and approximately 10,000 children living and working on the streets. Long-term placement in residential care facilities can have a life-long negative impact on children's physical, cognitive, social and emotional development. Many children continue to be adopted across national borders. The inter-country adoption process in Uganda is currently fraught with many unethical practices that make it difficult to ascertain whether they are in the best interests of children being adopted (and that of their families). Many other children are also living outside of a protective family environment including approximately 10,000 children living and working on the streets.

Children with disabilities, representing approximately 13 per cent of the child population are among the most disadvantaged groups in society. They experience multiple forms of exclusion, such as physical, social, economic, and attitudinal barriers. They lack equal access to basic resources, such as education, employment, healthcare, and social and legal support systems. An estimated 9per cent of children with disability are going to school. In addition, they are confronted with negative attitudes and experience discrimination, violence and abuse. Consequently, they have their opportunities restricted and their rights neglected and are excluded from society. These deprivations can have lasting effects on health, employment, and poverty.

Children affected by conflict: Uganda is situated in a regional context with a number of conflicts in neighboring countries from which Uganda receives refugees. The majority of refugees in 2012/2013 came from Democratic Republic of Congo. Since the beginning of 2014, however, many refugees have come from South Sudan. By June 2015 161,196 refugees have arrived from South Sudan since the outbreak of war in South Sudan in December 2013. Children make up more than 65 per cent of the refugee population and although all of them are vulnerable due to their refugee status, children without parental care or those separated from their care givers are at higher risk of violence, abuse and exploitation. UNHCR plays the lead role in coordination of all refugee related programming, and UNICEF is an active partner in several areas, including Child Protection for refugees. Northern Uganda continues to recover from the internal conflict that ended in 2006 when LRA left Uganda. Women and children continue to return from LRA, albeit in smaller numbers and need protection and support for their reintegration within communities that themselves are still struggling to recover from a more than 20 years of conflict. Conflict drivers are still present in the North and continue to affect children.

> "Children make up more than **65%** of the refugee population"

The mapping of the **Child Protection System** conducted in 2012 identified the following major gaps in the government child protection system including: weak preventive measures; lack of alternative care and support arrangements; no clearly defined referral pathway; inadequate care and protection services and social norms. There are also a number of gaps that challenge the child friendliness of the justice system, including lack of formal diversion standards for children in contact with law; absence of formal separation of probation services; disconnect between formal and informal justice system to protect children and low coverage of judicial services

Birth registration: According to the UDHS (2011), only 30 percent of children under 5 years of age had had their birth registered, and only 17 percent had a birth certificate. With UNICEF's support, progress has been made in building the capacities of URSB, 62 of the 112 district local governments and 135 hospitals, to deliver improved on-line birth registration services using a system known as Mobile Vital Records System (Mobile VRS). Although these efforts have led to improved national birth registration rates, estimated at about 60 percent (2014), sustainable scale up for national coverage is hampered by a number of factors that include gaps in policies, laws, standards, planning and coordination; budget and financing; service coverage and gaps in skills and coverage of human resources.

SPORTSWEAR

Part III:

Programme of Cooperation

i. Programme Rationale

The following considerations and lessons[5] from the previous programme of cooperation informed the design of the 2016–2020 country programme

1. The following considerations and lessons from the previous programme of cooperation informed the design of the 2016–2020 Country Programme.

2. **Responding even more clearly and systematically to the growing inequities** experienced by children and the causes underpinning them. Under the current country programme, the focus of UNICEF's support gradually increased from 15 in 2010 to close to 58 districts in 2015. The selection prioritized the most deprived parts of the country, but the selection process did not account for areas where there was the highest prevalence of child deprivation. It is therefore recommended that the new country programme consider both the depravity rate (as a percent of population) as well as the districts with the highest density of depravity (measured as the total number of children and women affected) in deciding on the geographic focus areas.

"Under the current country programme, the focus of UNICEF's support gradually increased from **15** in 2010 to close to **58** districts in 2015."

5 From the 2012 midterm review of the country programme.

> "A number of innovations were introduced under the country programme with a view to increasing accountability and transparency"

3. **A shift from a "project approach" to a government-led and well-coordinated "systems-approach"** with a view to build sustainable and scalable programmes to increase the quality and coverage of basic services for children. This includes engaging and strengthening capacity at national and sub-national levels concurrently in order to ensure both equity-sensitive policy development and programme implementation and selective modelling to demonstrate innovations. It also requires addressing critical shortcomings in monitoring and planning processes to strengthen accountability for results and remove barriers and bottlenecks that are hampering the achievement of outcomes, and inform overall programming.

4. **Consolidating investment in innovations and strengthening linkage with results-based programming:** A number of innovations were introduced under the country programme with a view to increasing accountability and transparency in development processes through timely and reliable data and meaningful participation of young people in national development. Key lessons learned include: (i) strengthening linkages with results-based programming; (ii) ensuring government, UNICEF and partners have a clearly outlined theory of change and strategy for data/information utilization for all innovations, including development of standard operating

procedures and monitoring mechanisms for follow-up and response where required; (iii) bolstering full government buy-in and ownership of the overall process, at both national and sub-national levels – the APR approach provides a solid model for accomplishing this; and (iv) supporting government to strengthen accountability mechanisms, including social incentives for positive response, to encourage timely follow-up.

5. **Strengthening linkages between humanitarian and development programming:** Country-wide, conventional approaches to addressing vulnerability were found to be inadequate in breaking the cycle of dependency on humanitarian support such as in parts of the country prone to cyclical 'shocks', such as the drought-prone semi-arid region of Karamoja. More efforts are needed to tackle the underlying and structural causes of recurrent and continuous crises. Similarly, in communities affected by (or likely to be affected by) the influx of refugees, measures can be put in place to increase the absorptive capacity of both host communities and social services to prepare communities for the potential of shocks. In order to achieve this, UNICEF must bridge humanitarian and development approaches and focus on longer term planning, investments to achieve sustainable results. Simultaneously, UNICEF must continue to build national government accountability so that resilience programming is firmly grounded in the ability of national governments to provide related programmes and support.

> "More efforts are needed to tackle the underlying and structural causes of recurrent and continuous crises."

ii. Programme Priorities

6. The 2016-2020 country programme of cooperation between the Government of Uganda and UNICEF is guided by the UN Convention on the Rights of the Child, to which Uganda ratified in 1990 and enshrined in the Constitution in 1996, the Convention on the Elimination of All Forms of Discrimination against Women, and other human rights treaties. The objectives and strategic approaches of the country programme are consistent with the Sustainable Development Goals (SDGs) and with the National Development Plan II (NDP II) and the Government of Uganda's Vision 2040. The Country Programme is also aligned with UNICEF's global Strategic Plan 2014-2017 and the United Nations Development Assistance Framework for Uganda (UNDAF 2016-2020).

> “Uganda and UNICEF is to support national efforts to progressively realize children’s rights.”

7. The overall goal of the 2016-2020 country programme of cooperation between the Government of Uganda and UNICEF is to support national efforts to progressively realize children’s rights. To achieve the overall goal, the country programme will use a mix of strategies, including:
   - Evidence-based advocacy and technical support to promote rights-based, equity-focused policies, laws and budgets for children;
   - Capacity development to strengthen national institutions and systems with a view to improving the coverage, quality and sustainability of basic services, with a focus on marginalized and disadvantaged children;
   - Evidence-based communication to promote social and behavioural change to support the realization of child rights;
   - Strengthening of national capacity in monitoring and evaluation, including decentralized evidence-based planning and monitoring, and the tracking and mapping of child poverty and disparities;
   - Strategic partnerships for children, including with Parliamentarians, academia, faith-based and civil society organizations;
   - Promotion of child and youth participation in decision-making processes that affect their lives;
   - Promotion of innovations, including those based on mobile information and communication technology to increase the effectiveness and efficiency of programme results.

8. The life cycle approach will be used to ensure that children’s needs are addressed at each stage of their development. The cross-sectoral areas of early childhood development and adolescent development and participation will be strengthened. Evidence-based advocacy and technical support will be used to increase access to quality integrated early childhood development services for the most vulnerable and disadvantaged children.

9. The Country Programme will ensure the mainstreaming of risk-informed emergency preparedness and response in all UNICEF-supported programme areas, in line with the Core Commitments for Children in Humanitarian Action. UNICEF will support inclusive, environmentally sustainable, country-led resilience programming. Peacebuilding and conflict prevention skills development will be integrated into the basic education and adolescent development programme.

iii. Programme Components

The country programme will comprise three sectoral components and one cross-sectoral components described below.

1.0 Child Survival and Development: Keeping Children Alive and Thriving

10. The programme component aims to contribute to the health sector development goals as articulated in the Uganda second National Development Plan 2016–2020 and United Nations Development Assistance Framework (UNDAF) Outcomes 2.1 and 2.5:

UNICEF Outcome 1: Strengthened national capacity to deliver improved health and nutrition outcomes for children, adolescents, pregnant women and other vulnerable groups and contribute to sustained improvements in population dynamics

The programme will be implemented in the following four strategic areas:

- Reproductive, maternal, neonatal and child health;
- HIV and AIDS and adolescent health;
- Nutrition
- Water, sanitation and hygiene (WASH).

> "The component will adopt an integrated approach to delivery and include adequate coverage of high impact interventions along the continuum of care"

Output: 1.1 RMNCH: Strengthened national capacity to scale up and sustain the provision of quality high impact maternal, neonatal, child and adolescent health and nutrition interventions, with a focus on integrated and innovative approaches to reach the unreached.

11. The component will focus on supporting national efforts as defined in the government's RMNCH Sharpened Plan 2014-17 to improve coverage, quality and sustainability of proven high impact maternal, neonatal and child health interventions. It will adopt an integrated approach to delivery and include adequate coverage of high impact interventions along the continuum of care (pre-pregnancy, pregnancy, childbirth, the postnatal period, and childhood). It will use all three delivery platforms (communities, population-scheduled and individual clinical services) with a focus on the most excluded, vulnerable and hard to reach. To systematically address implementation bottlenecks and strengthen accountability for results, the programme will support the implementation of a nationwide equity-focused and evidence-based decentralized monitoring and planning system. This will build on existing mobile technologies such as mTrac and U-report for real time monitoring and improved citizens' engagement.

Key Interventions:

- Institutional support to Ministry of Health to lead, coordinate, implement and monitor the RMNCH Sharpened Plan (A Promise Renewed)
- Decentralized evidence-based planning and monitoring linked to MOH RMNCH score cards and building on the m-health platforms
- Scaling up facility-based IMNCI using ICATT to improve skills of the health workers (including early learning/stimulation and early detection of disabilities).
- Integration of the elements of Care for Child Development (CCD) in guidelines and modules of health workers, Village Health Teams (VHTs) and other community structures.
- Joint UN support for revision and roll out of the national Community Health Worker/Village Health Team strategy to address challenges of quality, sustainability and coverage
- Strengthened management through the Reaching Every District (RED)/Reaching Every Child (REC)

- Evidence-based advocacy to leverage resources to increase the coverage of the Integrated Community Case Management (ICCM), and provide support to improve technical and functional capacities of MoH in scaling up the approach nationwide;
- Consolidation and scaling up on innovations in maternal and new-born care (solar suitcases, birth cushions, m-health, voucher system).
- eHealth used to support Maternal Death Audit
- Mainstreaming of Adolescent Health in RMNCH

Output 1.2: HIV and AIDS: National capacity strengthened to improve quality, access and utilization of prevention of mother-to-child transmission of HIV (PMTCT), paediatric, maternal and adolescent AIDS/TB care and treatment services.

12. This component will work within the framework of the Joint United Nations Programme on HIV/AIDS and in collaboration with other partners to strengthen the capacity of national institutions in the implementation of a comprehensive HIV and AIDS response. This will include maternal and paediatric interventions to support elimination of vertical transmission of HIV, adolescent programmes, and paediatric tuberculosis diagnosis and treatment for HIV-associated tuberculosis in children. To address programming gaps in adolescent health, including gaps in the national response to HIV and AIDS prevention, care and treatment, the programme will strengthen evidence-based advocacy; and provide technical support to mainstream adolescent health services. It will also promote comprehensive school health services with the use of existing UNICEF-supported innovation platforms of e-health.

“The component will also promote comprehensive school health services with the use of existing UNICEF-supported innovation platforms of e-health.”

Key interventions:

- Capacity Development to scale up: eMTCT services, including scaling up paediatric ART (incl. PCR tests in the first two months); Diagnosis and treatment of TB in HIV infected children; Nutrition counselling for HIV+ women and infants –from 50per cent to 100per cent of facilities; Special needs of Adolescent addressed throughout cascade EMTCT/SRMNCH (shift to Adolescent responsive health system)
- Strengthened integration of eMTCT and RMNCH services
- HIV/AIDS integrated in RMNCH decentralized evidence-based monitoring and planning
- Evidence-based communication intensified to address low uptake

> "UNICEF will work with partners to strengthen the national capacity to plan"

Output 1.3 Nutrition: Strengthened national capacity to scale up and sustain high-impact child nutrition interventions, with a focus on the first 1,000 days of life to reduce stunting and other forms of malnutrition.

13. This component aims to increase the coverage, quality, utilization and sustainability of proven high-impact child nutrition interventions, and to influence the scale-up of nutrition-sensitive interventions focusing on the first 1,000 days of the life of a child. To achieve this, UNICEF will work with partners to strengthen the national capacity to plan, coordinate, implement and monitor the Uganda Nutrition Action Plan (2010–2015). This is consistent with the country commitment to the global Scaling up of Nutrition (SUN) movement..

Key interventions:

- Institutional support to strengthen the capacity of OPM to coordinate and lead multi-sectoral response
- Strengthened technical capacity of MOH and other line ministries to roll out "1000 days" programme (UNAP)
- Nutrition information system – develop and implement UNAP M&E

- Technical support to districts to lead, coordinate and implement high impact interventions with a focus on reducing stunting - as part of "1000 days" (ensuring strong linkage with ECD)
- Decentralized evidence-based monitoring and planning –linkage with RMNCH system.
- Nation-wide evidence-based communication to improve IYCF
- Evidence-based advocacy to increase budget allocation for Nutrition
- Supplementary nutrition activities through revitalised bi-annual Child Health Days.
- Improve scale and quality of community-based management of acute malnutrition.
- Strengthened capacity to prevent, prepare and respond to emergencies as part of country's "resilience" programming.

Output 1.4 Water, sanitation and hygiene promotion: Sustained improvement of access to and use of safe drinking water and improved sanitation and personal and environmental hygiene practices, including in schools and with particular attention to girls

14. This component aims to increase access to sanitation by scaling up Community-Led Total Sanitation and ensure sustainable rural WASH services in underserved areas. This will include water and sanitation facilities in schools and health centres. There will be a focus on strengthening: district capacity to ensure adequate WASH provision and maintenance; national capacity in community resilience-building, emergency preparedness and response; and local government capacity for monitoring and reporting. The programme will promote public–private partnerships to scale up improved sanitation technologies.

> "There will be a focus on strengthening: district capacity to ensure adequate WASH provision and maintenance"

Key interventions:

- Scale up of Community-Led Total Sanitation (CLTS)
- WASH in schools and health facilities (roll out of O&M guidelines)
- District and community capacity development for WASH (rural/ underserved areas), including monitoring and reporting.
- Public/private partnerships for innovative sanitation technologies and maintenance of WASH facilities.
- Strengthen capacity for emergency, including cholera preparedness and response

- Evidence-based advocacy to leverage resources for rural WASH, including scaling up innovations in WASH.

> "UNICEF will contribute to national priorities as articulated in Uganda's second National Development Plan (2016-2020)"

2.0 Basic education and adolescent development: Keeping Children Learning

15. To improve learning and skills development in the country, UNICEF will contribute to national priorities as articulated in Uganda's second National Development Plan (2016-2020) and UNDAF Outcomes 1.4 and 2.1 under the Strategic Intents of Governance and Human Capital.

UNICEF Outcome 2: By 2020, an effective and efficient well-resourced formal and non-formal quality education system that is inclusive, relevant and accessible to all boys and girls with increased school retention, completion and achievement rates.

This programme will be implemented in three strategic areas:

- Early childhood development (ECD);
- Quality of basic education;
- Adolescent development, with a special focus on adolescent girls.

Output 2.1. Early childhood development (ECD): By 2020, strengthened national capacity to coordinate, manage and scale up quality integrated early childhood care and development programmes, with a focus on the most deprived and vulnerable children.

16. ECD is framed as a comprehensive approach to policies and programs designed for children from conception to eight years. It seeks to help the child grow and thrive physically, mentally, emotionally, spiritually, morally and socially. This definition will guide the implementation of a multi-sector approach to ECD programmes in Uganda.

17. UNICEF will support national capacity to create an enabling policy environment, support intersectoral coordination at all levels and planning and monitoring, promote community-based ECD interventions, including evidence-based communication strategies to improve parenting skills.

> "This component aims to: enhance teacher effectiveness; strengthen school management, assessment and monitoring of learning outcomes"

Key interventions:

- Evidence-based policy advocacy and technical support to create an enabling environment for ECD (policy framework in place, norms and standards (incl. for young children with disabilities), ECD budget increased, targeting, institutional support, inter-sectoral coordination, M&E.
- Strengthened district and CSO capacity to scale up community-based (inclusive) ECD services, with focus on 0-3 years and (with strong linkage to nutrition's "1000 days" and building on VHT/CHW structures)
- Technical support at national and district level to ensure scale and quality of pre-primary education (3-5 years) and leverage GPE funding.
- Evidence-based communication to improve parenting (C-IMNCI/Care for Development, building on existing facility and community structures)

Output 2.2. Quality Basic Education: By end-2020, enhanced national capacity to increase equitable access, quality and sustainability of primary education that is inclusive and innovative to impart relevant knowledge and skills

18. Guided by national Basic Requirements and Minimum Standards, and with UNICEF support, this component aims to: enhance teacher effectiveness; strengthen school management, assessment and monitoring of learning outcomes; address issues of violence in schools; and promote peacebuilding and conflict-sensitive education. It will also address cultural and social attitudes that are not conducive to inclusive, quality and conflict-sensitive learning. Learning opportunities for children with disabilities will be created using innovative and proven inclusive education approaches.

> "protecting children from violence and harmful traditional practices such as child marriage; and equipping them with vital information and life-skills information"

Key interventions:

- Policy advocacy and technical support to enhance national commitment, social accountability and financial support for the Basic Requirements and Minimum Standards (BRMS/Child Friendly Schools):
- Strategic partnerships with Education development partners (EDP) and UN Girls Education Initiative (UNGEI) – leveraging GPE funds and other resources to achieve results.
- Monitoring learning achievement (improved and rolled out to all districts)
- Decentralized evidence-based monitoring and planning to improve learning outcomes -linked to BRMS, EMIS and EduTrac.
- Improving teacher effectiveness (pre-and in-service using innovative approaches),
- Improving school management and governance (coaching and mentoring through district CCT and decentralized monitoring/ planning)
- Innovation for inclusive education (innovations and technology to produce learning materials in formats accessible to children with special needs)
- Education in emergency and humanitarian situations (guided by the INEE minimum standards)
- Strengthened community participation as part of BRMS/CFS

Output 2.3. Adolescent development: By 2020, improved access of adolescents to information, life skills and essential services to reduce their vulnerability to HIV, teenage pregnancy and violence.

19. This component will support the development and implementation of an evidence-based national programme for the empowerment of adolescent, in particular adolescent girls, by improving their completion of primary education and transition to secondary school; increasing their access to and utilization of adolescent-responsive prevention services in health, and HIV and AIDS prevention, care and treatment services; protecting them from violence and harmful traditional practices such as child marriage; and equipping them with vital information and life-skills information that is gender sensitive in order to reduce their vulnerability to HIV and AIDS, teenage pregnancy, substance abuse and violence.

Key interventions:

- Review the life skills and adolescent empowerment programmes, which are part of the syllabus and are timetabled, involving both boys and girls
- Guidelines on teenage pregnancy developed and enforced in all schools
- Dissemination of the code of conduct and disciplinary procedures in relation to sexual violence in schools
- Strengthened national capacity in data collection and analysis to inform policies and programmes to address adolescent specific issues
- Training of senior female teachers on early identification of potential stress and the use of child-friendly approaches to respond to specific issues and problems of adolescent girls in schools
- Coaching and mentoring programme for boys and girls
- Involvement of identified males in the promotion of girls education
- Increased access of adolescents to age-appropriate, gender-sensitive, inclusive life skills, essential information and services using a systems-approach and innovative and adolescent-friendly ways. (sports, music, drama, arts, ICT)
- Curriculum review to incorporate peace building (to include life skills, civic and conflict sensitive education)

“Guidelines on teenage pregnancy developed and enforced in all schools”

3.0 Child Protection: Keeping Children Safe

20. This programme component will contribute to national priorities as articulated in Uganda second National Development Plan (2016–2020) and UNDAF Outcomes 1.1, 1.2, 1.3, 1.4 and 2.4 under the UNDAF Strategic Intent Pillars of Governance and Human Capital Development Pillars.

UNICEF Outcome 3: A comprehensive and functional national and subnational system that prevents gender-based violence and violence against children and delivers quality and equitable response services to survivors and victims.

The programme will be implemented in three strategic areas:

- Child protection system;
- Justice for children;
- Birth registration.

Output 3.1: Child protection system: By 2020, an integrated national child protection system that prevents and responds to violence, exploitation, abuse, discrimination and neglect and ensures the care of vulnerable children.

> The component will assist with the development of effective community-based prevention and response systems and consolidate work on the identification and referral of cases of victims of violence.

21. This component will support the development of a national child protection policy and planning framework to guide and harmonize actions related to the amended Child Act and the development of national standards and guidelines for prevention, early intervention and case management. It will also assist with the development of effective community-based prevention and response systems and consolidate work on the identification and referral of cases of victims of violence. The development of an evidence-based national communication strategy to address social norms that uphold harmful practices will also be supported.

22. The programme component will use a mix of strategies, including capacity development, communication for development, promotion of innovation and partnership, to strengthen the capacity of national institutions to address the pressing gaps that exist in the current child protection system at national, subnational and community levels.

Key interventions:

- Support the development and implementation of a national child protection policy and strategic planning framework
- Strengthened coordination of a multi-sectoral prevention and response programme at both national and sub-national level, with a focus on the most at-risk areas;

- Development of costed model of effective district and community-based prevention and response systems to inform roll out of child protection policy
- Consolidation and expansion of the coverage of the national Child Helpline to all districts, as the main system for identification and referral of cases of children who are victims of VAC to service providers A structured approach to capacity development of the social welfare workforce, building on Sunrise and other initiatives
- Development of a comprehensive and integrated Management Information System on VAC, linked to the GBV MIS to be used to track cases of children entering the child protection system and strengthen accountability for results
- Evidence-based national communication strategy to address social norms that perpetuate VAC
- Strategic partnership with UN agencies, FBO (VAC, VRC) and other CSOs will be pursued.

> "UNICEF will support strengthening the capacity of the sector's institutions and work"

Output 3.2. Justice for children: By 2020, a child-friendly and responsive justice system which (as an integral part of the child protection system) effectively and efficiently protects and serves all children, and operates in the best interest of children.

23. This component will build on the results achieved in mainstreaming justice for children into the national agenda of the Justice, Law and Order sector to promote access to child- and gender-sensitive equitable and rights-based justice services. UNICEF will support strengthening the capacity of the sector's institutions and work with them to standardize systems for child-friendly legal aid for children in contact with the law, and advocate with the Government of Uganda for ratification and implementation of international laws and treaties.

Key interventions:

- Standardized systems on child friendly legal aid for children in conflict and in contact with the law across the justice system;
- Institutionalised quality diversion standards across the justice sector
- Strengthened institutional and technical capacity of the justice organs and professionals to improve children's access to child friendly justice and delivery of legal services
- Strengthened national capacity in monitoring and reporting on key child justice indictors in an Annual Child Justice Progress Report; and
- Advocacy for the ratification of international laws and treaties, including the Hague convention on inter-country Adoption and Optional Protocol on trafficking in persons, especially of women and children.

> “Availability and access to birth registration is also a means to address violation of adolescent girls.”

Output 3.3. Birth registration: A comprehensive Birth and Death Registration system that will provide the necessary framework for the universal, continuous and free of charge birth registration of all children in Uganda.

24. This component will build on the results achieved in improving delivery of birth registration services in Uganda, by supporting the National Identification and Registration Authority (NIRA), under the Ministry of Internal Affairs, to develop and implement an evidence based and comprehensive Civil Registration Policy and costed national CRVS Strategic Plan, to provide the necessary framework for universal, continuous and free birth registration to all children born in Uganda. Policy dialogue and advocacy will be used to create fiscal space for free birth registration of children in Uganda. Technical and financial support will be provided to build the capacity of NIRA, districts and health facilities as part of CRVS systems strengthening, including reviewing, upgrading and scaling up the use of Mobile VRS to deliver quality and improved CRVS services nationally. In addition, awareness creation about the importance of birth registration, will be essential in raising demand. Strategic partnerships with the health sector, FBOs, UN agencies such as WHO and UNFPA, financial institutions such as the World Bank and the African Development Bank and the AU UNECA office, will play an essential role in advancing the right of all children to be registered at birth and have a birth certificate. Availability and access to birth registration is also a means to address violation of adolescent girls.

Key interventions:

- Support the government (NIRA) to develop and implement an evidence based and comprehensive Civil Registration Policy and costed national CRVS Strategic Plan
- Provide technical and financial support to strengthen the national CRVS system through capacity development and equipping of NIRA, districts and health facilities.
- Review and upgrade the scope and functionalities of Mobile VRS;
- Scale up the use of Mobile VRS nationally, to notify and register births and deaths; support issuance of birth certificates; and ensure the interoperability with other relevant government systems in health, education and governance.
- Support development and implementation of a Communication strategy to increase the uptake of birth registration services nationally.

4.0 Cross-sectoral programmes

25. This programme sub-component will contribute to national priorities as articulated in the Uganda's second National Development Plan (2016-2020) and the UNDAF Outcome (1.3) on Institutional Development, Transparency and Accountability, Outcome 1.4 Peace, Security and Resilience, Outcome (2.3) Social Protection under the Strategic Intents of Governance and Human Capital.

26. All UNICEF programme components 1, 2 and 3 above will be supported through evidence-based policy analysis and advocacy, communication and partnerships and improved accountability for results. The programme will be implemented in three cross-sectoral programme outcome areas:
    - Social Policy, Advocacy and Evaluation;
    - Strategic Communication and Partnerships
    - Programme Coordination, Planning and Monitoring

    UNICEF Outcome 4a: By 2020, improved equity-sensitive and child-friendly policies, programmes and budget allocations based on high-quality evidence and strengthened oversight.

    Output 4a.i. By 2020, Strengthened national capacity to provide a robust and credible evidence, budget, policy and institutional analyses for children with a focus on reducing disparities and promoting social inclusion

27. Building on existing collaborations with academic institutions and the Uganda Bureau of Statistics, UNICEF will work with Government and partners to construct a strong and rigorous evidence base on child

> "UNICEF will work with Government and partners to construct a strong and rigorous evidence base on child poverty and inclusion"

> “Through child poverty mapping and equity analysis, the programme will advocate for the poorest and most vulnerable children”

poverty and inclusion. Through the development of robust analytical tools, and sustained investments in the capacity of national academic and other institutions to conduct high quality research, the programme will focus on ensuring national policies and interventions for children are equity-sensitive, have a sound empirical base and are in compliance with the Convention on the Rights of the Child (CRC). To this end, the programme will promote South-South cooperation and support the establishment of a knowledge hub and think tank with a view to facilitate information sharing and policy dialogue, and provide innovative and practical policy recommendations to improve outcomes for children. The programme will also contribute to strengthen sub-regional level mapping of child poverty vis-à-vis rigorous assessments of the quality of basic services available to poor children and women across the nation. As part of these efforts, in close partnership with policymakers, practitioners, investors, and donors, UNICEF will support the design and effective implementation of national policies through rigorous programme evaluations. Working directly with key budget decision makers – especially through partnerships with the Ministry of Finance – this component of the programme aims to make children more visible in the national budget (Public Finance for Children) by promoting effective and equity-sensitive social sector spending and strengthening the linkages of policy and planning to budget allocations at both national and sub-national levels, thus contributing to improved outcomes for children.

Output 4a.ii. Strengthened capacity to develop a child-sensitive and inclusive social protection policy framework and action plan to provide a comprehensive vision and commitment to the progressive realization of universal coverage of social protection

28. In partnership with UN sister agencies and other development partners this component will contribute to support a Government-led, integrated social protection system that is well-coordinated, sustainably resourced, child, gender and HIV sensitive. In this respect, SPE/UNICEF will continue to advocate for and provide technical support to ensure the social policy framework and programme plans of interventions are child sensitive and address child poverty and vulnerability. Such efforts will include the preparation of different scenarios to justify sustained investments in poor and vulnerable children with a view to promote the expansion and scale-up of inclusive, sustainable and child sensitive social protection programmes. Through child poverty mapping and equity analysis, the programme will advocate for the poorest and most vulnerable children to be targeted in social services such nutrition and early childhood development programmes (social care and support

component of the social protection policy). Finally, from an operational point of view, the programme will continue supporting Government's multi-sectoral coordination mechanism, and the development partners' task force to harmonize and align social protection interventions with Government's policy agenda.

Output 4a.iii. By 2020, an enabling environment for child rights governance that includes building the capacity of national institutions and civil society to advocate for children and advance child-rights in Uganda, whilst creatively designing avenues for children to participate in national policy discussions.

29. In close collaboration with the UNICEF Child Protection Programme (SAFE) and other programmes will work to strengthen partnership and build the capacity of national institutions and civil society to advance child-rights. This includes: (i) strengthening parliament's oversight function; (ii) in collaboration with the child protection programme, promoting independent human/child rights institutions and civil society's participation in the monitoring of the implementation of, and advocacy for, child rights; and (iii) supporting the establishment of mechanisms to promote meaningful participation of children and adolescents in national policy discussions; and (iv) ensuring timely and quality reporting on CRC and other international and regional obligations related to child rights.

> "In close collaboration with the UNICEF Child Protection Programme (SAFE) and other programmes will work to strengthen partnership and build the capacity of national institutions and civil society to advance child-rights."

UNICEF Outcome 4b: By 2020, a mass movement is generated to drive public action that accelerates the realization of the fundamental rights of children in Uganda, especially of the poorest and most deprived.

30. The programme sub-component will contribute to national priorities as articulated in the Uganda's second National Development Plan (2016-2020) and the UNDAF result (1.3) on Institutional Development, Transparency and Accountability under the Strategic Intent of Governance.

31. Through its four pillars - Public Advocacy; Civic Engagement, including child participation; Communication for Development; and Private Sector Partnerships – the Strategic Communication and Partnerships programme will work with key child rights stakeholders (Government, civil society, including youth, adolescents and children, faith-based organizations and private sector) to mobilize a mass movement that drives public action to accelerate the realization of child rights in Uganda, especially of the most vulnerable and deprived children.

> C4D component of the programme aims to strengthen national capacity to implement evidence-based and well-coordinated communication

Output 4b.i. By 2020, public outreach and engagement to mobilize public advocacy for child rights is heightened through partnerships with traditional and new media.

32. **Public Advocacy:** Under the overall *#InvestInUGchildren:* Realize Uganda's Vision 2040 campaign, the Strategic Communication and Partnership Programme will focus on telling compelling evidence-based stories of the current realities of Ugandan children, especially the most deprived and reaching 10 million people (to be determined) across Uganda with its messages and content. This will be done by: (a) strengthening UNICEF's engagement with and on digital platforms, including its website, Facebook and Twitter pages, U-report, and new emerging Ugandan social media sites; (b) developing strategic partnerships with prominent media agencies in order to exponentially expand UCO's reach and penetration, especially to the most deprived populations; (c) developing strategic corporate, civil society, and entertainment/celebrity partnerships in order to accelerate the building of a movement for Ugandan children; and (d) developing new technological innovations that capitalize in the latest developments in mobile technology and social media; engaging 500,000 people (to be determined) to take action for Ugandan children.

Output 4b.ii. By 2020, national capacity is strengthened to implement evidence-based and well-coordinated communication strategies to protect child rights through positive behaviour and social change.

33. **Communication for Development** (C4D) component of the programme aims to strengthen national capacity to implement evidence-based and well-coordinated communication strategies to advance child rights through positive behaviour and social change. To this end, technical support will be provided to government and partners to develop and implement evidence- based and equity-focused communication for development strategies. Linking services with communities will be a key priority for C4D through strengthening existing structures such Village Health Teams, Community Child Protection Workers and Agricultural Extension Workers, embedded within the communities and their interface with basic social services. Refining the engagement strategy for key community stakeholders (like Faith Based Organizations, Cultural institutions/Kingdoms, Youth Coalitions and NGOs) and building their capacity will be given high priority with specific focus on linking their activities to overall district planning. A greater engagement with men, youth and children is also envisaged across programme areas. In addition, special attention will be given to rolling out a community based info-entertainment strategy, including recreational and competitive sports programmes, music/dance/drama, community theatre and community cinema for sustainable behavior change through impacting deep seated social and cultural norms. In addition, special attention will be given to

use of innovative mobile and digital platforms to strengthen the evidence base and feedback loop for C4D interventions (mTrac, EduTrac, U Report).

Output 4b.iii. By 2020, civil society is strengthened and coordinated to engage citizens including children to report on child rights violations and advocate for the protection of children's rights.

34. Building on the principle of social accountability, this component of the programme will focus on empowering children, youth and the most excluded populations to make their voices heard and , set their own priorities, control their own resources and influence government and private institutions to be more responsive, inclusive and accountable. The programme will focus on framing its existing innovative digital platforms like U-Report and the helpline around child rights to ensure that citizen's voices and issues are contextualized around the fundamental rights of children, thus contributing to the strengthening child rights governance. This will manifest in participatory engagement of citizens in child rights policy formulation and monitoring to bring transparency and effectiveness around child rights to public institutions. Civic engagement will also focus on Youth and Child Participation through fostering and supporting civil society, child rights networks and youth coalitions to provide a platform for children to deepen their engagement and interaction with the wider community and country. Children's and youth organizations will play an important role in supporting children to develop their civic responsibilities and social awareness through active involvement in community affairs. Special attention will also be given to building capacity of CSOs to advocate for child rights and contribute to improved governance and provide a platform for better social accountability.

Output 4b.iv. By end 2020, Knowledge and capacity of companies to adopt the Child Rights and Business Principles are increased to better protect and promote child rights.

35. The programme will focus on developing strategic partnerships with Private Sector/business entities to advocate for and promote Child Rights. Specific focus will be on rolling out the Children's Rights and Business Principles (CRBP), so more Ugandan business entities respect, support and advance children's rights, adopt more child-friendly business policies and practices, and make a difference for children. Under the CRBP agenda, corporate engagement will go beyond traditional fundraising and resource mobilization approaches to build strategic long term relationships to get concrete support on developing and implementing child friendly public private partnership policies and making contributions through CSR to accelerate the realization of child rights.

“The programme will focus on framing its existing innovative digital platforms like U-Report and the helpline around child rights”

> “The government has planned creation of 25 additional districts which increased the number of districts to 136 in addition to Kampala Capital City Authority by July 2015”

UNICEF Outcome 4.c.: Coordination, Planning and Monitoring: oversight, guidance and coordination to ensure effective and efficient planning, management, implementation and monitoring of the country programme.

36. The country programme will be coordinated as part of the UNDAF by the Ministry of Finance, Planning and Economic Development and Ministry of Local Government and will be implemented in cooperation with the Government of Uganda and other national and international development partners. Please see below for details on programme monitoring and evaluation.

Rationale for the choice and mix of programme strategies and geographic focus

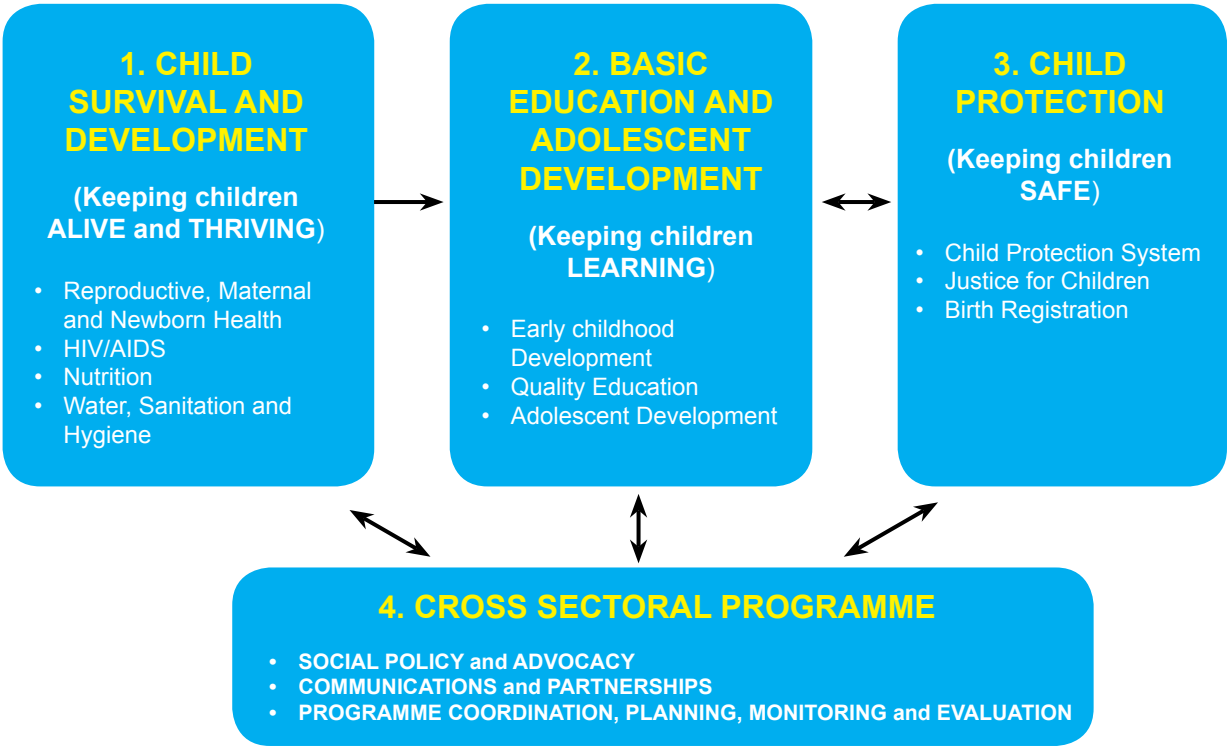
37. The Country Programme 2016-2020 has been developed using lessons learnt through implementation of the Country Programme 2010-2015 using the mix of programme strategy as discussed in Part III, section 7. It takes into consideration that while service delivery in Uganda is largely decentralized, there exists capacity gaps and quality issues. The government has planned creation of 25 additional districts which will increase the number of districts to 136 in addition to Kampala Capital City Authority during the Country Programme period. UNICEF will continue to undertake policy engagement and strengthen use of evidence-based advocacy for increased investment in children, while providing targeted technical support to address implementation bottlenecks using innovative approaches during 2016-2020. The rationale for the programme has been discussed in detail in Part III based on a programme structure and priorities described in the next section.

38. The geographical areas of intervention of activities will be based on reducing disparities on key indicators of children's rights and implemented through district and national partners including civil society organizations. UNICEF's Core Commitments for Children in humanitarian situations will form the basis for UNICEF support wherever and whenever humanitarian needs arise. UNICEF Country Programme will be implemented through direct partnership with District Local Governments and support of the Civil Society Organizations.

iv. Country Programme Structure

39. The Country Programme will be implemented through three sectoral programmes: Child Survival and Development (Alive and Thriving); Basic Education and Adolescent Development (Learning) and Child Protection (Safe) and one Cross-Sectoral programme with three components: Social Policy, Advocacy and Evaluation; Communication and Partnerships and Coordination, Planning and Monitoring with a bold effort to transition from a 'project approach' to a Government-led and well-coordinated 'systems-approach' with a view to build sustainable and scalable systems and capacities to deliver a comprehensive set of quality services for children as shown below:

2016-2020 UNICEF/GOVERNMENT OF UGANDA/COUNTRY PROGRAMME STRUCTURE



v. Summary Budget Table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child survival and development	46 036	108 050	154 086
Basic education and adolescent development	19 088	50 966	70 054
Child protection	14 597	22 425	37 022
Cross-sectoral[6]	32 563	22 424	54 987
Total	**112 284**	**203 865**	**316 149**

6 The cross-sectoral component includes: social policy and advocacy, strategic communication and partnerships; and coordination, planning and monitoring.

vi. Detailed Budget Table by Programme Outcome, Output, Year and Type of Resource

Uganda CP 2016 – 2020																	
		%	%	2016		2017		2018		2019		2020		RR Total	OR Total	CP Total
Outcome	Output	RR	OR	RR	OR	RR	OR	RR	OR	RR	OR	RR	OR			
Child Survival and Development (Keeping Children Alive and Thriving)	RMNCH	50%	45%	4,603,600	9,724,500	4,603,600	9,724,500	4,603,600	9,724,500	4,603,600	9,724,500	4,603,600	9,724,500	23,018,000	48,622,500	71,640,500
	HIV/AIDS	14%	21%	1,289,008	4,538,100	1,289,008	4,538,100	1,289,008	4,538,100	1,289,008	4,538,100	1,289,008	4,538,100	6,445,040	22,690,500	29,135,540
	Nutrition	18%	20%	1,657,296	4,322,000	1,657,296	4,322,000	1,657,296	4,322,000	1,657,296	4,322,000	1,657,296	4,322,000	8,286,480	21,610,000	29,896,480
	WASH	18%	14%	1,657,296	3,025,400	1,657,296	3,025,400	1,657,296	3,025,400	1,657,296	3,025,400	1,657,296	3,025,400	8,286,480	15,127,000	23,413,480
	Total	**100%**	**100%**	**9,207,200**	**21,610,000**	**9,207,200**	**21,610,000**	**9,207,200**	**21,610,000**	**9,207,200**	**21,610,000**	**9,207,200**	**21,610,000**	**46,036,000**	**108,050,000**	**154,086,000**
Basic Education and Adolescent Development (Keeping Children Learning)	Early Childhood Development (ECD)	40%	30%	1,527,040	3,057,960	1,527,040	3,057,960	1,527,040	3,057,960	1,527,040	3,057,960	1,527,040	3,057,960	7,635,200	15,289,800	22,925,000
	Quality of Primary Education	30%	40%	1,145,280	4,077,280	1,145,280	4,077,280	1,145,280	4,077,280	1,145,280	4,077,280	1,145,280	4,077,280	5,726,400	20,386,400	26,112,800
	Adolescent Development	30%	30%	1,145,280	3,057,960	1,145,280	3,057,960	1,145,280	3,057,960	1,145,280	3,057,960	1,145,280	3,057,960	5,726,400	15,289,800	21,016,200
	Total	**100%**	**100%**	**3,817,600**	**10,193,200**	**3,817,600**	**10,193,200**	**3,817,600**	**10,193,200**	**3,817,600**	**10,193,200**	**3,817,600**	**10,193,200**	**19,088,000**	**50,966,000**	**70,054,000**
Social Policy, Evaluation and Advocacy	Child Protection															
	Integrated Child Protection System	50%	49%	1,459,700	2,197,650	1,459,700	2,197,650	1,459,700	2,197,650	1,459,700	2,197,650	1,459,700	2,197,650	7,298,500	10,988,250	18,286,750
	Justice for Children	28%	30%	817,432	1,345,500	817,432	1,345,500	817,432	1,345,500	817,432	1,345,500	817,432	1,345,500	4,087,160	6,727,500	10,814,660
	Birth Registration	22%	21%	642,268	941,850	642,268	941,850	642,268	941,850	642,268	941,850	642,268	941,850	3,211,340	4,709,250	7,920,590
	Total	**100%**	**100%**	**2,919,400**	**4,485,000**	**2,919,400**	**4,485,000**	**2,919,400**	**4,485,000**	**2,919,400**	**4,485,000**	**2,919,400**	**4,485,000**	**14,597,000**	**22,425,000**	**37,022,000**
	Evidence, budget, policy and institutional analyses	40%	40%	718,640	326,160	718,640	326,160	718,640	326,160	718,640	326,160	718,640	326,160	3,593,200	1,630,800	5,224,000
	Child-sensitive and inclusive social protection	35%	35%	628,810	285,390	628,810	285,390	628,810	285,390	628,810	285,390	628,810	285,390	3,144,050	1,426,950	4,571,000
	Child rights governance	25%	25%	449,150	203,850	449,150	203,850	449,150	203,850	449,150	203,850	449,150	203,850	2,245,750	1,019,250	3,265,000
	Total	**100%**	**100%**	**1,796,600**	**815,400**	**1,796,600**	**815,400**	**1,796,600**	**815,400**	**1,796,600**	**815,400**	**1,796,600**	**815,400**	**8,983,000**	**4,077,000**	**13,060,000**
Strategic Communications and Partnerships	Public Advocacy	35%	12%	707,420	97,848	707,420	97,848	707,420	97,848	707,420	97,848	707,420	97,848	3,537,100	489,240	4,026,340
	Civic Engagement	23%	12%	464,876	97,848	464,876	97,848	464,876	97,848	464,876	97,848	464,876	97,848	2,324,380	489,240	2,813,620
	Communication for Development	31%	39%	626,572	318,006	626,572	318,006	626,572	318,006	626,572	318,006	626,572	318,006	3,132,860	1,590,030	4,722,890
	Private Sector Partnership	11%	37%	222,332	301,698	222,332	301,698	222,332	301,698	222,332	301,698	222,332	301,698	1,111,660	1,508,490	2,620,150
	Total	**100%**	**100%**	**2,021,200**	**815,400**	**2,021,200**	**815,400**	**2,021,200**	**815,400**	**2,021,200**	**815,400**	**2,021,200**	**815,400**	**10,106,000**	**4,077,000**	**14,183,000**
Coordination Planning and Monitoring	Planning Monitoring and Evaluation	22%	17%	589,468	477,355	589,468	477,355	589,468	477,355	589,468	477,355	589,468	477355	2,947,340	2,386,775	5,334,115
	Field Coordination and Emergency	30%	15%	812,805	433,291	812,805	433,291	812,805	433,291	812,805	433,291	812,805	433,291	4,064,025	2,166,455	6,230,480
	Operations	48%	68%	1,292,527	1,943,354	1,292,527	1,943,354	1,292,527	1,943,354	1,292,527	1,943,354	1,292,527	1,943,354	6,462,635	9,716,770	16,179,405
	Total	**100%**	**100%**	**2,694,800**	**2,854,000**	**2,694,800**	**2,854,000**	**2,694,800**	**2,854,000**	**2,694,800**	**2,854,000**	**2,694,800**	**2,854,000**	**13,474,000**	**14,270,000**	**27,744,000**
Total				**22,456,800**	**40,773,000**	**22,456,800**	**40,773,000**	**22,456,800**	**40,773,000**	**22,456,800**	**40,773,000**	**22,456,800**	**40,773,000**	**112,284,000**	**203,865,000**	**316,149,000**

Part IV:

Partnership Strategy

> "UNICEF, led by UNDAF will engage as much as possible in programme-based approaches (PBAs) related to various sectors and reforms as defined by the Government"

40. The country programme will be implemented in cooperation with the Government of Uganda, building on existing long-established partnerships with ministries and government institutions at the central and decentralized level. Other major partners include:

- United Nations agencies guided by the UNDAF;
- Development partners;
- International and national NGOs, faith-based organizations, academia and CSOs, human rights groups and youth associations;
- Media, national-level and subnational-level communication forums for raising awareness on child rights; and
- Private-sector.

41. with Uganda's policy on development cooperation and its commitment to enhanced aid effectiveness, UNICEF, led by UNDAF will engage as much as possible in **programme-based approaches (PBAs)** related to various sectors and reforms as defined by the Government. These will include, but are not limited to, existing and prospective PBAs in health, education, rural water supply, sanitation and hygiene and social protection. Within these and other areas, UNICEF cooperation will be guided by sector strategic plans

developed by the Government. UNICEF will continue to participate in common programming and resource management arrangements, led by the Government, advocating within such strategic partnerships for higher priority to be given to children, especially those at a greater disadvantage.

42. Specifically, UNICEF will continue to strengthen its partnerships with **key Government of Uganda institutions including;** the National Council for Children; Parliament; the Ministry of Finance Planning and Economic Development (MoFPED); the Ministry of Local Government (MoLG), the Uganda Bureau of Statistics; and the Expanding Social Protection Secretariat.

43. **The Health programme** will work with all eight key ministries committed to "A Promise Renewed" global initiative and the Uganda Nutrition Action Plan in addition to the: Gender/Social Development sector; UN-REACH (WFP, WHO & FAO) to support the SUN movement; partnerships with UNHCR, WFP, Concern Worldwide and other NGOs for emergency response; and collaborate with USAID partners on nutrition, food security and livelihoods.

44. The **Basic Education** programme will continue its strong partnerships with FBOs, NGOs, international organizations, MPs and donors with both the Ministry of Education and Ministry of Gender, Labour and Social Development as key partners that provide the enabling environment (bulk of the funding, operational framework and overall management of education development). As a leading member of the Education Development Partners (EDP) group, UNICEF will ensure it is strategically positioned to influence the formulation of key decisions for the sector and the partnership between the Education Ministry and Development Partners (EDPs).

45. In **Child Protection**, UNICEF will further its collaboration with the JLOS Development partners' group raising the visibility of children and adolescents in contact with the law. Partnership with the Joint UN programme on AIDS and the Civil Society Fund for HIV/AIDS will also strengthen coordination around OVCs.

46. UNICEF will continue its innovative **partnerships with Private Sector Foundation Uganda** (PSFU), an apex body representing 175 business associations, to advocate for private sector-led growth in Uganda and specifically increased investments in ECD and Adolescent Development. UNICEF will continue its successful partnerships with NTV and other traditional and social media channels to drive #InvestInUGchildren umbrella media campaign and UCRNN, to strengthen collective civil society advocacy on child rights. UNICEF will strengthen its collaboration with PSFU, Global Compact Network Uganda and NGOs supporting the Children's Rights and Business Principles.

Part V:

Programme and Risk Management

> "The capacity of technical staff will be enhanced to strengthen accountability for results in line with UN HACT Policy and Procedures."

47. This CPAP outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

48. UNICEF will strengthen procedures to manage and mitigate risks in the programme environment. Management of the harmonized approach to cash transfers will continue to be strengthened to address major risks in programme implementation. The capacity of technical staff will be enhanced to strengthen accountability for results in line with UN HACT Policy and Procedures. Zonal offices will facilitate engagement with a range of government and non-governmental partners, share timely information on risks and opportunities and provide technical and management support to government counterparts. UNICEF will collaborate with implementing partners to conduct joint HACT-related programme assurance activities (programme visits and reviews, spot checks, special and schedules audits). UNICEF will conduct financial management capacity assessments and build capacity of partners to manage and reduce risks in line with the HACT Policy and Procedures.

49. The country programme will be coordinated as part of the UNDAF by the Ministry of Finance and will be implemented in cooperation with the Government of Uganda, Ministry of Local Government and other national and international development partners. UNICEF will in addition, work within the UNCT established working structures for driving joint UN results both at central and field levels with result areas for UN agencies to convene around[7] and a UN Area Coordination System[8] for bottom-up joint implementation and monitoring at field level. Overall, management of the Country Programme will be led by the Inter-ministerial Country Programme Management Team (CPMT), chaired by the Ministry of Finance, Planning and Economic Development, with members from the programme's counterpart government sectors, ministries, departments and agencies, bureaux, commissions, the National Council for Children, civil society and the UNICEF Country Management Team. The CPMT is responsible for the inter-ministerial coordination of the Country Programme and will participate in reviews, annual strategic prioritization, field visits for monitoring and representation at special events. Members of CPMT will also promote children's rights within Sector Working Groups, Sector reviews and budget processes.

> "The CPMT is responsible for the inter-ministerial coordination of the Country Programme"

50. Planning, budgeting, implementation, review and evaluation of the Programme will be harmonized with the Government's annual and five-year calendars. Responsibilities for Country Programme management are divided between the central and district levels. Responsibilities for technical guidance, policy development, standard setting, supervision, studies and evaluation rest with the Government ministries concerned as implementing partners. Responsibilities for Country Programme coordination and implementation at district level are with the Local Government as Implementing Partners.

51. The Government of Uganda and UNICEF will conduct annual planning and review meetings for all programmes covered by the Country Programme Plan of Action. The Annual Programme Review at district level will provide inputs to the annual programme review undertaken at the national level by the Government, UN agencies and other partners. The mid-term review of the Country Programme will be conducted in 2018 as an evidence-based evaluation of results, with recommendations guiding any possible changes in country programme implementation. Monitoring of key indicators will help improve results-based management.

7 As part of the UNDAF Action plan 2013-2015 the UNCT has advanced the DaO effort and joint results through three convergence result areas, each led by a Head of Agency Maternal and New-born Health; Youth Employment and Engagement and Gender Equality. Women's Empowerment and GBV. The same groups have also been constituted at the regional/ UN Area Coordination level.

8 UN Area Coordinators have been appointed by the RC/UNCT for Northern Uganda (Acholi, West Nile, Lango), for Karamoja and for South West and coordinate UN agencies and DaO efforts on the ground.

> **"The mid-term review of the Country Programme will be conducted in 2018 as an evidence-based evaluation of results"**

52. Annual Work Plans (AWPs) detailing activities, budgets (funds committed and funds that need to be raised/funding gap), responsible partners, implementation modalities and timeframes will be prepared with line ministries, district level government, other implementing partners identified and agreed as key partners for implementation of the Country Programme.

53. The programme teams, will assure integrated, holistic programming for joint results. Each Programme will jointly plan, budget, monitor and review together with district and Sectoral processes.

54. All cash transfers to Implementing Partners shall be based on the Work Plans agreed between the Implementing Partner and UNICEF. Cash transfers for activities detailed in WPs will be made by UNICEF using the following modalities as per the Harmonized Approach to Cash Transfers (HACT):
    a. Cash transferred directly to the Implementing Partner:
        - Prior to the start of activities (direct cash transfer), or
        - After activities have been completed (reimbursement);
    b. Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
    c. Direct payments to vendors or third parties for obligations incurred by UNICEF in support of activities agreed with Implementing Partners.

55. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNICEF shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts.

56. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNICEF or refunded.

57. Cash transfer modalities, the size of disbursements and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management environment and assessment of the financial management capacity of the Government and non-UN[9] Implementing Partner. A qualified consultant, such as a public accounting firm, selected by UNICEF may conduct such an assessment, in which the Implementing Partner shall participate.

58. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

59. UNICEF will in addition participate in the implementation of United Nations Joint Programmes in collaboration with government of Uganda Ministries, Agencies and Departments with support from civil society organization. This shall include the preparation of a UN Joint Programme document and a common work plan with activities and a budget. Joint Programme implementation, monitoring and annual review will be undertaken. Responsibilities for the work plan activities shall be divided up among UN agencies involved. Three different funding modalities will be used in the development of the Joint Programmes. Under parallel funding management modality, each agency funds its activities in parallel with other participating agencies. In the case of the pooled funding management option, one of the participating UN agencies in the Joint Programme will accept the responsibility of acting as a management agent to support the national counterpart to manage the common work plan. The Pass-through funding management option entails funds being channelled through one of the participating UN agencies, selected jointly by all participating UN agencies and in consultation with Government as the administrative agent of the Joint Programme.

“Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months”

9 For the purposes of these clauses, “the UN” includes the IFIs.

60. The CPD includes a proposed aggregate indicative budget of **US$ 112,284,000** from regular resources, subject to the availability of funds, and **$203,865,000** in other resources, subject to the availability of specific-purpose contributions, for the period January 2016 to December 2020. The budget breakdown by programme component is shown in the summary table above

> **"Resources mobilized will be used for cash expenses and direct procurement of supplies"**

61. These resource mobilization targets are based on estimates of costs to achieve planned results and resource mobilization experience in the past years. Resources mobilized will be used for cash expenses and direct procurement of supplies. A comprehensive resource mobilization strategy (financial and in-kind) which will outline fundraising plans for the Other Resources (OR) component of the Country Programme and human resource requirements will be developed. The expected resource mobilization opportunities through locally managed pooled funds such as Multi Donor Trust Funds, Joint Programmes and the leveraging of resources and capacity through Global Programme Partnerships (GPPs) will also be explored.

62. The Government of Uganda- UNICEF Country Programme will require professional and support staff in Kampala, Western and Central, Moroto and Gulu regions. Staff may be placed elsewhere as need arises, on a temporary basis or through approval of a regional programme and budget review board. Some staff will also be seconded with Government at national level. The Uganda Country Office will require support of national and international experts and institutions, the UNICEF East and Southern Africa Regional Office and the UNICEF headquarters in New York.

Part VI:

Monitoring and Evaluation

> “Regular reviews will be conducted to assess progress made and to take corrective measures, as appropriate”

63. Progress toward the country programme results will be monitored using the indicators contained in the Results and Resources Framework (see annex II), based upon the UNDAF results matrix and the Integrated Monitoring and Evaluation Plan (III). Regular reviews will be conducted to assess progress made and to take corrective measures, as appropriate. Independent programme evaluations will be co-managed with relevant Government departments following United Nations evaluation norms and standards and guidelines of the Development Assistance Committee (Organization for Economic Co-operation and Development). UNICEF will work with other agencies to strengthen the capacity of national institutions in monitoring progress toward national and international goals and to track inequities. Programme performance monitoring using the UNICEF Monitoring Results for Equity System will be emphasized in the relevant sectors.

64. **Monitoring and Evaluation will be harmonized** with national, sectoral and UNDAF monitoring and evaluation systems. The Country Programme will (a) support the Office of the Prime Minister and the Uganda Bureau of Statistics to develop a policy and strategy for gender- and child-sensitive monitoring and evaluation of the NDP II across all sectors; (b) support harmonization of management Information Systems and provide technical support for the establishment of standards and certification of national statistics and research; (c) strengthen surveillance and survey systems to ensure timely availability of valid,

reliable disaggregated data and analysis on the situation of children and women; and (d) increase access to strategic information, including through evaluations, for performance monitoring and reporting. UNICEF commits to supporting and strengthening national and sub national planning and monitoring systems and national public sector M&E capacity and provide technical assistance through working as a member of the UN Working Group on M&E.

65. The M&E matrix (see Annex II) includes selected indicators and data sources to assess progress towards, and accomplishment of, the targets set by the Programme. The indicators and data sources are drawn from existing national data collection processes and overlap with the NDP and UNDAF M&E matrices and the UNDAF M&E plan. The aim of the M&E matrix is to monitor the performance of UNICEF's Country Programme performance without creating a separate, parallel system or set of indicators from government and partners. The M&E matrix incorporates i) situation monitoring, i.e. monitoring progress towards achievement of SDGs to which the Country Programme contributes, mainly in the form of support to national studies and surveys; and ii) programme performance monitoring and evaluation of interventions implemented with UNICEF's support.

66. The Integrated Monitoring and Evaluation Plan is found in Annex III. The plan outlines the planned major studies, surveys, evaluations, and contributions to national level M & E products and systems. The plan is developed through a consultative process that results in the identification of strategic M&E activities that provide both accountability and learning within each of the three programme component results. It is linked to the UNDAF five year IMEP. Studies, surveys and evaluations have been planned to contribute to the evidence base within the social policy sectors and to investigate issues of strategic importance to the

situation of children and women in Uganda. The IMEP reflects UNICEF Uganda's research and evaluation agenda over the next five years and is an indicative document used for M&E planning; as such it will be revised on yearly basis to reflect the strategic planning within the monitoring and evaluation functions, and evolving humanitarian or emergency situations in the country. Furthermore, programme strategies and design will be informed by the evaluations outlined in the costed plan (see annex IV).

67. The Programme will work within Government and others through partnerships agreements to contribute towards situation monitoring, i.e., monitoring progress towards achieving national and SDG targets for those programmes to which this Programme contributes. To ensure timely availability of valid, reliable gender and child-sensitive data and the analysis on the situation of children and women, UNICEF will support the Uganda Bureau of Statistic Office to collect data for the DHS; the office of the Prime Minister for the implementation guidelines for the monitoring and evaluation strategy of the NDP II; the strengthening of management information systems of relevant Government ministries; and strengthening of surveillance systems and surveys.

68. Performance monitoring will be carried out through monitoring strategically selected performance management indicators and targets outlined in the results matrix. Achieved results of the programme will be reported during UNICEF quarterly, mid-year and annual reviews and in reports that are produced for purpose of reporting to UNICEF higher level offices or donors. Such monitoring activities will include, inter alia;
    - Programmatic monitoring of activities and use of financial resources conducted by UNICEF staff alone or jointly with Government, and possibly other UN staff (for projects under joint programmes or joint programming);
    - Project progress reports written by either implementing partners to UNICEF or by UNICEF to donors;
    - Evaluations of programme interventions and strategies;
    - Special surveys carried out with the aim of establishing baseline data or measuring progress made or achievements attained (for example evaluating schools according to child-friendly school criteria);
    - Research activities and analytical work; and
    - Focus group discussions with community members.

69. Implementing partners agree to cooperate with UNICEF for monitoring all activities supported through cash transfers and will facilitate joint visits to project locations and access to relevant financial records and personnel responsible for the administration of cash provided by UNICEF. To that effect, Implementing Partners agree to the following:
    - Periodic on-site reviews and spot checks of their financial records by UNICEF or its representatives,
    - Programmatic monitoring of activities following UNICEF standards and guidance for site visits and field monitoring,
    - Special or scheduled audits: UNICEF, in collaboration with other UN agencies will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNICEF, and those whose financial management capacity needs strengthening.

70. The Supreme Audit Institution (SAI) may undertake the audits of government Implementing Partners. If the SAI chooses not to undertake the audits of specific Implementing Partners to the frequency and scope required by UNICEF. UNICEF will commission directly the audits to be undertaken by private sector audit services.

71. Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNICEF.

Part VII:

Commitments of UNICEF

72. In case of direct cash transfer or reimbursement, UNICEF shall notify the Implementing Partner of the amount approved by UNICEF and shall disburse funds to the Implementing Partner within 15 working days.

73. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNICEF in support of activities agreed with Implementing Partners, UNICEF shall proceed with the payment within 15 working days.

74. UNICEF shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

75. Where more than one UN agency provides cash to the same Implementing Partner, the financial management capacity assessment and auditing will be undertaken jointly or coordinated with those UN agencies as appropriate.

> **"UNICEF will work with ministries and district Governments to strengthen supply logistics within all programme components"**

76. UNICEF support to the development and implementation of activities within the Country Programme Action Plan will include technical support, cash assistance, supplies and equipment, procurement of goods and transport, funds for advocacy, research and studies, consultancies, programme development, monitoring and evaluation, training activities and staff support. UNICEF will work with ministries and district Governments to strengthen supply logistics within all programme components, with a view to strengthen Government capacity. Part of UNICEF support may be provided to Non-Government and Civil Society Organisations as agreed within the framework of the individual programmes.

77. UNICEF shall appoint project staff and consultants for programme development, programme support, technical assistance, as well as monitoring and evaluation activities.

78. Subject to annual reviews and progress in the implementation of the programme, UNICEF funds will be distributed annually and in accordance with the Country Programme Action Plan. These budgets will be reviewed and further detailed in the Annual Work Plans. By mutual consent between the Government and UNICEF, if the rate of implementation in any project is substantially below the annual estimates, funds not earmarked by donors to UNICEF for specific projects may be re-allocated to other programmatically equally worthwhile projects that are expected to achieve faster rates of execution toward achievement of the Country Programme results.

79. UNICEF will consult with ministries, departments and agencies concerned on timely requisition of cash assistance, supplies and equipment, or services. UNICEF will keep concerned officials informed of the movement of commodities, in order to facilitate efficient and timely clearing, warehousing and distribution.

80. In consultation with the Government focal cooperation department, UNICEF maintains the right to request a joint review of the use of commodities supplied but not used for the purposes specified in this Country Programme Action Plan and Annual Work Plans, for the purpose of reprogramming those commodities within the framework of the CPAP.

81. Where UN agencies other than UNICEF are supporting the same partner, financial management capacity assessment and auditing will be undertaken jointly or coordinated with those other UN agencies as appropriate.

Part VIII:

Commitments of the Government

> The Government will support UNICEF's efforts to raise funds required to meet the financial needs of the Programme of Cooperation

82. When organising periodic programme review and planning meetings, including annual and midyear reviews, annual planning meetings and the Mid-Term Review, Government shall encourage and facilitate the participation of donors, United Nations agencies, members of the UNICEF Executive Board, non-governmental organisation or civil society organisations, as appropriate.

83. The Government will provide all personnel, premises, supplies, technical assistance and funds, recurring and non-recurring support, necessary for the programme, except as provided by UNICEF and/or other United Nations agencies, international organisations or bilateral agencies, or non-governmental organisations.

84. The Government will support UNICEF's efforts to raise funds required to meet the financial needs of the Programme of Cooperation and will cooperate with UNICEF by: encouraging potential donor government to make available to UNICEF the funds needed to implement the unfunded components of the programme; endorsing UNICEF's effort to raise funds for the programme from the private sector both internationally and in Uganda; and by permitting contributions from individuals, corporations and foundations in Uganda to support this programme which will be tax exempt.

85. A standard Fund Authorization and Certificate of Expenditures (FACE) form, reflecting the activity lines of the Annual, Multi-Year of Annual Work Plan, will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNICEF will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE form to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner. Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the WPs only.

86. Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the WPs, and ensuring that reports on the full utilization of all received cash are submitted to UNICEF within six months after receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, the UN agency regulations, policies and procedures will apply.

87. In the case of international NGO and IGO Implementing Partners cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the WPs, and ensuring that reports on the full utilization of all received cash are submitted to UNICEF within six months after receipt of the funds.

88. To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNICEF will provide UN Agency or its representative with timely access to:

- All financial records which establish the transactional record of the cash transfers provided by UNICEF;
- All relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.

89. The findings of each audit will be reported to the Implementing Partner and UNICEF. Each Implementing Partner will furthermore:
    - Receive and review the audit report issued by the auditors.
    - Provide a timely statement of the acceptance or rejection of any audit recommendation to the UNICEF that provided cash (and where the SAI has been identified to conduct the audits, add: and to the SAI).
    - Undertake timely actions to address the accepted audit recommendations.
    - Report on the actions taken to implement accepted recommendations to the UN agencies and to the SAI), on a quarterly basis.

90. In accordance with the BCA, the Government will be responsible for the clearance, receipt, warehousing, distribution and accounting of supplies and equipment made available by UNICEF. No taxes, fees, tolls or duties shall be levied on supplies, equipment, or services furnished by UNICEF under this Country Programme Action Plan. UNICEF shall also be exempt from Value Added Tax (VAT) in respect of local procurement of supplies or services procured in support of UNICEF assisted programmes.

91. Cash assistance for travel, stipends, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System (as stated in the ICSC circulars).

92. The Government will authorise the publication through various national and international media of the results of the Programme of Cooperation, and experiences derived from it.

93. As per the provision of the BCA, the Government will be responsible for dealing with any claims, which may be brought by third parties against UNICEF and its officials, advisors and agents. UNICEF and its officials, advisors and agents will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by Government and UNICEF that such claims and liabilities arise from gross negligence or misconduct of such advisors, agents or employees.

94. Without prejudice to the generality of the foregoing, the Government shall insure or indemnify UNICEF from civil liability under the law of the country in respect of project vehicles under the control of or use by the Government.

Part IX:

Other Provisions

95. This Country Programme Action Plan becomes effective upon signature, but will be understood to cover programme activities to be implemented during the period from 1 January 2016 through 31 December 2020.

96. The Country Programme Action Plan may be modified by mutual consent of the Government and UNICEF, based on the outcome of the annual reviews, the Mid Term Review or compelling circumstances.

97. Nothing in this Country Programme Action Plan shall in any way be construed to waive the protection of UNICEF accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946, to which the Government of Uganda is a signatory.

98. IN WITNESS THEREOF the undersigned, being duly authorised, have signed this Country Programme Action Plan on this [day of month] day of [month, year] in Kampala, Uganda.

For the Government of Uganda

Hon. Matia Kasaija
Minister of Finance Planning
and Economic Development

For the United Nations Children's Fund

Aida Girma
UNICEF Representative

ANNEXES:

ANNEX I:

Summary Results Framework

Unicef-GoU Country Programme Action Plan: Results Matrix 2016-2020		
UNDAF Strategic Intent 2. Human Capital By end 2025, Uganda's socio-economic transformation is driven by high quality human capital reflected in a cohesive society that is in demographic transition which is peaceful, secure, respectful of human rights and gender equality, as well as protective of the environment and natural resources; driven by people who are healthy, well informed, free from prejudice and discrimination, participating equally in decision making, and entrepreneurial; and a highly skilled, innovative, competitive, productive workforce that has integrity		
Indicator	**Baseline (2015)**	**Target (2020**
Maternal mortality per 100,000 live births	438 (2011)	300 (target set in the Health Sector Development plan that is under development). Same for IM, U5and stunting rates
Infant mortality rate per 1,000 live births	54 (2011)	36
Under 5 mortality rate per 1,000 live births	90 (2011)	50
Neonatal mortality rate per 1,000	27 (2011)	16
Percentage of young people (18-30 years old) not in education, employment or training	17.6 (2011/2012)	12
Percentage of chidren stunted	33.4 (2011)	25
Total fertility rate	**6.2 (2011)**	**4.5**
Outcome 1. Child Survival and Development –CSD (Alive and Thriving) **Strengthened national capacity to deliver improved health and nutrition outcomes for children, adolescents, pregnant women and other vulnerable groups and contribute to sustained improvements in population dynamics**		

Indicator	Baseline	Target	MoV Focal Agency
Proportion of women attending 4+ antenatal care visits	39%	45% (target set in the 2016-2020 Health Sector Development Plan, under development)	UDHS/HMIS
Proportion of births attended by skilled health personnel	58%	70%	UDHS
Proportion of mothers and babies receiving postnatal check-ups within 6 hours	33% (mothers); 11% (babies)	70% (mothers); 70% (babies)	UDHS/HMIS
Proportion of children aged 12–23 months immunized with DPT3	82%	90%	UDHSS
Percentage of children aged 12–23 months who are fully immunized	52%	80%	UDHS
Proportion of children aged 12 – 23 months immunized against measles	75.8%	90%	UDHS
Percentage of children 0-59 months of age who had diarrhea and received rehydration therapy with continued feeding during illness	43.5%	80%	UDHS
Proportion of under 5 children with ARI treated with antibiotics	47.4%	80%	
Proportion of children under 5 with fever treated with antimalarial drugs same or next day	42.5%	80%	UDHS
Proportion of HIV-positive pregnant women who receive anti-retrovirals to reduce the risk of mother-to –child transmission	75%	95%	UDHS/HMIS

Indicator	Baseline	Target	MoV Focal Agency
Proportion of children born to women living with HIV tested for HIV within 6 -8 weeks of birth, by sex	37%	80%	UDHS/HMIS
Proportion of infants born to HIV- infected women provided with ARV prophylaxis to reduce the risk of early mother-to child transmission in the first 6 weeks	42%	90%	UDHS/HMIS
Proportion of HIV+ women, adolescents and children who need ART that are on ART (disaggregated for under one year, 10-19 and 0-14 years)	< 2 years- 36% 0-14 years-28% 15-19- TBD in 2016	90%	DHS2
Proportion and number of adolescent girls and boys (15–19 years old) who have been tested for HIV	Proportion: 34% Number: 90,394;	Proportion: 90%. Number: 109,936;	Uganda Aids Indicator Survey (UAIS)
Proportion and number of adolescent girls and boys (15–19 years old) who have been tested for HIV	TBD in 2016	90%.	Uganda Aids Indicator Survey (UAIS)
Proportion of children who started breastfeeding within an hour of birth (early initiation)	52.5%	75%	UDHS/HMIS
Proportion of children exclusively breastfed up to 6 months	63%	80%	UDHS/HMIS
Proportion of children aged 6–23 months receiving minimum acceptable diet	5.7%	30%	UDHS/FSNA
Proportion of children aged 6–59 months covered with 2 doses of vitamin A supplements	57%	75%	UDHS/HMIS
Proportion of projected annual caseload of children 6-59 months with Severe Acute Malnutrition receiving appropriate treatment	20%	50%	UDHS/HMIS
Proportion of people with access to an improved water source within 1 km (in rural setting) and 0.2 km (in urban setting)	Urban – 72.8% Rural – 64%	Urban – 100% Rural – 79%	SPR
% of people using any improved source of drinking water	Total - 70% Urban – 89.6% Rural – 66.6%	Total - 90% Urban - 100 Rural -79	UHDS
Proportion of households with access to improved sanitation	Total – 16.4% Urban – 20.9% Rural – 15.3%	79%	UDHS
Pupil to latrine/toilet stance ratio in primary schools (by sex)	70:1	40:1	SPR
Proportion of people hand-washing with soap	32.8%	60%	SPR/UDHS

Reproductive, maternal, newborn and child health Output 1.1. By 2020, strengthened national capacity to scale up and sustain the provision of quality high-impact maternal, neonatal, child and adolescent health interventions, focusing on integrated and innovative approaches to reach the unreached				
Indicator	**Baseline**	**Target**	**MoV**	**Section**
Revised national VHT strategy and investment plan developed and rolled out in RMNCAH priority districts (20% of all districts in country)	None	A revised VHT strategy rolled out in 23 priority districts	Health Sector Report	CSD
Proportion of priority districts with functioning RMNACH coordination structures	0	95%	Health Sector Report	CSD
Evidence-based planning and monitoring system in place in all 23 priority districts to track progress against national RMNCAH targets	None	Evidence-based planning and monitoring system in place in all 23 priority districts to track progress against national RMNCAH targets	Health Sector Report	CSD
Proportion of U5 children with cases of diarrhea, malaria and pneumonia, seen by the VHT and appropriately treated within 24 hours of onset of illness in 59 ICCM priority districts (32 districts in partnership with GFATM), representing 53% of all districts	diarrhea -74% malaria-66% pneumonia-58%	80%	HMIS	CSD
Care for child development (ECD) concepts and key interventions integrated into IMNCI guidelines	None	Care for development concepts integrated into IMNCI guidelines	ICCM guidelines	CSD
Proportion of health workers in 23 priority districts that are trained in IMNCI, including care for child development	TBD-baseline survey to be conducted in 2016	100%	Health Sector Report	CSD
%/# of parents and caregivers in 23 priority districts practicing early learning (age specific) and stimulation	TBD-baseline survey to be conducted in 2016	TBD- Endline study to be conducted 2019	Unicef Programme Monitoring Report/ Survey	CSD/C4D
Proportion of Village Health Teams in 23 priority districts trained in parenting and family care practices	TBD-baseline survey to be conducted in 2016	100%	Health Sector Report	CSD
Number of priority districts implementing the full package of the RED/REC approach	30 districts	60	Sector Report/HMIS	CSD
Proportion of the 23 priority districts implementing district-wide kangaroo mother care for pre-term and new born	10%	80%	Health Sector Report/ HMIS	CSD
Proportion of health facilities in 23 priority districts providing Basic Emergency Obstetric and New-born Care	24%	100%	UNICEF Programme Monitoring Reports	CSD
HIV and AIDS **Output 1.2. By 2020, national capacity strengthened to improve quality, access and utilization of prevention of vertical transmission of HIV (preventing new infections in children and keeping mothers CSD), pediatric, maternal and adolescent AIDS and TB care and treatment services.**				
Number of districts with coordination mechanism for implementing a comprehensive pediatric HIV/AIDS and TB and adolescent aids response	0	34	HMIS/ Health Sector Report	CSD
Proportion of sexually active 15–19 year old boys and girls being tested for HIV in 34 priority districts (30% of all districts in the country)	Tbd (will be available in the 2016 adolescent country assessment)	80%	HIV Annual Progress Report/HMIS	CSD

Indicator	Baseline	Target	MoV	Section
Proportion of adolescents who are eligible receiving treatment in 34 priority districts	Tbd (will be available in the 2016 adolescent country assessment)	80%	HIV Annual Progress Report/HMIS	CSD
Proportion of HIV+ children and adolescents screened for TB in the 34 priority districts	Tbd (will be available in the 2016 adolescent country assessment)	100%	HMIS/Annual Progress Report	CSD
Proportion of HIV-positive pregnant women in 34 priority districts who receive anti-retroviral to reduce the risk of mother-to –child transmission	92%	95%	UDHS/HMIS	CSD
Proportion of children born to women living with HIV tested for HIV within 6 -8 weeks of birth, in the 31 priority districts	33%	80%	UDHS/HMIS	CSD
Proportion of HIV+ children and adolescents who need ART that are on ART (disaggregated for under one year, 0-14 years, 10-14 yrs. and 15-19 years)	Under 1 and 0-14 yrs.- 33% 10-14 and 15-19 yrs. tbc (will be available in 2016 the adolescent country assessment)	80%	DHS2	CSD
Nutrition **Output 1.3. By 2020, multi-sectoral coordination and technical and functional capacity of partners strengthened to scale up and sustain high-impact child nutrition interventions, with a focus on the first 1,000 days of life, to reduce stunting and other forms of malnutrition.**				
Proportion of the 28 priority districts (25% of all districts) with a nutrition action plan that report routinely on the agreed 11 nutrition indicators in the HMIS	None	100%	District Nutrition Report/Unicef Programme Monitoring Report	CSD
Existence of a decentralized nutrition accountability system (with an information database linked to planning and monitoring)	None	A functioning decentralized accountability framework in place	UNAP Quarterly Review Reports	CSD
Proportion of the 28 priority districts with a cadre of trained workers at the community level who provide technical assistance in implementing the 13 high impact nutrition interventions (with strong linkages with health, Water and Sanitation and ECD)	None	100%	District Nutrition Report/Unicef Programme Monitoring Report	CSD
Proportion of Baby Friendly Hospitals and child friendly spaces for ECD implementing responsive IYCF complimentary feeding programmes in the 28 priority	None	100%	District Nutrition Reports	CSD
Cure rate for children with SAM admitted for treatment in the 28 priority districts (in 14 regional referral hospitals and district hospitals)	TBD	>80%	HMIS	CSD/ Emergency
Proportion of (targeted) health facilities in the 28 priority districts that did not experience a stock out of RUTF	TBD	>80%	UNICEF Programme Monitoring Report	CSD
Output 1.4. By end-2020, sustained improvement of access to and use of safe drinking water and improved sanitation and personal and environmental hygiene practices, including in schools and with particular attention to girls.				
Proportion of the 23 priority districts (20% of all districts) with functional water supply and sanitation coordination committees	83% (2015)	100%	UNICEF Monitoring Report	CSD

Indicator	Baseline	Target	MoV	Section
Proportion of people in the 23 priority districts with access to water from an improved source	58 % (2015)	79%	Sector Report/ UNICEF Monitoring Report	CSD
Number of water points in the 23 priority districts with expanded capacity to reach more people through innovative systems (solar powered, gravity flow systems etc.)	25	80	Sector Report/ UNICEF Monitoring Report	CSD
Proportion of people in the 23 priority districts with access to adequate sanitation	75% (2015)	79%	Sector Report/ UNICEF Monitoring Report	CSD
Proportion of primary schools in the 23 priority districts with functional water facilities	69% (2015)	90%	UNICEF Monitoring Report	CSD
Proportion of primary schools in the 23 priority districts[1] with functional gender-sensitive (separate latrines for girls and boys) sanitation facilities	62.1% (2015)	90%	UNICEF Monitoring Report	CSD
Number of districts implementing the national communication strategy on hand-washing with soap	0	23	Sector Report/ UNICEF monitoring report	CSD

Outcome 2: Learning and Development

By 2020, an effective and efficient well-resourced formal and non-formal quality education system that is inclusive, relevant and accessible to all boys and girls with increased school retention, completion and achievement rates.

Indicator	Baseline	Target	MoV Sections
Proportion of children aged 36-59 months who are attending an early childhood education programme	23.4% (total); 22.5% (boys); 24.4% (girls)	50% (total); 50% (boys); 50% (girls)	UDHS
Proportion of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	TBD (DHIS 2016)	80	DHS
Proportion of girls and boys aged 0–5 years accessing quality integrated ECD services through home- and community-based programmes that adhere to established norms and standards (National Early Learning Development Standards [NELDS])	0–3years: no data (baseline study to be conducted in 2016) 3-5: no data (baseline study to be conducted in 2016)	50%	Baseline and Endline study
Pre-primary gross enrolment rate (%)	9.7%	50%	EMIS
Retention rate at final year of primary school	32.1% (total); 32.3% (boys); 31.9% (girls);	50% (total); 50% (boys); 50% (girls)	EMIS
Learning outcomes at Primary 3 and Primary 6, in literacy and numeracy (disaggregated by sex)	P3 Literacy: B: 56.21%; (boys: 55.4%; Girls 57%)) P3 Numeracy: B: 69.8%: (Boys 70.6%, Girls 69%); P6 Literacy: B: 38.3%; (boys: 37.8%, girls: 38.7%) P6 Numeracy: B: 41.4%: (boys: 45.8, girls: 37%)	P3 Literacy T: 67% (Girls 67%, Boys 67%) P3 Numeracy T: 75% (Girls 75%, Boys 75%) P6 Literacy T: 75%: (Girls 75%, Boys 75%) P6 Numeracy T: 40%: (Girls 40%, Boys 39.2%)	EMIS
Proportion of adolescent girls and boys aged 15–19 years with the correct knowledge of HIV prevention and transmission	Girls: B: 36% Boys: B: 35%	T: 80% T: 80%	Surveys (endline)
% and number of adolescent girls and boys who have experienced sexual and physical violence at school	TBD	TBD	Adolescent Survey (Baseline and endline)

[1] The 18 QEI low performing districts

Output 2.1 Early Childhood Development By 2020, strengthened national capacity to coordinate, manage and scale up quality integrated early childhood care and development programmes, with a focus on the most deprived and vulnerable children.				
Indicator	**Baseline**	**Target**	**MoV**	Section
Policy framework and costed action plan (implementation plan) rolled out to all 23 priority districts	0	23	Unicef Programme Monitoring Report	Learning/Social Policy
Norms and standards and programming guidelines for ECD in formal and informal settings in place	No norms and standards/ programming guidelines for ECD	Norms and standards and programming guidelines developed	ECD programming guidelines	Learning
%/# of 23 priority districts implementing early learning and development standards	0	100% (23)	District Local Government reports	Learning
Existence of a functional decentralized ECD accountability system (planning and monitoring)	None	An accountability framework for ECD at the national and sub national level	Unicef Programme Monitoring Report	Learning
%/# children (3-5 years) attending ECD centres that are registered and meet national standards – in schools within the 23 priority districts	TBD (2016)	50%	Sector, districts and partner reports	Learning/C4D
Number of center-based caregivers (for 3-5 year olds) certified on Community Child-care programme (including in refugee and host communities) in the 23 priority districts	2400	4000	Education Sector Report	Learning
ECD fully integrated in the pre-service training (content is in line with norms and standards) in all 45 teacher colleges	0	45	Unicef Programme Monitoring Report	Learning
Quality education **Output 2.2 By end-2020, enhanced national capacity to increase equitable access, quality and sustainability of primary education that is inclusive and innovative to impart relevant knowledge and skills**				
Existence of a functional decentralized education accountability system (planning and monitoring).	None	Functional decentralized education accountability system	Education Sector Report	Learning
Proportion of targeted primary schools in 33 priority with a School Improvement Plan that meets national standards and is developed through community engagement	None	50%	Unicef Programme Monitoring Report	Learning
Proportion of the 33 priority districts where District Education Officers use the SIP to inform district education plans	None	100%	District records and review plans	Learning
Proportion of the 33 priority districts that have adopted the Education Sector Conflict and Disaster Risk Management (CDRM) Guidelines recommendations	None	100%	Education Sector Report Learning	Learning
Proportion of targeted schools in the 33 priority districts promoting inclusive education	None	75%	Education Sector Report	Learning
Proportion of schools in the 33 priority districts conducting regular (monthly) and properly documented support supervision	Tbc (2016)	75%	Reports on schools visits by CCTs	Learning

Adolescents development and participation Output 2.3. By 2020, improved access of adolescents to information, life skills and essential services to reduce their vulnerability to HIV, teenage pregnancy, child marriage and violence.[2]				
Indicator	**Baseline**	**Target**	**MoV**	**Section**
Existence of an integrated policy and planning framework (at the national and sub national level) for adolescent girls development	None	An integrated policy on adolescent development	Education Sector Reports	Learning/Safe
Proportion of schools (primary, secondary and tertiary) in 23 priority districts implementing the school health policy	None	50%	Unicef Programme Monitoring Report	Learning
Existence of an inter-sectoral coordination mechanism for adolescent girls at the national and sub national level, with focus on 23 priority districts	None	A coordination mechanism in place	Education Sector Reports	Learning/Safe/ CSD
Policy guidelines on teenage pregnancy and re-enrollment developed and rolled out in all 23 priority schools	0	Policy guidelines in place and rolled out	Education Sector Report	CSD/ LEARNING
Existence of a strategy and costed plan for out of school children	None	Strategy and costed plan for out of school children	Education Sector Report	Learning
Proportion of targeted schools in the 23 priority districts implementing gender and conflict sensitive and age appropriate adolescent friendly sexuality/ life skills education in line with national standards	None	40%	Education Sector Report (gender monitoring reports)	LEARNING/SAFE
Proportion of targeted schools in the 23 priority districts utilizing the Reporting, Tracking, Referral & Response (RTRR) guidelines to track Violence against children (VAC) in schools	None	50%	Sector Reports	LEARNING/SAFE
Existence of a communication for development strategy with a minimum package of interventions for adolescent programme	None	A community strategy	Sector Report	LEARNING/ Communications / CSD /Safe

Outcome 3 Child Protection (Safe) A comprehensive and functional national and subnational system that prevents gender-based violence and violence against children and delivers quality and equitable response services to survivors and victims.			
Indicator	**Baseline**	**Target**	**MoV**
Proportion of girls aged 15–19 who have started childbearing	24%	14%	UDHS
Proportion of women aged 20–24 years married by age 18	39.7% (DHS 2011)	5%	UDHS
Proportion of girls 4-14 and 15-19 years undergoing Female Genital Mutilation/cutting (in districts practicing FGM/C)	4-14 tbd 15-19 tbd Baseline survey to be conducted in 2016	10% (at least) reduction annually	UDHS/Baseline and endline
Proportion of girls aged 15–19 who have experienced sexual violence	18.9%	5% reduction per year	UDHS
Proportion of juveniles diverted from formal judicial proceedings	61% (2014)	89%	JLOS Annual Report
Number of children in detention per 100,000 child population	4.1 (2013/14)	1.5	JLOS Anual report UDHS
Proportion of boys and girls under 5 years of age whose births are registered and who have birth certificates	30% (2011) Registration 17% (2011) Certification	90% Registration 60% Certification	Census 2014 UDHS/Ministry of Finance sector reports

Child protection system Output 3.1. By 2020, an integrated national child protection system that prevents and responds to violence, exploitation, abuse, discrimination and neglect and ensures the care of vulnerable children.				
Indicator	**Baseline**	**Target**	**MOVs**	**Section**
A national child protection policy and costed strategy for preventing and responding to violence against children in place	None	Policy and strategy in place	Costed strategy	SAFE
A tested and costed community (and districts) based child protection model developed	None	A tested and costed community based child protection model developed	MGSLD Sector/ UNICEF Report	SAFE
Child Protection community-based model implemented in the 23 priority districts – most deprived (20% of all districts)	0	23	Unicef Programme Monitoring Report	SAFE
Existence of a coordination mechanism for child protection at the national and sub-national level	None	A coordination mechanism at the national and sub national level	MGSLD Sector Report	SAFE
Existence of an accountability system for the implementation of a multi-sectoral prevention and response programme at the national and sub-national level	None	An accountability system in place at the national and sub national level	MGSLD Sector Report/Unicef Programme Monitoring Report	SAFE
Proportion of the 23 priority districts with child help line services linked to functional referral and case management systems	9% (2 out of 23)	100%	MGLSD and DLGs sector reports	SAFE
Proportion of the 23 priority districts with trained community development officers, probation and welfare officers in child protection	None	100%	MGLSD sector reports/Unicef Programme Report	SAFE
Proportion of the 23 priority districts with preparedness and response plans for child protection in emergencies in line with national norms and standards	None	100% priority districts	District and OPM reports	SAFE
Justice for children **Output 3.2. By 2020, a child-friendly and responsive justice system which (as an integral part of the child protection system) effectively and efficiently protects and serves all children, and operates in the best interest of children.**				
Indicator	**Baseline**	**Target**	**MOVs**	**Section**
Existence of a tested/costed model for delivery of child-friendly justice services	None	A tested and costed model for delivery of child-friendly	JLOS reports/ UNICEF monitoring report	SAFE
Number of JLOS institutions in the 34 priority (23 focus districts and an additional 11 selected districts with remand homes) adopting and implementing the comprehensive child-friendly justice services approach	None	8 JLOS institutions (Ministry of Internal Affairs, the Judiciary, Directorate of Public Prosecution, Ministry of GLSD (probation and juvenile justice); The Uganda Human Right Commission, The Uganda Police Force, The Uganda Prison Service; The Ministry of Local Government, Local council Courts)	JLOS Report	SAFE
Number of child protection related international treaties ratified and domesticated and monitored and reported by Uganda	N/A	Convention of the Rights of the Child; Hague Convention on inter-country adoption; Palermo Optional Protocol on Trafficking in persons, Especially Women and Children ratified and domesticated; and African Charter on the Rights and welfare of the child	MGLSD/MOJCA Reports	SAFE

Indicator	Baseline	Target	MOVs	Section
Relevant institutions that monitor and report annually on justice for children indicators (global core juvenile justice indicators for child victims of violence)	1 (Police)	4 JLOS (police, courts, prisons, prosecutors and probation)	JLOS reports and institution report/ Unicef Monitoring Reports	SAFE
Birth Registration **Output 3.3. A comprehensive Birth and Death Registration system that will provide the necessary framework for the universal, continuous and free of charge birth registration of all children in Uganda.**				
Existence of a comprehensive national Persons Registration and Identification policy.	None	A national Persons Registration and identification policy in place	URSB/National Identification and Registration Authority reports	SAFE
Existence of a costed national Civil Registration and Vital Statistics (CRVS) strategy	None	A costed CRVS strategy in place	CRVS strategy	SAFE
Proportion of gazetted health facilities providing birth registration services (disaggregated by health facilities)	40% (2014) – tbc	100% (135 hospitals/200 IVs)	NIRA (National Identification and Registration Authority/MOH reports	SAFE
Number of priority districts that have a functional community-based system to register birth using Mobile VRS	11	23	URSB/NIRA report	SAFE
Proportion of boys and girls under 5 years of age whose births are registered and who have birth certificates	30% (2011) Registration 17% (2011) Certification	90% Registration 60% Certification	UDHS 2016/ Unicef Programme Monitoring/MVRS report	SAFE
Outcome 4a. Social Policy and Advocacy (SPA) **By 2020, improved equity-sensitive and child-friendly policies, programmes and budget allocations based on high-quality evidence and strengthened oversight.**				
Indicator	**Baseline**	**Target**	**MoV section**	
Proportion of households receiving social assistance	B: 4.5%	T: 6%	UHS, KAP survey, sector annual reports, digital platforms (U-report; mTrac) Gender Labour and Social Development Report Social Protection Sector Review Report	
Proportion of children living in poverty	28% of children live in monetary poverty (UNHS 2009/10). Multidimensional Child Poverty is at 55% for under-fives, and 38% for 6-17 year olds.	TBD	UNHS	
# of children benefiting from a government cash transfer programme	TBD	500,000	MGLSD Social protection Reports	
% of government expenditure on social protection	0.75% of GDP	TBD	MGLSD Sector reports	

Indicator	Baseline	Target	MOVs	Section
Evidence, budget, policy and institutional analysis **Output 4a.i: By 2020, strengthened national capacity to provide robust and credible evidence, budget, policy and institutional analysis for children, focusing on reducing disparities and promoting social inclusion**				
Proportion of the national budget allocated to social sectors (Education, Health, WASH, Social Development)	Education: 12% Health : 7% WASH: 3% Social Development: <0.1%	Education: TBD Health: TBD WASH: TBD Social Development: TBD	MFPED Annual budget reviews	SPE
Integration of ECD and child discipline module in the UDHS	ECD and child discipline module not available in the UDHS	ECD and child discipline module integrated in the UDHS	UDHS reports	SPE
Maternal and Child-centered Equity Analysis integrated in national statistics (e.g. National Population and Housing Census, the AIDS Indicator Survey and the Demographic and Health Survey), including further analysis on 2014 population census	None	Equity analysis (i.e. census, DHS and AIS) and further analysis on 2014 population census	Analytical Reports	SPE
Existence of a national child focused policy research agenda	No research agenda	National child focused policy research agenda available	MGLSD/NCC reports	SPE
Sustainable Development Goals monitoring and evaluation framework domesticated and integrated in national ME systems	None	Child related SDG indicators Fully integrated in national ME systems	UBOS reports	SPE
Child-sensitive and inclusive social protection **Output 4a.ii. By 2020, strengthened capacity to develop a child-sensitive and inclusive social protection policy framework and action plan to provide a comprehensive vision and commitment to the progressive realization of universal coverage of social protection.**				
Social Protection Policy Framework approved by cabinet.	No social protection policy	Approved Social protection policy	SP policy	SPA
Existence of an approved national rollout plan for SAGE	None	A national plan for SAGE in place	MGLSD/MoF Report	SPA
Existence of a Business case / fiscal space analysis for child sensitive social protection.	No business case/fiscal space analysis for social protection	Existence of a Business case cum fiscal space analysis for child sensitive social protection.	UNICEF / Social Protection Secretariat	SPA
Child rights governance **Output 4a.iii. By 2020, an enabling environment for child rights governance that includes building the capacity of national institutions and civil society to advocate for children and advance child rights, while creatively designing avenues for children to participate in national policy discussions**				
Existence of a national framework for child participation that identifies institutional mechanism for participation at both national and sub-national level	None	a national framework for child participation that identifies institutional mechanism for participation at both national and sub-national level	National Council for Children Report	SPA/ Comms
A national M&E Framework for monitoring the implementation of the SDGs is developed and implemented in partnership with UBOS, NPA, MoFPED, OPM and other UN Agencies	None	M&E Framework for monitoring the implementation of the SDGs inclusive of targets and baselines	SDG M&E Framework	SPA

Outcome 4b. Communications **Innovative and participatory approaches and partnerships that increase public awareness and understanding of child rights in Uganda, create a social movement to position children on the national development agenda and promote positive individual behavior and social change**				
Indicator	**Baseline**	**Target**	**MOV**	**Section**
% of key stakeholders (citizens, corporations, CSOs, government entities) reached and engaged in taking action for Public Advocacy, Communication for Development and promote private sector partnerships as part of the *#InvestInUGchildren* campaign	**B:**TBD	**T**: TBD		
Output 4b.i. *Public Advocacy*: A social movement created to drive public action that accelerates the realization of the fundamental rights of children in Uganda, especially the most deprived				
Number of people reached through traditional and social media as part of the #InvestInUGchildren campaign	60,000 (excluding traditional media)	18 Million	Media Monitoring Company reports	Comms
Output 4b.ii. *C4D*: National capacity enhanced to plan, implement, monitor and coordinate evidence-based programme communication strategies to advance child rights through positive individual behavior and social change.				
Number of GOU sector-specific plans with communication strategies developed	3	10	Sector Reports/ Strategies developed and endorsed	Comms/ Programme Sections
Number of districts with integrated (along life cycle) communication for development (C4D) plans developed and rolled out to priority districts	0	23	Sector Reports/ Strategies developed and endorsed	Comms/ Programme Sections
Output 4b.iii. *Civic Engagement*: Social accountability strengthened by empowering children, youth and the most excluded populations to make their voices heard and, set their own priorities, control their own resources and influence government and private institutions to be more responsive, inclusive and accountable				
Number of CSOs using U-report to engage in child rights advocacy	3	150	Partnership statute signed; CSOs oriented…	Comms/SPA
Number of Citizen reports about child right violations generated via U-report	1000	100,000	U-report SMS Reports received	Comms
Number of U-reporters disaggregated by gender and age	T: 128,352 F: 60,024 M: 128,352	T: 1,000,000 F: 500,000 M: 500,000	U- report	Comms
Output 4b.iv. *Private Sector Partnership*: Strategic partnerships with private sector established with a view to advocate for and promote child rights.				
Public-Private-Civic Partnership for Child Rights Strategy and Policy developed	None	PPCP Strategy and Policy developed	Strategy Paper Developed and Policy endorsed	Comms/SPA
Number of companies operationalizing the Child Rights and Business Principles (CRBPs)	0	100	Companies pledging to and operationalizing the CRBPs	Comms
Number of strategic #InvestInUGchildren private sector partnerships developed	3	20	MOUs/Partnership agreements signed	Comms

ANNEX II:

UNICEF Uganda 2016 - 2020 Integrated Monitoring, Evaluation and Research Plan (IMERP)

	2016	2017	2018	2019	2020
Major events/ processes using research, M&E data	Quarter, mid-year and annual reviews	Quarter, mid-year and annual reviews	UNDAF MTR (Q1) UCO MTR NDP-2 MTR (Q3-4) Quarter, mid-year and annual reviews	New UNDAF /CP Preparation Quarter, mid-year and annual reviews	Quarter, mid-year and annual reviews
Surveys, studies (including SITAN related)	Food security and nutritional survey (WFP, UNICEF, UNHCR) Assessment of child witness and prevention measures in Recovery of evidence in 3 high courts VAC survey / Violence in schools Study / Baseline Evaluation FGM Study / Baseline Evaluation ECD Study on the relationship between Climate Related Hazards and Child welfare	Food security and nutritional survey (WFP, UNICEF, UNHCR)	Food security and nutritional survey (WFP, UNICEF, UNHCR) Update of the Adolescent Girl Index. Child Poverty Study update	Food security and nutritional survey (WFP, UNICEF, UNHCR) Situation Analysis of children and Women (SITAN)	Food security and nutritional survey (WFP, UNICEF, UNHCR)
Evaluations	End line Evaluation of **Community and District Empowerment for Scale-up** (CODES). Impact Evaluation of **Basic Requirement and Minimum Standards** (BRMS programme) **Child-sensitive social protection** pilot / RCT evaluation Process Evaluation of the **Digital communications**: Public advocacy and civic engagement Evaluation on the use of Information Communication Technology and technology for Development (T4D) to achieve programme results	**UNDAF - Governance** programme performance assessment – Focus on: Accountability & Control of Corruption; Government effectiveness and Regulatory quality (end year) Evaluation of the **Revitalized Child Health Days** . Evaluation of **UNICEF Support to the Joint Resilience Strategy in Karamoja**. Process evaluation of the **Violence against Children** (VAC) Programme	**UNDAF -Evaluation of UN's capacity building strategy in context of DaO** (Q4) Sharpen RNMCH plan (Process and impact evaluation) Evaluation **Early Childhood Development programme** Process Evaluation of **Integrated Adolescent Girls Programme** Process Evaluation of the Programme on **Child Marriage** Mid-term evaluation of the Government of Uganda and UNICEF 2016-2020 Programme of Cooperation	Impact Evaluation of Integrated management of childhood and newborn illnesses (IMCNI)	

	2016	2017	2018	2019	2020
Monitoring systems.	Strengthen decentralized accountability, planning and monitoring frameworks and systems for health (RNMCH scorecard), JLO, education, nutrition and adolescent sectors / programmes	Strengthen decentralized accountability, planning and monitoring frameworks and systems for health (RNMCH scorecard), JLO, education, nutrition and adolescent sectors / programmes	Strengthen decentralized accountability, planning and monitoring frameworks and systems for health (RNMCH scorecard), JLO, education, nutrition and adolescent sectors / programmes	Strengthen decentralized accountability, planning and monitoring frameworks and systems for health (RNMCH scorecard), JLO, education, nutrition and adolescent sectors / programmes	Strengthen decentralized accountability, planning and monitoring frameworks and systems for health (RNMCH scorecard), JLO, education, nutrition and adolescent sectors / programmes
Partners' major data collection activities.	Demographic Health Survey (UBOS/MoH) Survey: Uganda National Household Survey (UBOS and WB) (2015/2016) AIDS indicator survey (MOH) TB indicator survey (MOH) Child Labour Survey? (UBOS/ ILO) – no Year Labour Force Survey – ILO, IOM	Uganda National Panel Survey (UBOS)	TB indicator survey (MOH)	Uganda National Panel Survey (UBOS) AIDS indicator survey (MOH)	
M&E capacity development.	**UNDAF** - RBM M&E Training for UN and Government Counterparts RBM roll out by ESARO and HQ for UCO staff				

ANNEX III:

Costed evaluation plan – Uganda - UNICEF country programme of cooperation, 2016–2020

The table draws from the Integrated Monitoring and Evaluation Plan to cover present evaluations planned for the duration of the programme cycle. Additional guidance on financial resources for evaluation are outlined in the revised Evaluation Policy (E/ICEF/2013/14).

Evaluation title	UNDAF (or equivalent) outcome	UNICEF Strategic Plan outcome	Criteria used for selection	Intended use of evaluation findings	Expected start date	Anticipated cost and provisional source of funding (RR, OR)
Health						
1. Integrated management of childhood and newborn illnesses (IMCNI) *An impact evaluation of both the clinical and community aspects of the programme, building on previous surveys and the multi-country review of the Integrated Community Case Management of Childhood Diseases Programme*	Outcome 2.2. A health system that is effective and efficient, universally accessible, equitable, contributing to reduced mortality and morbidity, especially among children, adolescents, pregnant women and other vulnerable groups, as well as sustained improvement in population dynamics.	Outcome 1. Health. Improved and equitable use of high-impact maternal, newborn and child health interventions from pregnancy to adolescence and promotion of healthy behaviours.	Programme replication and scale-up.	Inform decision-making on policies, development and organizational effectiveness and for programme design. Enhance UNICEF accountability to key stakeholders and contribute to learning and knowledge sharing.	2019	$100,000 (OR)
2. Community and District Empowerment for Scale-up (CODES)	Outcome 2.2. A health system that is effective and efficient, universally accessible, equitable, contributing	Outcome 1. Health. Improved and equitable use of high-impact maternal, newborn and child health interventions	Programme replication and scale-up.	Inform decision-making on policies, development and organizational effectiveness and for programme design.	2016	$250,000 (OR)

Evaluation title	UNDAF (or equivalent) outcome	UNICEF Strategic Plan outcome	Criteria used for selection	Intended use of evaluation findings	Expected start date	Anticipated cost and provisional source of funding (RR, OR)
An endline impact evaluation of the programme, including an endline survey, building on previous surveys and Lives Saved Analyses (LiST).	to reduced mortality and morbidity, especially among children, adolescents , pregnant women and other vulnerable groups, as well as sustained improvement in population dynamics.	from pregnancy to adolescence and promotion of healthy behaviours.		Enhance UNICEF accountability to key stakeholders and contribute to learning and knowledge sharing.		
3. Revitalized Child Health Days *Process and impact evaluation.*	Outcome 2.2. A health system that is effective and efficient, universally accessible, equitable, contributing to reduced mortality and morbidity, especially among children, adolescents , pregnant women and other vulnerable groups, as well as sustained improvement in population dynamics.	Outcome 1. Health. Improved and equitable use of high-impact maternal, newborn and child health interventions from pregnancy to adolescence and promotion of healthy behaviours.	Programme replication and scale-up. Contribute to the evidence base and generate knowledge sharing.	Inform decision-making on policies, development and organizational effectiveness and for programme design. Enhance UNICEF accountability to key stakeholders and contribute to learning and knowledge sharing.	2017	$100,000 (OR)
4. Sharpened Reproductive, Maternal, Newborn and Child Health Plan / Committing to	Outcome 2.2. A health system that is effective and efficient, universally accessible, equitable, contributing to reduced mortality and morbidity,	Outcome 1. Health. Improved and equitable use of high-impact maternal, newborn and child health interventions from pregnancy to	Programme replication and scale-up.	Inform decision-making on policies, development and organizational effectiveness and for programme design.	2018	$70,000 (RR)

Evaluation title	UNDAF (or equivalent) outcome	UNICEF Strategic Plan outcome	Criteria used for selection	Intended use of evaluation findings	Expected start date	Anticipated cost and provisional source of funding (RR, OR)
Child Survival: A Promise Renewed *Process and impact evaluation.*	especially among children, adolescents , pregnant women and other vulnerable groups, as well as sustained improvement in population dynamics.	adolescence and promotion of healthy behaviours.		Enhance UNICEF accountability to key stakeholders and contribute to learning and knowledge sharing.		
5. UNICEF Support to the Joint Resilience Strategy in Karamoja *An evaluation of UNICEF support to the programme and its impacts, building on a previous review.*	Outcome 2.2. A health system that is effective and efficient, universally accessible, equitable, contributing to reduced mortality and morbidity, especially among children, adolescents , pregnant women and other vulnerable groups, as well as sustained improvement in population dynamics.	Outcome 1. Health. Improved and equitable use of high-impact maternal, newborn and child health interventions from pregnancy to adolescence and promotion of healthy behaviours.	Programme replication and scale-up.	Inform decision-making on policies, development and organizational effectiveness and for programme design. Enhance UNICEF accountability to key stakeholders and contribute to learning and knowledge sharing.	2017	$30,000 (RR)
Learning						
1. Early Childhood Development *A process evaluation looking at programme design and*	Outcome 2.1. An effective and efficient well-resourced formal and non-formal quality education system that is	Outcome 5. Education. Improved learning outcomes and equitable and inclusive education.	Programme replication and scale-up.	Inform decision-making on policies, development and organizational effectiveness and for programme design.	2018	$100,000 (OR)

Evaluation title	UNDAF (or equivalent) outcome	UNICEF Strategic Plan outcome	Criteria used for selection	Intended use of evaluation findings	Expected start date	Anticipated cost and provisional source of funding (RR, OR)
implementation, and an impact evaluation, building on a baseline survey at the start of the country programme.	accessible, inclusive, relevant, appropriate, equitable, and produces knowledgeable, highly skilled, competitive and innovative graduates relevant to the job market demand and emerging national development needs.			Enhance UNICEF accountability to key stakeholders and contribute to learning and knowledge sharing.		
2. Integrated Adolescent Girls Programme *A process evaluation looking at programme design and implementation and an impact evaluation looking at the long-term effects of the programme – building on a potential Knowledge, Attitudes and Practices (KAP) survey at the start of the country programme or a module in the 2016*	Outcome 2.1. and 2.4. A comprehensive and functional national and sub-national system that prevents Gender Based Violence (GBV) and violence against children and delivers quality and equitable response services to survivors and victims	Outcome 5. Education. Improved learning outcomes and equitable and inclusive education. Outcome 6. Child protection. Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children.	Programme replication and scale-up.	Inform decision-making on policies, development and organizational effectiveness and for programme design. Enhance UNICEF accountability to key stakeholders and contribute to learning and knowledge sharing.	2018	$100,000 (OR)

Evaluation title	UNDAF (or equivalent) outcome	UNICEF Strategic Plan outcome	Criteria used for selection	Intended use of evaluation findings	Expected start date	Anticipated cost and provisional source of funding (RR, OR)
Demographic and Health Survey.						
3. Quality of Education – Basic Requirement and Minimum Standards (BRMS programme) *Impact evaluation building on a previous evaluation of the BRMS programme.*	Outcome 2.1 An effective and efficient well-resourced formal and non-formal quality education system that is accessible, inclusive, relevant, appropriate, equitable, and produces knowledgeable, highly skilled, competitive and innovative graduates relevant to the job market demand and emerging national development needs.	Outcome 5. Education. Improved learning outcomes and equitable and inclusive education.	Programme replication and scale-up.	Inform decision-making on policies, development and organizational effectiveness and for programme design. Enhance UNICEF accountability to key stakeholders and contribute to learning and knowledge sharing.	2016	$50,000 (OR)
Child Protection						
1. Violence against Children (VAC) Programme (including the Child Helpline) *A process evaluation of programme design and implementation and an assessment*	Outcome 2.4. A comprehensive and functional national and sub-national system that prevents GBV and violence against children and delivers quality and equitable response services to survivors and victims	Outcome 6. Child protection. Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children.	Programme replication and scale-up.	Inform decision-making on policies, development and organizational effectiveness and for programme design. Enhance UNICEF accountability to key stakeholders and contribute to learning and knowledge sharing.	2017	$70,000 (80% RR, 20% OR)

Evaluation title	UNDAF (or equivalent) outcome	UNICEF Strategic Plan outcome	Criteria used for selection	Intended use of evaluation findings	Expected start date	Anticipated cost and provisional source of funding (RR, OR)
of the impacts of key interventions using the Uganda VAC Household Survey as a baseline.						
2. Programme on Child Marriage *A process evaluation of programme design and implementation and an assessment of the impacts of key interventions.*	Outcome 2.4. A comprehensive and functional national and sub-national system that prevents GBV and violence against children and delivers quality and equitable response services to survivors and victims	Outcome 6. Child protection. Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children.	Programme replication and scale-up.	Inform decision-making on policies, development and organizational effectiveness and for programme design. Enhance UNICEF accountability to key stakeholders and contribute to learning and knowledge sharing.	2018	$60,000 (80% RR, 20% OR)
Social Protection						
1. Child-sensitive social protection pilot / RCT evaluation	Outcome 2.3. By the end of 2020, a Government-led comprehensive social protection system that is well-coordinated, sustainably financed, targeted, HIV/AIDS-gender- and child-sensitive reducing exclusion and discrimination, as well	Outcome 7. Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data.	Programme replication and scale-up.	Inform decision-making on policies, development and organizational effectiveness and for programme design. Enhance UNICEF accountability to key stakeholders and contribute to learning and knowledge sharing.	2016	$1,250,000 (50% RR, 50% OR) *Y1 Baseline survey $300,000* *Y2 Follow-up survey $200,000* *Y3 Mid-term evaluation $250,000* *Y4 Follow-up survey $200,000*

Evaluation title	UNDAF (or equivalent) outcome	UNICEF Strategic Plan outcome	Criteria used for selection	Intended use of evaluation findings	Expected start date	Anticipated cost and provisional source of funding (RR, OR)
	as promoting empowerment and resilience of the vulnerable populations.					*Y5 Comprehensive evaluation $300,000*
Cross-cutting						
1. Digital communications: Public advocacy and civic engagement *A process evaluation on how digital communications is used in the CO and an assessment of its impacts on civic engagement and public advocacy*	Outcome 1.3. By the end of 2020, targeted public institutions and Public-Private-Partnerships are fully functional at all levels, inclusive, resourced, performance-oriented, innovative and evidence-seeking supported by a strategic evaluation function; and with Uganda's citizenry enforcing a culture of mutual accountability, transparency and integrity	Cross-cutting	Programme replication and scale-up.	Inform decision-making on policies, development and organizational effectiveness and for programme design.	2016	$25,000 (RR)
2. Use of Information Communication Technology and technology for Development	Cross-cutting	Cross-cutting	Programme replication and scale-up. Long periods of unevaluated	Inform decision-making on policies, development and organizational effectiveness and for programme design.	2016	$70,000 (RR)

Evaluation title	UNDAF (or equivalent) outcome	UNICEF Strategic Plan outcome	Criteria used for selection	Intended use of evaluation findings	Expected start date	Anticipated cost and provisional source of funding (RR, OR)
(T4D) to achieve programme results *A process evaluation on use of T4D and cost-effectiveness of the programme, and a qualitative assessment of the impact of technology on CO programming and objectives.*			programme implementation.	Enhance UNICEF accountability to key stakeholders and contribute to learning and knowledge sharing, policy advocacy and systems strengthening.		
3. Mid-term evaluation of the Government of Uganda and UNICEF 2016-2020 Programme of Cooperation *A process evaluation of programme design and implementation, bottleneck analysis, and an assessment of early impacts of the key components of the CP.*	Cross-cutting	Cross-cutting	Programme replication and scale-up.	Inform decision-making on policies, development and organizational effectiveness and for programme design. Enhance UNICEF accountability to key stakeholders and contribute to learning and knowledge sharing, policy advocacy and systems strengthening.	2018	$120,000 (RR)

Evaluation title	UNDAF (or equivalent) outcome	UNICEF Strategic Plan outcome	Criteria used for selection	Intended use of evaluation findings	Expected start date	Anticipated cost and provisional source of funding (RR, OR)
4. Evaluation of the 2016–2020 UNDAF (with UNICEF and partners contributing to the wider UN exercise) *Joint UNDAF evaluation by partners*	Cross-cutting	Cross-cutting	Programme replication and scale-up.	Inform decision-making on policies, development and organizational effectiveness and for programme design. Enhance UNICEF accountability to key stakeholders and contribute to learning and knowledge sharing, policy advocacy and systems strengthening.	2019	Staff time.
Total funding estimate						RR: $1,044,000 OR:$1,351,000 Total: $2,395,000

ANNEX IV:

List of Priority Districts 2016-2020

				(Category 1)	Category 2 - Existing commitments									Category 3 - Emergency Districts		
#	Sub-Region (10)	Zonal office (3)	District (112)	Equity: districts (20%) with highest child deprivation (also priority integrated ECD & Adol. Girls progr) - 23 districts	EPI - RED/ REC 39 districts	ICCM 59 districts (27 plus 32 GFAM districts)	MNH districts (SIDA and KOICA) 10 districts	EMTCT (OHTA) 34 districts	Nutrition - districts 28 districts	CLTS 14 districts	24 VAC (GBV & FGM) Districts 24 districts	52 Ending Child Marriage 52 districts	Education (QEI districts) 30 Districts	REHOPE (9 districts)	Drought Prone - HARP 17 districts	Floods - HARP/ DRR 25 districts
1	WestNile	GZO	Adjumani	x	X			x	x		x	x	x	x		
2	North		Agago				x			x	x	x				x
3	North		Alebtong		X							x				
4	North		Amolatar									x				
5	North		Amuru								x	x	x			x
6	North		Apac		X	x						x				
7	WestNile		Arua	x		x		x	x		x			x		
8	Western		Buliisa		X								x		x	
9	North		Dokolo									x				
10	North		Gulu								x	x				
11	Western		Hoima	x	X			x	x			x		x		
12	Western		Kiryandongo	x				x	x		x	x	x	x		
13	North		Kitgum		X		x			x	x	x				
14	WestNile		Koboko			x			x		x		x	x		
15	North		Kole		X	x						x				
16	North		Lamwo							x	x	x				
17	North		Lira		X							x				
18	WestNile		Maracha			x										
19	Western		Masindi													
20	WestNile		Moyo	x	X			x	x				x			
21	Central 2		Nakasongola		X	x									x	
22	WestNile		Nebbi	x		x		x	x				x			
23	North		Nwoya								x	x				
24	North		Otuke									x				
25	North		Oyam			x						x				
26	North		Pader			x	x		x	x	x	x	x			
27	WestNile		Yumbe	x	X	x		x	x	x			x			
28	WestNile		Zombo										x			

				(Category 1)	Category 2 - Existing commitments									Category 3 - Emergency Districts		
#	Sub-Region (10)	Zonal office (3)	District (112)	Equity: districts (20%) with highest child deprivation (also priority integrated ECD & Adol. Girls progr) - 23 districts	EPI - RED/ REC 39 districts	ICCM 59 districts (27 plus 32 GFAM districts)	MNH districts (SIDA and KOICA) 10 districts	EMTCT (OHTA) 34 districts	Nutrition - districts 28 districts	CLTS 14 districts	24 VAC (GBV & FGM) Districts 24 districts	52 Ending Child Marriage 52 districts	Education (QEI districts) 30 Districts	REHOPE (9 districts)	Drought Prone - HARP 17 districts	Floods - HARP/ DRR 25 districts
1	Karamoja	MZO	Abim	x	X		x	x	x	x	x	x	x		x	
2	Karamoja		Amudat	x	X	x	x	x	x	x	x	x	x		x	
3	Eastern		Amuria			x						x	x			x
4	Eastern		Budaka			x										
5	Eastern		Bududa													x
6	East Central		Bugiri					x				x				
7	Eastern		Bukedea		X	x						x			x	
8	Eastern		Bukwo			x						x	x			
9	Eastern		Bulambuli		X											x
10	East Central		Busia		X							x	x			
11	Eastern		Butaleja			x							x			x
12	Karamoja		Kaabong	x		x	x	x	x	x	x	x	x		x	x
13	Eastern		Kaberamaido			x						x	x			x
14	Eastern		Kapchorwa		X							x	x			x
15	Eastern		Katakwi									x			x	x
16	Eastern		Kibuku		X	x										
17	Karamoja		Kotido	x			x	x	x	x	x	x	x		x	
18	Eastern		Kumi		X	x						x			x	x
19	Eastern		Kween			x						x	x			
20	Eastern		Manafwa													
21	Eastern		Mbale									x				x
22	Karamoja		Moroto	x		x	x	x	x	x	x	x	x		x	
23	Karamoja		Nakapiripirit	x	X	x	x	x	x	x	x	x	x		x	x
24	East Central		Namutumba			x										
25	East Central		Namayingo			x		x				x	x			
26	Karamoja		Napak	x			x	x	x	x	x	x	x		x	x
27	Eastern		Ngora			x						x	x			x
28	Eastern		Pallisa			x						x				
29	Eastern		Serere			x						x				x
30	Eastern		Sironko			x										x
31	Eastern		Soroti									x				x
32	Eastern		Tororo			x						x	x			

				(Category 1)	Category 2 - Existing commitments									Category 3 - Emergency Districts		
#	Sub-Region (10)	Zonal office (3)	District (112)	Equity: districts (20%) with highest child deprivation (also priority integrated ECD & Adol. Girls progr) - 23 districts	EPI - RED/ REC 39 districts	ICCM 59 districts (27 plus 32 GFAM districts)	MNH districts (SIDA and KOICA) 10 districts	EMTCT (OHTA) 34 districts	Nutrition - districts 28 districts	CLTS 14 districts	24 VAC (GBV & FGM) Districts 24 districts	52 Ending Child Marriage 52 districts	Education (QEI districts) 30 Districts	REHOPE (9 districts)	Drought Prone - HARP 17 districts	Floods - HARP/ DRR 25 districts
1	SouthWest	WCZO	Buhweju		X	x										
2	Central 2		Buikwe													
3	Central 1		Bukomansimbi		X	x										
4	Western		Bundibugyo			x					x	x				x
5	SouthWest		Bushenyi		X			x								
6	Central 1		Butambala			x										
7	Central 2		Buvuma		X	x				x						
8	East Central		Buyende									x				
9	Central 1		Gomba			x				x						
10	SouthWest		Ibanda			x		x	x							
11	East Central		Iganga	x	X			x	x			x				
12	SouthWest		Isingiro	x		x		x	x					x	x	
13	East Central		Jinja									x				
14	SouthWest		Kabale	x	X	x		x	x							x
15	Western		Kabarole								x					
16	Central 1		Kalangala													
17	East Central		Kaliro					x				x				
18	Central 1		Kalungu		X											
19	Kampala		Kampala			x								x		x
20	East Central		Kamuli	x				x	x			x				
21	Western		Kamwenge		X									x		
22	SouthWest		Kanungu			x		x	x							
23	Western		Kasese	x				x	x			x				x
24	Central 2		Kayunga			x										
25	Western		Kibaale	x		x		x	x				x			x
26	Central 2		Kiboga										x			
27	SouthWest		Kiruhura					x							x	
28	SouthWest		Kisoro		X	x										x
29	Central 2		Kyankwazi													
30	Western		Kyegegwa								x	x		x		
31	Western		Kyenjojo	x	X			x	x		x					

				(Category 1)	Category 2 - Existing commitments									Category 3 - Emergency Districts		
#	Sub-Region (10)	Zonal office (3)	District (112)	Equity: districts (20%) with highest child deprivation (also priority integrated ECD & Adol. Girls progr) - 23 districts	EPI - RED/ REC 39 districts	ICCM 59 districts (27 plus 32 GFAM districts)	MNH districts (SIDA and KOICA) 10 districts	EMTCT (OHTA) 34 districts	Nutrition - districts 28 districts	CLTS 14 districts	24 VAC (GBV & FGM) Districts 24 districts	52 Ending Child Marriage 52 districts	Education (QEI districts) 30 Districts	REHOPE (9 districts)	Drought Prone - HARP 17 districts	Floods - HARP/ DRR 25 districts
32	East Central		Luuka									x				
33	Central 2		Luwero													
34	Central 1		Lwengo			x									x	
35	Central 1		Lyantonde		X	x									x	
36	Central 1		Masaka			x										
37	East Central		Mayuge		X	x		x				x				
38	SouthWest		Mbarara		X	x										
39	SouthWest		Mitooma					x								
40	Central 2		Mityana													
41	Central 1		Mpigi			x										
42	Central 2		Mubende			x					x		x			
43	Central 2		Mukono		X	x										
44	Central 2		Nakaseke			x										
45	Western		Ntoroko			x					x					x
46	SouthWest		Ntungamo	x	X			x	x							
47	Central 1		Rakai		X	x										
48	SouthWest		Rubirizi	X	X	x		x	x							
49	SouthWest		Rukungiri					x								
50	SouthWest		Sheema		X											
51	Central 1		Ssembabule			x									x	
52	Central 1		Wakiso	x	X	x		x	x							

THE REPUBLIC OF UGANDA

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