

Uganda 2006 – 2009

I. Progress on key indicators

Indicator	Value	Year	Value	Year
Child population (millions, under 18 years)	14.7	2003	17.3	2007
U5MR (per 1,000 live births)	140	2003	130	2007
Underweight (% , moderate and severe)	23	2000/2001	20	2006
Maternal mortality ratio (per 100,000 live births)	510	1991/2001	440^{a/}	2006
Primary school enrolment (% net, male/female)	87/87, 100/100	2001/2000	83/82^{b/}	2007
Primary school attendance (% net, male/female)				
Survival rate to last primary grade (%)*	45	1998	72^{b/}	2006
Use of improved drinking water sources (%)	56	2002	64	2006
Use of improved sanitation facilities (%)			33	2006
Adult HIV prevalence rate (%)	4.1	2003	5.4	2007
Child labour (% , children 5–14 years old)	34	2003	36	2000-2001
GNI per capita (US\$)	240	2003	340	2007
One-year-olds immunized with DPT3 (%)	81	2003	64	2007
One-year-olds immunized with measles vaccine (%)	82	2003	68	2007

*Baseline data refer to primary school children reaching grade 5.

a The 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths, is 550 per 100,000 live births.

b Survey data.

II. Progress on key MTSP indicators 2006 – 2009

Focus Area I – Young child survival and development

- National programme promotes good parenting and has specific strategies to reach marginalized families and children fully or partially;
- National development plan incorporates explicit programmes and targets for achieving the MDG target on sustainable access to safe drinking water and basic sanitation;
- Gender analysis of the WES sector has been undertaken.

Focus Area II – Basic education and gender equality

- National standards for monitoring school or developmental readiness established;
- Standardized tests for measuring learning achievement, linked to the national curriculum introduced.

Focus Area III – HIV/AIDS and Children

- HIV/AIDS education integrated into the national curriculum at the secondary level.

Focus Area IV – Child Protection from violence, exploitation and abuse

- Child friendly and gender appropriate investigation and court procedures used for children fully or partially;
- Policies established on the provision of alternative care for children, in line with international standards.

Focus Area V – Policy Advocacy and Partnerships for Child Rights

- Adolescent girls and boys participated in the most recent CRC reporting process.

CONSOLIDATED RESULTS REPORT

Country: UGANDA Programme cycle: 2006 to 2009

Key Results	Key progress indicator (Baseline yr, value ; most recent yr , value)	Description of the results Achieved	Constraints and facilitating factors
<p>1.1. Nationwide, a contribution to Policy analysis and resource allocations influenced to reduce child vulnerability through the use of up-to-date, reliable data on child poverty and human development, disaggregated by sex, household income and geographical areas (MTSP/KRA 1, 2 & 3)</p>	<p>1.1.1. Number of thematic analytical reports and papers for policy and budgeting that use disaggregated data by age, sex, income and geographical areas</p> <p>1.1.2. Number of reforms carried out to address the gaps in key policy, legislative and institutional environment for children</p> <p>1.1.3. Number of institutions at national and district level reporting use of UgandaInfo as a reference tool</p>	<p>On influencing the policy-making process, UNICEF contributed to the national Development Plan preparation through advocacy for a focus on children. UNICEF presented an issues paper 'invest in Children' which has been accepted by Government. At the same time UNICEF has been and continues to be at the table and has contributed to the formulation of sectoral papers that will shape the NDP.</p> <p>UNICEF contributed significantly (both technically and financially) to the 2006 DHS whose data is being widely accepted as reliable is being used in policy analysis and resource allocation.</p> <p>The UgandaInfo database has been periodically updated and disseminated for evidence based planning at various levels.</p>	<p>The social sectors are increasingly at a risk of taking a back seat in macro policies that favour investing in productive sectors</p> <p>There are still considerable capacity gaps in local government when it comes to evidence based planning and budgeting especially in the new districts.</p> <p>There is weak fiscal decentralization.</p>

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1.2. Participation of women and children, particularly vulnerable groups in decision-making process increased (MTSP/KRA 4)	1.2.1. Number of women's, youth or children's networks or organizations in and out of school that engage in policy debate and participate in sectoral planning, implementation and review at various levels	<p>Children's voices and issues have increasingly been raised by the creation of child-led networks in schools (GEM and child rights clubs). This has as such leveraged support for child issues and improved child protection among other gains in the schools and surrounding communities in the CP focus districts. Child issues have been incorporated into district plans and in some CP focus districts children are allocated airtime on community radios</p> <p>In 2007, 300 young people in the North and Eastern regions participated in the CHOGM youth forum and 150 children in the CHOGM "Hear my Voice" Campaign through UNICEF support. In addition a national guide on Child participation was developed and published in partnership with Government and Civil society organizations.</p>	
2.1. In the target districts The percentage of girls and boys aged 0-5 years who realize their right to early learning and	2.1.1. % of households that support children's development (0-2yrs) <i>(No study carried out to asses</i>	Access to early learning by children aged 3-5years in the CP districts of focus was at 15.5%	

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stimulation will increase from 2 per cent to 12 per cent (MTSP/KRA 1)	<i>the level of this indicator both at the baseline or more recently)</i> 2.1.2. % of girls and boys aged 3-5 participating in ECD sites/interventions at community level by sex and district 2006, 2% : 2008 15.5%	by the end of 2008. This exceeds the CP target of 12% by 2010. UNICEF support to early learning and stimulation at community level over the 3 years increased the number of community led ECD centres from 56 in 2006 to 1,051 at the end of 2008. The Net Intake rate (NIR) an indicator of timely enrollment into the first class of primary school, increased from 52% in 2006 to 56% in 2008 in the CP focus districts	
2.2. The percentage of girls and boys aged 6-12 realizing their right to access education will increase from 53 per cent to 68 per cent in conflict and post conflict affected districts and in Karamoja, while the percentage of children who complete quality primary education and achieve required proficiency levels for their class will increase from 23 per cent to 40 per cent (MTSP/KRA 1, 2 & 4)	2.2.1. Primary NAR National 2006, T: 81.8%, M: 82.3%, F: 81.2% 2.2.2. NER (MDG indicator 6) 2005 National T: 93.0 % M: 95.6 % F: 92.4% 2007 National T: 93.3 % M: 95.3 % F: 91.4% 2.2.3 Survival rate (cohort flow) to grade 5 2005, 52%: 2007 49% 2.2.4. % of pupils reaching	Intensive Go Back to School, Stay in school campaigns in 2007 led to an increase in enrollment of 15% in the northern and north eastern districts that have the worst enrollment level in the country (NER as low as 32% in Kotido). Completion rates by end 2008 stood at 51% nationally and 29% in the focus districts, against a 5 year target of 40% for the CP. However in the Karamoja districts, with the	Increased inter- sectoral collaboration with Protection, WASH and health and Nutrition sections within UNICEF has been a great facilitating factor. MoES launched the quality Enhancement initiative aimed at improving quality in primary schools in 12 districts 5 of which are CP focus districts. This is a great opportunity. Restricted staff ceilings in primary schools continue to curtail new recruitments and

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	<p>defined level of competency in literacy and numeracy at P3 and P6 by sex by district</p> <p>NO data</p> <p>2.2.5. PLE performance by sex and age.</p>	<p>expectation of Abim completion rates remain critically low between 6-12%.</p> <p>While completion rates are higher for boys than girls at the national level, in 18 of the CP focus districts completion rates of girls were higher than those of boys in 2008.</p> <p>Using primary leaving results as a proxy for learning achievement, higher than national average (56%) performance was demonstrated in 11 of the 23 CP focus districts.</p>	<p>result in high pupil: teacher ratios that affect quality of teaching and learning.</p> <p>Quality of 'official' data leaves a lot to be desired. Absence of birth certificates or other age verification means compound the situation given the fact that most important access and quality indicators are aged based.</p>
<p>3.1. In the target districts The percentage of children, especially those under 5, accessing preventive, promotive and curative health and nutrition services will increase to 80 per cent (measles coverage will increase from 81 per cent to 90per cent) (MTSP/KRA 1 & 4)</p>	<p>3.1.1. % DPT 3 coverage by 1 year of age 2005/6 (89%): 2007/8 (80%)</p> <p>3.1.2 % of children 12-23 months olds receiving measles vaccine before first birthday 2006 (52.3%): 2006 (52.3%)</p> <p>3.1.3. % children 6months to 5 years who receive Vitamin A</p>	<p>A national child survival Strategy and guidelines on treatment of severe malnutrition were developed with UNICEF support which have significantly contributed to the national development plan and national health priorities. There has not yet been another nation wide health and nutrition survey since the DHS 2006 which provided baselines, but routine</p>	<p>Inadequate and often late disbursement of funds from MOH to support outreach and other services</p> <p>Inadequate human resources. Only 34% of approved positions filled by qualified health workers in 2008. A drop from 38% in 2006.</p> <p>Epidemics and outbreaks of</p>

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	<p>twice a year 2006 (36.4%): 2006 (36.4%)</p> <p>3.1.4. % of U5 sleeping under insecticide treated bednet (ITN) 2006 (9.7%): 2006 (9.7%)</p> <p>3.1.5. Malaria treatment: % of children aged 0-59 months reported to have fever in the previous two weeks and who were treated with an appropriate anti-malarial within 24 hours of onset 2006 (28.9%): 2006 (28.9%)</p>	<p>administrative data available in the MOH provide indication of progress in most of Unicef interventions.</p> <p>Overall, high rates of immunization coverage have been maintained at a national average of at least 80% for all antigens. The national reported coverage for DPT+HepB+Hib-3 and was 74% in 2006 and 74% in 2007 and 78% in 2008.</p> <p>Routine vitamin A coverage however decreased from 79% in 2006 to 70 percent in 2007 to 67 percent in 2008 and de-worming coverage decreased from 74 percent in 2007 to 70 percent in 2008.</p> <p>Significant gains were made in malaria control with the distribution of ITNs in Northeast (Karamoja) and Lango districts in 2008. This raised the number of households with 2 ITNs from 3.4% to 90% and from 9.5 to 50% in Karamoja and Lango regions respectively over one year.</p>	<p>measles, cholera, Ebola, Hepatitis E, and meningitis, which diverted the few MOH staff including health workers from routine planned activities</p> <p>Poor accountability of funds</p> <p>Inadequate health seeking behaviour</p>

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		According to MOH sector performance report of 07 /08 71% of children under 5 received treatment for malaria within 24hrs onset in the 9 districts that UNICEF supported MOH to train and equip village health teams (VHTs) and community medicine distributors, who ensured availability of Artemisinin-based Combination therapy (ACT) and timely treatment of children with malaria.	
3.2. Young people and women, especially adolescents, who realize their right to antenatal care “plus” will increase to 42 per cent (MTSP/KRA 2)	<p>3.2.1. % pregnant women attending ANC at least 4 times disaggregated by age 2006 (47.2%): 2006 (47.2%)</p> <p>3.2.2. % of women sleeping under ITN during the last pregnancy 2006 (10%): 2006 (10%)</p> <p>3.2.3. % women giving birth with skilled attendance during their last delivery 2006 (42.1%): 2006 (42.1%)</p>	Provision of a full package of ANC to all is still inadequate. TT2 coverage in the 23 districts of focus stands at 54% (above the national average of 51%). The national coverage of Intermittent Presumptive Treatment (IPT2) has remained low at 37% 2005/06 40% in 2006/07 to 39% in 2007/08	As above

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<p>3.3. At least 77% of households in 20 districts, including conflict affected districts, will have access to a functional safe water point and adequate sanitation services (MTSP/KRA 3)</p>	<p>3.3.1. Proportion (%) of population using an improved water source (disaggregated by sex, urban/rural and wealth quintiles) 2006 (T: 67.1, U: 89.3, R: 63.8)</p> <p>3.3.2. Sphere standard indicators for IPD camps: (average water use of at least 15 liters per person per day; distance of 1.5 Km) 2005 (7 lpd) : 2007 (19.5 lpd)</p> <p>3.3.3.% of improved water source that are functional at the time of a spot check (2005: 81%, 2008: 80%)</p> <p>3.3.4. % of HH with latrines that meet the required standards 2004/5 (46.9%); 2007/8 (62.7%)</p>	<p>Access to safe water by rural households remained slightly above 60 % nationally over the 3 year period. Functionality of the available water sources is at about 80% a slight drop from 83% in 2006.</p> <p>In emergency the UNICEF support to IDP camps between 2006 to early 2008 increased the access to water in IDP camps in Northern Uganda from 7 litres per person per day at the end of 2005 to 19.5 litres per person per day pd in 2008, well above the sphere standard of 15.</p> <p>Community access to household latrines has steadily increased nationally.</p>	<p>Water and hygiene emergencies requiring redirection of the already limited government implementation capacity</p> <p>Big demand for WES facilities in returnee communities, which requires substantial resources</p> <p>The crosscutting nature of the WASH sector has encouraged cooperation between ministries of health, education, and environment and natural resources.</p>
<p>4.1. In the target districts : Young people, especially girls, will have reduced their risk of and vulnerability to HIV infection (MTSP/KRA 3)</p>	<p>4.1.1. HIV prevalence among young people 15-19 yrs and 20-24 yrs by sex and by region (2006 ; 15-19yr 2.6 F, 0.3 M 2006: 20-24yr 6.3 F, 2.4 F)</p>	<p>Service delivery interventions in this key result area ended in 2007. However by end 2007 974565 young people in northern Uganda (65% of whom were female) agreed to be tested for HIV.</p>	

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	<p>4.1.2.% young people (12-24 yrs) who have tested and received their HIV test results</p> <p>4.1.3. Prevalence of condom use at the last highrisk sex for females and male, 15 to 24 years of age (MDG indicator 19a) (2006: 38.3%)</p>	<p>Upstream work has continued and as a result of the engagement of UNICEF and other UN agencies the Male Medical circumcision (MMC) has been added to the national prevention Agenda.</p>	
<p>4.2. Infected children, young people and women will access HIV/AIDS care and treatment services (increased from 43% access for the total HIV+ population) (MTSP/KRA 1)</p>	<p>4.2.2. % of HIV + pregnant women who are accessing ARVs (2005/06: 24% , 2007/08 38%)</p>	<p>Access to ARV for prevention, to pregnant women increased from 24% to 38% over the last 3 years. This resulted among other interventions from the increase in PMTCT services. As of June 2008, PMTCT services were available in 57% of health facilities offering ANC nationwide from 36% in 2006.</p> <p>In 2008 the Antiretroviral Therapy and Infant and Young children (IYCF) guidelines were finalized which was a great advancement for pediatric treatment of HIV/AIDS. Now all children born to HIV positive mothers are tested at 6 weeks</p>	<p>There is insufficient coordination among partners to ensure equitable distribution of PMTCT support to all districts</p> <p>Limited communication and coordination between PMTCT and Pead Care and other programmes within the Ministry of Health.</p> <p>Human Resource constraints</p> <p>PMTCT reporting is not yet fully integrated into the HMIS. Some PMTCT reporting is parallel to the MOH system making the availability of complete PMTCT</p>

Comment [Im1]: 50% in focus districts

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		and all infants under 1 year are started on ARVs. Two regional Paediatric Care and Support Centres of Excellence were established with UNICEF support.	difficult and expensive There is still inadequate political will for MMC.
4.3. (and 5.1) At least 40 per cent of children (OVC) identified as vulnerable to violence, exploitation, abuse, discrimination and neglect, together with their families, will access protection and social services (MTSP/KRA 2 & 5)	4.3.1. (See 5.1.1) 4.3.2. (See 5.1.2) 4.3.3. (See 5.1.3) 4.3.4. M& E system in selected districts and at national level providing timely and reliable information on key selected standard indicators		
In the target districts: 5.1. (and 4.3) At least 40 per cent of children (OVC) identified as vulnerable to violence, exploitation, abuse, discrimination and neglect together with their families, will access protection and social services (MTSP/KRA 2 & 5)	5.1.1 Number and % of orphans and vulnerable children, identified by a community-based system, attending and completing primary education or attending catch-up education by age and sex 5.1.2 Ratio of school attendance of orphans to school attendance of non orphans aged 10-14 years	88,000 children (55% girls) in the conflict-affected districts of Northern Uganda received care and support This has resulted from the establishment and or strengthening of Child protection systems (CPCs). 61% of sub counties had CPCs at the end of 2008 compared to 22% in 2007. Of the children supported 199,017 acquired life skills training.	There is inadequate and insufficient capacity of statutory protection services and community-based structures to identify, support, refer, follow-up and report on child protection cases Limited and overstretched presence and resources of statutory care and protection services, which contribute to non-delivery and poor follow up on referral

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	(MDG indicator 20) 5.1.3. Number and % of orphans and vulnerable children under 18 years of age whose household receives basic external support.	In a separate intervention 1,489 children engaged in exploitative and hazardous labour in the city and some towns in the East and West were returned to their families.	
5.2. Girls, boys and women will be living in an environment that supports the progressive realization of their rights to protection from sexual violence and exploitation (MTSP/KRA 2 & 3)	5.2.1. No. and type of community-based initiatives against sexual exploitation and sexual violence by district 5.2.2. Number and percentage of reporting survivors by age and sex who receive support by services (medical, legal and psychosocial)	Over the 3 year period over 7000 (over 90% female) survivors of sexual and domestic violence were supported through post rape management systems in 7 CP focus districts. This is possible because of more systemization in the post care management system that UNICEF is supporting.	
5.3. All girls and boys will realize their right not to be recruited into armed forces or groups and not to participate in hostilities (MTSP/KRA 3 & 5)	5.3.1. % of FAC reunited with their families and remain living with them or in regular contact one year after reunification 5.3.2. Number of girls and boys reported recruited into GoU-linked armed forces and militia.	A total of 2,639 children formally associated with the LRA received reception care, family tracing and reunification services	