



THE REPUBLIC OF UGANDA

THE STATE OF UGANDA POPULATION REPORT 2012



Uganda at 50 years: Population and Service Delivery;
Challenges, Opportunities and Prospects



THE STATE OF UGANDA POPULATION REPORT 2012
Theme: Uganda at 50 years: Population and Service Delivery; Challenges, Opportunities and Prospects



Population Secretariat



United Nations Population Fund

TABLE OF CONTENT

Foreword.....	viii
Acknowledgement.....	x
Acronyms and Abbreviations.....	xi
List of Figures.....	xvi
List of Tables.....	xviii
List of Maps.....	xxi
Chapter 1: Overview of Population and Service Delivery in Uganda.....	1
1.1 Introduction.....	1
1.2 Population Trends and Service Delivery.....	2
1.3 Uganda’s Youthful population as Resource for Social and Economic Transformation.....	3
1.4 Service Delivery and Vulnerable Population in Uganda.....	4
1.5 Decentralization and Population: Emerging Issues in Service Delivery in Uganda.....	5
1.6 Public Private Partnership and Service Delivery in Uganda.....	7
1.7 Taking Stock of Service Delivery in Uganda.....	8
1.8 Environmental Governance for Sustainable and Equitable Development.....	11
1.9 Conclusion.....	12
1.10 Policy Recommendations.....	13
Chapter 2: Population Trends and Service Delivery in Uganda.....	14
2.1 Introduction.....	14
2.2 Population and Education.....	14
2.3 Population Trends, Environment and Sustainable Development.....	14
2.4 Population Censuses.....	15
2.5 Fertility Rates in Uganda.....	15
2.6 Mortality Rates.....	17
2.7 Urbanization.....	17
2.8 Population Composition.....	18
2.9 Literacy Levels.....	19
2.10 Life Expectancy.....	20
2.11 Population Trends and Services in Uganda.....	20
2.12 Population Trends in relation to Millennium Development Goals.....	25
2.13 Population Trends and Development.....	26

2.14 Recommendations and Way Forward.....	26
2.15 Conclusion.....	27
2.16 Policy Recommendations.....	27
Chapter 3: Uganda’s Youthful Population as a Resource for Social and Economic Transformation..	30
3.1 Background.....	30
3.2 Uganda’s Demographic Opportunities and Challenges.....	31
3.3 Youth Situation in Uganda and Role of Government.....	32
3.4 Youth and Labourforce Participation.....	34
3.5 Youth and Investment Opportunities.....	34
3.6 Youth and Civic Participation.....	35
3.7 Youth Health and Wellbeing.....	36
3.8 Youth and Education.....	37
3.9 Youth, Gender and Social Context in Uganda.....	38
3.10 Youth and Vulnerability.....	39
3.11 Youth and Policy Issues.....	40
3.12 Conclusion.....	40
3.13 Policy Recommendations.....	41
Chapter 4: Service Delivery and Vulnerable Population in Uganda.....	43
4.1 Introduction.....	43
4.2 Background and Global Perspective of Vulnerability.....	44
4.3 The National Perspectives and Situation of Vulnerability.....	47
4.4 Analysis of Uganda’s Service Delivery and Its Impact on Vulnerable Population.....	51
4.5 Constraints of Service Delivery to Vulnerable Population in Uganda.....	58
4.6 Conclusion.....	59
4.6 Policy Recommendations.....	59
Chapter 5: Decentralization and Population: Emerging Issues in Service Delivery in Uganda.....	60
5.1 Introduction.....	60
5.2 Institutional and Policy Framework.....	60
5.3 Decentralization Policy, Reforms and Implementation in Uganda.....	61
5.4 Population Factors on Development.....	63
5.5 Role of Decentralization in the Service Delivery.....	66
5.6 Achievement of Uganda’s Decentralization.....	68
5.7 Emerging Issues in Service Delivery.....	76
5.8 Impact of Decentralization on Population.....	78

5.9 Challenges.....	79
5.10 Conclusion.....	81
5.11 Policy Recommendations.....	82
Chapter 6: Public-Private Partnership and Service Delivery in Uganda.....	85
6.1 Introduction.....	85
6.2 Understanding of Public –Private Partnerships.....	85
6.3 Assumptions around the use of Public-Private Partnerships in achieving Development Objectives.....	86
6.4 Public-Private Partnerships in Practice.....	89
6.5 Public-Private Partnerships in Uganda.....	90
6.6 Facilitating factors for Public-Private Partnerships in Service Delivery Uganda.....	91
6.7 Sectors that have benefited from Public-Private Partnerships in Uganda.....	92
6.8 Challenges in implementation of Public-Private Partnerships.....	102
6.9 Lessons Learnt in the Implementation of Public-Private Partnerships in Uganda.....	103
6.10 Conclusion.....	104
6.10 Policy Recommendations.....	104
Chapter 7: Taking Stock of Service Delivery in Uganda.....	107
7.1 Introduction.....	107
7.2 The Evolution of the Uganda Public Services Sector.....	107
7.3 The Service Delivery Context and Framework.....	108
7.4 Implications of the Structural Adjustment Programmes and Decentralization.....	108
7.5 The Public Expenditure Management.....	110
7.6 The Liberalization of Price and Market.....	110
7.7 Population Dynamics.....	110
7.8 The Decentralization, Legal and Regulatory Frameworks influencing Service Delivery.....	111
7.9 The Institutional Frameworks for Service Delivery in Uganda.....	111
7.10 Status of Public Services in Uganda.....	112
7.11 The Status of the Health Service.....	112
7.12 Water and Sanitation.....	119
7.13 Education Sector.....	121
7.14 Infrastructure Development.....	125
7.15 The Future of Service Delivery in Uganda.....	128
7.16 Conclusion.....	130
7.17 Policy Recommendations.....	130

Chapter 8: Environmental Governance for Sustainable and Equitable Development.....	134
8.1 Introduction.....	134
8.2 Sustainable and Equitable Development.....	135
8.3 Current Inequalities in Uganda.....	137
8.4 The impact of Demographic Dynamics on Environmental Governance and the attainment of Sustainable and Equitable Development.....	140
8.5 Towards a Population –Environment Balance: Integrating Population and Environmental Governance Policies.....	142
8.6 The Key Elements of Environmental Governance.....	144
8.7 Decentralization of Environmental Management.....	145
8.8 Commitment to Implementation.....	145
8.9 Natural Resources us Efficiency.....	146
8.10 Natural Resource Planning and Accounting.....	146
8.11 Challenges of Environmental Governance in Uganda.....	146
8.12 Conclusion.....	147
8.13 Policy Recommendations.....	147
 National Data Sheets.....	 151
A: Key Demographic, Health and Socio-Economic Development Indicators, 2011	
B: Trends of Selected Demographic, Health, Social and Development Indicators - 1995- 2011	
C: Millennium Development Goals (MDGs) - National Performance from 2000 to 2011.	
D: International Conference on Population and Development (ICPD) Goals - National Performance from 1995 to 2011	
E: Sub-Regional Performance in Achieving the Millennium Development Goals (MDGs) from 2000 to 2011	

FOREWORD

The year 2012 will be remembered as a landmark in the history of Uganda when our country marked its 50th anniversary of independence.

According to the latest projections, Uganda's population which stood at about 8 million people at the time of independence in 1962 now stands at over 34 million people 50 years down the line. There have also been demographic dynamics in our population structure and characteristics. These demographic dynamics have significant implications for the present and future generations, in terms of meeting their health, education, housing and sanitation, food requirements and other social and development needs.

This year's **State of Uganda Population Report** therefore comes at a time when Government is preoccupied with improving service delivery in all sectors as a priority focus. The theme of the report, **"Uganda at 50 years: Population and Service Delivery; Challenges Opportunities and Prospects"** would not have come at a better time than now.

It is a fact that quality and availability of essential services such as health, education, skills, development and opportunities for engaging in meaningful ventures underpins the social contract between the Government and the population.

The Government of Uganda has remained committed to improving the quality of life of her population through various efforts put in place to achieve the Millennium Development Goals (MDGs) and the objectives of the International Conference on Population and Development - Programme of Action (ICPD-PoA).

It is important to note that the consistent advocacy messages and awareness creation programmes have raised the profile of population issues of this country and have resulted in considerable appreciation of the intricate interrelationship between population and development.

We are encouraged by the modest achievements made in the health and education sectors. The recent decline in key health indicators such as infant mortality rate from 76 per 1000 live births in 2006 to 54 per 1000 in 2011; and maternal mortality ratio from 505 per 100,000 live births in 2001 to 435 in 2006 and slightly increasing to 438 per 100,000 in 2011.

These achievements have come about as a result of a multi-sectoral approach to implementing the population programme and the involvement and participation of decision makers, civil society organizations, communities and our development partners.

It is gratifying to note that this year's State of Uganda Population Report yet again draws our attention to priority areas we need to focus on in the course of serving our people. Not that we have done nothing in the past, but to remind us that more needs to be done if we are to ensure sustained improvement in the quality of life of our growing population.

The report points out the gaps in service delivery systems. We need to respond in a way that we ensure accountability to our people. But we should also know that accountability is a complex chain of relationships linking beneficiaries to service providers and decision makers.

On behalf of the Government of Uganda, I wish to acknowledge the role of Population Secretariat in advising us on population concerns of this country and in attracting development partners to join hands with us as we address our population challenges.

Producing a report of this quality is a commendable job as this brings population issues and priorities into one consolidated national document through a participatory and consultative process.

I therefore urge all those involved in national response to the issues raised in this report to double their efforts aimed at bringing about the desired change in as far as the quality of life of our people is concerned.

I believe that collectively, we can make significant impact in providing quality, affordable, accessible and appropriate services to our people whether at village, community, district or national level.



Hon. Matia Kasaija, M.P.

Minister for Finance, Planning and Economic Development (Planning)

ACKNOWLEDGEMENT

The inspiration for the theme of this report came from the stakeholders, who took in to consideration the fact that Uganda was in the process of commemorating the 50th year of independence anniversary in 2012. With this in mind the stakeholders developed a theme titled ***“Uganda at 50 years: Population and Service Delivery; Opportunities, Challenges and Prospects”***. This theme was specially formulated to enable Population and Development stakeholders to join the rest of Ugandans in commemorating the 50th anniversary of independence by producing this report as part of the celebration.

Population Secretariat, a lead agency for coordinating population programme is particularly grateful to the Government of Uganda and United Nations Population Fund (UNFPA) for the technical and financial support that enabled them to develop and produce the State of Uganda Population Report 2012. Our sincere thanks go to the authors for the various chapters and readily providing all the relevant information for this report namely Mr. Danistan Frank Balyesiima (KYU), Mr. John Mushomi Atwebembeire (MUK), Ms. Sarah Nahalamba (NPA), Mr. John Byakagaba (Hoima DLG), Ms. Sheila Magero (Zulyeka Project), Mr. John Okelai Ariko (MUBS) and Mr. Ronald Kaggwa (NEMA). Special appreciation goes to the Editorial Board and the Editor, Mr. Gabriel Barigo Ukuba who reviewed chapters and enabled the report to be completed and printed. Population Secretariat also wishes to acknowledge all stakeholders that participated in the preparatory meetings for the development and production of this report for their valuable comments and advice. We further thank Uganda Bureau of Statistics (UBOS) for providing the vital data/statistics and maps used for compiling the report.

Our gratitude also goes to the staff of Population Secretariat for spearheading the process that led to the production of this report, in particular Information and Communication Department for their expert advice and editorial service and Monitoring and Evaluation Department for coordinating the development and production of the report; and for the secretarial and administrative support.

I wish to thank you all for your tremendous contribution and we look forward to continued collaboration with all our stakeholders.



Charles Zirarema
Acting Director, Population Secretariat

LIST ACRONYMS AND ABBREVIATION

ACODE	-	Advocate Coalition for Environment and Development
ADF	-	Allied Democratic Force
AIDS	-	Acquired Immune Deficiency Syndrome
ANC	-	Ante Natal Clinic
APRC	-	African Peer Review Commission
ASIP	-	Agricultural Sector Investment Plan
ATAAS	-	Agricultural Technology and Agribusiness Advisory Services
BTVET	-	Business, Technical, Vocational Education and Training
CDM	-	Clean Development Mechanism
CFSVA	-	Comprehensive Food Security and Vulnerability Analysis
CIA	-	Central Intelligence Agency
CIS	-	Community Information Services
CIPLA	-	Chemical, Industrial and Pharmaceutical Laboratories
CPR	-	Contraceptive Prevalence Rate
CSO	-	Civil Society Organization
DANIDA	-	Danish International Development Agency
DDP	-	District Development Plan
DDSP	-	District Development Support Programme
DDT	-	Dichloro Diphenyl Trichloroethane
DESS	-	Department of Environmental Support Services
DFID	-	Department for International Development
DHS	-	Uganda Demographic Health Survey
DLG	-	District Local Government
DP	-	Democratic Party
DPAP	-	District Population Action Plan
DRC	-	Democratic Republic of Congo
DWRM	-	Directorate of Water Resource Management
ENHAS	-	Entebbe Handling Services
ENR	-	Environment and Natural Resources
EPF	-	Environment Protection Force
ESSP	-	Education Sector Strategic Plan
FAO	-	Food and Agricultural Organization
FBO	-	Faith Based Organization
FY	-	Financial Year

GDP	-	Gross Domestic Product
GII	-	Gender Inequality Index
GOU	-	Government of Uganda
HC	-	Health Centre
HDI	-	Human Development Index
HDICP	-	Hoima District Integrated Community Project
HEP	-	Hydro Electric Power
HESP	-	Hoima Education Sector Plan
HIV	-	Human Immuno Virus
HSSP	-	Health Sector Strategic Plan
ICESCR	-	International Covenant on Economic, Social and Cultural Rights
ICRC	-	International Committee of Red Cross
ICT	-	Information & Communication Technology
IDP	-	Internal Displaced Persons
IFAD	-	International Fund for Agricultural Development
IFC	-	International Finance Council
IFDO	-	international Center for Social Fertility and Agricultural Development
JARD	-	Joint Annual Review of Decentralization
JMS	-	Joint Medical Stores
KCCA	-	Kampala Capital City Authority
KWH	-	Kilo Watt Hour
KY	-	Kabaka Yekka
LEMU	-	Land and Environment Movement of Uganda
LG	-	Local Government
LGA	-	Local Government Act
LLG	-	Lower Local Government
LRA	-	Lord Resistance Army
MDG	-	Millennium Development Goals
MNE	-	Multi Natural Enterprises
MAAIF	-	Ministry of Agriculture, Animal Industry and Fisheries
MoES	-	Ministry of Education and Sports
MoFPED	-	Ministry of Finance, Planning and Economic Development
MOH	-	Ministry of Health
MOLG	-	Ministry of Local Government
MSW	-	Municipal Solid Waste

MTBF	-	Medium-Term Budget Framework
MTEF	-	Medium-Term Expenditure Framework
MTN	-	Mobile Telecommunication Network
NAADS	-	National Agricultural and Advisory Services
NARO	-	National Agricultural Research Organization
NCD	-	Neglected Communicable Diseases
NCDC	-	National Curriculum Development Centre
NCHE	-	National Council for Higher Education
NDP	-	National Development Plan
NEMA	-	National Environment Management Authority
NFA	-	National Forestry Authority
NFNC	-	National Food and Nutrition Council
NGO	-	Non Governmental Organization
NHS	-	National Household Survey
NPA	-	National Planning Authority
NPP	-	National Population Policy
NPPAP	-	National Population Policy Action Plan
NRA	-	National Resistance Army
NRM	-	National Resistance Movement
NSSF	-	National Social Security Fund
NTD	-	Neglected Tropical Diseases
NUSAF	-	Northern Uganda Social Action Fund
NWSC	-	National Water and Sewerage Corporation
OECD	-	Organization of Economic Cooperation and Development
OVC	-	Orphaned and Venerable Children
PA	-	Protected Area
PACE	-	Program for Accessible health, Communication and Education (PACE)
PEAP	-	Poverty Eradication Action Plan
PERDS	-	Public Enterprise Reform and Divestiture Statute
PFI	-	Private Financial Initiative
PPF	-	Private for Profit
PGR	-	Population Growth Rate
PHS	-	Primary Health Strategy
PMA	-	Plan for Modernization of Agriculture
PMTCT	-	Prevention of Mother- to- Child Transmission
PNFP	-	Private not for Profit

POPSEC	-	Population Secretariat
PPP	-	Public-Private Partnership
PPP-H	-	Public Private Partnership for Health policy
PRB	-	Population Reference Bureau
PRDP	-	Post War Recovery and Development Plan
PRSP	-	Poverty Reduction Strategy Plan
PSI	-	Population Services International
PWDS	-	Persons with Disabilities
QCIL	-	Quality Chemical Industries Limited
RC	-	Resistance Council
RD	-	Research and Development
RHCS	-	Reproductive Health Commodity Security
RRH	-	Regional Referral Hospital
SAP	-	Structural Adjustment Programme
SDP	-	Sub-County Development Plan
SFP	-	School Feeding Programme
SNE	-	Special Needs Education
SP	-	Social Protection
SRH	-	Sexual and Reproductive Health
STD	-	Sexual Transmitted Disease
STI	-	Sexual Transmitted Infection
TFR	-	Total Fertility Rate
TEV	-	Total Economic Valuation.
TK	-	Traditional Knowledge
TTC	-	Text to Change
U5MR	-	Under 5 Years Mortality Rate
UBOS	-	Uganda Bureau of Statistics
UDHS	-	Uganda Demographic Health Survey
UEB	-	Uganda Electricity Board
UGX	-	Uganda Shillings
UN	-	United Nations
UNAIDS	-	United Nations Agency on HIV/AIDS
UNICEF	-	United Nations Children Fund
UNHCS	-	United Nations Commission on Human Settlement
UNDP	-	United Nations Development Programme
UNEP	-	United Nations Environment Programme

UNFPA	-	United Nations Population Fund
UNHCR	-	United Nations High Commissioner for Refugees
UNHS	-	Uganda National Household Survey
UNRA	-	Uganda National Roads Authority
UOMB	-	Uganda Orthodox Medical Bureau
UPMB	-	Uganda Protestant Medical Bureau
UPC	-	Uganda Peoples Congress
UPE	-	Universal Primary Education
UPL	-	Uganda Post Limited
UPPET	-	Uganda Post Primary Education and Training
UPTC	-	Uganda Post and Telecommunication
US	-	United States
USAID	-	United States Agency for International Development
USD	-	United States Dollar
USE	-	Universal Secondary Education
UTODA	-	Uganda Taxi Operators and Drivers Association
UTL	-	Uganda Telecommunications Limited
VHT	-	Village Health Team
VIP	-	Ventilated Improved Pit-latrine
WB	-	World Bank
WFP	-	World Food Programme
WHO	-	World Health Organization
WRI	-	World Resources Institute
WSC	-	Water Sources Committee

LIST OF FIGURES

- Figure 2.1: Graph Showing Uganda's Population Trend from 1948 - 2012
- Figure 2.2: Graph showing Uganda's Fertility Trends from 1969 and 2012
- Figure 2.3: Graph showing Fertility levels of 12 Top Countries in the World.
- Figure 2.4: Showing Infant and Under Five Mortality Trends from 1995 and 2011
- Figure 2.5: Showing the Urban Population Trends in Uganda from 1980-2012.
- Figure 2.6: Showing the Distribution of Uganda's Population by Age Group, 2012
- Figure 2.7: Graph showing the trend of Electricity Consumption in Uganda, 2000-2011
- Figure 2.8: Graph showing the trend of Electricity Production in Uganda, 2000-2011
- Figure 2.8: Graph showing the trend of Water Production in Uganda from 2006–2010
- Figure 3.1: Uganda's Population Pyramid
- Figure 3.2: Uganda's Population Growth Trends from 1969, 1980, 1991, 2002 and 2012
- Figure 3.3: Total Fertility Rate Trends in Uganda
- Figure 4.1: Uganda's Economic Growth Performance from 1960 - 2010
- Figure 4.2: Trends in National and Regional Poverty Estimates
- Figure 4.3: Percentage Share of Total Income by Quintiles
- Figure 4.4: Distribution of Per-Adult Equivalent Consumption, 2009/10
- Figure 4.5: Uganda's Life Expectancy at Birth compared with other Countries
- Figure 4.6: Comparison of Uganda's Infant Mortality Rates with other countries
- Figure 5.1: Showing Trends in Health-Related Outcomes (1995 – 2011)
- Figure 5.2: Showing Health Facilities by Ownership from 2004 - 2010
- Figure 5.3: Showing Primary Schools by Ownership, 2009
- Figure 5.4: Showing the Proportion of Population served by Type of Water Technology, 2010
- Figure 6.1: Various Arrangements of Public-Private Partnerships in Practice
- Figure 7.1: Distinctive Phase of Evolution of Service Delivery in Uganda over the last 50 years
- Figure 7.2: Trends in Infant Mortality Rates
- Figure 7.3: Percent of Post filled at different levels in the Public Health Facilities, 2009/10
- Figure 7.4: Percent of Stock Out of Essential Drugs in Public Health Facilities 2009/2010
- Figure 7.5: Sources of Health Financing in Uganda
- Figure 7.6: Water Source Trends and Functionality in Small Towns, 2007-2011
- Figure 7.7: Proportion of Education Budget to the National Budget
- Figure 7.8: Percentage of Total Education Expenditure Allocation by Facility level
- Figure 7.9: Distribution of General Hospitals and Health Centre IVs by Region
- Figure 8.1: Conceptual framework on Linking Environmental Governance to Sustainable and Equitable Development

Figure 8.2: The Four Dimensions of Sustainable Development

LIST OF TABLES

- Table 1: Uganda's Fertility Trends from 1969 and 2012
- Table 2: Comparison of Fertility rates of 12 top countries in the World, 2012
- Table 3: Urban Population Trends in Uganda from 1980 to 2012
- Table 4: Age Composition of Uganda's Population, 2012
- Table 5: Proportion of selected Population by Age Group for 1969 - 2002
- Table 6: Literacy Rates for Population aged 10 years and above, 2002 -2010
- Table 7: Life Expectancy in 20 selected African Countries, 2012
- Table 8: Number of Higher Institutions and their Enrolment, 2011
- Table 9: Number of and Enrollment of Primary Schools in Uganda, 2011
- Table 10: Number of Secondary Schools and Enrolment, 2011
- Table 11: Number of Functional Health Units by Ownership and Facility level, 2011
- Table 12: Trend of Electricity Production in Uganda from 2000 - 2011
- Table 13: Trend of Water Production in Uganda from 2006–2010
- Table 14: Trends in Health-Related Outcomes (1995 – 2011)
- Table 15: Number of Health Facilities in Uganda from 2004-2010
- Table 16: Key Facts about Water Supply in Uganda, 2010
- Table 17: Distribution of Health Facilities by category of Ownership in Uganda
- Table 18: Trends in Income Inequality based on the Gini Coefficient
- Table 19: Uganda's Gender Statistics

LIST OF MAPS

Map 1: Map of Uganda showing Population Distribution by Sub-Regions, 2011

Map 2: Map of Uganda showing Major Towns and Road Networks 2011

CHAPTER 1

OVERVIEW OF POPULATION AND SERVICE DELIVERY IN UGANDA

1.1 Introduction

The world population grew to 7.06 billion in mid-2012 after having passed the 7 billion mark in 2011. Developing countries accounted for 97 percent of this growth because of the dual effects of high birth rates and young populations. The median projection of population size by the United Nations Population Division suggests that population growth rates will decline over the coming several decades, with a possible stabilization around the year 2050. But achieving this will take an enormous amount of hard work, creativity and financing, it is by no means a fiat accompli. And, even if population is stabilized between 8 and 9 billion, a scenario which becomes less likely with each passing day, the increase of human population will still be between 20% and 30%. That magnitude of increase, coming on top of the unprecedented growth that has occurred in the last half-century, will be felt in all aspects of life. It will further stress already strained ecological systems and worsen poverty in much of the developing world, thus aggravating threats to international security.

Population growth is not the only threat facing humanity, but it will be a major contributor to the crises that await us in the coming century. Overpopulating the planet puts us all at risk of extreme environmental and social consequences that we are beginning to witness today. The world's population is now more than 7 billion and continues to grow by 82 million people per year. During the last half-century, the world's population more than doubled. Between 1960 and 2010, the world population rose from 3 billion to 6.8 billion. In other words, there has been more growth in population in the last fifty years than the previous 2 million years that humans have existed. Currently the rate of population increase is 1.2% per year, which means the planet's human population is on a trajectory to double again in 58 years.

Uganda's population is projected at 34.1 million people in 2012. The high population growth rate of 3.2 % implies that over one million people are added onto Uganda's population every year. According to UBOS figures, in 2012 alone close to 1.7 million babies were born. If this high population growth rate continues, Uganda's population will be 54 million in 2025 and 130 million by 2050. The factors underlying the high population growth rate are many but the high fertility rate of 6.2 children per woman stands out. This is further complicated by the high unmet need for family planning services. The results from the UDHS 2011 show that Uganda's unmet need for family planning stands at 34% of currently married women. At the same time, the contraceptive prevalence rate stands at 24% for all

women, 30% among currently married women and 52% of sexually-active unmarried women. This creates a big gap in access to contraceptives.

The most important demographic issue for Uganda is related to its age structure rather than the overall population size. Although a large youthful population is an opportunity for change, progress and social dynamism, it can also be a risk for the country. Uganda must accelerate the demographic transition. This will involve a shift from high to low mortality and fertility levels. Such a shift will contribute to achieving a demographic dividend, which is the economic benefit accruing from a significant increase in the ratio of working age adults relative to young dependents. The State of Uganda Population Report 2012 is under the theme: *“Uganda at 50 years, Population and Service Delivery: Challenges, Opportunities and Prospects”*, variables that constitute a detailed exploration of the state of Uganda’s population over the years.

1.2 Population Trends and Service Delivery in Uganda

The quantity and quality of a population is very paramount in the development of any country, therefore, population is a key factor in the development process. It is the quantity and quality of the population that will determine the methods of governance for both central and local governments and also appropriation of the other available resources so as to have effective and efficient service delivery in the country. Population trends have opportunities, challenges, weaknesses and prospects as regards service delivery and development of any country. The population trends being looked at in this chapter include; Population Growth rates, Fertility rates, Mortality rates, Population censuses, Migrations, urbanization and Literacy. If birth rates do not reduce and infant mortality rates continue to decline this will mean that Uganda’s population below 18 years will continue to be dominant.

Population trends have a great relationship with service delivery and availability in any country. It’s because of population growth, fertility, mortality, migrations, urbanization, literacy and others that the following service status can be noted in Uganda. It’s because of increasing population that the numbers of primary schools, secondary schools and other higher institutions of learning have been increasing from year to year. For example in 1959 Uganda had only one university but today Uganda boasts of over 30 universities. It is because of rapidly increasing population that the numbers of education institutions have increased. Rapid population increase amidst dwindling resources affects the quality of Health, education, agriculture and environment among other critical sectors. The Chapter explores the relationship between population trends and these sectors in terms of service delivery.

In a nutshell it can therefore, be concluded that population trends have a significant relationship between planning, resource exploitation, service delivery and economic development of a country. It

is therefore important that government puts population trends into consideration if sustainable development is to be achieved.

1.3 Uganda's Youthful Population as Resources for Social and Economic Transformation

Different organizations and bodies define youth in different ways. Irrespective of the definitions young people are viewed in a developmental perspective as future social and human capital. In Africa, age is one of the most salient factors that define the population. In general Africa's median age is less than 20 years and a fifth of Africa's population is between 15 and 20 years. Worldwide, Uganda is the leading country with the youngest population of 78 percent below age 30 years, 52% is 15 years and below (UBOS, 2012). Currently about 6.5 million (21.3%) Ugandans are between 18 – 30 years. The number of young people in Uganda is projected to grow to 7.7million by 2015. Most of Uganda's young population aspires for various forms of services in terms of education, employment and family formation. This is the challenge for the country to address urgently.

In her National Development Plan (NDP, 2010/11-2014/15), the Uganda Government envisages transforming the Ugandan society from a peasant to a modern and prosperous country within 30 years; reaching middle income status by the year 2017. Various policies to this effect have been laid down and they include the National Employment Policy, the National Education Policy, the National Population Policy and the National Population Policy Action Plan all of which accord vital importance to skills development especially for young people as a means to raise productivity, incomes and enhance competitiveness of the economy. Basing on the fact that Uganda is strongly characterized by largely a youthful population with high potential and possibility of accelerating economic growth, it is important to identify much more skills of the youth in order to develop innovative technologies to address their particular needs. Youth have been recognized to be vibrant contributors in both the public and private sector. Therefore, in order to reap benefits from young people, there is need to invest consistently in them. The experience of youth and the degree of exposure to certain risks is diverse, depending on one's sex, place of residence, socio-economic context, economic circumstances and marital status. While the large number of young people in Uganda's population has the potential to be a tremendous asset for the country, Uganda's youthful population need opportunities in order to prosper. In conclusion, if we all share the belief that Uganda's youthful population is a precious asset for human population and future human capital for socioeconomic transformation, we need to invest our intellect, social resources and a range of resources in nurturing them and protecting them against deadly social conditions of the 21st century, especially HIV/AIDS and Drugs.

This will be in the interest of achieving long-term benefits for the socio economic agenda globally. There are no easy solutions to the challenges faced by particularly the most vulnerable groups of the population. The complexity of these two issues requires careful and non-emotive planning and

intervention. They may change the face and character of our human services, educational and social institutions. Interventions, processes and strategies are not necessarily the absolute responsibility of the government. However the government in the name of social development should continue to take the lead in creating policy environments that facilitate appropriate intervention, provide resources and national infrastructures, and research funding and accountability systems. Civil society structures face the challenges of creating and sustaining effective delivery mechanisms that are collaborative, multi-faceted, preventive and remedial in character. The family in particular should seriously re-examine its role and responsibility as a socializing and nurturing agent. The family as an institution is breaking down; on the other hand, it is continually cited as one of the powerful agents of social change and social support system in most clinical interventions. All the strategies and policies cited in this paper have merit. The challenge is what kind of mechanisms and processes can the Ugandan society employ to combat and respond to the challenges of young people. Young people have potential for a powerful organization, which could play a very visible and important role in addressing and responding to needs of other young people.

1.4 Service Delivery and Vulnerable Population in Uganda

Uganda celebrated its 50th Independence anniversary on October 09, 2012 and one of its next step goals is to see to it that all her citizens enjoy a high quality of life and standard of living. At the same time, the big challenge is how to attain equitable service delivery to both non vulnerable and vulnerable citizens as a key foundation for socio-economic transformation. As Uganda aspires to emerge as a strong middle-income economy in coming decades, available evidence suggests that it will have to take into account population factors, more so the quality of its population as part of the development equation. Uganda's population is its biggest and most important resource which must be harnessed for faster and sustainable development. Uganda is one of the most densely populated countries in Sub-Saharan Africa with 80 per cent of its population living in rural areas.

We all do recognize that when the economy grows at a faster rate than the population growth rate then the overall standard of living should go up. And indeed this has happened in Uganda over the past 25 years with the result that the proportion of people below the poverty line has declined substantially. However due to the population growth, nearly 7.5 million people are still living below the poverty line. Additionally, the distribution of growth is unequal among the regions as well as nationally. So we have the paradox that the economy is growing rapidly but the absolute number of people below the poverty line remains high.

Generally access to social and economic services over the years has been limited among the vulnerable population groups due to factors such as high levels of social and income inequalities, non-responsive service delivery systems, high levels of exclusion in the development process and limited

employment opportunities among others. In particular, inequality of income, opportunity and access to basic services combined with high levels of vulnerability throughout many Ugandan's lives present challenges for the inclusiveness of Uganda's social and economic transformation, both today and for future generations.

The Vulnerable populations include the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness. It may also include rural residents, who often encounter barriers to accessing healthcare services. The vulnerability of these individuals is enhanced by race, ethnicity, age, sex, and factors such as income, insurance coverage (or lack thereof), and absence of a usual source of care. Their health and healthcare problems intersect with social factors, including housing, poverty, and inadequate education. In Uganda, vulnerability has been defined as a state of being or becoming poor (NDP, 2010). Vulnerability in Uganda is not only associated with external shocks but also linked to Life cycle events such as changes in household composition that contributes to declines in welfare for many households. For example, nearly two thirds of households that slipped into poverty between 2005 and 2010 registered a significant increase in family size. This suggests that even for many working families, the addition of new dependents causes the household to fall below the poverty line. At the same time, households that slipped into poverty were also those that registered the greatest increases in elderly dependency ratios. The exposure to these kinds of risks and the coping mechanisms households have available determines not only their well-being at any one point in time, but also their ability to improve their situation in future years and, indeed, the prospects for the next generation of children as they become adults themselves.

Despite Uganda's success in reducing poverty, more than 7.5 million Ugandans still live in poverty, surviving on income below the minimum that is required to meet their basic needs. The incidence of poverty remains higher in rural areas than in urban areas. The rural areas with 85 per cent of the population constitute 94.4 percent of national poverty. These results suggest that the majority of the poor are in rural areas, about 7.1 million out of the 7.5 million poor Ugandans. The incidence of poverty remains highest in the Northern region and least in the Central region. On average, poverty incidence in Northern region (46.2%) remains higher than the national average (24.5%) (NHS Report 2009/10)

1.5 Decentralization and Population: Emerging Issues in Service Delivery in Uganda

Increase in public awareness, the decentralization policy and availability of requisite data, the linkages of population issues with broader developmental concerns like poverty reduction, health, education,

agriculture, environment, gender and development, labour and employment creates the need to integrate population factors into development planning.

Decentralization is usually defined as any act by which central government formally cedes powers to actors and institutions at lower levels in a political-administrative and territorial hierarchy (Mawhood 1983, Smith 1985). Decentralization entails transfer of planning, decision making and administrative authority from the centre to local government.

Local Governments Act was enacted to consolidate and streamline in accordance with the Constitution to give effect to the decentralization and devolution of functions, powers and services to provide for decentralization at all levels of local governments to ensure good governance and democratic participation in, and control of decision making by people.

Uganda's decentralization has been reasonably entrenched as a system and process of local governance. Its contributions to improving service delivery, promoting welfare growth and enhancing overall improvement in the quality of life of the rural population have been nationally and internationally applauded. However, several challenges have emerged, accompanied by questions as to the extent Uganda may decentralize and the central government cedes most of its powers.

The Government of Uganda puts more resources to local authorities through the decentralized development budget into the social services sector, such as primary health care, primary education, family planning, nutrition, water supply and sanitation, to address the issue of poverty in general. The NDP recognizes the close inter-linkages among mortality, fertility, and migration on the health and general welfare of the population. In addition, other factors such as health care, education, food and nutrition and urbanization, which affect and are affected by population trends, are taken into account. Special groups such as women, children, the youth, the elderly and persons with disabilities, as well as socio-cultural and legal issues affecting the population are considered.

In view of the above, Government has reviewed and strengthened the decentralization policy to evolve and empower a community that is both informed and conscious of population and development issues at all levels. To address the identified population concerns in a comprehensive and multi-sectoral approach and in line with government's decentralization policy, the thrust of the Population is to promote intervention programmes designed to improve health, nutrition, education, and the environment. Further, family planning, as a basic human right, shall be promoted to play a key role in reducing the proportion of unwanted pregnancies, high risk pregnancies and births, ensuring child survival, enhancing the status of women, raising the levels of income of individuals and families,

alleviating poverty, and ultimately improving the quality of life and the standard of living of the people.

Government has worked tirelessly to put appropriate structures and systems in place, to set and refine the legal framework, attendant regulations and guidelines, and to build implementation capacity at central and local government levels for effective popular participation and service delivery. Already significant achievements have been attained and in many respects, Uganda's decentralization programme can be showcased as an instructive example of how to approach poverty reduction and service provision in a population led development context. However, all that would not have been possible without extensive support from the development partners and the collective energies of committed men and women in public, private and NGO sectors.

The introduction of decentralization in Uganda coincided with the realization around Africa that a highly centralized approach to management of public affairs which had been adopted soon after independence had failed to deliver good governance, democracy, reduction in poverty and sustainable development. The adoption of this policy was, therefore timely. Uganda's decentralization comes in two primary forms: democratic decentralization (also called political decentralization) which involves transfers of power to elected local authorities; and de-concentration (also known as administrative) which involves transfers of power to local offices of central government agencies, such as appointed district officers or local offices of line ministries.

1.6 Public-Private Partnership and Service Delivery in Uganda

Public-private partnerships are seen as a tool for enhancing service delivery and they have been established and implemented in several sectors including, health, education, water and sanitation, public infrastructure, decentralization, transport, telecommunications, among others. Uganda, however, must focus on addressing its high population growth rate so that the benefits of Public-Private Partnerships are not negated by the increased strain on resources that an unsustainable and poorly structured population brings about.

Across the service delivery and public infrastructure spectrum, a number of lessons have been identified as Government, development partners, scholars, and the private sector take stock of various Public-Private Partnerships endeavors in Uganda. Many of the lessons have been learnt as a result of grappling with the challenges of establishing and implementing Public-Private Partnerships, as well as from the successes achieved.

Some of these lessons include the need to have strong commitment to operational efficiency and improvements in financial viability. For example in the water and sanitation sector, a focus on employee motivation through better incentives and providing financial bonuses coupled with

penalties and sanctions on the other hand can lead to successful reforms. Supervision of local partnerships is important for effective monitoring of private partnerships.

In addition, it is important to work with the private sector at the stage of policy formulation, planning, management and evaluation. For example in the education sector, a framework for Public Private Partnership (PPP) that uses this strategy ensures that both parties benefit as the government will produce an appropriately trained work force that is responsive to market needs and the private sector will benefit from it. Similarly, the value of working with the private sector and civil society to create strategies to reach marginalized populations greatly enriches government policy to address the identified issues.

Ultimately, it cannot be taken for granted that Public-Private Partnerships are more efficient than public investment and government supply of services. The public sector might be better than the private sector in delivering the service when the respective service is not economically viable to warrant private sector involvement. Thus there should be a systematic approach in deciding to deliver a service using Public-Private Partnership, for example by carrying out a cost benefit analysis to determine who is better placed to deliver services.

1.7 Taking stock of Service Delivery in Uganda

It explores the service delivery context from Pre-independence (1945-1961) to date. Social services were an important factor in government planning in the late 1980s, aimed at improving health care and to upgrade living standards. Providing running water in rural areas was a high priority. Projects in the late 1980s focused on drilling wells, protecting springs, replacing and repairing pumps, and training community workers to oversee water systems. The government also recognized that many people had to walk several kilometers to fetch water to their homes and declared its intention to extend pipelines into rural areas. Sewage systems, too, were considered an important but expensive improvement. Even so, many urban pipelines and septic tanks were in a state of disrepair, and most rural areas lacked pipelines or sewage treatment facilities. Government workers began installing sewage systems in several small towns, including Rakai, Nebbi, and Bushenyi, in 1988. Educational, health sector, agricultural sector reforms were carried out as part of the overall economic liberalization reforms as well as reforms in the police force, professionalization of the army and other paramilitary forces all undertaken by government to ensure effective delivery of services.

These laws created decentralized administrative units at district, county, sub-county, parish and village levels. At the inception of the process in 1997, there were a total of 39 districts; this was expanded to 56 districts by 2000, 87 districts by 2008 and 124 districts as at 1st July 2012. One of the main arguments for continuous disaggregation of districts has been that these districts will increase

access to public service by the communities as well as improved accountability. This argument is however being increasingly challenged by several sectors of the population notably civil society, the legislature and the heads of district local governments who have questioned the continued creation of new districts sighted the non-viable status of the many of the newly created districts which have only served to blot the administrative budget at the expense of delivering services.

A public service is traditionally defined as a public good which is non-rivalrous and non-excludable, however they also include merit goods, that is, services which may according to prevailing social norms are under-provided by the market. The medium-term policies to improve service delivery are clearly documented in Uganda's Poverty Reduction Strategic Plan (PRSP)¹. Following economic liberalization initiatives by government in the 1990s, the structure for services delivery has comprised of two approaches; 1) the public services sector which is constituted by departments and affiliate bodies under the key line government ministries, the district local governments and the municipal authorities, 2) the private services sector which is diverse and comprised of individual investors, communities, civil society organizations, international NGOs and Faith Based Organizations.

1.7.1 State of the Service Delivery Infrastructure

The once acclaimed health services system in Uganda has been hampered by the political and economic upheavals that afflicted the country since the 1970s up until 2007, when the war in Northern Uganda and cattle rustling in the north eastern parts of the country were brought under control. While Government recognized the dire situation in the health sector, government focused its initial efforts in 1986 to the restoration of law and order and on the reestablishment of the public services delivery systems, most of the funding to the sector came from the bilateral and multilateral donors who intervened to address the funding gap through the provision of a post-conflict support and emergency rehabilitation of the health, education and water and sanitation services infrastructure. These efforts led to major improvements in services delivery, but the pace of improvement slowed down and even stagnated in the late 1990s. From the early 1990s, government put high priority to improvement of the health status of people as evidenced in the development and implementation of the Health Sector Strategic Plans (HSSP) I and II. Despite these efforts that saw improvements in health services especially in urban segment of the country, Health indicators remain poor in rural districts and greater disparities still exist with northern and north eastern regions, partly because of the extended civil unrest, which lasted another two decades.

From the demographic point, Uganda's population was projected at 33+ million in 2011 with an annual growth rate of 3.2% and a population density of about 120 persons per km², 88% percent of the population lives in rural areas. Overall GoU has made progress in improving the health of its

¹ The medium term planning framework has since been transferred and revised within the newly established National Development Plan (NDP).

citizens with; life expectancy increasing from 45 years in 2003 to 52 years in 2008; HIV prevalence though stagnated at 6.1% dropped down from double digits in 1990s, polio and guinea worm have nearly been eradicated although concerns exist about the re-emergence of polio cases due to cross border migration; prevalence of other vaccine preventable diseases such as measles, diphtheria, tetanus, smallpox, polio and pneumonia has declined sharply. However experts have always argued that the ability of a health system to provide emergency obstetric services is a litmus test of a health care system. Between 1995 and 2005, the under-five mortality rate (U5MR) declined from 156 in 1995 to 137 deaths per 1,000 live births; IMR decreased from 85 to 75 deaths per 1000 live births; and MMR reduced from 527 to 435 per 100,000 live births. All the indicators remain far below the acceptable WHO standards and demonstrate a poor state of health services delivery in Uganda. That 70% of the overall child mortality is due to malaria, ARIs, diarrhea and malnutrition all of which are preventable diseases speaks much about our health services delivery system. Epidemiology studies show that 75% of the disease burden in Uganda can be prevented through health promotion and prevention. The failure to do this demonstrates a highly deficient health system.

In spite of the documented government commitment to improving the delivery of health services the huge un anticipated increase in the number of districts, the emergence of non-communicable diseases (NCDs), globalization and the negative health consequences of the changing climate appear to have undermined the government's ability to deliver effective health services. Government under the HSSP III focused on health promotion, disease prevention and early diagnosis and treatment of disease as part of its commitment to the Paris Declaration and International Health Partnership and other Initiatives (IHP+) which sought to achieve better health results and provide a framework for increased aid effectiveness, while much has been done in terms of infrastructure government has failed to master the capacity to deliver on these key focal areas especially in relation to human resources development, recruitment and retention. Government has also promoted and encouraged the growth of private health services sector to compliment the governments; however this has only benefited the well to be due to the highly prohibitive cost of health services charged by private providers.

Uganda's decentralization process falls short of achieving its service delivery targets. Many reasons can be cited for this, such as the poor autonomy of the local governments, tight fiscal control by higher government and capacity constraints. To overcome these shortcomings the process of decentralization has to be properly sequenced. Public service delivery has to resonate with the needs of the poor and the accountability of government to local communities has to improve. Uganda's decentralization process falls short of achieving its service delivery targets. Many reasons can be cited for this, such as the poor autonomy of the local governments, tight fiscal control by central government and capacity constraints. Obwona et al (2000) indeed notes that, financial and

institutional constraints have adversely affected the ability of the sub-national governments to adequately deliver services of sufficient quality.

1.8 Environmental Governance for Sustainable and Equitable Development

Environmental governance is the exercise of authority over environment and natural resources (ENR). It is about “being in charge” and includes; the ENR management institutions, policies and legislative frameworks, the resource allocation mechanisms to ENR and processes under which environmental decisions are made and implemented. The efficiency of these ENR frameworks, the quality of the decisions made and the effectiveness of their implementation processes influence the rights of access to the use of natural resources, the levels of public participation, accountability and transparency in resource use. In turn, the degree to which these elements of good environmental governance are adhered to influences the attainment of sustainable and equitable development goals.

While gender² participation in politics in Uganda has been enhanced by the representation of women, youth and people with disabilities at various levels, the situation is different when it comes to natural resources. A review of the current mode of access to and ownership of natural resource in Uganda reveals a gender disparity, with women much as they are the most dependant on natural resources in terms of employment, not owning the natural resources they use especially the land resource. The inequitable access to the use and ownership of natural resources particularly land partly explains the gender dimensions of poverty, with women constituting the majority of the poor in the country. Indeed, a recent participatory research concluded that lack of control over productive resources by women remains one of the root causes of poverty.

Uganda’s current development path is not sustainable (NEMA, 2010). The country is facing severe environmental degradation including; loss of biodiversity, deforestation, encroachment on wetlands, soil erosion and declining land productivity, pollution of land, water and air resources among others. All these are indicators of environmental failure due to poor environmental governance resulting from decisions taken without transparency, stakeholder participation and full accountability. A recent report released by the United Nations indicated that the sharp rise in the loss of species and ecosystems is perceived by banks and insurance companies to be a greater economic risk than international terrorism. The declines in biodiversity are estimated to cause a severe US\$10bn-\$50bn impact on business (UNEP, 2010).

Good governance is crucial for the sustainable management of ecosystems which are a key underpinning sustainable economic growth and human development. Given Uganda’s dependence on

² Gender refers to the socially constructed roles, rights, responsibilities and relationships in a specific society or culture. It is about inequalities, unfairness, and discrimination between men, women and other disadvantaged groups in tasks, responsibilities, and control over resources, decision making and opportunities.

environment and natural resources both in the present and foreseeable future, environmental governance is at the heart of her social and economic progress. Indeed, the country's declared goal of prosperity for all is unattainable without putting the environmental governance question right.

Good environmental governance is now recognized as one of the most important factors in realizing a nation's development potential and reducing poverty (WRI, 2002-2004). Sound environment and natural resource management institutions, prudent environment policies, transparent processes, access to information and popular participation in decision making are all necessary for sustainable and equitable development.

The country has developed the necessary institutional and strategic frameworks for public participation, democratization, accountability and transparency and has put in place most of these elements of governance. These include the Anti-corruption division of the High Court, the Inspector General of Government, the Auditor General's Office, the Public Procurement and Disposal of Public Assets Authority, and the Department of Ethics and Integrity. Other processes include: the National Anti-corruption Strategy, the Leadership Code, the Client Charter, and whistle blowing. While these institutional and strategic frameworks are in place and commendable, they hardly serve the environmental cause. Integrating environmental governance concerns into the existing institutional and strategic frameworks is therefore of paramount importance. A good environmental governance system should have the following key elements:

To spur the contribution of environmental resources to national economic development, it will be necessary to improve environmental governance with specific focus on compliance and enforcement as well as the participation of all stakeholders (NEMA, 2010). Good environmental governance is crucial for the sustainable management of the environment and natural resources in Uganda which underpins sustainable and equitable development. The integration of environment and development concerns and commitment to their total implementation is important for the fulfillment of basic needs, prosperity for all, better protected and managed ecosystems and a safer and more prosperous future. All these attributes of sustainable and equitable development are closely linked to good environmental governance.

1.9 Conclusion

Historically the size of human communities has depended on their ability to harness resources. Population growth was relatively slow until the 18th Century, when a step-change in agricultural productivity helped world population to rise dramatically. The industrial revolution initiated a huge increase in global trade while public health improved tremendously, both changes enabling population to increase. Later, in the mid 20th Century, increased agricultural productivity achieved through the Green Revolution allowed population numbers to double between 1950 and 1990.

Nevertheless, our dependence on natural resources remains absolute. Numbers are now projected to rise from seven billion in 2010 to between eight and eleven billion by 2050. It is unlikely that an equivalent increase in food production can be repeated without the use of significantly more energy, water and fertilizer, inputs which are themselves limited and may also be vulnerable to climate change. Industrialization and rising standards of living are also increasing each person's consumption of water, energy and materials as well as food, and putting already limited space and amenities under yet more pressure. Our lifestyles and the technology we use are driving over consumption, leading to serious consequences as resources run low.

1.10 Policy Recommendations

1. Family planning should be encouraged and government should avail family planning facilities to all the persons in need.
2. Government should encourage both local and foreign investors to invest in activities that create employment opportunities especially industries.
3. Afforestation and re-afforestation must be encouraged at all levels so as to avoid the challenges of global warming because of increased deforestation.
4. Encouraging public-private participation in the service delivery.
5. Government should create the appropriate policy environment and subcontract human and community-based agencies to deliver preventive, treatment and research programs particularly that deal with youth issues.
6. Create an understanding and appreciation of the relationships among population dynamics, environmental governance and the attainment of sustainable and equitable development. Integrate population concerns into national planning, policy and decision making processes.
7. Formulate and implement integrated environmental governance policies taking into account the synergistic relationship between Uganda's demographic trends and factors, and sustainable and equitable development.

CHAPTER 2

POPULATION TRENDS AND SERVICE DELIVERY IN UGANDA

2.1 Introduction

This chapter explores how population trends affect service delivery. It is also important to note that population is the most important resource that a country can boast of. The quantity and quality of population is very paramount in the development of any country, therefore population is a key factor in the development. Quality population is essential for the development of any country. It is the quantity and quality of the population that will determine governance, resource allocation, and effective and efficient service delivery.

It should also be noted that population trends have opportunities, challenges, weaknesses and prospects as regards service delivery and development of any country. The populations Trends being looked at in this chapter include; population growth rates, fertility rates, mortality rates, population censuses, migrations, urbanization and literacy.

2.2 Population Education

Population Education is very important for citizens of the country, planners, urbanologists, environmentalists, demographers, engineers, economists, financial specialists, politicians and others. It is not only important for increasing and promoting knowledge, understanding of the numbers of people and their distribution in a given area, but also the implications of this population on the natural and social economic environment. Therefore population trends have a direct relationship with the resource utilization, conservation of the environment and service delivery. Muthoka et. al (1998) noted that *"population education should involve learners in population decision-making at a variety of levels ranging from individual to the national. When people have knowledge about population issues they will be in position to interpret and implement government policies, which in the long run will lead to sustainable development"*.

2.3 Population Trends, Environment and Sustainable Development

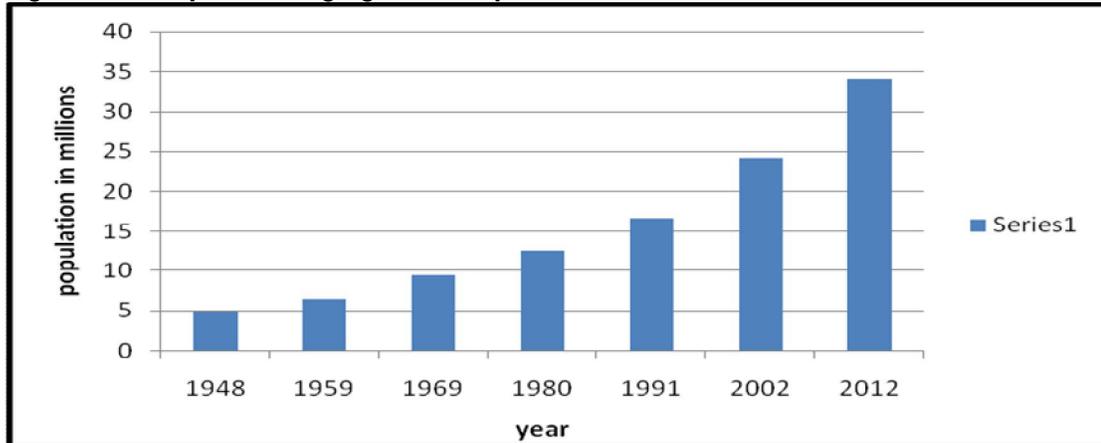
A major input into Environment and sustainable development is the proper planning and utilization of resources in relation to the population they are meant to support. It is therefore important that population trends are identified so that planners are equipped with vital statistical information for planning and decision making at various levels. When this kind of data is acquired, there will be proper service delivery for the number of people in the particular country. Sustainable development refers to utilization of resources without compromising the future needs (Mowforth and Munt, 2003)

(Tumwine and Ahebwa 2012). Therefore sustainable development should be the major objective for any country.

2.4 Population Censuses

In Uganda, the first scientific Population Census was conducted in 1948 then 1959, 1969, 1980, 1991, and 2002. Results from all these censuses have indicated that the population of Uganda is increasing year after year, as shown in figure 2.1 below. Today Uganda’s population is estimated to be 34.5 million people (PRB, 2012). The population census was due in August 2012. It has however been postponed to a date, yet to be fixed.

Figure 2.1: Graph Showing Uganda’s Population Trend from 1948 - 2012



Source: UBOS 2005

From the above figure, it can be noted that the population in Uganda has been increasing at an average of 3.2 percent per annum. The implication of this increasing population means that Government planners need to plan for more services such as Schools, universities, hospitals, housing, industries, security, transport, water, and energy.

2.5 Fertility Rates in Uganda

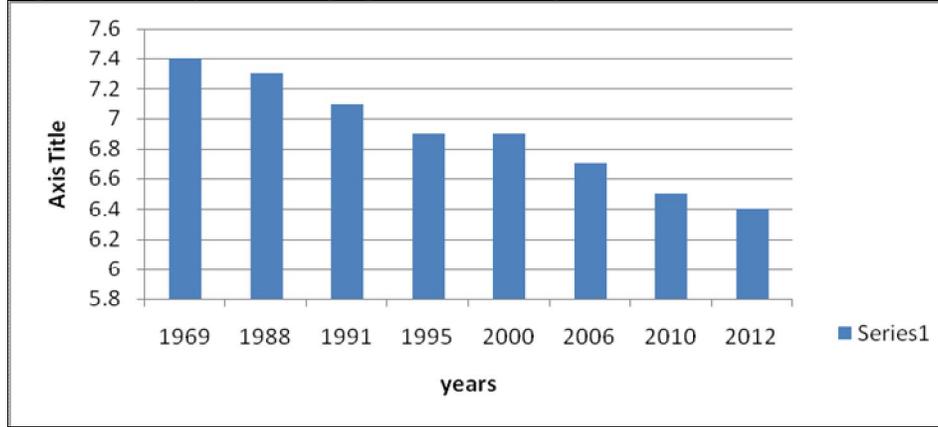
The fertility rates in Uganda are still very high according to Uganda Demography and Health Survey (UDHS) 2011 (refer to table 1 and figure 2.2). Uganda’s total fertility rate (TFR) stand at 6.4 (PRB, 2012) meaning that an average woman in Uganda produces 6 children in her lifetime, this is still high.

Table 1: Uganda’s Fertility Trends from 1969 and 2012

Year	Fertility rate
1969	7.4
1988	7.3
1991	7.1
1995	6.9
2000	6.9
2006	6.7
2010	6.5
2012	6.4

Source: PRB, 2012 and Tumwine (2012)

Figure 2.2: Graph showing Uganda's Fertility Trends from 1969 and 2012



Source: Tumwine (2012) and PRB 2012

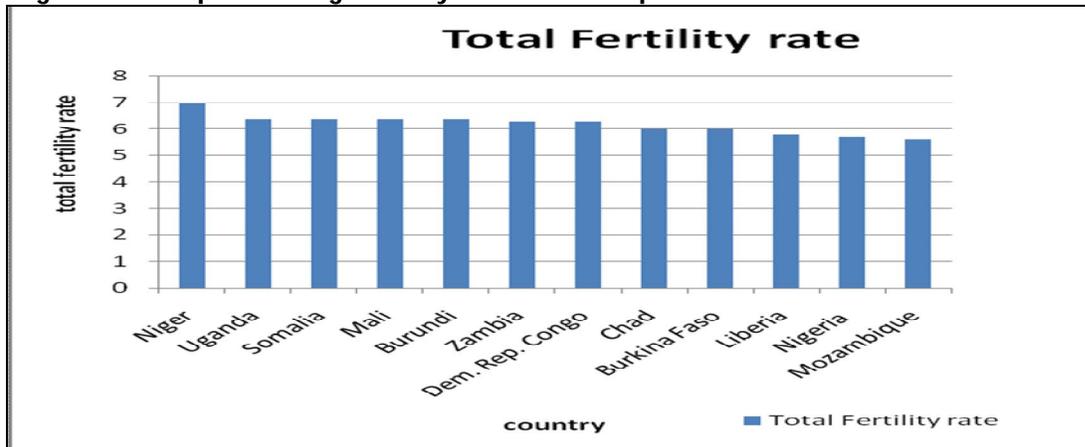
In comparison with other countries, Uganda, Somalia, Mali and Burundi respectively ranks second in high fertility rates. Niger has the highest fertility rates of 7.0 followed by Zambia and Democratic Republic of Congo in the third position with fertility rate of 6.3 as shown in table 2 and figure 2.3 below.

Table 2: Comparison of Fertility rates of 12 top countries in the World, 2012

County	Total Fertility Rate	Ranking
Niger	7.0	1
Uganda	6.4	2
Somalia	6.4	2
Mali	6.4	2
Burundi	6.4	2
Zambia	6.3	3
Democratic Republic of Congo	6.3	3
Chad	6.0	4
Burkina Faso	6.0	4
Liberia	5.8	5
Nigeria	5.7	6
Mozambique	5.6	7

Source: CIA World Fact Book and PRB 2012

Figure 2.3: Graph showing Fertility levels of 12 Top Countries in the World



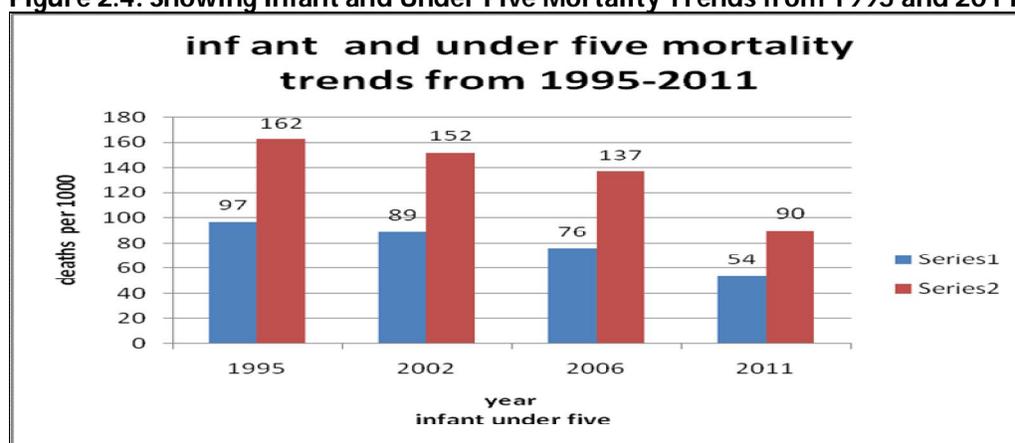
Source: CIA World Fact Book and PRB 2012

From the table above, it can be noted that much as Uganda’s fertility rates are declining but are still high. It is therefore important that Ugandans are educated and sensitized on the value of family planning. It’s because of high fertility rates that the population growth rates have continued to be high, at an average of 3% per annum.

2.6 Mortality Rates

It should be noted that there has been a general improvement in mortality levels with time as portrayed in the figure 2.4 below.

Figure 2.4: Showing Infant and Under Five Mortality Trends from 1995 and 2011



Source: UBOS 2011

From the above figure it can be noted that infant mortality rate since 1995 has been declining from 97 to 54 deaths per 1000 live births. Also the under five mortality declined from 162 to 90 deaths per 1000 live births. This implies that the government policy on immunization has improved the situation. More health services need to be provided so as to improve the situation further.

2.7 Urbanization Levels

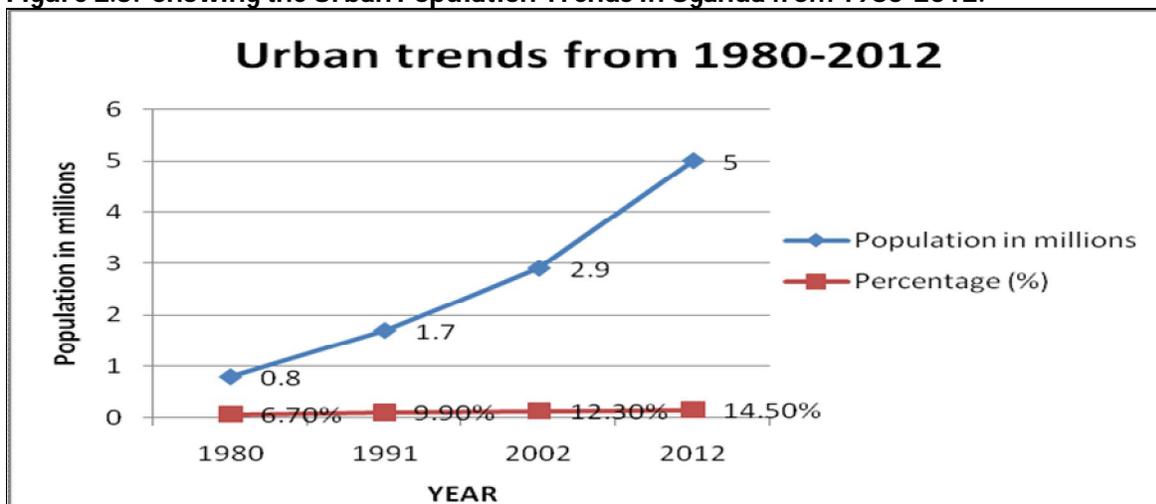
Urban population in Uganda has continued to increase as shown in table 3 below. It is believed that approximately 14.7% of Uganda’s population is living in urban areas today. The urban population can be attributed to the creation of more districts which stand at 124 today, rural urban migration, natural growth and others.

Table 3: Urban Population Trends in Uganda from 1980 to 2012

Year	Population in millions	Percentage (%)
1980	0.8	6.7
1991	1.7	9.9
2002	2.9	12.3
2012	5.0	14.5

Source: UBOS 2012

Figure 2.5: Showing the Urban Population Trends in Uganda from 1980-2012.



Source: UBOS 202012

From figure 2.5 above, it can be noted that as the urban population increases, more social services need to be put in place such as schools, hospitals, water, security personnel, recreational facilities and others.

2.8 Population Composition

Uganda's population is comprised of the young who are below 18 years and form 56.1% as shown in table 4 and figure 2.6 below. It should however be noted that the ageing population; that is 60 years and above continue to decline; for example in 1969 it was 5.8% and in 2002 it stood at 4.6%. The implication of this structure is that government should plan for this productive population. More primary and secondary schools are required. More health facilities, recreational services need to be put in place. There is also need to find out the reasons as to why the ageing population is declining. The pie chart below illustrates Uganda's population composition.

Table 4: Age Composition of Uganda's Population, 2012

Age Group	Population Rate (%)
18 years below	56.1
19-59 years	39.3
60 above	4.6

Source: UBOS 2012

Figure 2.6: Graph showing Distribution of Population by Age Group, 2012

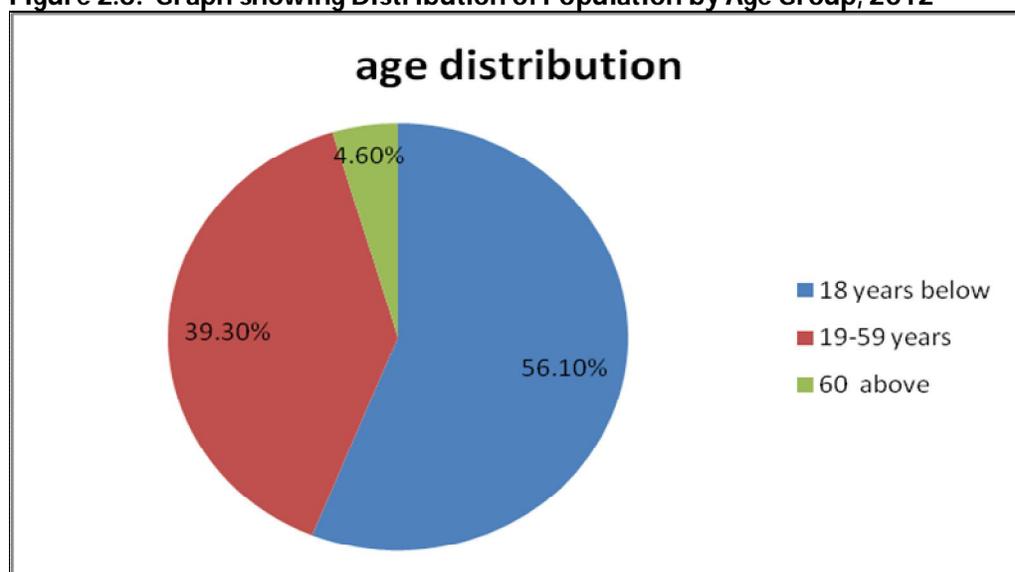


Table 5: Proportion of selected Population by Age Group from 1969 - 2002

Age Group	1969	1991	2002
6-12 years	22.7	22.3	21.9
Less than 15 years	46.2	47.3	49.4
Less than 18 years	51.4	53.8	56.1
10-24 years	27.8	33.3	34.2
13-19 years	12.9	15.8	16.3
15-24 years	16.2	20	19.9
18-30 years	21.7	23.6	22.3
Over 60 years	5.8	5	4.6

Source: UBOS 2012

From table 5 above, it can also be deduced that if birth rates do not reduce and infant mortality rates continue to decline, this will mean that Uganda's population of 18 years and below will continue to be dominant.

2.9 Literacy Levels

Uganda's literacy rates have continued to improve significantly. In the early 1980s Uganda's literacy rates stood at 40% but today it is estimated to be 73%. This rapid increase has been a result of Universal primary education which was started in 1997. From table 6 below, it can be noted that literacy rates in Northern region of 64% and Eastern region of 68% are low. This can be attributed to the was in the above areas which prevented children from going to school.

Table 6: Literacy Rates for Population aged 10 years and above for the period 2002 -2010

Location	2002/03			2005/06			2009/2010		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Uganda	77	63	70	76	63	69	79	66	73
Residence									
Urban	90	84	87	89	83	86	90	86	88
Rural	74	60	67	74	58	66	77	62	69
Region									
Kampala	94	91	92	92	90	91	95	90	92
Central	82	74	79	82	78	80	84	81	83
Eastern	72	54	63	71	56	64	75	60	68
Northern	72	42	56	74	45	59	77	52	64
Western	79	69	74	74	60	67	77	65	71

Source: UBOS 2006 and 2012

2.10 Life Expectancy

Uganda's life expectancy is estimated to be 54 years on the average according to Population Reference Bureau (PRB) 2012. Uganda's life expectancy is steadily improving because in 2002 it was 50.4. From table 7 below, it can be noted that Uganda's life expectancy is still low. Also other African countries still have low life expectancy as compared to developed counties, which have life expectancy of 70 years and above. This implies that there is need to improve on medical facilities and diet so as to increase the life expectancy of the population.

Table 7: Showing Life Expectancy in 20 selected African Countries, 2012

No.	Country	Average
1.	Guinea	54
2.	Uganda	54
3.	South Africa	53
4.	Sierra Leone	53
5.	Botswana	53
6.	Mozambique	52
7.	Nigeria	52
8.	Mali	52
9.	Cote d'Ivoire	52
10.	Somalia	51
11.	Cameroon	51
12.	Chad	50
13.	Angola	50
14.	Central Africa Republic	50
15.	Zambia	49
16.	Swaziland	49
17.	Lesotho	49
18.	Democratic Republic Of Congo	49
19.	Guinea Bissau	48
20.	Zimbabwe	46

Source: PRB 2012

2.11 Population Trends and Services Delivery in Uganda

Population trends have a great relationship with service delivery and availability resources in any county. It's because of population growth, fertility, mortality, migrations, urbanization and others

factors that the following service status; education, health, transport, communication, energy and water and sanitation can be noted in Uganda.

2.11.1 Education

It's because of increasing population that the numbers of primary schools, secondary schools and other higher institutions of learning have been increasing from year to year as shown in tables 8 and 9 below. For example in 1959 Uganda had only one university but today Uganda can boast of over 30 universities. It is as a result of increase in population that the number of educational institutions has increased. The numbers of primary schools have been increasing year after year and this is as a result of high population that is below 18 years.

Table 8: Number of Higher Institutions and their Enrolment in 2011

Institutions	Number of institutions	Male	Female	Total
Universities	32	78,817	61,270	140,096
Business institutions	58	12,260	12,724	25,084
National Teachers College	7	4,989	2,853	7,842
Health institutions	21	3,924	3,564	7,459
Management institutions	12	2,293	3,179	5,472
Technical Colleges	5	2,914	336	3,250
Agriculture, fisheries & Forestry	3	1,169	456	1,625
Media institutes	4	967	653	1,620
Theology	11	1,326	271	1,597
Law institute	1	500	300	800
Cooperative Colleges	2	204	144	448
Tourism Institutions	3	137	89	226
Art institutions	1	134	61	195
Aviation Institution	1	127	20	147
Metrological Institution	1	15	24	39
Survey Institution	1	27	3	30
Others	1	452	188	640
Total	164	110,255	86,135	196,570

Source: NCHE, 2011 and UBOS 2012

Table 9: Number of and Enrollment of Primary Schools in Uganda in 2011

Year	2007	2008	2009	2010
Total Enrolment ('000)	7,537	7,963	8,297	8,374
Enrolment for Males ('000)	3,779	3,987	4,150	4,179
Enrolment for female ('000)	3,758	3,976	4,147	4,195
Number of Primary Teachers ('000s)	152	159	168	172
Number of primary schools	14,728	15,962	17,127	17,865
Total number of classrooms	104,899	114,441	121,212	144,916
% Annual change of class rooms	2.5	5.7	4.2	0.9
% Annual change in classrooms	2.3	9.1	5.9	19.9
Pupils Teacher ratio	57	50	49	49
Pupil classroom ratio	72	70	68	58
Gross enrolment ratio	113	115	133	128
Gross intake ratio	129	137	168	160
Net enrolment ratio	93	95	108	96
Net intake ratio	57	59	73	70

Source: MoES, 2011 and UBOS 2012

From the above tables, it can be noted that the total number of classrooms have been increasing year after year as shown in table 10 and the trend is likely to continue the Government is therefore urged to invest more in primary and secondary education schools since the number of young people will continue to increase.

Table 10: Number of Secondary Schools and Enrolment in 2011

Indicator	2007	2008	2009	2010
Enrolment	954,328	1,088,744	1,194,454	1,225,692
Number of schools	2,644	2,908	3,149	3,234
Number of Teachers	24,548	57,158	65,045	62,921
Student teacher ratio	39	19	18	19
Gross Enrolment rate	25	25	28	28
Net Enrolment rate	21	24	24	25
Pupil stance ratio	-	-	-	26

Source: MoES, 2011 and UBOS 2012

It can therefore be concluded that the number of education institutions is increasing year after year because of the ever increasing population of Uganda which is estimated to be at 34.1 million today.

2.11.2 Health Services in Uganda.

Uganda's health sector remains a critical area in the development of the country and in the improvement of life expectancy. Uganda with the population of 34.1 million has only 2000 doctors; this means that the doctor patient ratio stands at 1:12,500. While in Developed Countries the ratio is 1:500; in Cuba (1:170), Belgium (1:220), Italy (1:240), Germany (1:300) and France (1:300). Uganda's case is quite alarming.

Uganda's health units are classified into hospitals, health centres IV, III and II as shown in table 11 below. Their number has been increasing since 2000. Uganda has three (3) National Referral Hospitals, 12 Regional Referral hospitals, specialized government hospitals, one military hospital and two prison hospital. From the above statistics, it can be noted that more needs to be done as regards the health sector. It is imperative that at least every district gets a hospital. There is need to educate and sensitize people about immunization, family planning, healthy living so as to have a healthy and quality population.

Table 11: Number of Functional Health Units by Ownership and Facility level , 2011

Year	Ownership	Health Facility Level				Total
		Hospital	Health Centre IV	Health Centre III	Health Centre II	
2004	Govt.	55	151	718	1,055	1,979
	PNFP	42	12	164	388	606
	PFP	4	2	22	830	858
	Total	101	165	904	2,273	3,443
2006	Govt.	59	148	762	1,332	2,301
	PNFP	46	12	186	415	659
	PFP	8	1	7	261	277
	Total	113	161	955	2,008	3,237
2010	Govt.	65	165	847	1,578	2,655
	PNFP	57	12	243	489	801
	PFP	9	1	26	958	994
	Total	131	178	1,116	3,025	4,450
2011	Govt.	66	166	860	1,588	2,680
	PNFP	61	16	278	516	871
	PFP	16	8	40	1,366	1,430
	Total	143	190	1,178	3,470	4,981

Source: Ministry of Health (HMIS) Annual 2011

2.11.3 Transports in Uganda

In Uganda road transport is the most common. The total road ways is 70,746 km. the length of unpaved roads decreased from 16,888km to 16736kms in 2011. As the population of the country increases there is need to increase and improve on the transport network. The water transport, air and railway should equally be emphasized. Newly registered vehicles increased by 18.2% in 2011 and air passengers increased by 5.1% in 2011. This justifies the need for improvement in all sectors of transport.

2.11.4 Communication in Uganda

Communication sector has continued to grow in Uganda, the major ways of communication in Uganda include the use of radios. Today almost every district has a radio station, television, post office and internet services. In use are also mobile and land lines telephones. National telephone services rose to 52.1 lines per 100 population from 41.1 in 2010; this represents a total of 1,006,463 new subscribers. All the above are a result of increasing population in a country.

2.11.5 Energy Services

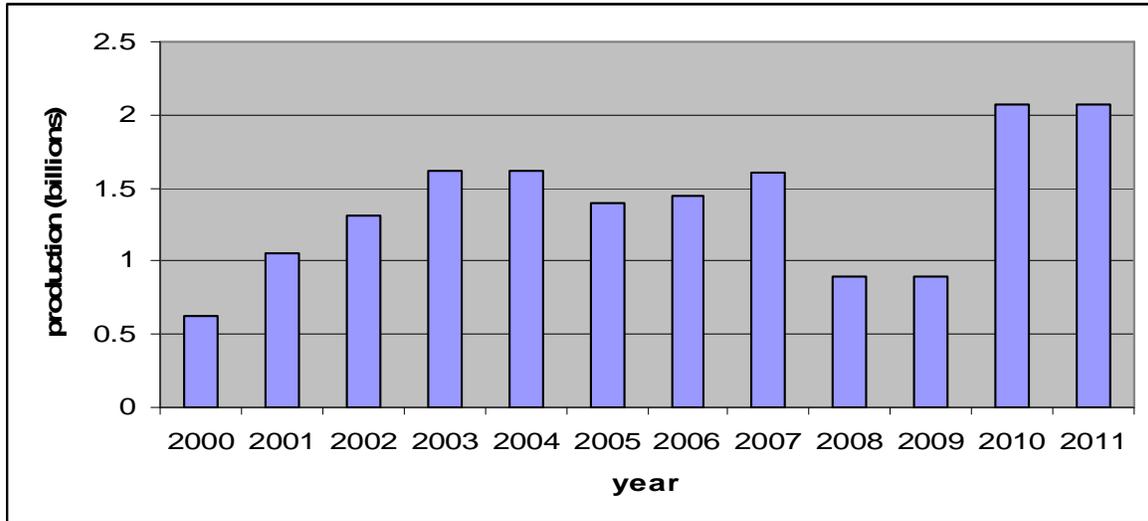
Uganda has a variety of energy services which include the following; electricity, solar, biogas, firewood, charcoal, oil and others. As the population increases there is need for more energy to use. It's against this background that the rate of deforestation has increased because people have to use both charcoal and firewood. It should further be noted that it is a result of increasing population that consumption of electricity has increased to 2.07 billion kwh as shown in table 11 and figure 2.7 below.

Table 11: Trend of Electricity Consumption in Uganda from 2000 - 2011

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Consumption (kwh)	0.62	1.06	1.31	1.62	1.62	1.4	1.45	1.6	0.9	0.9	2.07	2.07

Source: CIA World Fact Book, 2011

Figure 2.7: Graph showing the trend of Electricity Consumption in Uganda from 2000-2011



Source: CIA World Fact Book, 2011

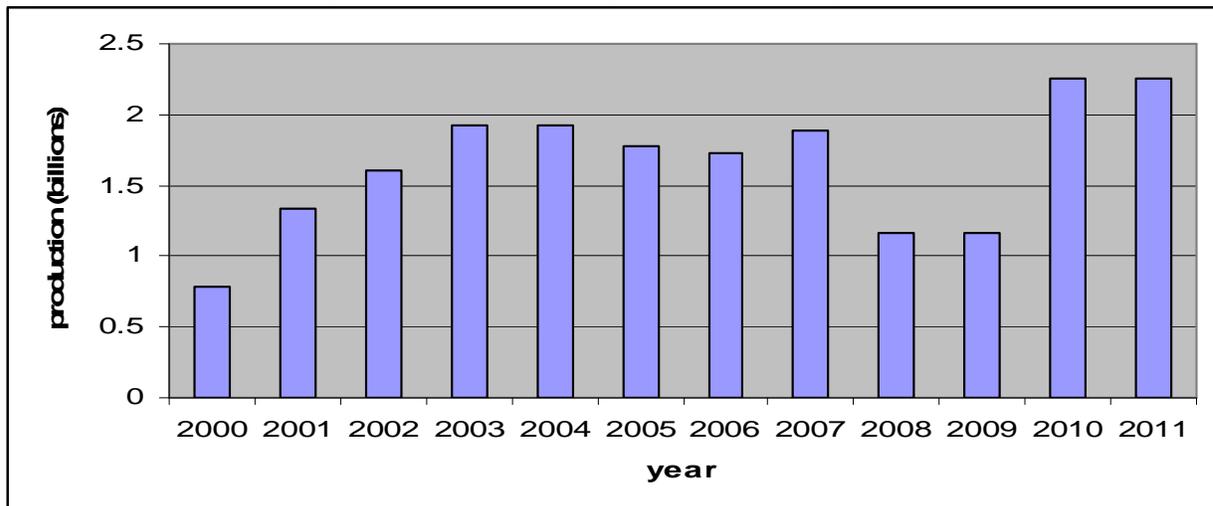
As a result of increased consumption, there has been increase in general in the production of electricity as indicated in the table 12 and figure 2.8 below.

Table 12: Trend of Electricity Production in Uganda from 2000 - 2011

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Production (bill. kwh)	0.79	1.33	1.6	1.93	1.93	1.78	1.73	1.89	1.16	1.16	2.26	2.26

Source: CIA World Fact Book, 2011

Figure 2.8: Graph showing the trend of Electricity Production in Uganda from 2000-2011



Source: CIA World Fact Book, 2011

2.11.6 Water and Sanitation

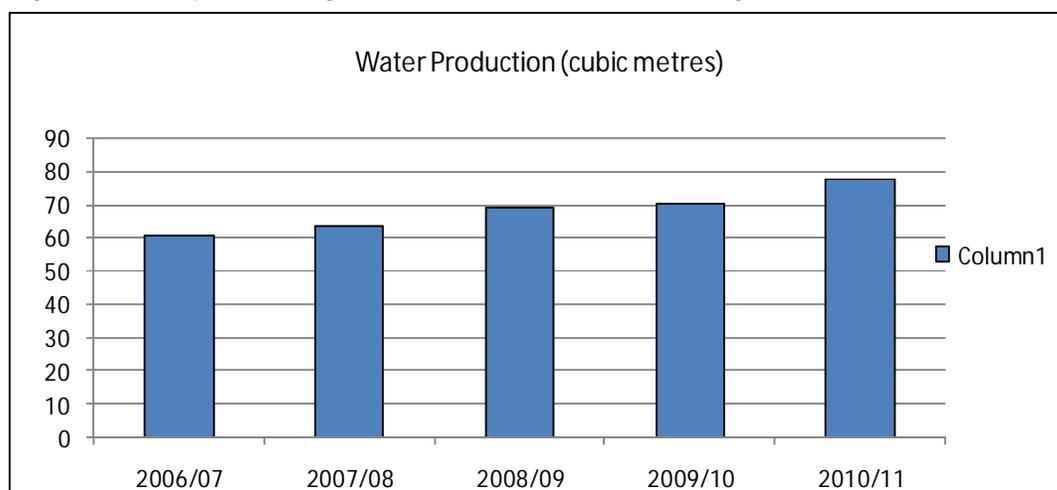
As a result of increase in population, there is need to increase on the water sources such as boreholes, protected springs, toilets, drainage facilities, tap water and others. It should be noted that in Uganda water supply (production) has increased in 2010/2011 to 77.7 million cubic metres as compared to 70.5 cubic metres in 2009/10 hence an increment of 7.2% as indicated in table 13 and figure 2.8 below.

Table 13: Trend of Water Production in Uganda from 2006–2010

Financial Year	Production (m ³)
2006/07	60.5
2007/08	63.6
2008/09	69.2
2009/10	70.5
2010/11	77.7

Source: UBOS, 2011

Figure 2.8: Graph showing trend of Water Production in Uganda from 2006–2011



Source: UBOS, 2011

2.12 Population Trends in Relation to Millennium Development Goals

Population trends have a significant relationship with the Millennium Development Goals (MDGs). The Government of Uganda has in some sectors tried to achieve the goals as shown in appendix C. From the table on Millennium Development Goals, it can be noted that Uganda is trying, although the general outlook shows that targeted levels may not be achieved by 2015. It's therefore important that more mobilization and awareness creation/sensitization of community leaders is done so as to enable the people understand the concept of MDGs and move them into action. If this is done then the targets can be achieved with time.

2.13 Population Trends and Development

Population is highly related to the levels of development in any country. High population growth rates, high fertility, low life expectancy and high levels of infant mortality was been observed; according Poverty Eradication Action Plan (PEAP 2004/05-2007/08). This was also noted by Uganda Demographic and Health survey of 2001, 2006 and 2011. Much as the trends are on the declining levels this is still high according to the international standards. Population trends have affected development positively and negatively as seen below.

2.13.1 Positive Impact on Population Trends and Service Delivery

- As a result of increasing population more primary, secondary, universities have been put in place.
- More roads have been tarmacked.
- Increase in water supply.
- More radio stations, television stations and mobile phones have been put in place.
- More electricity is being produced and much more is yet to be generated.
- More Health facilities have been put in place.
- Increasing population is good for the market of goods and services.
- As a result of increasing population the housing sector has been growing at a rapid rate.

2.13.2 Negative Effects on Population Trends and Service Delivery

- As a result of high population, the rural urban migration is on the increase.
- Deforestation has been the order of the day.
- Creation of slums in urban areas.
- Increased road accidents hence loss of lives.
- Limited drugs in hospitals and healthy centres. The number of people is greater than the available facilities.
- It is very unfortunate that the increasing population is mainly of the poor who do not have effective demand.

2.14 Recommendations and Way Forward

1. Education and sensitization of the masses is vital so as to reduce on high population growth rates and fertility rates.
2. Family planning should be encouraged and government should avail family planning facilities to the masses.

3. Government should encourage the training of more doctors so as to reduce the Doctor patient ratio. Salaries for medical workers need to be increased so as to avoid the migration of the skilled medical workers to greener pastures.
4. More electricity generation should be promoted and rates reduced so as to enable more Ugandans afford the services. This in the long run will reduce on deforestation rates.
5. Government should emphasize the implementation of the National population policy action plan (2011-2015) especially 1.2.3 on population issues that require response actions.
6. Government should budget for more funds to increase on the number of primary schools, health centres, roads and electricity generation.
7. The youth fund should be properly monitored so as to create an impact in reducing poverty levels in the country.
8. The government through the ministry of agriculture should ensure that enough food is produced to avoid challenges of famine.
9. Vocational education must be emphasized so as to avoid producing job seekers other than job creators.
10. Government should encourage both local and foreign investors to invest in activities that create employment opportunities especially industries.
11. Afforestation and re-afforestation must be encouraged at all levels so as to avoid the challenges of global warming.

2.15 Conclusion

In a nutshell it can therefore be conclude that population trends have a significant relationship between government planning, resource exploitation, service delivery and economic development of a country. It is therefore important that government puts population trends into consideration if sustainable development is to be achieved.

2.16 Key Policy Recommendation

1. Government should emphasised and increase access to family planning facilities, so as to have quality population.
2. Government should emphasize the training of more doctors and other health professionals.
3. Uganda government should strengthen population education.
4. Increase access to health, education and energy resources.
5. Government should emphasize the implementation of National population policy. Action plan. (2011-2015)

Reference:

adsoftheworld.com 2007

CIA world fact book

Government of Uganda, (2010) National Development Plan 2010/2011-2014/2015

<http://www.google.co.ug>

<http://www.index.com>

<http://www.unorg/millenniumgoals>

Ministry of Education and Sports (2008). Uganda Educational Statistics Abstract vol, 2008quality Education for all Ugandans

Ministry of Finance and Economic Development (2010). The National Population policy Action plan (2011-2015) November 2010.

Ministry of Finance, Planning and Economic Development (2008) National Population policy for social transformation and sustainable Developments.

Mowarth, M and 1. Munt (2003). Tourism and Sustainability: Development and new tourism in the Third World, Second edition, Rautledge. London and New York.

Muthoka Margaret G. et al (1998) Environmental education Essential knowledge for sustainable Development Longhorn publishers, Kenya Nairobi.

New Vision 18-June 2012.

New Vision 22-8-2012.

Population reference Bureau (2006) World population Data Sheet. 1875. Connecticut Ave. NW, Washington DC 20009 USA.

Population reference Bureau (2010) World population Data Sheet. 1875. Connecticut Ave. NW, Washington DC 20009 USA.

Population reference Bureau (2011) World population Data Sheet. 1875. Connecticut Ave. NW, Washington DC 20009 USA.

Population reference Bureau (2012) World population Data Sheet. 1875. Connecticut Ave. NW, Washington DC 20009.USA.

State of Uganda Population report 1995, 2008, 2009, 2010, 2011.

The 2012 Uganda Population and Housing Census Bulletin.

Tumwine Fredrick (2010) "Population Geography: Demographic characteristics and trends in Uganda" A contemporary Geography of Uganda. MKUKI NA NYOTA Dar-es-Salaam.

Tumwine Fredrick (2012) Implications of rapid population growth on sustainable tourism development in Uganda: MAWAZO: The Journal of the college of Humanities and Social Sciences Makerere University Vol.11 No 2 June 2012

Uganda 2006 Demographic and Health survey, key findings.

Uganda Bureau of Statistics (2005), 2002 Uganda population and Housing Census, Main report National Census Office.

Uganda Bureau of Statistics (2007) Report on the Labour Market Conditions in Uganda, Kampala, Uganda.

Uganda Bureau of Statistics (2012), Statistical Abstract. 2012, UBOS Kampala

Uganda Bureau of Statistics 2011, Statistical Abstract, 2011, UBOS, Kampala

Uganda Bureau of Statistics (2005) Demographic and Socio-Economic Characteristics of Young People in Uganda, July 2009.

Uganda Bureau of Statistics (2006); Projections of Demographic Trends in Uganda 2007-2017 volume I.

Uganda Country Data Profile.

Uganda Demographic and Health survey Reports 1988/89, 1995, 2006, 2012.

UNFPA (2005) population and Development equal opportunities and empowerment for sustainable development. Volume 10 No 11 July 2005.

UNFPA (2011) Population and Development Volume 10 No 19 July 2011.

United Nations Population Division

United Nations Statistical Division

www.cia.gov

www.ubos.ug

CHAPTER 3

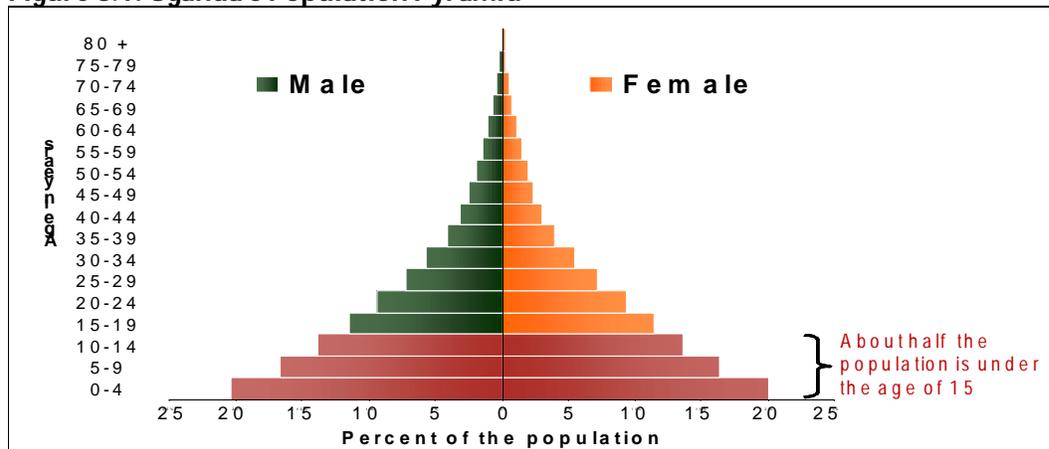
UGANDA'S YOUTHFUL POPULATION AS RESOURCE FOR SOCIAL AND ECONOMIC TRANSFORMATION

3.1 Background

The United Nations defines youth as a section of the population which is aged 15 -24 years. The Commonwealth states consider youth as those people aged 15 - 29 years. The National Youth Policy for Uganda (2001) defines youth as all young people; female and male aged 12 to 30 years. This is a period of great emotional, physical and psychological changes that require societal support for a safe passage from adolescent to full adulthood. Irrespective of the definitions by different countries, it is important to realize that duplications and replications exist since countries belong to different organizations. Youth, irrespective of where they come from define a country's population characteristics and groups that exist. Age is a critical characteristic in classifying a country's population.

Young people are viewed in a developmental perspective as future social and human capital. In Africa, age is one of the most salient factors that define the population. In general Africa's median age is less than 20 years and a fifth of Africa's population is between 15 and 20 years. Worldwide, Uganda is the leading country with the youngest population of 78 percent below age 30 years, 52% is 15 years and below (UBOS, 2012). Coupled with the high level of fertility in the country 6.2 children and the youthfulness of the population bring a very high youth dependency ratio (World Bank, 2011). This is illustrated in the figure 1 below. Currently about 6.5 million (21.3%) Ugandans are between 18 – 30 years. The number of young people in Uganda is projected to grow to 7.7million by 2015. Most of Uganda's young population aspires for various forms of services in terms of education, employment and family formation. This is the challenge for the country to address soonest.

Figure 3.1: Uganda's Population Pyramid

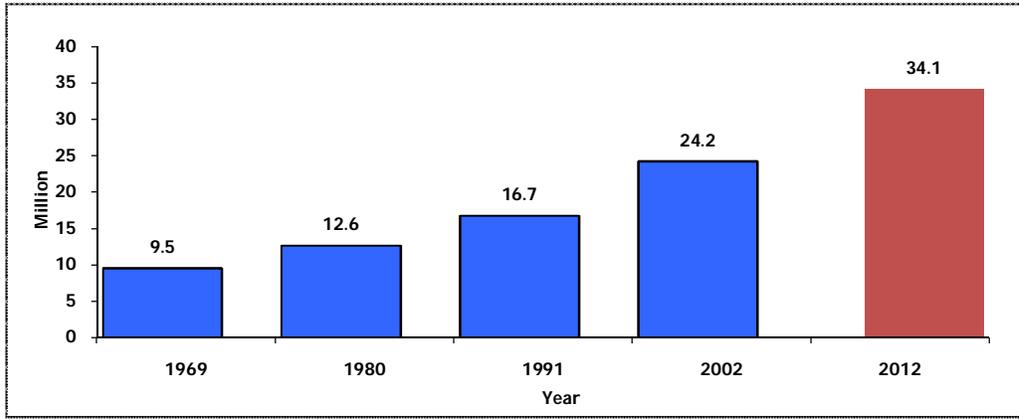


Source: UBOS, 2012

3.2 Uganda's Demographic Opportunities and Challenges

Uganda has one of the fastest growing populations in the world with a growth rate of 3.2 per cent per annum, this population is set to double every 20 years as shown in figure 3.2. The overwhelming bulk of this growth is due to natural increase.

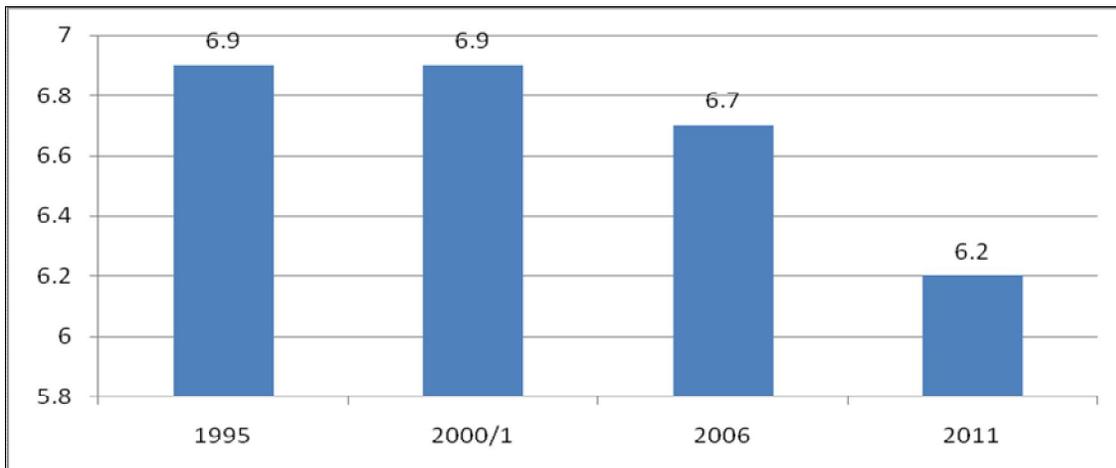
Figure 3.2: Uganda's Population Growth Trends from 1969 to 2012



Source: UBOS, 2012

Uganda's population has grown from an estimated 5 million people in 1948 to 6.5 million in 1959, then to 9.5 million in 1969 to 12.6 in 1980, 16.7 in 1991 reaching 24.2 as of the 2002 census. The population is estimated to be around 34.1 million today and is projected to reach 55 million in 2030, 64 million in 2040 and 80 million in 2050. This structure is indeed a reflection of how youthful the population of Uganda is (UBOS, 2012). As a result of this very high fertility rate, Uganda has one of the youngest populations in the world with half of the population being children.

Figure 3.3: Total Fertility Rate Trends in Uganda



Source: UDHS, 1995, 2000/01, 2006 and 2011

If these fertility decline pointers in figure 3.3 above materialize into a fertility transition, the country will benefit from a “Demographic Dividend” which is defined by the World Bank, 2011 report on demography and economic growth as increasing the share of the working age individuals in total population to positively affect income per capita growth.

The demographic dividend can be realized through three ways, firstly, through translation effect unless the difference is offset by increase in the unemployment rate or a fall in labor force participation, secondly, through the savings effect where an increase in working age population translate into a higher share of savings as result of higher survival into old age, thirdly, through human capital effects due to an increase in life expectancy at birth which means improved health and increased education demand (World Bank, 2011)

While the demographic dividend has been explained as a God given gift, it is not completely a free gift, its effectiveness and magnitude depends on the ability of the economy to absorb and productively employ the extra workers. There is need for government to take definite steps to provide leadership in all fronts to prepare to harness the benefits that accrue from the dividend. Once this is not done a country is bound to be hosting and housing a generation of young people who have nothing to do and nothing to lose (Ssekamatte, 2011). However once the dividend is handled and harnessed, they can be drivers of transformation of the economy.

In order to achieve this, it is important that government acknowledges that human resources are a country’s most important resource. Young people should be of particular interest for the country given their unique characteristics and potential to bring about transformation. It is therefore important that the country prepares her youthful population by skilling and tooling them as well as providing various opportunities for them. Government initiatives that have been put in place like Universal Primary Education and Universal Secondary Education are welcome gestures to reckon with as long as they are implemented and managed in a transparent manner.

The government needs to set up an economic environment that is ready when the demographic dividend sets in. It is at this point that the youthful population will be seen as patriotic citizens who are tax payers, wealth generators and effective consumers of goods in the market as opposed to dependents who besides not producing will require the bulk of services and socio-economic transformation as envisaged in the national vision will be realized.

3.3 Youth Situation in Uganda and Role of Government

In her National Development Plan (NDP, 2010/11-2014/15), Uganda Government envisages transforming the Ugandan society from a peasant to a modern and prosperous country within 30

years; reaching middle income status by the year 2017. Various policies to this effect have been laid down and they include the National Employment Policy, the National Education Policy, the National Population Policy and the National Population Policy Action Plan all of which accord vital importance to skills development especially for young people as a means to raise productivity, incomes and enhance competitiveness of the economy.

The BTJET Act of 2008 and the National Education policy, emphasizes skills development for young people in Uganda and this has been one of the country's milestones as far as increasing competitiveness and skills development for employment is concerned. The challenge ahead of the country still remains the question of applicability of skills development to the productivity development and economic growth of the country. The country must position herself to reap from this young population

The government has also created agencies and ministries to try to streamline the participation of young people in national development routed from the constitution and monitored through the National Development Plan (NDP). Other sectors such as Ministry of Gender, Labour and Social Development in-charge of Youth, including UN Agencies such as UNFPA and UN-Habitat have engaged in many campaigns to promote equity and justice by using population data in supporting policies and programmes to reduce poverty, promote rights and ensuring safety. Most African leaders are also taking advantage of the wonderful opportunity they have. Leaders like President Paul Kagame of the Republic of Rwanda and the Right Honorable Prime Minister Amama Mbabazi of Uganda have joined social network sites like face book and twitter which are popular with the youthful population.

Basing on the fact that Uganda is strongly characterized by largely a youthful population with high potential and possibility of accelerating economic growth, it is important to identify much more skills of the youth in order to develop innovative technologies to address their particular needs. Youth have been recognized to be vibrant contributors in both the public and private sector. Therefore, in order to reap benefits from young people, there is need to invest wisely and consistently in them.

To this end, Government agencies and private agencies like Uganda Communication Commission and Orange Telecommunication Uganda have organized programmes where youths at University interested in technology can compete by creating new technologies which have been used in the farming sector for example the SMS alert for farmers showing the prices of produce in the market. However, youth are not a homogenous group.

The experience of youth and the degree of exposure to certain risks is diverse, depending on one's sex, place of residence, socio-economic context, economic circumstances and marital status.

3.4 Youth and Labourforce Participation

Presently, Uganda's population is about 34.1 million people with an annual growth rate of 3.2 percent and about 65% are youth (UBOS 2012). About 83% of young people have no formal employment rating 24% (cross check from UBOS 2011 or 2012) of Uganda's fast growing population being young people between 18-30 yrs. According to Uganda National Household Surveys the proportion of the youth (national definition, 18-30 years) rose from 44 percent in 2005/2006 to 48 percent in 2009/2010.

Youth unemployment in Uganda is the highest in Sub Saharan Africa. Employment is expected to remain a challenge in the years ahead. Generally, the high youth unemployment rate in Uganda and Africa at large can be attributed to the slow economic growth and small formal labour markets, high population growth rate, lack of sufficient experience and skills, lack of decent work, the rigid education system, rural-urban migration, limited social networks and youth's limited access to capital support systems.

Some of the major reasons behind the high youth unemployment rate are attributed to the fact that many youth lack employable skills, access to resources like land and capital. The youth also have a negative attitude towards certain types of work.

Additionally, the overall existing policies also continue focusing on creating job seekers and not job creators. It is worth noting however that there are industries coming up that promise youth employment especially in agriculture and in ecotourism industry in Uganda.

3.5 Youth and Investment Opportunities

While the large number of young people in Uganda's population has the potential to be a tremendous asset for the country, Uganda's youthful population need opportunities in order to prosper.

When presenting the 2011/2012 budget the Minister of Finance, Planning and Economic Development noted that one of the biggest challenges facing the economy is the rising unemployment. She stated that the youth are highly adaptable and only require attitudinal transformation, together with technical and business management skills to fit into the existing job market and create avenues for generating their own small scale enterprises. She highlighted that some of the Government priorities are employment creation especially for the youth, women and in small and medium enterprises, human resource development, enhancing agricultural production and productivity. A sum of Ushs. 44.5 billion was therefore allocated towards investment opportunities for the youth.

Government of Uganda plans to undertake a youth entrepreneurial training program to instill business management skills among the youth, to enable them to join the job market or create their own enterprises and also enable them to undertake Business Development Skills.

This will be undertaken in collaboration with the private sector and Uganda Small Scale Industries Association, with special focus on imparting technical skills to youth, using non-formal vocational training programmes in which the youth and other small scale manufacturers under the Job Stimulus programme will undertake manufacturing and other processing activity. For instance Busitema University signed a MOU with Private Sector Foundation in which students are required to undergo entrepreneur training with private sector foundation before graduating. Government organizations like Uganda Industrial Research Institute help youths get patents for their produce to meet international certification; an example is the maker of BELLA wine which is locally produced and bottled in Uganda.

However, it is worth noting that given the societal and cultural aspect that generally encourages the youth, to continue depending on parental support even at an old age. This has led to many of Uganda's youth not have the capacity to think for themselves or later alone find creative ways of earning a living and hence have investment opportunities. Youth joblessness also implies missed opportunities in the human resources to produce goods and services in the country.

3.6 Youth and Civic Participation.

Research suggests that young people are the leading agents of change today because they play different roles in society, have few ties to the "way things are," and they have the energy to create a world of their own. Engaging young people in decision-making is the healthiest way to bring about meaningful transformation in the country. This increases their level of productivity. Youth have recently showed their power in local communities and around the world where they strive to influence change and policy inputs on matters affecting them.

A significant number of youth in Uganda are frustrated by their own environment. This can contribute to militancy, impatience and risk taking. The conditions under which the youth live have been an opportunity for exploitation by different orientations seeking to mobilize and capture the allegiance of the youth in form of persuading them for employment opportunities especially abroad.

It should be noted however that the youth are also seeking their own alternatives. They present the vision of a social order struggling to emerge despite repression and economic hardship, and seeking to have a voice in societies whose basic structures is not conducive to listening to young voices. For example the Arab spring in North Africa that saw the exit of a number of leaders have been organized

and run by youths through use of social media networks that had been shunned and heavily censored by the leaders.

Nevertheless, the reality is that today's youth no longer accept or respect those structures and increasingly demand a voice of their own, hence the establishment of Uganda Parliamentary Forum on Youth Affairs for youths who are numerous, energetic, and increasingly seeking alternatives. Everywhere, the youth are a force for social and political change, but in a demographical country, such as today's Uganda, they represent immense potential, as both threat and opportunity. Both those demanding change and those seeking to defend the existing order, seek to mobilize young people to their side. This makes the vital problems of youth, their role in governance, their struggle for a livelihood, and the overwhelming threat of HIV/AIDS, key issues for civic participation in Uganda. The Government of Uganda needs to find solutions for this youthful majority of their populations, that is rapidly growing larger, poorer, more discontented, and occasionally, more militant.

3.7 Youth Health and Wellbeing

The biggest challenges facing the youth today in relation to health are HIV and drug abuse. Although the Government of Uganda (GOU) and development partners support programs and policies to meet young people SRH needs, these efforts are largely "outmatched" by Uganda's large, sexually active youth population. Between low rates of contraceptive use and high rates of high-risk sexual activity, Ugandan youth remain at significant risk of sexually transmitted infections (STIs), HIV, and unwanted pregnancy. With a large, sexually-active youth population, the stakes for addressing youth health needs in Uganda are high. By age 18, over 62 percent of young women and almost 48 percent of young men have had their first sexual encounter.

According to the 2010/2011 Uganda Demographic and Health Survey, 36 percent of young women are engaging in high-risk sexual activity and 49 percent of young men. UNAIDS reported HIV rates of 4.8 percent for females and 2.3 percent for males (ages 15-24), it is clear these behaviors are placing young people's health and lives at risk. HIV/AIDS unfortunately is not the only sexually-related risk Ugandan youth face. A quarter of young women reported their first sexual encounters were coerced (UNAIDS, 2011)

Only 50 percent of young women gave birth in a health facility or with the assistance of a skilled provider. Despite the illegality of abortion in Uganda, in a nationally representative survey, 26 percent of females and 22 percent of males (ages 12-19) reported having a close friend who attempted to end a pregnancy. Within this often dangerous environment, Uganda's youth are eager for the information and services needed to lead responsible lives.

Many youth in and out of school are involved in drug consumption which has greatly put their lives at stake. At the same time drugs are forcing them to get involved into a number of problems hence crimes in order to maintain their lifestyles and buy the drugs too. In Uganda, Urban youth have been earmarked as one the key users of drugs. According to the 2009, Uganda annual Police crime report, there were 2,034 reported and investigated narcotics cases, which led to 2,274 arrests compared to 2,542 in 2008.

3.8 Youth and Education

Formal education is highly respected in Ugandan culture, and the GOU has made access to education one of its key priorities. Since introducing Universal Primary Education (UPE) in 1997, the GOU has significantly improved access to basic primary education. Introduced in 2007, universal secondary education/post-primary education and training (USE/UPPET) have not yet achieved the same level of access. The introduction of UPE and USE/UPPET has brought more demographic pressures on Uganda's strained educational resources. Ministry of Education and sports report in 2011 states that secondary school student-classroom ratios are often much higher than 60:1, the maximum target. Other challenges for USE/UPPET schools include the lack of adequate libraries and laboratories, including laboratory equipment.

The GOU and its partners have instituted a number of changes to address these issues. Working with partners such as the World Bank and African Development Bank, the GOU is building new secondary schools, as well as libraries and laboratories, to reduce overcrowding. Government of Uganda is also making USE support available to eligible private schools and dividing students into "shifts" to maximize use of facilities. Similarly, addressing curriculum concerns, the National Curriculum Development Center (NCDC) in the Ministry of Education and Sports will begin revising the secondary school curriculum whose implementation is expected in 2014. Expected changes include: reducing the number of core subjects; including more practical skills; and adapting the primary school, life skills curriculum for secondary schools.

Ugandan youth are served by an overlapping, three-tier business, technical and vocational education and training (BTVET) system: craftsman-level training; technician-level training; and graduate engineer-level training at universities. BTVET is provided by 133 public institutions, about 600 private training service providers, and 17 apprenticeship programs. The GOU is now formulating a ten-year BTVET strategic plan to guide the use of resources and implementing a new BTVET policy to create new vocational centers and utilize community polytechnics to provide training at certificates level.

The Ministry of Education and Sports is working on the mechanics of a levy on private companies to finance skills training. With UPPET giving primary school leavers the option to attend vocational training for free at eligible institutions, BTJET enrollment has soared in recent years. However, there is still significant unmet demand due to cost issues. Female BTJET enrollment has also increased, reaching 40 percent of total enrollment.

3.9 Youth, Gender and Social Context in Uganda

In the 2011 Human Development Index, Uganda is ranked in 161st place (out of 187 countries with data), with a score of 0.446. The country's score under the Gender Inequality Index is 0.577 (116th place out of 146 countries). Uganda is ranked in 29th place in the 2011 Global Gender Gap Index (out of a total of 135 countries), with a score of 0.7220, where zero (0) denotes inequality, and one (1) denotes equality. According to the World Bank, youth ages 15 to 30 make up 80 percent of Uganda's unemployed. Over 70 percent of youth are not formally employed for wages. The UBOS data shows that the youth unemployment rate for females was 27 percent compared to 9 percent for males in 2009, highlighting gender disparity in the labor market.

Gender differences continue to persist as the foundation for disempowering relationships and expectations that influence the behavior and sexual activity of males and females. Gender disparities also impact young women disproportionately. While youth represent the highest percentage of new HIV infections in Uganda, young women between 15 and 19 years of age are more than twice likely to become infected with HIV than young men; young women also bear the burden of health risk from mistimed pregnancies and are least likely to complete their education.

UDHS2010/2011 indicated that more young men (40%) than young women (38%) aged 15-24 have comprehensive HIV knowledge. Polygamy is legal in Uganda, according to customary and Islamic law, and will remain so should the Domestic Relations Bill pass. Women currently have no legal course of action to prevent their husbands from taking another wife, although under the Domestic Relations Bill, a wife would be allowed to divorce her husband if he attempted to marry a new wife without her consent.

Although the 1996 law on the status of children stipulates that both parents are responsible for supporting their offspring, customary law holds that men retain sole parental authority in Uganda in the event of divorce. The Constitution guarantees a woman's equal rights within marriage, even in the event of a divorce, but the law currently does not enforce this right. In addition, under customary law in some areas, women wishing to divorce on the grounds of their husband's adultery are required to meet stricter evidentiary standards than men in the same position

Domestic violence: nearly 60 percent of women have experienced some form of physical violence, and in more than 87 percent of cases, the perpetrator was a current or former husband or partner. Domestic violence has wide social acceptance, even by women. The 2006 DHS gave men and women a list of five reasons why a man might be justified in beating his wife: 59.3 percent of the men and 70.2 percent of the women agreed with at least one reason. Discriminatory customary practices persist in regard to women's land rights, despite the government's recent adoption of a new land law designed to improve women's access to land and grant them the right to manage their property. Decision-making powers, however, are typically granted to men and most female landowners have no power to administer their land holdings as the law did not include a co-ownership clause.

The Constitution upholds women's rights to have access to property other than land. Theoretically, women are free to administer their property without their husbands' consent, but here too customary laws prevent women from exercising their rights.

Today, youths view marriage as a social burden; they rather stay without getting married leading to the emergence of a new form of parenting called baby mamas where children are grown in homes with single mothers without a father even if they are dead or alive. These children grow up being pampered with expensive gifts from their single mothers and fathers and have no respect for others around them.

With increase in communication like magazines, many youths have dumped the virtues like hard work and patience and are willing to do anything to get quick money, commonly called the middle age crisis. Stories of fellow youths elsewhere making a lot of money as well as politicians taking home huge pay checks through corruption has created envy and jealous in society, thus creating competition. Quick deals have replaced hard work in most urban areas and this has an over arching effect on the country. As a result of this crisis, youthful Ugandans are seen betting football matches or playing gambling in many slot clubs that are emerging around every urban area.

3.10 Youth and Vulnerability

Of the existing socio-economic vulnerabilities existing in the Ugandan society, the young people suffer most compared to the older persons. Lack of education, information, ignorance, poverty, unemployment, HIV/AIDs, etc, have expose them more to risky behaviors such as youth crime, sex work, substance use/abuse, and child marriage, homosexuality and drug trafficking in search of money

There are various groups of Ugandans who are considered at risk and they include orphans and vulnerable children (OVCs); disabled youth; victims of conflict; youth abusing drugs or alcohol; and youth affected by HIV/AIDS. Vulnerability for the youth differs in different ways , for example the youth particularly in the northern part of Uganda in particularly the Acholi and Karamoja Sub-region

present a unique situation of vulnerability due the risk to conflict which has caused the population to be underserved for some decades due to war since 1986 until recently.

The demand for services far exceeds supply thus causing vulnerability. It is also important to note that often there are mismatches between young people's needs and available interventions. In northern Uganda, youth continue to suffer from the psychosocial impact of conflict as well as limited educational and employment opportunities due to the long time of conflict. Youth in Karamoja are much affected by the spontaneous insecurity episodes during cattle raiding and civil conflicts and food insecurity.

While the government has gone along way with disarmament efforts, some youth acknowledged hiding their guns due to lack of sufficient state protection; and guns are often used for cattle raiding and livestock theft.

3.11 Youth and Policy Issues

The GOU and its partners have launched several initiatives providing youth with critical SRH information. The highly popular Straight Talk Foundation Campaign, for example, is a multi-lingual program advocating delaying sexual activity and/or practicing safe sex. To reach out to youth with SRH information on a broad scale, the GOU and its partners appear to make effective use of the media based on comments from youth and stakeholders. (This outreach is especially important since 57 percent reported receiving health news via the radio.) In addition, since the introduction of UPE in 1997, the Uganda school system has also become a major source of SRH information. The national youth policy was laid down in 2001 to provide national guidance regarding the strategic importance and immense potential in the youth for the development of the country. While it encourages youth to participate at all levels in the socio-economic development and in the promotion of peace, democracy, good governance, not much has been done by government in terms of committing resources towards this noble cause.

3.12 Conclusion

In conclusion, if we share the belief that Uganda's youthful population are a precious asset for human population and future human capital for socioeconomic transformation, we need to invest our intellect, social resources and a range of resources in nurturing them and protecting them against deadly social conditions of the 21st century, especially HIV/AIDS and Drugs.

This will be in the interest of long-term benefits for the socio economic agenda globally. There are no easy solutions to the challenges faced by particularly as the most vulnerable groups of the population. The complexity of these two issues requires careful and non-emotive planning and intervention. They

may change the face and character of our human services, educational and social institutions. Interventions, processes and strategies are not necessarily the absolute responsibility of the government. However the governments in the name of social development should continue to take the lead in creating policy environments that facilitate appropriate intervention, provide resources and national infrastructures, and research funding and accountability systems. Civil society structures face the challenges of creating and sustaining effective delivery mechanisms that are collaborative, multi-faceted, preventive and remedial in character. The family in particular should seriously re-examine its role and responsibility as a socializing and nurturing agent. The family as an institution is breaking down; on the other hand, it is continually cited as one of the powerful agents of social change and social support system in most clinical interventions. All the strategies and policies cited in this paper have merit. The challenge is what kind of mechanisms and processes can the Ugandan society employ to combat and respond to the challenges of young people. Young people have powerful organization, which should play a very visible and important role in addressing and responding to needs of young people.

3.13 Policy Recommendations

1. Encouraging public private participation in the service delivery since the private sector usually employs the energetic youth since those elders in the public sector won't retire even though they are past the retirement age hence the demands of the field will push them out of the job market.
2. Programmes which provide youth leadership training, school based services, health and wellness; annual youth camps especially for holiday makers and youth on vacation, HIV/AIDS/STD prevention and violence prevention seminars are recommended. These programmes could target the preteens and adolescent children who come from disadvantaged communities which are socio-economically vulnerable and easily targeted by the illicit drug industry. These young people are not necessarily using or doing drugs. This should be a nurturing and empowering programme that instills values and social coping skills.
3. Government should create the appropriate policy environments and subcontract human and community-based agencies to deliver preventive, treatment and research programs particularly that deal with youth issues.
4. Government in collaboration with health partners need to put in place adolescent family life Programmes targeting most vulnerable or high-risk groups young and sexually active girls. These young girls could be from a racial or ethnic background, usual school drop -outs, low-skilled or not skilled at all. This is a gender-and -age responsive substance programme for pregnant, parenting and at risk teenage girls aged 12-19.

5. A deliberate effort by government is urgently needed to adequately involve youth and harness their resources in the socio-economic development and in the promotion of peace, democracy, good governance and upholding society values.

References:

Fikile Mazibuko (2000) *Drugs and young people: preventing and therapeutic models of intervention within the context of social development*, Human Resources Development Institute Inc. (HRDI-Chicago, IL.)

The Republic of Uganda (1990, 1995, 2000-2001, 2006, 2011). *Uganda Demographic and Health Surveys (DHS)*. Kampala, Uganda Bureau of Statistics

The Republic of Uganda (2002). *Uganda Population and Housing Census: Main Report* Kampala, Uganda Bureau of Statistics

The Republic of Uganda (1995). *National Population Policy for Sustainable Development*. Kampala: Ministry of Finance and Economic Planning.

The Republic of Uganda (2001). *National Youth Policy*. Kampala, UG: Ministry of Gender, Labour and Social Development.

The Republic of Uganda (2007a). *National Gender Policy*. Kampala, UG: Ministry of Gender, Labour and Social Development.

The Republic of Uganda (2010b). *National Development Plan 2010/11 – 2014/15*. Kampala, Ministry of Finance, Planning and Economic Development.

World Bank (2011). *Uganda; Demography and Economic Development in Uganda*. Washington, DC: The World Bank.

CHAPTER 4

SERVICE DELIVERY AND THE VULNERABLE POPULATION IN UGANDA

4.1 Introduction

At 50 years of Uganda's independence, one of its next goals is to see to it that all her citizens enjoy a high quality of life and standard of living. At the same time, the big challenge is how to attain equitable service delivery to both non vulnerable and vulnerable citizens as a key foundation for socio-economic transformation. As Uganda aspires to emerge as a strong middle-income economy in the next 30 years, available evidence suggests that it will have to take into account population factors, more so the quality of its population as part of the development equation. Uganda's population is its biggest and most important resource which must be harnessed for faster and sustainable development. Uganda is one of the most densely populated countries in Sub-Saharan Africa with 80 per cent of its population living in rural areas.

In the Ugandan context, vulnerable people are those susceptible to harm as a result of an interaction between resources available to individuals and communities and the life challenges they face. Vulnerability results from developmental problems, personal incapacities, disadvantaged social status, inadequacies of interpersonal networks and support. Vulnerability may arise from individual, community, or larger population challenges and thus requires different types of policy interventions ranging from social and economic development of neighborhoods and communities, to educational, income policies, and individual interventions. The priority given to varying vulnerabilities, or their neglect, reflects social and national values. Available evidence suggests that the most vulnerable groups in Uganda include children, elderly persons, women, people in large households, youth, and people with disabilities, landless, fishing communities, internally displaced people and refugees.

With the above in mind, the constitution of the Republic of Uganda guarantees the provision and observance of fundamental human rights to all citizens irrespective of age, ethnicity, gender, religion. These include social and economic rights such as access to food, water, housing, health care, adequate standard of living, education, and social security. It pays special attention to the care and protection of rights of children, women, minority groups and persons with disabilities.

Although the Constitution guarantees rights of such vulnerable groups, generally access to social and economic services over the years has been limited among these populations groups due to factors such as high levels of social and income inequalities, non-responsive service delivery systems, high levels of exclusion in the development process and limited employment opportunities among others.

In particular, inequality of income, opportunity and access to basic services combined with high levels of vulnerability for many Ugandan's present challenges for the inclusiveness of Uganda's social and economic transformation, both now and for the future.

4.2 Background to Perspectives of Vulnerability

4.2.1 A Global Perspective of Vulnerability

Various terms have been used to describe vulnerable populations. Globally, these groups are categorized as; the disadvantaged, underprivileged, medically underserved, poverty stricken, distressed populations, and the under classes. Despite an extensive body of literature and the various national and state efforts at reducing disparities between vulnerable populations and the general public, there is no explicit consensus as to what constitutes vulnerability. The eleventh edition of Merriam - Webster's Dictionary defines vulnerable as "capable of being physically wounded" or "open to attack or damage."

4.2.2 Why focus Global attention on Vulnerable Populations?

There are many reasons to focus national and global attention on the needs of vulnerable populations and reducing disparities experienced by these groups. These reasons include:

- the increasing prevalence of vulnerability globally as a result of social, economic and climatic shocks;
- Vulnerability is primarily a social issue that is created through social forces and therefore can comprehensively be resolved through social and national response as opposed to individual means;
- The growing global emphasis on equity warrants attention on vulnerability; there are various ways in which equity/fairness is conceptualized. In terms of medical care, policies that ensure equal access to health services, such as universal health insurance or health care programs, may benefit the public equally.
- vulnerable populations are at substantially greater risk of poor physical, mental, and social or emotional health and have much higher rates of morbidity and mortality and report more depression and social exclusion than other groups.

The well-being of vulnerable populations is closely intertwined with the overall health status of the citizenry and it affects the nation's resources and progress. The United States for example continues to be ranked poorly compared with other developed nations on key national health indicators including; infant mortality, other mortality rates, and life expectancy. Poor health not only has an impact on individual families and lives but detracts from national productivity and economic prosperity. While earlier public policy in the United States focused on equality in freedoms and political power, progressive policies in the 1960s enhanced race, gender, and Socio-Economic Status

(SES) equality in social and educational opportunities for U.S. citizens. The Civil Rights Act of 1964, for example, made discrimination based on race, color, religion, and national origin illegal and has been updated several times to include other specific discriminatory factors, such as gender and sexual preference. The Johnson administration's War on Poverty during the 1960s further shifted public attention and social policies toward issues of social, educational, and health inequalities.

4.4.3 Models for Understanding Vulnerability

Over the years, studies of vulnerable populations have used different paradigms or models to examine why vulnerable groups experience poorer access to health care, education and other services. Most of these models have focused on single explanations but increasingly have begun to acknowledge the multifaceted nature of vulnerability.

Individual Determinants Model: Perhaps the most foundational, and most common, model for understanding vulnerability is one that identifies specific population groups with certain individual characteristics as inherently more vulnerable than others. This model focuses on characteristics such as age, gender, race and ethnicity, education, income, and life changes (Rogers, 1997). This model clearly delineates vulnerable populations from non - vulnerable populations based on a list of any number of personal characteristics and is not designed to reflect any aspects of community or society that might reflect vulnerability.

Individual Social Resources Model: Another essential model of vulnerability has been proposed by Aday (Aday, 1994). It suggests that individual risks stem from lacking certain intrinsic social and personal resources that are essential to a person's well - being. According to this model, social status, social capital (or social support), and human capital (the productive potential of an individual) influence vulnerability. In this model, individual characteristics are not themselves the determinant of vulnerability but a reflection of larger issues related to their personal and social resources.

Individual Socio-Economic Status Model: Another explanation for why individual vulnerability characteristics are associated with poor health status is the influence of individual Socio-Economic Status (SES). In general, SES is defined by income, education, and occupation, but the same concept is often referred to as social class in other countries. In the United Kingdom, where social class is a common term, there is a standard measure of SES (the Registrar General's measure of occupation) using an individual's father's occupation to categorize one's social class (Hart, Smith, and Blane, 1998). Assessed in this way, social class is a less mutable individual characteristic, because no matter how much occupational promotion or financial wealth a person achieves, his or her social class remains largely determined by the previous generation. Despite differences in measurement, SES remains

perhaps the most commonly encountered explanation for any linkage between vulnerable populations and poor health care access and health status.

Community Social Resources Model: The next set of models advances the concept of vulnerability beyond just individual risk factors and explores more of the community level determinants of vulnerability. These models are particularly important because they emphasize that vulnerability is not simply a matter of individual bad luck or lack of personal will or resilience. Rather, they propose that community or social factors contribute to vulnerability and also highlight the responsibility that society has in addressing the consequences of vulnerability. The first of these models, proposed by Flakerud and Winslow (1998), suggests that community resources, defined broadly, strongly influence the well-being of a community and therefore contribute to the vulnerability of individuals living within that community.

Community Environmental Exposures Model: Other explanations for the influence of communities in creating vulnerability include the potential role of health-impairing environmental exposures. For example, it is hypothesized that lower socio-economic status communities are exposed to more harmful environments, such as living in substandard housing or other crowded living areas that have much greater exposure to air pollution and diseases.

Community Medically Underserved Model: Community resources, as the community -focused models suggest, include the availability of medical care. The lack of available medical services in a community (referred to as medical under service) has been commonly proposed as an explanatory factor for why certain populations have poorer health status. Financial barriers to obtaining health services, such as patients who lack insurance or are underinsured, meaning that their insurance does not fully cover their costs. Third, there may be non-financial barriers such as the lack of transportation, language difficulties, or insufficient provider cultural sensitivity, which make it difficult for the community to access any health care providers that do practice in the area.

Individual and Community Interaction Model: Aday (1993) has developed perhaps the most comprehensive vulnerability model to date that combines many previous models and incorporates both individual and community level risk factors that determine vulnerability to poor physical, psychological, and social health. Individual level resources include social status, social capital, human capital, and health needs. Community level resources include community cohesion, neighborhood characteristics (such as unemployment rates and community violence), and community health needs. In considering interventions, Aday suggests that vulnerability is presumably influenced by ethical norms and values at both the individual level (for example, individual rights, independence, and

autonomy) and the community level (for example, belief in the common good, a sense of reciprocity, and interdependence).

Vulnerability is also influenced by both social and health policies (for example, welfare assistance, community regulations, public health programs, and health insurance coverage). Thus, interventions should take into account these factors when trying to prevent or modify the consequences of vulnerability. Each of the models discussed in the previous paragraphs reflects an evolution in defining, researching, and developing approaches to reducing or eliminating vulnerability. Some of the more progressive models have recognized the overlap between individual and community level determinants of vulnerability.

Distinctive Characteristics Model: The vulnerability model has a number of distinctive characteristics. First, it is a comprehensive model, including both individual and ecological (contextual) attributes of risk. A person's vulnerability is determined not only by his or her individual characteristics but also by the environment in which he or she lives and the interactions among individual and environmental characteristics and likely to bring more tangible improvement in the situations that vulnerable populations face.

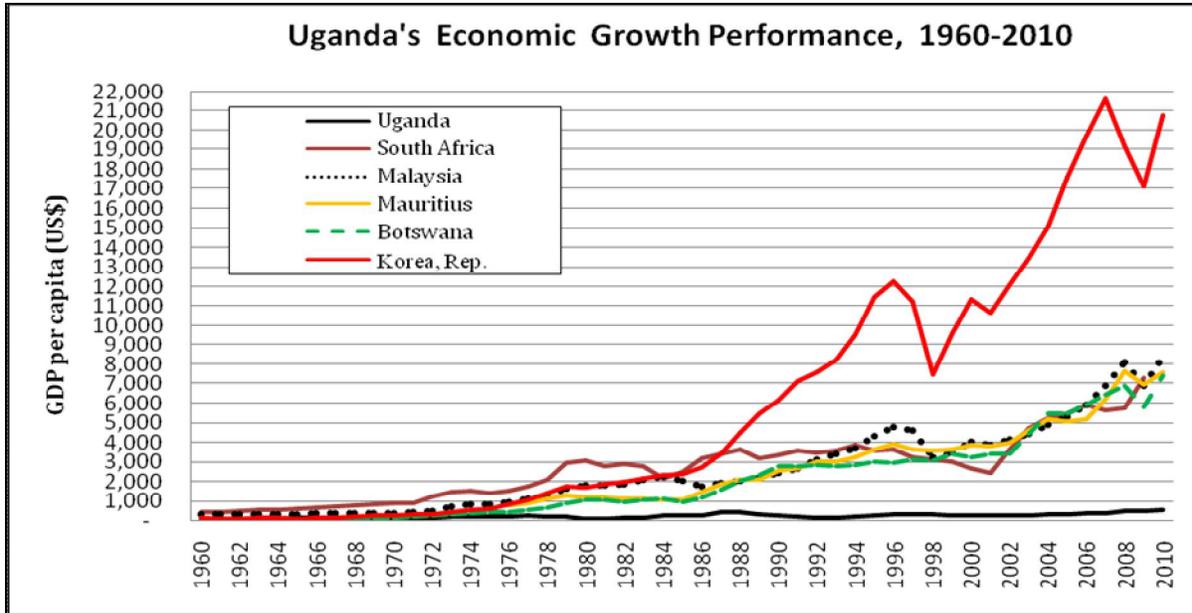
4.3 The National Perspective and Situation of Vulnerability

In the Ugandan context, vulnerability has been defined as a state of being or becoming poor (NDP, 2010). Vulnerability in Uganda is not only associated with external shocks but also linked to Life cycle events such as changes in household composition that contributes to declines in welfare for many households. For example, nearly two thirds of households that slipped into poverty between 2005 and 2010 registered a significant increase in family size (NHS 2010). This suggests that even for many working families, the addition of new dependants causes the household to fall below the poverty line. At the same time, households that slipped into poverty were also those that registered the greatest increases in elderly dependency ratios. The exposure to these kinds of risks and the coping mechanisms households have available determines not only their well-being at any one point in time, but also their ability to improve their situation in future years and, indeed, the prospects for the next generation of children as they become adults themselves.

Economic theories suggest that when the economy grows at a faster rate than the population growth rate then the overall standard of living should go up. These theories suggest that the economic growth must be at least three times that of population growth. This is not the case for Uganda. Additionally, the distribution of growth is unequal among the regions as well as nationally, so we have the paradox that the economy is growing but the absolute number of people below the poverty line remains high at nearly 7.5 million.

Uganda's economic growth performance since the sixties has been relatively slow compared to some of the East Asian countries which were at the same level of development, for example, South Korea and Malaysia as shown in figure 4.1. Over a period of nearly 50 years, Uganda's GDP per capita increased from USD 63.8 in 1962 to only USD 506 in 2010. On the other hand, South Korea GDP per capita increased from USD103 to USD 21, 000 over the same period. This tells the story of why service delivery standards have remained low in Uganda and more so to the vulnerable populations.

Figure 4.1: Uganda's Economic Growth Performance from 1960 - 2010



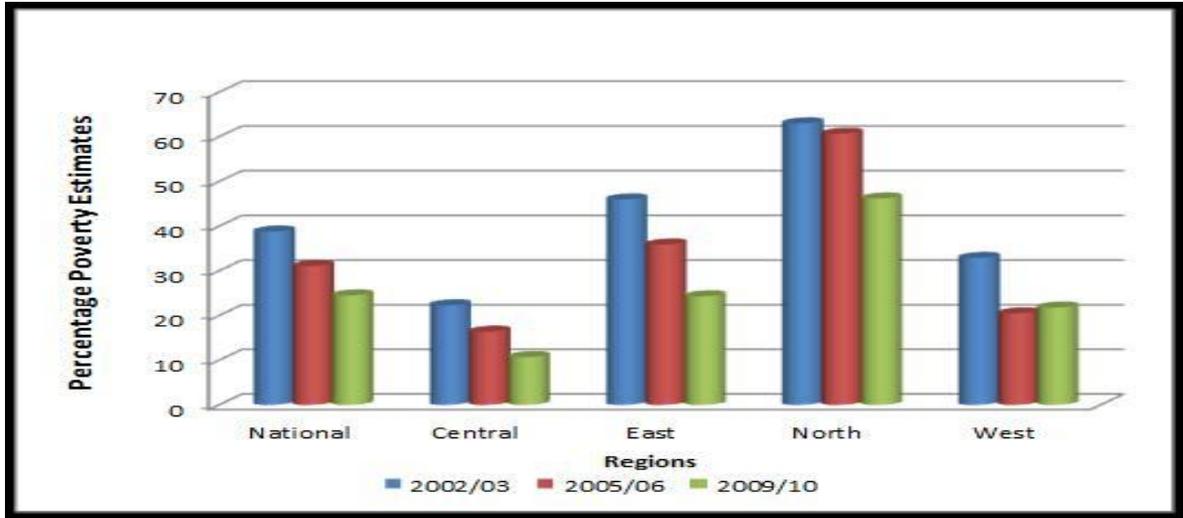
Source: Draft Uganda Vision 2040.

The GDP growth has varied over the period with the highest average growth rate of 7 per cent experienced between 2005 and 2010. Although growth in per capita income has been slow, the real GDP (billions of Dollars) has been steadily increasing since 1986 except for the period between 1988 to 2002 due to re-basing. Since 2003, the cumulative growth gradient has been steeper which is an indication that the country is in a clear stage of takeoff. Although the economic growth has contributed to poverty reduction with the proportion of people living below the poverty line declining from 56 per cent in 1992 to 24.5 per cent in 2010, poverty in Uganda still remains high compared to 3 per cent in Malaysia and 6 per cent in South Korea among other countries. The figure 4.2 next page presents the poverty headcount trends over the years and across regions.

Despite Uganda's success in reducing poverty, more than 7.5 million Ugandans still live in poverty, surviving on income below the minimum that is required to meet their basic needs. The incidence of poverty remains higher in rural areas than in urban areas. The rural areas with 85 per cent of the population constitute 94.4 percent of national poverty. These results suggest that the majority of the poor are in rural areas, about 7.1 million out of the 7.5 million poor Ugandans .The incidence of

poverty remains highest in the Northern region and least in the Central region. On average, poverty incidence in Northern region (46.2%) remains higher than the national average of 24.5% (NHS Report 2009/10) as a result of the effect of the conflict that affected the region from mid 1980s up to 2005.

Figure 4.2: Trends in National and Regional Poverty Estimates

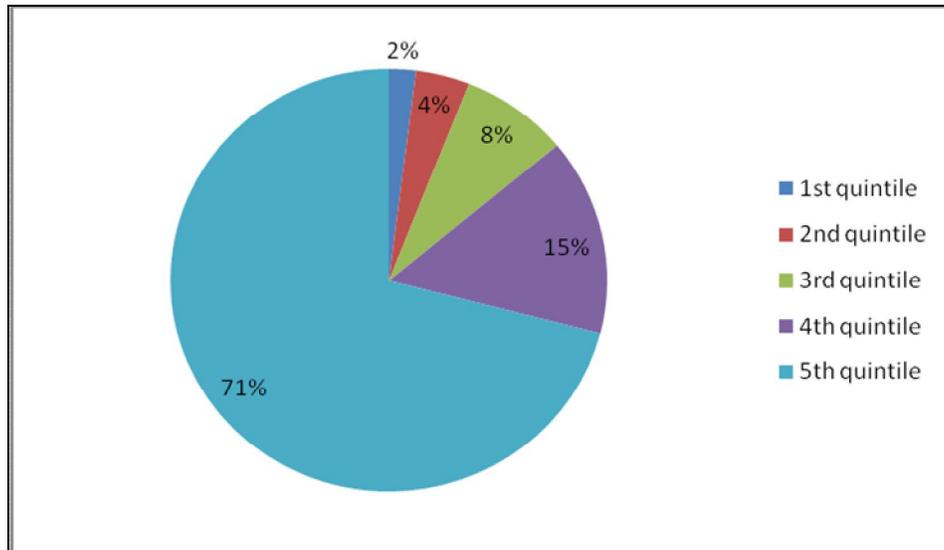


Source: Draft Uganda Vision 2040.

Consequently, income inequality is high and remains a challenge in Uganda. In addition to regional disparities, there is also a disparity between rural and urban income levels with the mean consumption of the richest area (Kampala) being 2.5 times that of the poorest area (northern region). Between 2005 and 2010, the Gini Coefficient increased from 0.408 to 0.426, and hence inequality worsened. This reflects the fact that the lower deciles saw lower rises in living standards than the more affluent. But the observed increase was driven by significant increases in inequality of income in rural areas of Central, Northern and Western regions. It is also evident that while inequality of income improved during 2002/03-2005/06 period, the period 2005/06-2009/10 was marked with worsening inequality. Overall inequality appears to have worsened while the incidence of poverty was declining. These income disparities are reflected in other welfare indicators such as health and education outcomes leading to markedly high differences in regional human development index (HDI) scores.

An analysis of household income by quintiles reveals that households in the highest (5th) quintile group share 71 percent of the total income whereas those in the lowest quintile share only two percent of the total income. This reflects high income inequality. (The richest 20% of households share 71% of total income (NHS Report 2009/10). A further analysis of household income classes by residence and region shows that close to a half (48%) of households in the two lowest income classes were found in rural areas while only about a quarter (25%) in urban. Variations at regional level reveal that households in the Eastern and Northern regions dominate the lower income classes.

Figure 4.3: Percentage Share of Total Income by Quintiles



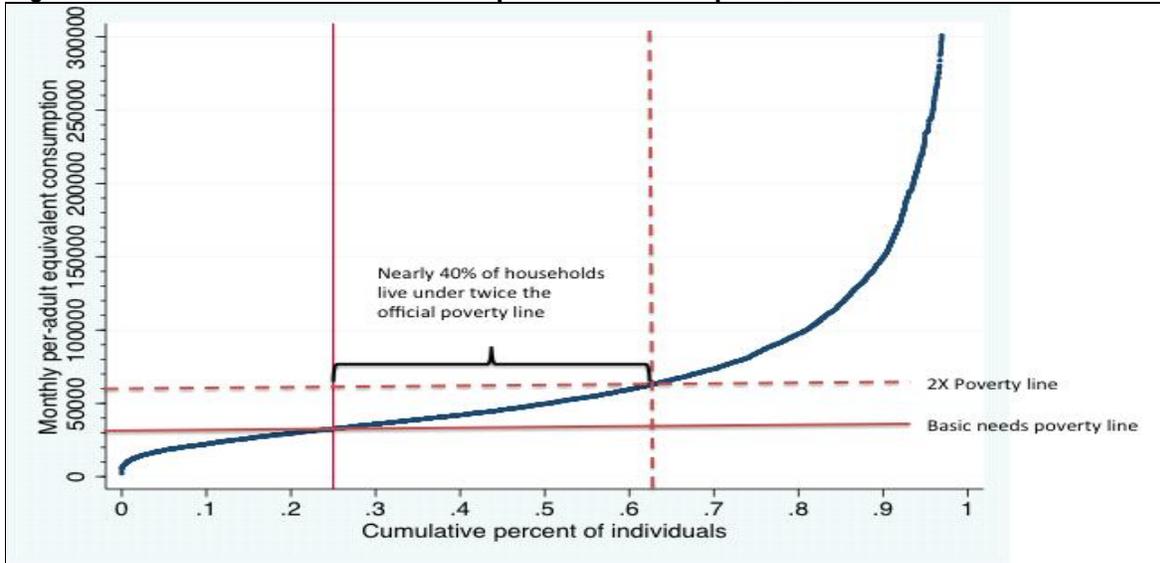
Source: NHS Report 2009/10

It is important to note, however that the distribution of consumption is very flat, meaning that there are many households living near the poverty line. As the figure 4.3 above illustrates, an additional 40 per cent of households live between the poverty line and twice the poverty line.

The implication of this very flat consumption distribution is that a large number of households, while not officially poor, could easily fall back into poverty with even a small change in consumption. The figure illustrates the poverty incidence that would arise if per-adult equivalent consumption either rose or fell by 20 per cent. The result is that if consumption decreased by just 20 per cent - say as a result of a bad harvest, poverty would increase by more than 20 per cent. At the national level, it would increase by 55 per cent, from 24.5 per cent currently to 38 per cent. By contrast, if consumption were to increase by 20 per cent, poverty would fall nationally from 24.5 per cent to 16 per cent. Across all regions, the change in poverty incidence that would occur from a 20 per cent fall in consumption is much larger than what would occur from a 20 per cent increase in consumption. This asymmetrical impact underscores the vulnerability to poverty and the fragility of the improvements that have been achieved.

Therefore, with the slow economic growth and the high levels of poverty as already compared to other countries, improving the standard and scale of service delivery to all and more so to vulnerable populations still remains a challenge. Thus, understanding the nature of poverty, the sources of risk and vulnerability, and the impacts of shocks is essential in order to inform an appropriate policy response to achieve objectives related to human development but also equitable economic growth and transformation.

Figure 4.4: Distribution of Per-Adult Equivalent Consumption, 2009/10



Source: Analysis of NHS, report 2009/10

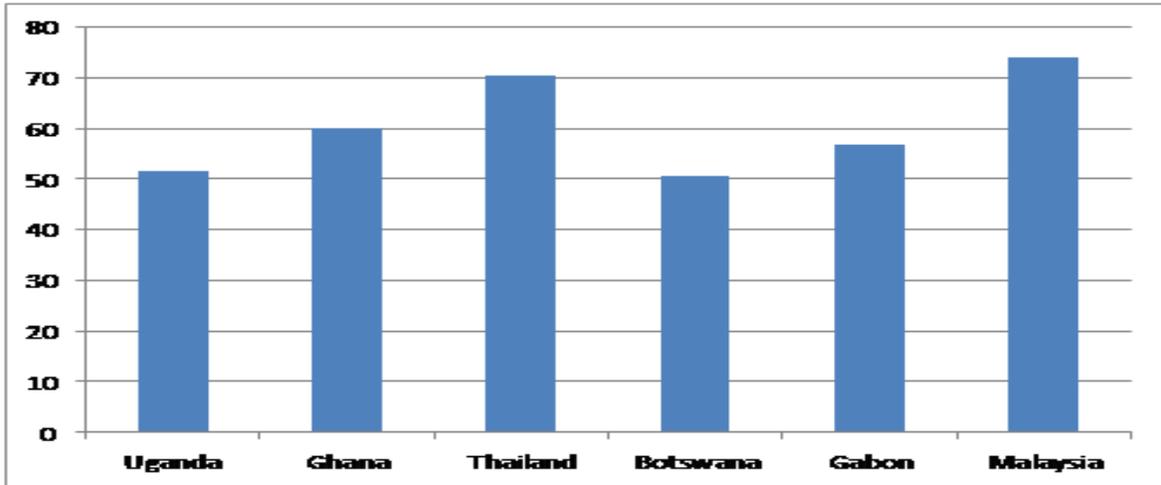
The implication of this very flat consumption distribution is that a large number of households, while not officially poor, could easily fall back into poverty with even a small change in consumption. Figure 4.4 above illustrates the poverty incidence that would arise if per-adult equivalent consumption either rose or fell by 20 per cent. The result is that if consumption decreased by just 20 per cent - say as a result of a bad harvest, poverty would increase by more than 20 per cent. At the national level, it would increase by 55 per cent, from 24.5 per cent currently to 38 per cent. By contrast, if consumption were to increase by 20 per cent, poverty would fall nationally from 24.5 per cent to 16 per cent. Across all regions, the change in poverty incidence that would occur from a 20 per cent fall in consumption is much larger than what would occur from a 20 per cent increase in consumption. This asymmetrical impact underscores the vulnerability to poverty and the fragility of the improvements that have been achieved.

4.4 Analysis of Uganda’s Service Delivery and Its Impact on Vulnerable Populations

4.4.1 Health and Nutrition services

Uganda has made progress in improving the health of its citizens with life expectancy at birth increasing from 45 years in 2003 to 54 years in 2011 as shown in figure 4.5 below. However when compared to other developing and developed countries Uganda’s quality of life and standard of living are still poor as measured by its Life Expectancy at birth. Life expectancy at birth in Malaysia and Thailand stands at 74 years while that in Ghana is 64 years (World Development Indicators Report, 2010). The key drivers of the low life expectancy are: high under-five mortality due to a high burden of infectious and parasitic diseases; high Maternal Mortality Rate due to high fertility coupled with poor maternity services. The HIV/AIDS scourge has also contributed to the lowering of the quality of life of Uganda’s population through increased morbidity and mortality.

Figure 4.5: Uganda's Life Expectancy at birth compared with other countries



Source: World Development Indicators Report, 2010

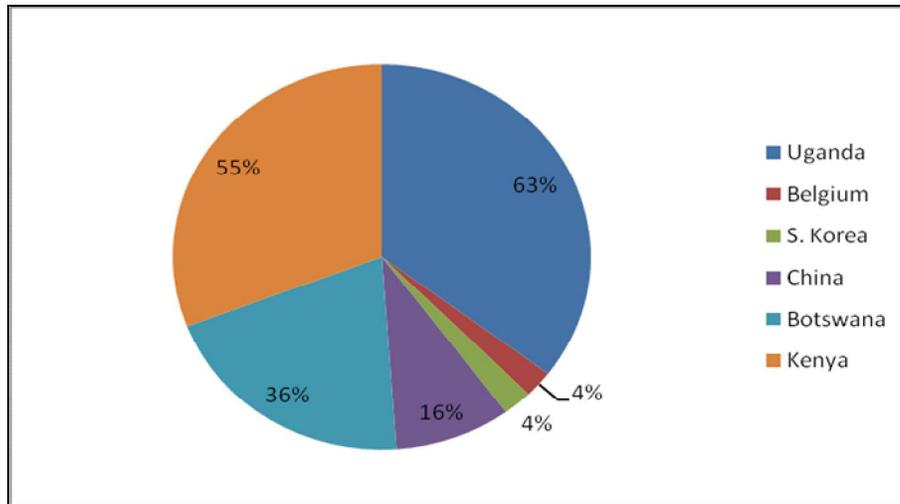
In Uganda, only 59 per cent of the total births are attended to by skilled staff as of 2011 as compared to 98 per cent in China. The majority of women in Uganda (41%) do not have access to medical services during birth. This probably explains the high maternal mortality of 438 per 100,000 live births for Uganda compared to only 18 per 100,000 live births in S. Korea and 5 per 100,000 live births in Belgium (World Bank, 2010). Only 73.8 per cent of Uganda's population has access to improved water systems and only 15 per cent has access to tap water as compared to 100 per cent in USA.

Uganda has the world's 2nd highest accident rate, with over 20,000 road accidents a year and 2,334 fatalities in 2008. Neglected tropical diseases (NTDs) are still common and so are domestic violence, rape, sexual abuse, abuse of children, which are often related to excessive use of alcohol. Seventy five percent of the disease burden in Uganda can be reduced through health promotion and prevention.

The Infant mortality rate in Uganda is estimated at 63 per 1000 live births compared to 4 deaths for every 1,000 live births in Belgium; 4 in S. Korea; 16 in China; 36 in Botswana; and 55 in Kenya (see figure 4.6 below). These indicators reflect poor service delivery and thus Uganda's service delivery system is not globally competitive.

The high mortality is in turn attributable to poor nutrition especially among children and women of reproductive age, and a high disease burden with Malaria and HIV/AIDS leading among others. The poor nutrition and resultant low resistance to disease has resulted into low productivity at household level tapping households in a vicious circle of poverty through low income, low access to quality health care, low consumption of nutritious diets, and high fertility rate to replace children who die. This picture is often exacerbated by a preponderance of poor household sanitation and hygiene; low literacy levels, especially among women and gender based violence.

Figure 4.6: Comparison of Uganda's Infant Mortality Rates with other countries



Source: World Development Indicators Report, 2010

According to the UDHS (2006), 19 per cent of the Ugandan population was undernourished in 2006, and in 2011, 47 per cent of children under five years were stunted. This prevalence means that about 2.3 million young children in Uganda today are chronically malnourished. Other statistics indicate that 17 per cent of under-fives are under-weight while 7 per cent are wasted and 12 percent of women are undernourished.

The current levels of malnutrition in Uganda are unacceptable; therefore nutrition warrants greater investment and commitment for Uganda to realize her full development potential. Adequate nutrition is a pre-requisite for developing a strong and quality human capital that will propel socio-economic transformation. Thus in the short and medium term emphasis should be placed on improving the nutrition status of women of reproductive age, infants and young children. The “window of opportunity” is within the 1000 days from conception up until two years of age, where the greatest returns to effective action to prevent malnutrition are obtained. To attain this, women of childbearing age must receive proper nutrition so that when they are pregnant they are able to properly nourish their children from the time of conception until those children are weaned. Only by doing this will Uganda have in place the nutritional foundation of an intelligent, creative, and healthy population from which to build a better and more prosperous Nation.

Improving young child and maternal nutrition in Uganda over the 30 years will have the following benefits: reduce the number of maternal deaths by over 6,000 and child deaths by over 16,000 every year; and increase national economic productivity, both physical and intellectual, by an estimated US\$ 130 billion (US\$ 65 million) per year at present value; and provide a strong return on public investment. For every one thousand shillings invested, an estimated six thousand shillings worth of increased productivity will result from reduced child stunting, improved maternal health, enhanced

micronutrient intake, and improved nutritional care. Investing in nutrition makes economic sense – the economic benefits far outweigh the investments required for scaling-up nutrition programs.

In terms of access to health services, results from the 2009/10 NHS indicate that 43 per cent of patients visited private clinics as the first point of consultation, indicating an increasing trend in the provision of health services by the private sector. Aware that 85 per cent of Uganda's population is rural and the share of the population using Government health centers remaining higher (27%) in rural areas, than in urban areas (10%) while the reverse is true for Government hospitals, the lack of a universal national health insurance scheme makes the poor more vulnerable in terms of affordability and choice of health providers.

4.4.2 Education and Literacy Services

Basic education is a fundamental human right and a component of wellbeing. Education is also a key determinant of the lifestyle and status an individual enjoys in a society. Studies have consistently shown that educational attainment has a strong effect on the behaviour and attitude of individuals. In general, the higher the level of education an individual has attained, the more knowledgeable they are about the need and use of available facilities in their communities. The Government of Uganda is aware that illiteracy and inadequate basic education deprive the people of the opportunity to realize their potential and effectively participate in decision making and other development activities. The Government of Uganda put in place the policy of Universal Primary Education (UPE) in 1997 which continues to be the main policy for Primary Education. The enactment of the new Education Act by Parliament makes primary education compulsory for all children. Before UPE was implemented the cost of education constituted a major obstacle to primary school attendance. In 2007, Uganda became the first country in Sub-Saharan Africa to implement free secondary education. Expansion of access to secondary education is the main policy thrust for secondary education. Universal Secondary Education aims at addressing the challenges of poor transition of P.7 leavers to secondary education created by a combination of factors that include inadequate infrastructure and rampant poverty. Government has also been committed to providing non-formal education with specific reference to adult literacy programmes.

As a result of implementation of these policies, the literacy rate, for persons aged 10 years and above was estimated at 73 per cent which was an increase from 69 percent reported in 2005/06 (NHS, 2009/10). The male literacy rate (79%) was higher than that for females (66%) which reflects a similar pattern to the findings of the 2005/06 survey. The average distance traveled to access a Government primary school as of 2009/10 was estimated at 2.2 km and this has remained the same since 2005/06. It was estimated that the total primary school enrolment is 8.7 million pupils which is an increase compared to 7.5 million in the 2005/06.

The achievements notwithstanding, inequality is also increasingly reflected in unequal access to essential basic services. Less than 7 out of 10 children from the poorest households are enrolled in primary school compared to more than 9 in 10 children from the wealthiest households. Children from the poorest households are four times more likely to be significantly delayed in school than children from the wealthiest. The number of households citing financial constraints as being the main reason for children dropping out of school more than doubled between 2005/6 and 2009/2010. 31 per cent of people cited financial constraints as being the main reason why they did not access medical services and yet sickness and calamity is cited as the major reasons for dropping out of school for children from the poorest households.

In terms of education facilities; about 48 per cent of the communities, had at least one Government primary school as of 2010 up from 34 per cent reported in 2005/06. The proportion of communities that reported existence of a Government secondary school was still very low (6%) although it slightly increased from four percent reported in 2005/06. The proportion of early childhood education centre's also increased from 34 to 53 percent respectively, over the last five years (NHS, 2009/10).

4.4.3 Housing and Household Conditions

Housing is essential for the well-being of mankind and the conditions of the house are of significant importance in understanding the sanitation status of a household. Poor housing and sanitary conditions are usually associated with poor health and poverty in general. In addition, the condition of a structure could be a proxy indicator of the welfare status of a household.. Available data reveals that overall, 58 percent of the households reside in detached dwelling units while 18 percent reside in tenements. Ownership of a dwelling unit represents security of tenure of a household and tenure type is important for planning housing assistance. Overall, 76 percent of households live in owner-occupied dwellings while 18 percent rented the houses they resided in. As of 2010, "Tadooba" remains the most commonly used source of lighting with 66 percent of households followed by lantern (14%) and electricity (12%), NHS, 2009/10. It is worth noting that there was a slight increase in the proportion of households that used electricity for lighting over the two survey periods which could be attributed to the rural electrification programme that has been implemented by Government.

Cooking fuel generally affects the quality of air for the members of a household. Most households use solid fuels for cooking such as charcoal, wood and other biomass fuels which are usually a major cause of respiratory infections given that they emit a lot of smoke. Majority of the households (95%) still use wood fuels (wood and charcoal) as a main source of energy for cooking. Firewood is most commonly used by the rural household (86%) while charcoal is commonly used by urban households (70%). Improved cooking technology which involves the usage of energy-saving stoves is being promoted as a

way of reducing firewood consumption and deforestation in general. Important to note here is that the proportions of households that use electricity for cooking is still very low this could be due to the high tariffs charged per unit.

Use of appropriate toilet facilities is important in controlling hygiene related illnesses like diarrhoea, intestinal infections and cholera among others. Government focus is on ensuring access to a safe water chain by advocating and implementing strategies for safe disposal of human excreta, garbage and waste water from the environment. Available evidence shows that overall; 86 per cent of the households in Uganda used a pit latrine while only 4 percent used a Ventilated Improved Pit-latraine (V.I.P) (NHS, 2009/10). There was a slight reduction in the proportion of households that did not use any toilet facility from 11 percent in 2005/06 to 9 percent in 2009/10. The proportion of households that did not use any toilet facility was generally higher in the rural areas (10%) than in the urban (1%). In addition, majority of households (82%) use toilets that do not have hand washing facilities while only 8 percent have hand washing facilities with water and soap.

4.4.4 Water and Sanitation

In terms of water, generally there is an increasing trend in access to improved water; overall, 74 per cent of households have access to improved water. As regards to distance to source of drinking water government targets bringing water closer to households in order to reduce on walking distance as well as waiting time taken at improved water points. Long distances as well as long queues at even nearby water points could mean that a lot of valuable time that would be spent on other productive activities is wasted in collecting water. Rural-urban differentials show that urban households travel 0.2 Km to the main source of drinking water compared to those in rural areas (0.8 km).

4.4.5 Care and Protection for the Vulnerable Population Groups

The state recognizes the need to provide assistance to people who are vulnerable either by age, social class, location, disaster or do not earn any income. These include those Ugandans who at some point in their lives find themselves too young or too old or too disabled to look after themselves and cannot afford a standard of living that is considered worthy of a human being. It is quite evident that the last 20 years have seen rapid population growth and as a result, we have both more prosperous people and more unemployed people. We now have more people over the age of 65 years, more disabled people and of course more young people. In short we have a rapidly growing number of people who need food, shelter, clothing, education, medical care and so on.

As we grapple with the issues of economic growth and the distribution of that growth among Ugandans, we must also grapple with the problem of those in our society who cannot cope with the demands of earning an income. A decent income could be defined as that level of income that permits

a Ugandan citizen to access a daily meal, a shelter to sleep in, access to water and to medical care and some clothing. The challenge we now face as a country is whether the state has a responsibility to the citizen who does not have the ability to access these basic needs. Does the state have the obligation to help citizens who suffer from physical disability or the aged or the sick or the unemployed?

Overall, 38 per cent of the children aged 0-17 years were vulnerable. The Northern region registers the highest proportion (43%) of vulnerable children, while Kampala has the lowest (31%). Also, 25 per cent of the children aged 5-17 years are child labourers with males (28%) having slightly higher rates than females (24%). It is further observed that Child labour was highest among children in the age group of 5-11 years (34%).

Children are the single largest group of Ugandans living in absolute poverty, constituting 59 percent of the absolutely poor. Poor children are less likely to attend school and have little control over their situation and socio-economic environment.

Older Persons: In Uganda like in the rest of Africa, the family is still the most Central institution for caring for older persons. An older person in Uganda is defined as one who is aged 60 years and above. Older persons are generally too weak to perform productive work and are economically dependent on others. Programs and policies for older persons are enshrined in the 1995 Constitution of the Republic of Uganda (article 32) which states that "the state shall make reasonable provision for the welfare and maintenance of the elderly". Uganda has about 1.3 million older persons in the country who require state care and protection.

Persons with Disabilities: Overall, the disability rate in Uganda is 16 percent. The percentage of persons considered disabled rises sharply from 49 percent among the age group 60–64 years to 70 percent among those aged 65 years and above.

Large households: Many families in the Ugandan countryside are polygamous and live in large households. In an economy that is becoming increasingly market-oriented, most of these families are condemned to poverty because of the expenditure burden that is involved in maintaining a large household.

Geographically isolated, hard to reach and war tone communities: Poor people are often found in remote and geographically inhospitable areas. Communities located in mountainous terrain, impenetrable rainforest, islands and floodplains are highly vulnerable to severe and persistent poverty due to their physical separation from economic and social opportunities, which traps them in poor living conditions. Long distances to urban centres, impassable roads, and the lack of affordable

transport, especially during the rainy season, are barriers to accessing markets and socio-economic services.

Fishing Communities: Fishing communities around the Lakes, show substantial variation in population size. They can be comprised of anywhere from 5 to 4,500 or more individuals. The total population of all communities combined is estimated at around 130,000 people living in a total of about 32,800 households. Mean household size is reckoned to be around 4. The majority of community residents are male (55.5%). In most cases also around half of the community populations are 20 years or less in age. Problems hindering development in these communities range from lack of appropriate fishing inputs, marketing, and public services. Fishers seem particularly concerned about the high costs of fishing gear and equipment and the low prices that their catches fetch. To a large extent the main problems cited are all aspects of one basic of poor accessibility in terms of roads and reliable means of transport. Many fishing communities are faced with a very uncertain situation with regard to land occupancy and land use rights.

4.5 Constraints of Service Delivery to Vulnerable Populations in Uganda

Despite the identified examples of successful service delivery in Uganda resulting from decentralization and other factors, there still remains a gap in service provision to vulnerable populations. In the education sector for example, since the inception of the Universal Primary Education (UPE) programme in 1997, there has been a growing number of enrolled children in schools, however statistics indicate that children in poor households, orphans and other vulnerable children continue not to enroll or drop out of school due to lack of facilitation in the form of scholastic materials, meals, uniforms among other constraints.

In the health sector, provision of medical care and services has fallen far short of local needs due to inadequate finances. A survey of health services conducted in 1996 found that the most common problem facing the health sector was that no drugs were being provided to patients and this scenario affects the poor and vulnerable groups most since they cannot afford to pay for their medical expense. Spending on primary healthcare halved, from 33 per cent to 16 per cent, during decentralization (Akin, Hutchinson and Strumpf 2001).

Corruption is yet another constraint leading to vulnerable populations and other minorities being marginalized in access to services, unless measures are explicitly put in place to deter it.

As already discussed above, the high level of inequality with no specific policies to reduce the gap between the poor and the rich also continues to constrain service delivery. There are no very specific

affirmative action measures to facilitate equitable access to services by all the citizens leaving the poor on their own.

4.6 Conclusions

The overall goal of the nation is to sustain the economic growth gains with substantial poverty reduction. The analysis reveals that poverty and unemployment remain the biggest challenges to improving service delivery among the vulnerable populations. Despite the speed of recovery, the country still faces many challenges in health, education, housing, water and sanitation and care and protection of the poorest groups. Equally, it is now vital for the Government to accelerate the provision of infrastructure and other basic services to support sustained economic growth. Without energetic public action, growth is likely to falter, making further sustained poverty reduction impossible. The dynamic nature of poverty in Uganda, the prevalence of external and life-cycle shocks, and the high numbers of vulnerable households implies the need for policy measures to address this insecurity, if Uganda is to provide equitable service delivery and consolidate the gains made in reducing poverty in the past decades.

4.7 Policy Recommendation

1. Uganda needs to develop and implement policies that will minimize income inequalities at both individual and different population groups. These may include among others; universal social security and assistance policies.
2. Implement land reforms in order to address imbalances in land access and use.
3. Government efforts should be directed towards addressing unemployment and underemployment through expansion of employment opportunities across the country and more so providing equal opportunity to vulnerable groups.
4. Equally strong is the case for universal health insurance so that every citizen can access and receive adequate medical care when they fall sick.

Reference:

Aday (2001); A General Framework to study Vulnerable Populations

National Planning Authority,(2010); National Development Plan, (NDP 2010/11-2014/15)

National Planning Authority (2012); Draft Uganda Vision 2040

Uganda Bureau of Statistics (UBOS (2010): Uganda National Household Survey Report, 2009/10.

World Bank, (2010); World Development Indicators Report, (WDI, 2010)

CHAPTER 5

DECENTRALISATION AND POPULATION: EMERGING ISSUES IN SERVICE DELIVERY IN UGANDA

5.1 Introduction

The Government of Uganda recognizes the intricate and fundamental inter-relationships between population and development. Government further recognizes that the process of development has an important effect on population trends and that population factors, in turn, have a major impact on the attainment of development objectives and targets. Increase in public awareness, the decentralization policy and availability of requisite data, the linkages of population issues with broader developmental concerns like poverty reduction, health, education, agriculture, environment, gender and development, labour and employment creates the need to integrate population factors into development planning.

Decentralization is usually defined as any act by which central government formally cedes powers to actors and institutions at lower levels in a political-administrative and territorial hierarchy (Mawhood 1983, Smith 1985). Decentralization entails transfer of administrative authority, decision making and planning from the central to local government. Uganda has experienced decentralization both as a system and process of devolution of power from the central to local authorities. Historically, three main phases of decentralization can be distinguished (MoLG, 2006). In the first phase (1955 to 1964) a strong local administration system was created in the context of a weaker centre. The second phase (1964 to 1985) featured a recentralization of power and severe weakening of local administration. The third phase (1987 to date) has been characterized by significant devolution of power to local authorities through programmes to strengthen local government systems.

5.2 Institutional and Policy Framework

The Constitution of Uganda providing the overall legal basis for government to plan and implement development programmes through the decentralization policy aimed at benefiting all people in the country, explicitly expressed in the National Objectives and Directive of State Policy. The principles of decentralization are entrenched in the Ugandan Constitution 1995 and the Local Governments Act. This chapter will examine how and whether these provisions empower Local Governments with the responsibilities of allocation of public resources, integrated participatory planning and budgeting, local resource mobilization and investment management within their areas of jurisdiction. The decentralization policy aims at improving service delivery, accessibility to services and reduction of poverty within the population – the issue to explore is how far has this been achieved and at what cost?

Local Governments Act was enacted to consolidate and streamline Local Government activities in accordance with the provision of the Constitution to give effect to the decentralization and devolution of functions, powers and services to provide for decentralization at all levels of local governments to ensure good governance and democratic participation in, and control of decision making by people.

The National Population Policy (2008) stresses the intricate and fundamental interrelationships between population, social and economic development, and the environment. It recognizes that the process of development has an important effect on population trends and that population factors, in turn, have a major impact on the attainment of development objectives and targets. Uganda needs to make progress in all three areas to achieve sustainable development over time. The National Population Policy is therefore essential in facilitating long-term national development through the guidance provided based on analysis of population trends and structures and pre-requisites for sustained human capital development and increasing the consumptive capacity of a population.

The Government of Uganda is committed to implementing the National Population Policy in order to improve the quality of life of the people of Uganda. A National Population Action Plan (NPPAP) has been developed to guide effective implementation of the National Population Policy. This Action Plan will address the challenges and gaps identified which among other things include: availing resources for evidence based development planning. The Action Plan facilitates the coordination and collaboration of key stakeholders for both Public and Non-state actors.

The NPPAP was prepared within the framework of the National Development Plan (NDP) addressing issues of limited human development and disempowerment. Actions to improve human development focus on improving the quality and retention at primary and post primary education levels, reducing infant, child and maternal mortality rates and increasing peoples control over the size of their families by ensuring that family planning services are accessible to all, and ensuring households responsibly participate in increasing protection against HIV/AIDS.

In the decentralized framework some districts have also formulated the District Population Action Plans (DPAP) to guide effective mainstreaming, integration and implementation of the National Population Policy. The District Population Action Plans translate the goal, objectives and strategies of the Population Policy and District Development Plans into focused and measurable intervention programmes and activities, where stakeholders identify easily with activities relevant to their sectors.

5.3 Decentralization Policy, Reforms and Implementation in Uganda

The decentralization system emanated from the creation of local councils as instruments for political and economic empowerment for the population of Uganda through programmes to improve service

delivery and accountability. Upon sufficient consolidation of central political power by the mid 1990s the government scaled up the local council system and transformed it into a mechanism for political, administrative and fiscal decentralization.

Uganda's decentralization has been reasonably entrenched as a system and process of local governance. Its contributions to improving service delivery, promoting welfare growth and enhancing overall improvement in the quality of life of the rural populace have been nationally and internationally applauded. However, several challenges have emerged, accompanied by questions as to the extent Uganda may decentralize and the central government cedes most of its powers.

The Government of Uganda puts more resources to local authorities through the decentralized development budget into the social services sector, such as primary health care, primary education, family planning, nutrition, water supply and sanitation, to address the issue of poverty in general. The NDP recognizes the close inter-linkages among mortality, fertility, and migration on the health and general welfare of the population. In addition, other factors such as health care, education, food and nutrition and urbanization, which affect and are affected by population trends, are taken into account. Special groups such as women, children, the youth, the elderly and persons with disabilities, as well as socio-cultural and legal issues affecting the population are considered.

In view of the above, Government has reviewed and strengthened the decentralization policy to evolve and empower a community that is both informed and conscious of population and development issues at all levels. To address the identified population concerns in a comprehensive and multi-sectoral manner and in line with government's decentralization policy, the thrust of the Population is to promote intervention programmes designed to improve health, nutrition, education, and the environment. Further, family planning, as a basic human right, shall be promoted to play a key role in reducing the proportion of high risk pregnancies and births, ensuring child survival, enhancing the status of women, raising the levels of income of individuals and families, alleviating poverty, and ultimately improving the quality of life and the standard of living of the people.

The linkage between improved quality of life, human development and population dynamics is a central point in the process of eradicating poverty in Uganda. Improvements in the quality of life in the country have partly resulted from facilitating from the decentralization of decision making, development planning and implementation of the Population Policy by the local authorities.

Advocacy in population and development ensures that stakeholders' participation influences the provision of resources for reproductive health and human capital development as well as general underlying forces of population growth such as fertility, mortality and migration. Population and

development stakeholders also devise options to manage the negative effects of population pressure on environment and natural resources.

Actions in population and development mainly focuses on building and strengthening capacity for local authorities to integrate population in planning, availing data and making it accessible to those involved in decision making, policy development, and creating awareness on the interrelationships. The district population action plans facilitates the process of integrating population factors into the District Development Plans and the subsequent sector and work plans that contribute to the goals on poverty eradication and human development.

5.4 Population Factors on Development

Objective (b) of the Local Government Act, CAP 243 is to ensure democratic participation in, and control of decision making by people concerned. In a bid to reflect population variables in the development process, Local Governments have strived to integrate population factors in local level development planning through:

- a) Creating and increasing awareness and appreciation of population issues in development among local leaders and the community;
- b) Soliciting support from local councils in the integration of population issues in planning and budgeting; and
- c) Supporting the development of District Population Action Plans

The local authorities are aiming at promoting the conscious and explicit consideration of the interrelationship between population and development in the formulation of development plans and projects at district and lower local government levels. The local governments have also devoted resources in improving planning capacities of District and LLG Planners in the aspects of integrating population factors in development planning in order to enhance service delivery through formulation of well conceived and designed development plans, which puts the population at the centre of development.

The District and Lower Local Government Planners need to identify population and development planning indicators that will enable the LG authorities to analyze population and development interrelationships in the development planning process; and to identify correctly the target population affected by a given situation. It is important for the Local Governments to identify the target population because unless they know who they are, where they are, and the extent of their situation, the LG plans may not be effective and may not affect the lives of the people.

In planning for development and service delivery it is imperative that the right data for integration of population factors at sectoral level planning is identified:

5.4.1 Health Sector

In planning for the health sector, the following population variables are integrated in the development planning process: thorough knowledge and data of demographic profile and characteristics of the population for whom the health programme or facility is intended to assess the priority health problems of the time, the numbers of persons affected, the population groups affected, the disease burden, prevalence of diseases by type and geographical distribution and prevalence of diseases by age group and cause.

The relevant data collected by the local authorities for analyzing population and development interrelationships in the health sector include among others: mortality and morbidity rates, leading causes of mortality and morbidity, disability incidence, population size, age-sex composition, spatial distribution, health facilities, doctor-population ratio, nurse/midwife-population ratio, percent of births attended by qualified health personnel, contraceptive prevalence rate; percent of under nourished infants, children, average distance to and from health facilities to the population, etc

5.4.2 Education Sector

In planning for formal education sector in primary schools, secondary schools and tertiary institutions, the following population variables are included in the planning process by the local governments: population distribution and density by sub county; parish and village for determining the physical location of future school facilities, population growth rate of school going age children on annual basis for teaching staff, classroom, furniture planning and the type and numbers of schools required to absorb the school-age going children; and the age-sex structure to determine the type and numbers of schools needed to absorb the school-age going children and the necessary investment in the education sector. All these are disaggregated by sex to cater for special needs of females and males.

5.4.3 Production Sector

LGs collect the following relevant data in planning for production sector for analyzing population and development factors affecting agricultural production, food and nutrition. It includes the following: population size, age-sex classification by geographic area, prices of food products and farm crops at farms and market, volumes of agricultural production by type of product, average household income and expenditure on food and incidence of food insecurity.

5.4.4 Community Based Services Sector

In planning for Community Based Services sector the relevant data needed to analyze population and development factors affecting Community Based Services include the following: number, age-sex composition of household heads and needy adults; number of women in difficult circumstances, number of children in need of special protection by age-sex, and geographic location, victims of calamities and social disorganization, number of persons with disabilities by age-sex composition, type of disability and geographic location and number of organized women, youth groups engaged in development etc

It is therefore apparent that there is a linkage between the Local Government planning process and integration of population factors in planning. In accordance with the LGA sect. 35 and sect. 77, the District Council is the planning authority of a district and is mandated to prepare a comprehensive and integrated development incorporating plans of lower level local governments and it also has the right and obligation to formulate, and approve. Councils' role in ensuring integration of population is thus vital and critical. The following roles have been identified:

- Plan services for a population that is growing very fast;
- Participate in planning and budget meetings to ensure that key population issues in the community are incorporated in the District Development Plans (DDP) and Sub county Development Plans (SDP) and Community projects; and
- Participate in Council meetings to ensure adequate funds are allocated and approved for key population issues and reflected in the DDP/SDPs;
- Mobilize and sensitize communities on key population issues affecting the community and provide guidance on how to overcome these problems;
- Mobilize and sensitize communities to access services from the existing social facilities e.g. schools, health, family planning etc
- Prioritize family planning at all levels to attract more reproductive health resources and contribute to the welfare of the community;
- Integrate family planning in the LG plans and budgets;
- Support development and implementation of District Population Action Plans;
- Mobilize parents to take children to schools;
- Support recruitment and retention of human resource at district and lower levels; and
- Promote positive health seeking behavior amongst communities

5.5 Role of Decentralization in the Service Delivery

To illustrate the role of decentralization in population and development, this paper highlights some key background information about Uganda's decentralization, its achievements and challenges and concludes with a few questions arising from the challenges, and suggests some recommendations.

Uganda has embarked on a series of development programmes aimed at improving the quality of life of the people, and one such policies is the decentralization policy. To operationalize the constitutional requirement for decentralized governance, the Local Government Act, CAP 243 was passed, devolving several political, administrative and fiscal powers to local governments, which comprise districts, municipalities and lower local governments like sub counties and town councils. The main objective of the decentralization was the promotion of good governance through strengthening of local institutions and improvement in service delivery.

It must nevertheless on the whole be acknowledged that governance in Uganda is progressively moving away from decades-old tradition of authoritarianism and militarism that marked its landscape between mid-1960s and mid-1980s. The eagerness to democratize has been so overwhelming that several policies, procedures, guidelines and institutions have been put in place to put population on the forefront to govern development and governance processes. One of the major challenges, which is at the heart of the problem, is how to harmonize these progressive policies and ensure smooth coordination among the various institutions that have been set up. Uganda has many progressive policies and institutional frameworks, yet is severally lacking in resources and effective machinery for implementing them.

Government has worked tirelessly to put appropriate structures and systems in place, to set and refine the legal framework, attendant regulations and guidelines, and to build implementation capacity at central and local government levels for effective popular participation and service delivery. Already significant achievements have been attained and in many respects, Uganda's decentralization programme can be showcased as an instructive example of how to approach poverty reduction and service provision in a population led development context. However, all that would not have been possible without extensive support from the development partners and the collective energies of committed men and women in public, private and NGO sectors.

The introduction of decentralization in Uganda coincided with the realization around Africa that a highly centralized approach to management of public affairs which had been adopted soon after independence had failed to deliver good governance, democracy, reduction in poverty and sustainable development. The adoption of this policy was, therefore timely.

Uganda's decentralization is typically promoted to the following broad objectives among others:

1. Enhance the contribution of the public sector, private sector, civil society and community based organizations to national development and modernization.
2. Improve the quality of service, policy formulation and management of service delivery.
3. Make efficient and effective use of available resources.
4. Reduce the decision making load by sharing it with more people and allow more decisions to be made below instead of concentrating them at the overburdened centre.
5. Provide for local popular participation and increased involvement of the people in decisions that directly affect them.
6. Promote local ownership and ensure sustainability of projects and programmes.
7. Enhance local economic development in order to increase local incomes.

The decentralization policy was not meant to be simply a policy goal to shift responsibility for development to local authorities, but a policy instrument aimed at improving local democracy, effectiveness, increased efficiency and sustainability in the delivery of essential services countrywide. It aimed at introducing efficiency and effectiveness in the generation and management of resources and the delivery of services. The decentralization framework is geared to improving the standard of living of the rural population.

Uganda's decentralization comes in two primary forms: democratic decentralization (also called political decentralization) which involves transfers of power to elected local authorities; and de-concentration (also known as administrative) which involves transfers of power to local offices of central government agencies, such as appointed district officers or local offices of line ministries.

Democratic decentralization enables the local population to make decisions for themselves through their representative local authorities. While de-concentration does move government decision close to the people they serve, allowing them to better understand and serve local needs, it does not empower the local population as democratic decentralization does but rather serves as an extension of central government into the local arena.

Democratic decentralization, when well structured, provides institutional infrastructure – representation and meaningful powers for sustained inclusion. It is an institutionalized form of popular participation. Because Local Governments serve multiple purposes they are a permanent public institution, which are sustainable.

5.6 Achievements of Uganda's Decentralization

Uganda is considered a forerunner in Africa with respect to decentralization. The country in the 1990s embarked on a poverty eradication programme that was designed to be delivered through a decentralized system of governance. Although the relationship between decentralization and economic growth remains mixed and controversial (Martinez-Vazquez and McNab, 2003), decentralization has positive impacts on efficient allocation of resources, democratic governance, and enhanced accountability. To illustrate these relationships, some of the key achievements of Uganda's decentralization are summarized below:

5.6.1 Institutional Strengthening

Uganda has made significant progress in the implementation of decentralization, the legal framework is well defined in the constitution and detailed in the Local Government Act CAP 243, the structure of political decentralization is well entrenched and fully operational as evidenced in the several local elections, a functional administrative system at the local level has been established and substantial progress has been made to implement fiscal decentralization, with 17.6% (2011/12) of the national budget being spent through the Local Government System

5.6.2 Empowerment and Participatory Development

Decentralization has empowered the citizens, heightened their awareness of different custodians of responsibilities, delivered coordinated services closer to the people, promoted creative local resource mobilization, and increased the responsiveness of public investment to local popular demands. The administrative hierarchy in the decentralized system of governance has promoted the development of channels of communication between the population and local and central government leaders.



Source Gulu District Local Government: Communities at Village level participating in planning meeting in Gulu district

5.6.3 Improvements in Service Delivery

The focus of local governments' development budgets is on primary health care, primary education, water and sanitation, district roads and access roads, agricultural advisory services, and market infrastructure aimed at promoting service delivery both as a means and an end to decentralization. Consequently, service delivery has greatly improved under the decentralization system, particularly with respect to access to primary education, healthcare, and water and sanitation services.

5.6.3.1 Primary Health Care

Uganda has made progress in improving the health of its population: life expectancy increased from 41.7 years in 1997 to 53.2 in 2011; HIV prevalence reduced from 30 percent in the 1980s to 7 percent in 2011; polio and guinea worm were eradicated, although there is re-emergence of polio due to cross border migration.

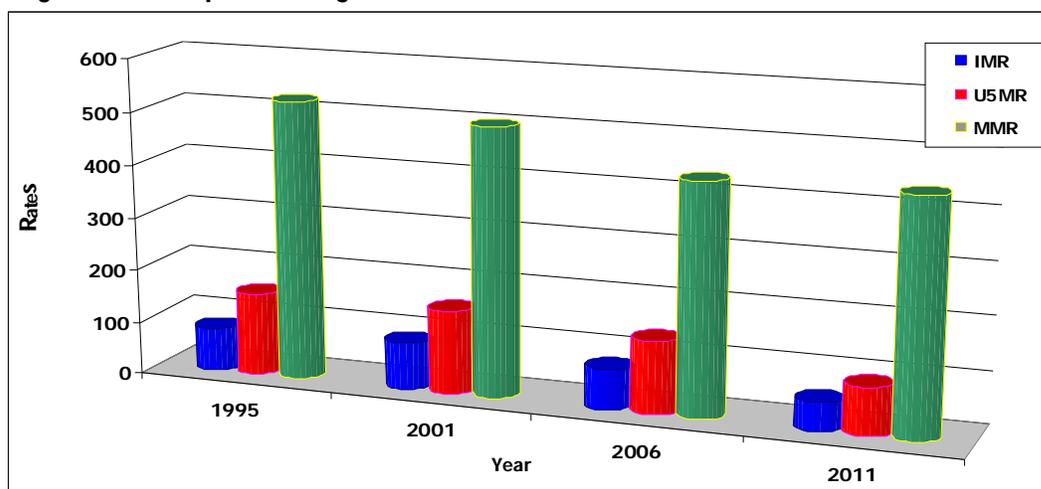
The prevalence of vaccine preventable diseases has declined sharply. The under-five mortality rate decreased from 156 in 1995 to 90 deaths per 1,000 live births in 2011 and the infant mortality rate improved also, from 85 to 54 deaths per 1,000 live births (2011). The maternal mortality ratio was estimated at 435 deaths per 100,000 live births in 2006 and now at 438 deaths per 100,000 live births as indicated in table 14 and figure 5.1 below.

Table 14: Trends in Health Related Outcomes (1995 – 2011)

Indicator	1995	2001	2006	2011	NDP Target (2014/15)	MDG Target (2015)
Infant Mortality Rate (per 1,000 l. b.)	81	89	76	54	41	41
Under 5 Mortality Rate (per 1,000 l. b.)	156	158	137	90	60	60
Maternal Mortality Ratio (per 100,000 l. b.)	527	505	435	438	131	131
Total Fertility Rate	6.9	6.9	6.5	6.2	6	

Source: Ministry of Health, Sector Performance Report 2012

Figure 5.1: Graph showing Trends in Health-Related Outcomes from 1995 – 2011



Source: Ministry of Health, Sector Performance Report 2012

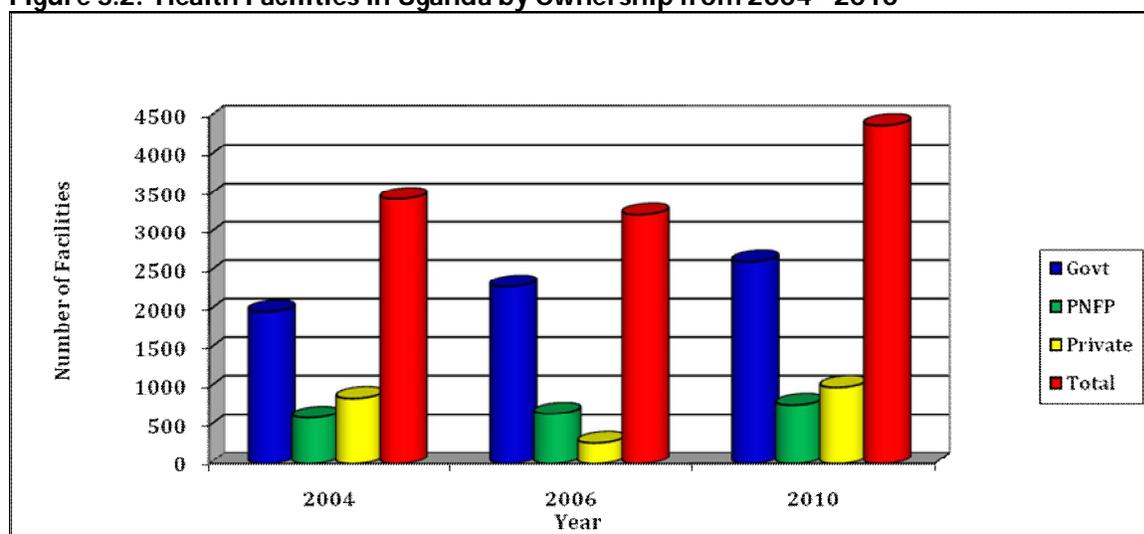
Over the past decade Government has focused on expanding its health infrastructure through construction of more health facilities in an effort to bring services closer to the people as shown in table 15 and figure 5.2. However, a number of these are neither manned with the right cadre of health workers nor adequately equipped. The progress registered in the health sector was a result of improved availability of resources to the Local Governments as health is one of the decentralized services.

Table 15: Showing number of Health Facilities and Ownership from 2004-2010

Year	2004				2006				2010			
	Govt.	PNFP	PFP	Total	Govt.	PNFP	PFP	Total	Govt.	PNFP	PFP	Total
Hospitals	55	42	4	101	59	46	8	114	64	56	9	129
HC IV	151	12	2	165	148	12	1	161	164	12	1	177
HC III	718	164	22	904	762	186	7	955	832	226	24	1082
HC II	1055	388	830	2273	1332	415	261	2008	1562	480	964	3006
Total	1979	606	858	3443	2301	659	277	3237	2622	774	998	4394

Source: Ministry of Health, Infrastructure

Figure 5.2: Health Facilities in Uganda by Ownership from 2004 - 2010

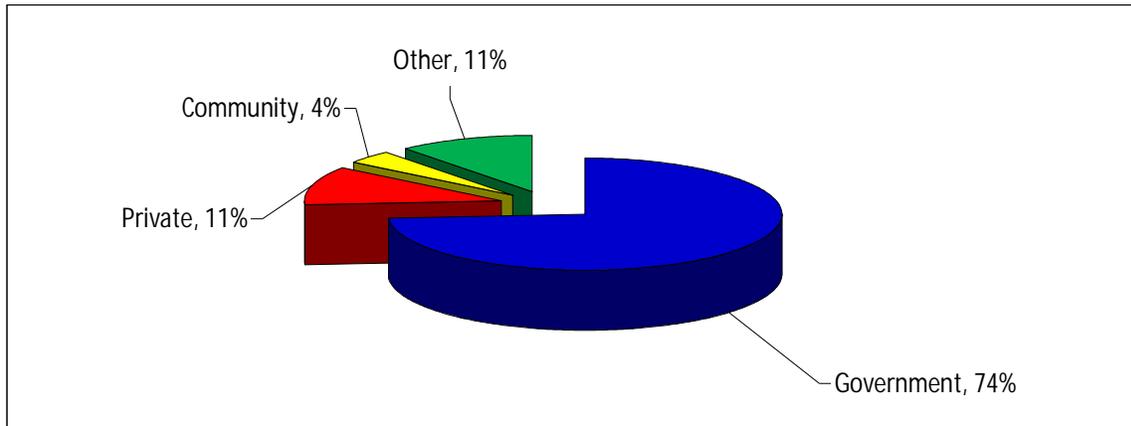


Source: Ministry of Health, Infrastructure

5.6.3.2 Primary Education

Primary education is provided through a network of 16,000 public and private schools scattered across the country. Of these 73.8 per cent were public primary schools in 2008. Figure 5.3 below illustrates the ownership of primary schools in Uganda.

Figure 5.3: Primary Schools in Uganda by Ownership, 2009



Source: Education Management Information System (EMIS), 2009

The number of Government primary schools increased from 8,074 in 2000 to 12,035 in 2009 and the pupil classroom ratio from 106:1 to 72:1 over the same period. Primary education is one of the decentralized services a mandate given to the Local Governments. The number of qualified teachers has also more than doubled from 74,000 (1995) to 158,110 (2009)



Source Monitor: Photograph showing pupils in rural primary school during lunch time

5.6.3.3 Water and Sanitation

Government is committed to the provision of safe water within easy reach and to improve sanitation. The population is estimated at around 31,783,300 (UBOS as of July 2010), with approximately 66% of the population (WATSUP 2010) served by safe water supplies. While overall coverage is

approximately 66%, in the rural areas it is 64% and in urban areas it is around 75%. In the rural areas, the access to safe water varies from a low 20% in Kaabong District to 93% in Rukungiri District. As shown in table 16 below.

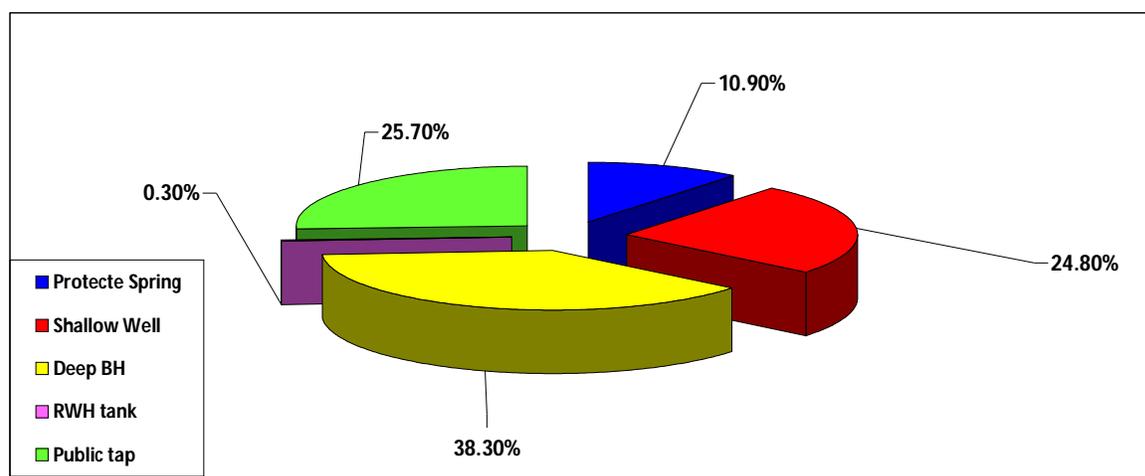
Table 16: Key Facts about Water Supply in Uganda, 2010

Indicators	Total	Urban	Rural
Population	31,783,300	5,078,062	26,705,238
Population served	20,904,989	3,800,290	17,104,690
Access	66%	75%	64%
Functionality		85%	81%
Management (functionality of WSC)			47%
Gender (WSC with women in key positions)			84%

Source: Uganda Water Supply Atlas 2010

The above progress is achieved through the Directorate of Water Department which provided technical support and guidance to the Local Governments through a decentralized system of service delivery. The technology mix differs from district to district ranging from protected springs mainly and gravity flow water supplies in the mountainous regions, to boreholes in areas with less pronounced topography as shown in figure 5.4.

Figure 5.4: Showing the Proportion of Population served by Type of Water Technology, 2010



Source: Uganda Water Supply Atlas, 2010

While Government endeavours to attend to all pertinent issues of domestic water supply, the main focus of the NDP is to increase access to safe water and sanitation levels as well as the functionality of water supply systems.



Hoima District Officials and Community leaders testing a newly installed bore hole

5.6.3.4 District Roads and Access Roads

The total national road network is categorized as National Roads (20,800 km), District Roads (17,500 km), Urban Roads (4,800 km) and Community Access Roads (35,000 km). All district and community access roads are not paved. It is worth noting that the community road network coverage is a proxy indicator of improvement of access to social services. Rehabilitation and maintenance of community roads has a positive impact on the poor and especially on women (MGSDS 2008). Routine maintenance, periodic maintenance and rehabilitation of the roads are directly managed by the Local Governments.



Source Serere Districts: Communities in Serere District rehabilitating Apapai Ogera community access road

5.6.3.5 Agricultural Advisory Services

Agriculture has for a long time been a core sector of Uganda's economy in terms of its contribution to GDP and employment. In 2008/09, the sector accounted for 23.7 of the total GDP (UBOS, 2008). Agriculture has the potential to significantly increase its contribution to economic growth and poverty reduction. It has been demonstrated that if agriculture in Uganda grew at the average rate of 5.9 per cent per year the poverty rate would to 17.9 per cent by 2015 (Benin et al, 2007). Hence the Government endorsed the creation of National Agricultural Advisory Services (NAADS) to foster the provision of Advisory Services which had been hitherto been neglected, under funded and underperforming. NAADS was envisioned to become a decentralized, farmer owned and private sector serviced extension system contributing to the realization of the agricultural sector development objectives.

NAADS is a national programme. Its vision is to provide a decentralized, farmer owned and public/private sector serviced extension system contributing to the realization of the agricultural sector objectives" The mission is "Increased farmer access to relevant information, knowledge and technology through effective, efficient, sustainable and decentralized extension service coupled with increasing private sector involvement in line with government policy".

The guiding principles for NAADS operations are farmer empowerment, fostering participatory processes, mainstreaming gender, deepening decentralization, market oriented farming, intensifying productivity and profitability, managing natural resource productivity and harmonization of public extension oriented programmes.



Courtesy of USAID: An Extension Officer monitoring Progressive farmers growing maize

The principle beneficiaries of NAADS programme are the poor farmers and in particular women, youth and people with disabilities. NAADS is expected to generate several types of benefits accruing to the beneficiaries. These are:

- a) An Agricultural Advisory Service that is more relevant and readily helping farmers to raise their incomes in a sustainable way through self-help.
- b) Growth in agricultural sector as productivity increases opportunities for employment in rural areas as private service providers under NAADS.
- c) Greater and more reliable food production and
- d) Greater ownership over local programme implementation for greater economic growth in rural areas.

Local Governments in accordance with the Local Governments Act 1997 are charged with the responsibility of implementing NAADS activities in their respective districts. This involves local administration and regulatory aspects and support requirements for NAADS. The Sub-county and District Councils at their respective levels are responsible for policy, assessment of effectiveness and general oversight of NAADS activities and for voting of counterpart financial contributions.

The strategic elements of NAADS phase II Programme are to:

- a) Create options for financing and delivery of extension/advisory and technical services appropriate for different farmer categories;
- b) Gradually reduce the share of public financing of farm advisory/extension service costs to the extent that by end of 25 years of NAADS it will account for less than 50% through PPP.
- c) Utilize professional and certified service providers, competitively recruited on performance based contracts;
- d) Empower subsistence and other farmer categories to access extension/advisory services and relevant information for informed decision making



Courtesy of USAID; Small Scale Vegetable growing farmers watering her garden with assistance of family members

In the 2012/13 National Annual Budgets, the bulk of the local governments development grants is to finance roads, education, health, agricultural advisory services, and water and sanitation. 66% of the households are within 2 kilometers from a health facility, 54% are within 2 kilometers from a primary school and 51% within half a kilometer from a water source. (MoLG, 2006)

5.6.4 Employment Effects

The creation of new districts and implementation of the local government political and administrative structures provided several employment opportunities. Numerous jobs have also been created in the numerous civil works contracts, labour based road construction and maintenance has also provided important local area job opportunities. The public-private partnership in the implementation of decentralized governance has generated growth in local nongovernmental organizations and private sector firms, which in turn, has created additional jobs for the local population.

5.7 Emerging Issues in Service Delivery

The linkage of population governance with broader development concerns of poverty eradication, improved health status, education, housing, agriculture, environment, gender, labour and employment, among other social issues need to be explicitly addressed by public policy so as to positively impact on the quality of life. Sustainable human development and poverty eradication are impossible under conditions of bad and autocratic governance. All population activities and programmes heavily depend on the degree of political commitment and goodwill. Effective implementation of the Population Policy requires high level oversight, guidance and advice.

Uganda has put in place institutional mechanisms for:

- Building firm foundations for constitutional democracy, in which separation of powers exist and citizens are equal before the law;
- Promoting and protecting the political, economic and socio-cultural rights of the people, especially marginalized and vulnerable social groups; and
- Fighting corruption in all spheres of life, especially in the public service, as well as establishing an efficient public service.
- Population and development actions contribute to informing the analytical and programming processes on poverty eradication, by underscoring the link between population trends and outcomes and the desired development goals

Because of the country's history of centralized governance most local administrations were incapable of operating decentralized governance systems. Hoima District Integrated Community Development Project (HDICDP) was launched to pilot the decentralization of the development projects in Hoima in 1991 to provide development and capacity building grants for local governance. The HDICP was later

scaled up and rolled into the District Development Support Programme (DDSP) in 2000. The District Development Support Programme (DDSP) was conceived in 1998 as a six year multi-component integrated development intervention. DDSP was one of the most comprehensive endeavours of decentralized local government development pilot projects covering the districts of Hoima, Kibaale, Kyenjojo, Kamwenge, and Kabarole to reduce poverty, mortality and morbidity especially of children in rural areas via an integrated community development approach and pilot the decentralization of the development budget. The five districts at the time of programme inception had a combined area of 18,000 sq km and a population of 1.4 million people.

5.7.1 District Development Support Programme (DDSP)

The overall goal of the DDSP was to alleviate chronic poverty designed to address the medical as well as underlying and basic determinants of childhood under nutrition in the project area, focusing on inter-sectoral collaboration and community empowerment. The conceptualization of DDSP, its substance and implementation approaches fully conformed to Uganda's poverty reduction strategies enshrined in the Poverty Eradication Action Plan (PEAP). Hence, its objectives can be judged to have been relevant to the needs of the poor within the development framework of the Government of Uganda. The core components of the project were community development designed to provide community mobilization support, socio-economic skills development and district planning support; health and nutrition was intended to improve health infrastructure, build the capacity of health management, foster health and nutritional delivery and support a revolving drug fund, observations revealed both opportunities and challenges with the decentralized health services.

The opportunities emerged from a well-structured and available PHC network. The decentralized health sector policy recommends a district hospital for every district, a health centre level IV for every constituency, a health centre level III for every Local Council III and a health centre level II for every parish/ward. After the establishment of a primary health care system and integration of many health programmes within the Local Government system, the Project area made impressive improvements on many health indicators such as child mortality, immunization, and breastfeeding and iodine deficiency. The challenges are particularly related to the increase in number of districts and lower local governments receiving fewer resources and less support both technical and financial. The majority of these interventions were led and funded by the Ministry of Health (MOH) and development partners but implemented through the decentralized health sector in Local Governments. The DDSP undertook management capacity building and institutional strengthening with a particular focus on financial management and accounts, coordination, planning and monitoring and evaluation

5.7.2 Impact of District Development Support Programme

The DDSP made tremendous contribution in the management capacity building and institutional strengthening to improving capacity of the local government institutions, the deepening of the decentralization process and in promoting participatory planning process. If this capacity was utilized, the impact of the DDSP in delivery of services in a decentralized framework would be sustained.

5.7.3 District Development Support Programme Innovations and Up Scaling

The DDSP yielded major institutional innovations which the Government should adopt for scaling up through influencing national policies. The innovations are:

- a) Multi-sectoral coordination of the development budgets through existing local government structures were effective in avoiding the creation of parallel management structures
- b) Supervision and guidance by the Central Government and development partners is instrumental in keeping projects

5.8 Impact of Decentralization on Population

This section explores what impact it has had, that would make to the ability of Uganda to achieve its social, economic and environmental development objectives meet its aspirations as enshrined in the NDP for satisfying the needs of its people.

Agriculture and decentralized government grants and donor aid in the national agenda and the private sector and development agencies; the growing recognition of the fact that agriculture is central to development will be evaluated. More importantly the role of decentralized NAADS intervention has strengthened and enhanced the capacities of the farmers to demand for services and move towards commercialization of agriculture. Decentralization initiatives focused on targeting the rural poor and promoting pro-poor innovations that could be replicated and scaled up by other service delivery stakeholders.

Joint Annual Review of Decentralization (JAR) has been a very strong mechanism for reviewing the gains made and challenges encountered in the implementation of the decentralization policy in Uganda. The continuous convening of JAR has made it a suitable tool for tracking key performance trends in relation to the set strategic objectives for deepening decentralization in Uganda. The annual review helps the LG sector to identify key undertakings to support the subsequent programming and budgeting as measures for efficient and effective service delivery within the decentralization governance framework. JAR further agrees on subsidiary recommendations for implementation across various sectors and agencies.

Good governance is a key to local development and presents an opportunity to re-examine decentralization as a vehicle for socio-economic transformation. The need for Local Governments to shift from public service to growth and wealth creation become imperative. The tendency to concentrate on service delivery instead of increased household incomes as a multiplier effect for local governments, coupled with good governance, poverty reduction, modernization will lead to improved welfare and quality of life of the local communities.

Local Governments enjoy a strategic advantage of proximity to the population for achieving good governance, improved service delivery and eradication of poverty. Nonetheless, the Local Governments are weakened by the declining local revenue base over the past ten years which has continued to affect service delivery.

The socio-economic vision of Government is to ensure that every household earns a minimum income of Ushs. 20 million per year, and accesses basic human needs through the Rural Development Strategy. During the FY 2006/07, a Sub County Development Programme was launched as a means of ensuring socio-economic transformation. The programme was aimed at empowering sub counties to carry out planning, budgeting and development roles through Community Information System (CIS), which is a planning and data/information collection tool of Government. The programme was established to ensure that households and communities have access to their own information, and use it at household, village, parish and sub county levels.

Specific data needed for LG Planning include: identification of priorities, planning, service delivery, monitoring and evaluation of programmes, complimenting qualitative information generated annually through the Harmonized Participatory Planning Process and facilitation of Local Government (LG) transfers.

5.9 Challenges

This section summarizes some of the challenges experienced by Uganda's decentralization;

1. The most notable one being development planning and financing do not adequately respond to issues of population integration and the needs of the society the LGs strive to provide services to. Where development finance is delivered as a project aid, it is directly channeled to local governments or in case of donor funding directly to local communities, this has in many cases fragmented local development structures and in some lopsided and unequal development in the districts.
2. The main challenges are on the integration of population factors into Development Plans using the right concepts, relevant data and indicators and the attributes of integration of population factors in the development planning process; low utilization of population data for decision

making, mixed messages from leaders, social-cultural/religious barriers; and inadequate resources for implementation of population programme.

3. The capacity to implement decentralized systems is severely limited in the majority of local governments. Some District Local Governments are only staffed up to 9% only, especially in the critical positions of Works and Technical Services, Health, Natural Resources, and Local Government Planning services. Capacity differentials has caused and perpetuated inequality in levels of development between districts and service delivery.
4. Although access to social services has improved significantly in rural areas, improvements in the quality of health services have lagged due to inadequate funding for health especially reproductive health and family planning programmes curtails the health sector performance, this has led to the quality of the services lagging behind quantitative indicators, for example infant and maternal mortality rates have not fallen considerably. Low household income especially for women is a hindrance to their economic empowerment.
5. The challenge of rural poverty reduction will be explored. The commitment made by the government and development community at the Millennium Summit to halve the proportion of people living in extreme poverty and suffering from hunger between 2000 and 2015 has generated mixed results. On the one hand, the proportion of people living on less than a dollar has dropped, but far less progress has been achieved in reducing hunger and malnutrition, and there are remain enormous regional differences. Income inequality has risen and the share of the ultra-poor has grown.
6. The changing dynamics of poverty reflecting an increase in the proportion of poor people living in urban areas, but poverty and especially *ultra poverty* continuing to be a rural phenomenon remain;
7. A number of challenges still exist in the decentralization process that range from inadequate financial support from the Central Government, narrow tax regime and revenue base of Local Governments, value for money, technical and administrative capacity, difficulties in attracting and retaining qualified personnel and operation and maintenance of facilities in the Local Governments for effective service delivery to the populations is an uphill task.

The Country Director UNDP, Ms Mary Symmonds, (JARD 2008) on behalf of the Development Partners, observed the following challenges inadequate implementation of the fiscal decentralization strategy, declining level of local service delivery, the need for efficient public expenditure to achieve value capacity, inadequate funds to support fiscal decentralization, the establishment of new local governments and inadequate institutional and human resource capacity. With respect to fiscal decentralization, the development partners noted that Uganda's decentralization is based on the principal of subsidiary of which fiscal decentralization is a key element, aimed at giving LGs autonomy.

She noted that trends indicate that fiscal decentralization has not expanded in line with increasing demands for service delivery at the local level.

Uganda has continued to face the urbanization challenges against the current population which is projected to be 88.8 million in 2037. Urbanization is a process in which an increasing proportion of the entire population shifts to live in urban areas characterized with predominantly non-agricultural activities (UNCHS 2005). It leads to relatively dense settlements that are not self reliant in food production due to limited space for agricultural production, thus heavily rely on the hinterland for their food requirements. The high rate of urbanization in Uganda is mainly attributed to the ever increasing rural-urban migration and natural population increase. Urbanization is associated with economic growth and has far-reaching challenges to the country. These include: environmental degradation and pollution, solid waste management, encroachment of fertile agricultural land for urban development, traffic congestion, increase in HIV/AIDS prevalence rates, increase in crime and lawlessness and unplanned and hap hazardous developments leading to proliferation of slums and informal settlements. The implementation of the mitigation of the challenges mentioned above are under the decentralized local governments which are constrained by resources and enabling policies.

5.10 Conclusion

In conclusion, while Uganda's decentralization process has made progress, it still has room for improvement in critical areas which are fundamental to further progress. All stakeholders should jointly address the critical population issues urgently and identify appropriate solutions in order to uphold the achievements registered as a country and to provide realistic, tangible and sustainable solutions to addressing the challenges and inform the discussions at policy and management levels on how to improve efficiency and effectiveness in delivery of services to the population and citizens of Uganda.

Uganda's 3.2 percent annual rate of population growth means that by the year 2035, Uganda's population is projected to have reached 76 million people. At 7 percent GDP growth rate, the GDP per capita then will be US\$ 652 and Ugandans will only be two times richer (in real terms) than they were in 2002, although GDP would have grown eight times. This does not yield the measure of prosperity Uganda wishes to achieve. Given this high level of population growth rate, the recommended acceleration in development should be a GDP growth rate of 11%. This would generate a projected GDP of US\$142 billion and a per capita income of US\$ 1,972 of GDP per capita (PPP) of US\$7,494 which is what Uganda needs to achieve her aspirations of a developed nation status by 2035. Uganda's decentralization experience is an excellent framework of various Local Governments working in solid collaboration to achieve a common goal of developing Uganda.

5.11 Policy Recommendations

The following are the key issues that need to be analyzed for the way forward on Population and Service Delivery:

1. Population and development stakeholders should devise sustainable options to manage the negative effects of population pressure on environment and natural resources.
2. Increased public education and awareness, availability of requisite data, financial and human resources, and with efficient management and institutional arrangements, the linkages of population issues with broader development concerns should be explicitly addressed as public policy to positively impact on the quality of life.
3. The central theme of this chapter is the call to plan for and invest in the increasing population so, that we develop the country's human capital, and this can only succeed with good governance.
4. Government actions can significantly improve the policy environment through long term Development Plans and Framework for transformation of Ugandan society. Development programmes and services have to be expanded to ensure full benefits of development reach all parts of the nation and provide opportunity to realize real growth in the economy.
5. Government has to recognize that there are critical challenges yet to be addressed, in particular, the goal to reach the grassroots to impact positively on the severe conditions of the people; this requires greater resources, a more efficient and robust management system, a strong leadership and an educated productive population to achieve such an aim.
6. The process of building consensus among stakeholders for the common goal and objective is essential for the success of population policy implementation

In order to improve service delivery and achieve greater synergies in population and development under the decentralization framework consideration should be given to:

1. Shifting resources from the line ministries at the centre to local governments for improved service delivery; and
2. There should be enhanced coordination between the national political leadership, the Ministry of Local Government, Ministry of Finance, Planning and Economic Development and Population Secretariat so, as to effectively operationalise the decentralized framework.
3. It is critical to prioritize financial and technical support for participatory planning and budgeting processes to ensure meaningful citizen ownership of the LG development process. Downward accountability to communities and community based organizations in planning, implementation, procurement and monitoring must be treated with the same sense of urgency as upward accountability to Central Government.
4. National Planning Authority (NPA) should engage in discussion with the Local Governments to ensure that that strategic local government issues are adequately captured to inform the

national planning process. Among the critical areas of concern is the high population growth rate and its effect on service delivery e.g. health and education.

5. Carry out integrated land use planning in localities to address the adverse impacts of urbanization and rural-urban migration as a foundation for service delivery, employment creation and orderly urbanization in the country.
6. Adoption by Government of an Urbanization policy that creates balanced development in rural areas to motivate the youth to stay in those areas – this would greatly address the rural urban migration challenge.
7. Increased information and communication programmes for stakeholders on urbanization and population issues

References:

- APR Secretariat (2009) *African Peer Review Report No.7, Republic of Uganda*, Midrand, SA
- Birdsall, Nancy, Allen C. Kelley and Steven Sinding, eds. (2003). *Population Matters: Demographic Change, Economic Growth, and Poverty in the Developing World*, Oxford University Press.
- Blacker, J., C. Opiyo, M. Jasseh, A. Sloggett, & J. Ssekamatte-Ssebulila (2005). "Fertility in Kenya and Uganda: A Comparative Study of Trends and Determinants." *Population Studies* 59(3): 355-373.
- Daumerie, B. & E. Leahy Madsen (2010); *The Effects of a Very Young Age Structure in Uganda. Country Case Study*, The Shape of Things to come Series, Washington, DC: Population Action International.
- Hoima District Local Government (2011); *Hoima District Development Plan (2011/12 – 2015/16)*, Hoima District Planning Unit, 2011
- May, J.F., P. Mpuga, & J.P.M. Ntozi (2007); *Uganda's High Population Growth: A Challenge to Improved Livelihoods*. Background Paper to the Uganda Public Expenditure Review 2007. Washington, DC: The World Bank
- The Republic of Uganda (1990, 1995, 2000-2001, 2006). *Uganda Demographic and Health Surveys (DHS)*. Kampala, Uganda Bureau of Statistics
- The Republic of Uganda (1995). *National Population Policy for Sustainable Development*. Kampala: Ministry of Finance and Economic Planning.
- The Republic of Uganda (2001); *National Youth Policy*. Kampala, UG: Ministry of Gender, Labour and Social Development
- The Republic of Uganda (2007a). *National Gender Policy*. Kampala, UG: Ministry of Gender, Labour and Social Development
- The Republic of Uganda (2008); *National Population Policy for Social Transformation and Sustainable Development*. Kampala: Ministry of Finance, Planning and Economic Development
- The Republic of Uganda (2010a).; *Millennium Development Goals Report for Uganda 2010*. Kampala, Ministry of Finance, Planning and Economic Development

The Republic of Uganda (2010b); *National Development Plan 2010/11 – 2014/15*. Kampala, Ministry of Finance, Planning and Economic Development

The Republic of Uganda (2010c); *Uganda: Population and Housing Census 2002, Analytical Report*. Kampala, UG: Ministry of Finance, Planning and Economic Development, Uganda Bureau of Statistics

The Republic of Uganda (2010c); *Uganda: Population Factors & National Development*. Kampala, Ministry of Finance, Planning and Economic Development, Population Secretariat

The Republic of Uganda (2011); *Uganda: The State of Uganda Population Report*. Kampala, Ministry of Finance, Planning and Economic Development, Population Secretariat

The Republic of Uganda (2012); *Estimates of Revenue and Expenditure (Recurrent and Development) FY 2012/13 Volume II: Local Government Votes*, Kampala, UG: Ministry of Finance, Planning and Economic Development,

CHAPTER 6

PUBLIC-PRIVATE PARTNERSHIP AND SERVICE DELIVERY IN UGANDA

6.1 Introduction

Public-Private Partnerships (PPPs) bring together knowledge and skills from different domains which often fosters innovation. Companies bring to the table their expertise, innovation, their strong results orientation and the capacity to bring matters to scale. NGO's add value through their focus on underserved or marginalized populations, capacity building efforts and good knowledge of the local context. The government provides financial support, strategic engagement; it's convening power and its ability to create synergy between various initiatives, public and private.

However, PPPs do not automatically succeed as cooperation is not always easy. It is vital to make clear agreements about objectives and results. It is also the duty of governments to create an environment that is favorable to the success of these partnerships, including a strong regulatory framework that protects its service delivery obligations to its nationals and an environment that satisfies consortiums' need for profit incentives.

6.2 Understanding of Public-Private Partnerships

In discussion of public private partnerships (PPPs), many writers on the subject refer to the definition of Akintoye et al. (2003) that describes PPPs as a long-term contractual arrangement between a public sector agency and a private sector concern, whereby resources and risk are shared for the purpose of developing a public facility. Another definition describes PPPs as a cooperative venture between the public and private sectors, built on the expertise of each partner that best meets clearly defined public needs through the appropriate allocation of resources, risks and rewards (Grant, 1996). Each of the parties has its own interests to accomplish from this "union for convenience". The principal aim of a PPP for the public sector is to achieve value for money in the services provided while ensuring that the private sector entities meet their contractual obligations properly and efficiently (Grimsey and Lewis, 2002). Consistent with much of the literature on this subject, the Ministry of Local Government defines PPP as arrangements between the Government and the private sector for the purpose of providing public infrastructure, community facilities and services in general. Partners share investment, risk, and rewards between or among themselves.

For the purposes of this chapter, the following operational definitions will be used:

Public-Private partnership is the arrangement between the Government and the private sector, civil society or NGOs for the purpose of providing public infrastructure and public services that have usually been traditionally provided by the public sector.

- Public: central or local government;
- Private: Not belonging to either central or local government. This can include business entities, consortiums of private companies and civil society (non-governmental organizations (NGOs); community based organizations (CBOs) and faith based organizations (FBOs);
- Partnership; A formal relationship between partners who have agreed to systematically work together and mutually support each other towards spelt out common goals.

PPPs can involve both businesses and NGOs/CSOs/FBOs as partners to government. Businesses can benefit by partnering with government to influence the use of public resources and policy; leverage government resources, education expertise, and legitimacy; gain access to national and community leaders; enhance corporate visibility; and deliver on social responsibility commitments. NGOs are often noted for their innovations, aggressive approach, quality outputs and implementation structure that allows them to be at the grassroots level where the majority of underserved populations live.

PPPs have multiple objectives, including promoting infrastructure development, developing local economy, reducing costs, increasing construction and operation efficiencies, and improving service quality by incorporating the private sector's knowledge, expertise and capital. For example, PPPs are seen as an answer to common problems that often bedevil public sector procurement such as construction costs, construction overruns, operational inefficiencies, poor design, and community dissatisfaction. Indeed, with PPPs, governments can launch investment programs which would otherwise be difficult to implement within their limited available public-sector budgets, within reasonable time.

One attraction of the PPPs to governments is the shift of project risks from the public sector to the consortium running the project even as a profit incentive is required by the project consortium. In the area of infrastructure development, for example, PPPs are seen as a cost effective method of overcoming costs associated with the provision and maintenance of infrastructure. The other attractions for governments are that PPP procurement can provide a wide variety of net benefits for society, including: enhanced government capacity; innovation in delivering public services; reduction in the cost and time of project implementation; and transfer of major risk to the private sector, in order to secure value for money for taxpayers.

6.3 Assumptions around the use of Public-Private Partnerships in achieving Development Objectives

6.3.1 Public-Private Partnerships and National Development

Like many other governments that adopt the policy of PPP, the Government of Uganda (GOU) recognizes that a high standard of public infrastructure and service delivery is a major factor in the

achievement of overall national objectives. However, while encouraging private participation in these sectors, the Government is aware of its obligation to provide basic social services to the entire population. In the areas where it encourages PPPs, it is often as a result of a situation where user costs are high, investment is low and both quality of service and access are inadequate.

While encouraging private participation, the Government acknowledges that it has a social obligation to provide basic social services to the entire population. On the other hand, it is recognized that the private sector would not normally invest in areas where they would not break even and hence a policy of necessary subsidization will be required in the context of efficient provision of services. The GOU has therefore created an enabling environment for infrastructure reforms including an appropriate legal and regulatory framework and mechanisms to improve transparency. In Uganda, the state is required to maintain a majority shareholding in the public enterprise (but not the sector) under the Public Enterprise Reform and Divestiture Statute (PERDS) as amended in 1997.

6.3.2 Public-Private Partnerships and meeting the Millennium Development Goals (MDGs)

The Millennium Declaration outlines eight Millennium Development Goals (MDGs); namely; eradicating extreme poverty and hunger; achieving universal primary education; promoting gender equality and empower women; reducing child mortality; improving maternal health; combating HIV/AIDS, Malaria, and other diseases; ensuring environmental sustainability and developing a global partnership for development.

Despite the commitment to the MDGs, their attainment by the different countries has been largely threatened and indeed slowed down by the recent global economic crisis that had ripple effects particularly on economies of developing countries, including Uganda. Developing countries usually face competing priorities for public sector expenditure and are hard pressed to meet national needs due to gradual decreases in funding from development partners and inability to wholly finance the national budget from locally generated revenue. PPPs are thus a critical tool for development because they enable governments to fulfill their obligations for service delivery which also works towards achieving the MDGs.

PPPs are an important factor in the 8th MDG which is to develop a global partnership for development. Many development agencies have adopted PPPs as a tool for development assistance including global initiatives with partners like the World Bank, UN agencies and governments, and local initiatives that bring together national and local authorities and the private sector. For example, the Netherlands Ministry of Foreign Affairs recognizes the role of PPPs in achieving the MDGs and has made it a core facet of its development agenda. The current portfolio PPPs of the Ministry of Foreign affairs represents a financial commitment of €580 million, contributing to an external counter value of €1.5

billion, including the leverage from the private sector. In this way, aid works as leverage: the government's contribution mobilizes additional funding from the private sector. Through the joint efforts of partners in developing countries PPPs can contribute to a sustainable form of poverty reduction.

The provision of access to safe drinking water and basic sanitation is an important development goal and the 7thMDG. This is because improved access to water and sanitation has a positive impact on the health of the population and hence reduces the burden on the health infrastructure. Good health also has the potential to increase the productivity of individuals therefore improving household income and national productivity as well. This productivity is also enhanced by the time saved on collecting water. In Uganda, like many other African countries, Government has for long been unable to provide universal access to safe water and basic sanitation. The private sector and NGOs have always played a role in providing access to these services and the implementation of PPP in this sector has seen the National Water and Sewerage Cooperation increase its reach.

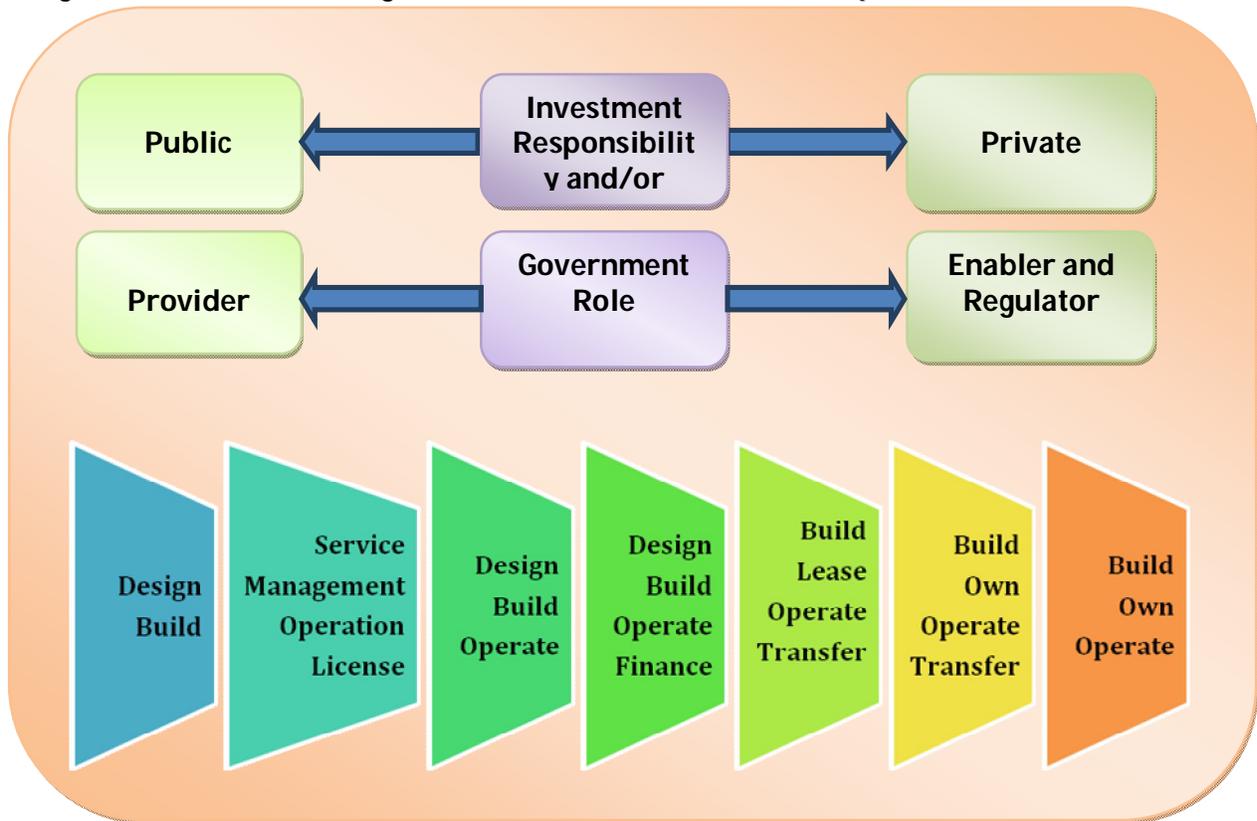
Another example of where public private collaboration can yield growth towards the MDGs is in the area of gender equity, the 3rdMDG. In Uganda, women's business associations have engaged in dialogue with government representatives, facilitated by the International Finance Cooperation (IFC), to develop strategies for addressing barriers to women participation in the formal economy. Women contribute around 50% of GDP and comprise 39% of businesses with registered premises yet their businesses remain small and employ fewer workers. With the contribution of the women private sector and NGO gender advocates, the GOU now has the tools to mainstream gender issues in policies that address the barriers to investment that have a gender dimension, like access to land, use of non-land assets as collateral and lack of information on legal rights or lack of mechanisms to enforce them.

In Uganda, like many countries around the world, partnerships between the government, private sector and NGOs are an integral part of delivery of health services, which can lead to the achievement of several MDGs, reducing child mortality; improving maternal health; combating HIV/AIDS, Malaria, and other diseases. The GOU recently launched a policy on PPP for the Health Sector and this will further cement the benefits of such partnerships. One example of a faith based organization/NGO that works with the government to deliver health services is the Uganda Protestant Medical Bureau (UPMB). The UPMB network of health facilities is an important partner and stakeholder in the Uganda health sector, complementing Government's efforts to fulfill its social responsibility of ensuring good health for all Ugandans. It works at national and district levels within the framework of the Public Private Partnership for Health policy (PPP-H policy).

Furthermore, the UPMB and the Uganda Catholic Medical Bureau jointly founded the Joint Medical Store (JMS) which operates as an autonomous organization that procures and distributes quality drugs, medical supplies and medical equipment to church based health facilities at affordable rates. JMS is a non-profit making organization which has been in existence since 1979 and is now a recognized partner of the Government of Uganda. It is the second leading medical store in Uganda after the government owned National Medical Store.

6.4 Public-Private Partnerships in Practice

Figure 6.1: Various Arrangements of Public-Private Partnerships in Practice



Source: Nandiko, (2006)

Public Private Partnership is practiced differently according to the nature of the project, the degree of the public and private sector participation in the project and the distribution of the risk between the actors. The different forms of PPP include asset sales, wider market, sales of business, partnership companies, private finance initiative (PFI), joint ventures, Build Own Operate and Transfer (BOOT), investment partnerships and policy partnerships. In developed countries like the United Kingdom, the most commonly used PPP model is the PFI and this is what the PPP practice in Uganda is mainly based on.

PFI is the most common type of PPP practiced where the public sector contracts the private sector to provide public services on a long-term basis, usually 25-30 years. In the ideal scenario for this model,

the private sector takes the responsibility and risks for designing, financing, enhancing or constructing, maintaining and operating the infrastructure assets to deliver the public service in accordance with the public sector's output specification. The public sector pays for the project through a series of performance or quantity related payments, including service delivery and return on investment. Central Government may provide payment support to the public sector through grants and other financial mechanisms. This model takes advantage of private sector infrastructure delivery and service management skills, incentivized by having private finance at risk.

As shown in Figure 6.1, PPPs span a spectrum of ways in which the expertise or resources of the private sector are employed. At one end, there is straight contracting out as an alternative to traditionally delivered public services. At the other end, there are arrangements that are publicly administered but within a framework that allows for private finance, design, building, operation and possibly temporary ownership of an asset. Each of the arrangements requires a unique mechanism to set-up, manage and deliver the PPP.

6.5 Public-Private Partnerships in Uganda

Historically, the majority of governments both in the developed and developing countries entrusted the delivery of public infrastructure and services such as transport, telecommunication, energy, water, sanitation, health, education, policing and defense to state owned monopolies or other public/sector/government departments. However, with time this method of procuring infrastructure and delivering public services proved unsustainable as many of the public sector entities were characterized by inefficiencies, poor pricing policies, corruption, overstaffing, mismanagement and stagnation and therefore did not provide value for money to the public clients. To address this, many governments, including Uganda, adopted a policy of public private partnership with the private sector taking on a major role in the delivery of what were once considered public sector services.

In this country, a number of contracts have been established in which the private sector entities are obligated to operate, expand and modernize public facilities like local markets, bus parks, slaughterhouses, recreation centers, roads and in return obtaining user fees. In addition PPP contracts have been made for provision of essential services like solid waste collection, street parking management, street lighting maintenance, street repairs and general cleanliness. The contracts' duration range from 6 months and 12 years for municipal markets, one year for waste collection, 5 years for street parking, 10 years for recreation centers and up to 25 years for public transport. Private sector participation is also varied and may involve simple outsourcing, management contracts, and/or complex contracts that involve lease, build, operate and transfer arrangements.

6.6 Facilitating factors for Public-Private Partnerships in Service Delivery in Uganda

In order to have successful PPPs for service delivery in Uganda, a number of facilitating factors are required. In general, PPPs are complex ventures and require knowledge of the markets as well as the technical knowledge of the infrastructure and service by both the public and private partners. For example, at the local government level, municipalities need to have the capacity to handle such arrangements, including the skills to manage and negotiate a PPP, ability to assess costs and needs and the capacity to monitor and enforce contracts. There is also need to have enough private participants with the capacity to do business with the public sector. At the national level, there is need for an adequate and enabling legal and regulatory framework that clearly defines PPP arrangements, and streamlines the setup, implementation and outcome of partnerships. An example is the PPP policy sector that has been launched for the health sector in 2012. A strong effort to publicize such frameworks to all stakeholders is critical.

Specifically, for the private sector the most important facilitating factors include: project financial feasibility; strong monitoring and evaluation teams for the projects implemented; good governance; project technical feasibility; and a competitive procurement process. For the public sector, the most important facilitating factors include; a well-organized public agency; a competitive procurement process; project financial feasibility; commitment of all the parties; and a strong monitoring and evaluation system for the projects implemented.

The GOU has adopted several strategies to enable a conducive environment for private participation in the public sector including

- Stable macroeconomic policy and performance;
- Attractive business environment;
- Good regulatory policy;
- Clear reform and divestiture policy;
- Predictable and attractive sectoral policy;
- Reduced informational asymmetries;
- Ensuring expert advice is obtained where necessary;
- Providing special incentives where necessary;
- Having a policy for government guarantees; and
- Promoting development of local capital markets.

6.7 Sectors that have benefited from Private-Public Partnerships in Uganda

6.7.1 Health Sector

The health sector is an area that has greatly benefited from PPPs in Uganda. Indeed, a PPP policy for the health sector (PPP-H policy) was launched in 2012 by the Minister of Health, a move that is expected to further improve and streamline the delivery of services in this sector. Many Ugandans access health services from private sector providers, NGOs and faith based organizations. The facility-based NGOs account for 41 percent of the hospitals and 22 percent of the lower health facilities. With government's financial support, the NGO sector operates 70 percent of the health training institutions.



Source Lusas: A picture showing International Hospital Kampala (IHK) one of the private health service providers in Uganda

An example of where the GOU has engaged in partnership with NGOs is the Uganda Protestant Medical Bureau (UPMB) and the Uganda Catholic Medical Bureau both of which run networks of health facilities that complement Government's efforts to fulfill its social responsibility of ensuring good health for all Ugandans. They work at national and district levels within the framework of the Public Private Partnership for Health policy. Furthermore, the two bodies jointly founded the Joint Medical Store (JMS) which operates as an autonomous organization that procures and distributes quality drugs, medical supplies and medical equipment to church based health facilities at affordable rates.

In addition, the recent partnership between Government of Uganda, Quality Chemical Industries Limited (QCIL), and Chemical, Industrial and Pharmaceutical Laboratories (CIPLA) of India, presents

unique opportunity for the state-of-the-art technology transfer from India to Uganda. It presents a rare opportunity for the local manufacture of medicines.

Another example of global partnership in the area of health is the innovative use of mobile phones which are the preferred mode of communication in much of Africa and Uganda. Text to Change (TTC), a non-profit organization founded in the Netherlands in 2007, began an initiative in Uganda by sending out text messages in the form of quiz questions about HIV/AIDS and offering phone credits as prizes. From there, TTC expanded its services. Now the organization is working with text messaging, speech technology and data solutions in the field of health care, education and economic development in Uganda, Kenya, Tanzania, Namibia and Cameroon. TTC sends text messages about malaria, HIV and many other medical topics for international NGOs and private companies. This innovative venture brings together small and international NGOs, the major African mobile telephony providers, the Ministry of Foreign Affairs, the Dutch Embassy in Kampala and the pharmaceutical company Merck and Company.



Reading HIV/AIDS text messages in Kasese, Uganda, an initiative of the Text to Change program that uses mobile telephony to spread text messages about HIV/AIDS (source: Ministry of Foreign Affairs of the Netherlands)

Uganda has one of the youngest and most rapidly growing populations in the world with a total fertility rate of 6.2 children per woman and a population growth rate of 3.3%. Furthermore, the age structure of the population, with almost half being younger than 15 years, results in the looming problem of a high youth dependency ratio, which poses a risk to economic growth. Reducing this high dependency ratio can be done by implementing reproductive health interventions that result in fewer children per working age individual, thus increasing the amount of resources available for public expenditure, including health services. While the government uses various delivery systems to

provide information, supplies and services for voluntary fertility control, in Uganda, there is a significant and growing emphasis on private channels of delivery in addition to use of public facilities.

In the area of Reproductive Health, one of the public-private partnerships for health is a project to improve the reproductive health commodity security (RHCS) that supplies contraceptive commodities and condoms at district and lower level health structures in Uganda. This is being done under the PACE program formerly PSI/Uganda. In addition, in 2008, PSI/Uganda embarked on a project to improve the health status of Internally Displaced Persons (IDPs) in Pader and Kitgum districts through the provision of sexual and reproductive health services and products as a fulfillment of the goal to provide reproductive health in emergencies. PACE also implements a Women Health project to increase access to and demand for affordable, high quality long-term Family Planning Services through a network of private healthcare providers. This network of providers is branded "Profam". PACE also produces and supplies Clean Delivery Kits containing essential items for a clean and safe delivery by mothers. This Maama Kit is primarily purchased by relief agencies working with refugees and other vulnerable populations but is also sold on the open market mainly through pharmacies. With partnerships like this, and several others in place, the GoU is able to address the problem of high population growth rate (PGR) and improve its efforts towards achieving the MDGs and sustained economic growth.

6.7.2 Education Sector

Education is generally perceived as the prerogative of the government and Uganda is no exception. Programs like Universal Primary Education and Universal Secondary Education are a testimony to the GOU's commitment to availing education opportunities to its people, a prerequisite for national development and to achieving the MDGs. However, constraints in financial and managerial capacity often impede governments' ability to meet their obligations in regard to their national education systems. Governments can use partnerships to make up for deficiencies in state education programs. At the same time, improving education in Uganda is in the long-term interest of every business. There are benefits from engaging in enhancing skills of workers, developing brand reputation and strengthening community relations. Many employers in Uganda have been urging the government to create an educational curriculum that produces job-ready graduates, and the need for entrepreneurial and vocational skills cannot be over-emphasized.



Photo by POPSEC showing a Private Primary School in Kampala Capital City Authority

PPPs in the education sector can complement and enhance the role of the government in the provision of education. The task that each player can provide includes financial provision, pedagogical development, human resources development, service delivery, infrastructure, facilities management, among others. In Uganda, the private sector is a major player in the education sector and many private educational institutions are producing today's primary, secondary and tertiary graduates. Private educational institutions are regulated under the Ministry of Education and the majority of them deliver the national curriculum.

The Ministry of Education (MoES) has implemented a strategy of fully integrating public private partnership into the education policy framework and processes of the education sector. It is operationalized through a combination of sector management tools (i.e. PEAP, Education Strategic Plans, and Medium Term Budget Framework (MTBF), and structures (i.e. annual education reviews and Working Groups). An example of the role of PPPs in Uganda's education sector is in the area of Business Technical and Vocational Education and Training (BTJET). In an ongoing reform process that aims to revitalize the role of BTJET, the Ministry of Education has embarked on the following objectives: Revival of BTJET system and its re-organization into a vibrant sub-sector in the country; Establishment of a fully-fledged BTJET department within MoES; Re-alignment of institutional mandates for BTJET; Strengthening of strategic function of planning; policy analysis and development; data collection and management; institutional management and accountability; Enhancing partnerships with the private sector; and, addressing the issue of social stigma towards BTJET.

A firm framework for public private partnership has been established and for the first time in the history of education, the private sector actively participates in policy formulation, planning, management and evaluation processes. The Sector Wide Approach (SWAp) structures (particularly working groups) and processes (annual sector reviews and budgeting workshops) have facilitated participation by the private sector and thereby enhanced transparency and accountability in the sub-sector.

As seen in the above example of technical and vocation training, PPPs are valuable for their role in developing the human resource in the country not only by supporting BTVET but on a broader level. This is by creating a skilled and innovative labour force whose skills are easily adaptable to the needs to employers and for entrepreneurship and hence fostering social and economic development. However, a high population growth rate (PGR) poses a risk to the benefits accrued from such partnerships, as provision of services, whether by the public or private sector will always scramble to meet the needs of an especially young population such as Uganda's. It is imperative that Uganda pursues policies that foster fertility decline so that resources are adequate to achieve and sustain universal primary education, enhance teacher training, and improve educational infrastructure across the country.

6.7.3 Water and Sanitation Sector

Like many of Uganda's public sector entities, the National Water and Sewerage Corporation (NWSC) used to be a typical poorly run state-owned utility. More than half the urban population lacked access to piped water and water rationing was widespread, water not potable, and customer service dismal. Two management contracts awarded in 1998 and 2003 to both expatriate and local management firms yielded mixed results. Subsequently a new contractual design building on lessons learned from the former management contracts was drafted by a task force of NWSC staff. The main idea was to foster the principles and practices of efficiency, accountability, and financial viability in the provision of services by transferring operating risk to teams of committed individuals who would lose or gain financially depending on how they performed.

The introduction of sharp financial incentives for staff and the emphasis on private sector principles is a model that has led to the recognition of the NWSC as a model public utility. The NWSC believes that providing sizable financial bonuses is a fair and efficient way to motivate those who perform well. But it also requires enforcing penalties and sanctions (including dismissal) for those who do not. These two key elements are missing under traditional public management.

NWSC entered into private law contracts with privately incorporated partnerships, and a deed of partnership detailing the duties, rights, and obligations of each partner is signed by the members of

the management team. Operational costs (such as power, chemicals, maintenance, and the salaries of seconded employees) were borne by NWSC. The remuneration of the partnerships was essentially based on an incentive fee corresponding to a share of the operating cash flow—and depended on performance of five key indicators: cash operating margin, no revenue water, working ratio, bill collection, and percentage of inactive connections. There was also a performance fee based on savings achieved on a few administrative costs (such as vehicle fuel and telephone service) as well as performance in meeting some targets specific to each area.

According to the NWSC, the modest achievements of the two successive management contracts in Kampala show that bringing in a private operator from outside is no guarantee of success. The utility management pushed forward by introducing private-sector-like practices that mimicked the public-private partnership approach. As these became well accepted by employees, the reform turned into a major success.

However, achievements made from the implementation of PPPs in the water and sanitation services sector have to be assessed in light of the continued population growth in Uganda. Even with private sector participation, universal coverage for safe water and sanitation is still unattained and the drive towards this is at risk from a high population growth rate that puts a strain on available resources. If this HPG is not checked, the ability of government and its private sector partners to deliver safe water, improve sanitation and reduce the burden of disease and illness among the Ugandan population will remain an out of reach goal.

6.7.4 Electricity

Like many other countries, in Uganda, for a long time the responsibility for generating, transmitting and distributing electricity was typically undertaken by a vertically integrated state owned utility company, Uganda Electricity Board (UEB). However, UEB's performance was unsatisfactory for a number of years, characterized by power supply deficits, high losses, low levels of revenue recovery, inability to service government debt, significant financial losses, severe resource constraints and weak accountability. In October 1999, a new Electricity Act was approved by Parliament providing a legal framework for reform of this sector and allowing for private sector participation.

Hydropower is the major source of electricity in Uganda but the current power generation capacity is unable to meet peak demand. The potential to increase this capacity exists and must be tapped in light of the continued economic growth and increased demand for energy. In response the GOU has encouraged and incentivized private sector participation in the development of hydropower generation facilities.



Photo by Joseph Kiggundu: Aerial Image of Bujagali Hydropower Dam on the Victoria Nile, constructed under Public-Private Partnership.

Despite initial challenges with engaging private sector consortiums in this sector, the GOU has successfully implemented a PPP project at the Bujagali Hydropower dam in Jinja and will soon finalize the Karuma Falls dam project. The Bujagali project is 30 year projects that will have the consortium reap profits for 17 years while the GOU realizes profits for 13 years. The additional electricity generated will alleviate power rationing in Uganda for at least the next two years, as Government continues to explore other options for expanding the national grid. In the area of electricity distribution, the GOU established a partnership with the private sector that resulted in the formation of UMEME, an entity that manages the distribution, bill collection and other roles that used to be managed by the defunct UEB. Furthermore, UMEME is in the process of listing on the capital market to take advantage of capitalization and growth opportunities in the Ugandan market.

However, as the country continues to experience a rapid rate of population growth, the demand for electricity supply will increase and this is a challenge as, even with private sector participation, it is still an area of unmet need. Rural electrification is yet to be attained and the expected continued economic growth will continue to place increased demand on the electricity grid. Moreover, if Uganda's policies are successful in achieving a more balanced population structure with less of a dependency ratio, it will mean that the working population will increase and thus a higher demand for electricity. This is a sector that has plenty of opportunity for PPPs in order to meet this demand.

6.7.5 Telecommunications

The telecommunications sector in Uganda is evolving rapidly as the Government implements the structural reform agenda summarized above. Institutional arrangements for service delivery, sector

policy regulation and regulation have all evolved rapidly from the monolithic state-owned structure that existed up to 1994 toward a multi-provider environment. The Uganda Communications Act that was passed in 1997 restructured the Uganda Posts and Telecommunications Corporation (UPTC) into three separate entities: Uganda Telecom Limited (UTL), Uganda Posts Limited (UPL) and the Uganda Post Bank. One of the results of this was the establishment of a PPP that tapped into the rapidly growing mobile telephone industry, with UTL attracting international investors and becoming one of the major players in this market.

As a result of private sector participation in the telecommunications sector, there is wide availability of mobile telephone services in Uganda and several initiatives have been created that use this technology to reach the population with much needed information on health and other services. The previously mentioned Text to Change initiative that disseminates HIV/AIDS information is a case in point. Google, in partnership with MTN Uganda, has launched 'Google SMS', a set of services that allows users in the country to access SMS information services. These include, for example, access to health and agriculture tips, weather information, and news and sports. The Ministry of Health and UNICEF have partnered to create mTrac and Community Vulnerability Surveillance, two projects that use SMS to gather and disseminate data and news, with a focus on health and public services. These initiatives, while relatively new, are expected to influence behavior change in the population and improve delivery of services especially to rural and hard to reach areas.

6.7.6 Agriculture

The Government of Uganda looks to the agricultural sector to drive growth and contribute to further reducing rural poverty. Accounting for 24% of gross domestic product (GDP), the sector has potential for vibrant and diversified growth. But agricultural development in Uganda faces several challenges, foremost among them infrastructure and access to markets. The National Development Plan (NDP) identifies the agriculture sector as a priority focus area for addressing rural poverty and increasing economic growth. The NDP also advocates for support of private-public partnerships across a range of investment and service sectors.

One example that demonstrates the role of PPP in the agriculture sector is that of the International Fund for Agricultural Development (IFAD). IFAD is working with the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) to support smallholder farming through the Agricultural Technology and Agribusiness Advisory Services (ATAAS) Programme – co financed with the World Bank – on a vegetable Oil Development Project. The first phase of this project was successful in introducing oil palm and promoting sunflower production to reduce dependency on imports. The second phase of the project continues the partnership with Oil Palm Uganda Limited to further promote small-scale growers. IFAD believes that, as the only large public-private partnership in IFAD's portfolio, the

project has demonstrated how it is possible to leverage private-sector investments through strategic use of IFAD funds.

Project activities focus on oilseed development around four hubs (Lira, Eastern Uganda, Gulu and West Nile) covering 43 districts. Oil palm activities are carried out on Bugula Island in Kalangala District (Ssesse islands) and new oil palm development on Buvuma Island in Mukono District. In the course of the project, about 3,000 smallholder farmers will directly benefit from oil palm development and 136,000 households from oilseed development.

Furthermore, IFAD's Agricultural Technology and Agribusiness Advisory Services(ATAAS) Programme was designed to build on the accomplishments of the IFAD-co-financed National Agricultural Advisory Services Program (NAADS).Its objective is to increase the agricultural productivity and incomes of participating households by improving the performance of agricultural research and advisory services. At the same time, it seeks to enhance environmental sustainability and resilience to climate risks and land degradation.

The program aims at promoting public-private partnerships in service delivery and agribusiness development, and at strengthening the institutional capacity of the National Agricultural Research Organization (NARO) and the Ministry of Agriculture, Animal Industry and Fisheries. It also builds the organizational capacity of poor people, develops human and social assets, and supports economic activities. ATAAS encourages private-sector operators to play a greater role in agricultural development and poverty alleviation, which is in line with IFAD's Private-Sector Development and Partnership Strategy.



Photo by IFAD: Smallholding Oil Palm farmer in Kalangala District

However, Uganda's plan to modernize agriculture, with the help of PPPs and other strategies is affected by the country's high PGR. As traditional technology is replaced by machines, modern inputs such as fertilizers and irrigation, fewer workers can achieve much higher productivity and with a lower rate of population growth, Uganda can still have a sufficient agricultural labour force for a highly productive modern sector. The high PGR instead puts this modernization at risk because of the increased pressure to use land for small holdings as opposed to more efficient large scale farming. This is coupled with the risk of food insecurity if production does not match the increased demand. Sustainable population growth is therefore necessary to achieve the benefits of PPPs in this sector.

6.7.7 Decentralization

Uganda has experienced decentralization both as a system and process of devolution of power from the central to local authorities. Uganda's decentralization process has been characterized by significant devolution of power to local authorities through programmes to strengthen local government systems. The main objective of the decentralization was the promotion of good governance through strengthening of local institutions and improvement in service delivery.

It is doubtful that decentralization in Uganda, despite its challenges, could have achieved as much progress in service delivery without the use of PPPs. The system of contracting private firms to implement local government development programmes has enhanced the growth of local-area private sector and ensured that more people are reached. In addition, the creation of new districts and implementation of the local government political and administrative structures has provided several employment opportunities not only in the public sector but also in the construction and furnishing of facilities and staff quarters in the health and education sectors. Besides, community road construction and maintenance has also provided important local area job opportunities. The public-private community partnership in the implementation of decentralized governance has generated rapid growth in local NGOs and private sector companies, which in turn, has created additional jobs for local residents.

However, private sector participation in dissemination of services to the population may have limited impact if an unchecked high population growth rate continues in Uganda. The GoU is better able to plan for allocation of resources if population growth is sustainable and the needs of its population are manageable. Decentralization as a policy to take services closer to the people can be made more successful with correct implementation of PPPs but also requires manageable scope so that the government is better able to have all citizens access services.

6.7.8 Infrastructure

Uganda has experienced several PPPs in various areas under public infrastructure. Examples include street parking in Kampala, which is currently operated by a private firm, Multiplex, on behalf of Kampala City Council Authority (KCCA), Pioneer Easy bus, which provides public transport in Kampala and is regulated by the KCCA, and KCCA also oversees the taxi parks operated by the Uganda Taxi Operators and Drivers Association (UTODA). Local governments all over Uganda also have contracts with several operators of public markets, abattoirs and other similar entities operated by private businesses. At Uganda's Entebbe international airport a private company, Entebbe Handling Service (ENHAS), provides consumer services. The aviation sector falls under the regulation of the Civil Aviation Authority which has control over all the 12 airports, aerodromes and airfields in the country.

6.8 Challenges in the implementation of Public-Private Partnerships

In general, challenges in the implementation of PPPs are not unique to Uganda but have been experienced in many developing and emerging economies. The general challenges to PPP establishment and implementation include:

1. Unpredictability of the investment environment as a significant consideration for investors.
2. Lack of clarity surrounding regulatory and legislative processes and the lack of commitment of all partners to adhere to and respect the outcomes of these processes.
3. Restrictive regulatory conditions on project rates of return.
4. Limitations on foreign ownership
5. Lengthy bureaucratic processes coupled with poor coordination between government departments, non-transparent project approval processes, low levels of skill in the public sector are significant constraints on establishing PPPs as they increase the time between project conception and implementation.
6. Stakeholder pressure from environmental organizations particularly on hydropower projects and real estate constructed in wetlands.
7. Public resistance as a result of an increase in the traditionally heavily subsidized service charge.
8. The underdeveloped nature of capital markets in many developing countries, makes obtaining long term finance from local financial institutions difficult.
9. Heavy reliance on foreign capital which introduces issues of foreign exchange risk
10. Poor creditworthiness of the power off taker companies especially in the single buyer model is a major constraint.

The above mentioned challenges cover the general area of PPP initiation and implementation in all sectors and while Uganda has experienced these bottlenecks, a few of the challenges are specific to certain sectors as shown in the following examples.

In the area of infrastructure, the constraints include the inability of local institutions to provide equity financing; the need for multiple requirements to obtain project approvals; lengthy project approval process; delays as a result of lengthy bureaucratic procedures; resistance from environmental interests; and pressure groups; poor coordination between Government departments.

There have also been some constraints under decentralization and local government including political interference and corruption; inadequate supervision by the municipalities; inadequate capacity of private firm to undertake projects; poor revenue base; insufficient data for planning; and inadequate regulatory framework for PPP at the local government level.

Under the Health sector, PPP projects on production of drugs suffer from a negative perception that locally manufactured medicines are of poor quality; and many faith-based health facilities typically emphasize clinical work with the risk that public health education may be neglected.

For the water and sanitation sector, tariffs fully cover operation and maintenance costs but only part of investment; the government has been closing the gap by financing the investment program. As a result, taxpayers, not users, have been paying for the investment program. This raises questions about sustainability in the long term. In addition, supervision of local partnerships can be a challenge due to fraudulent reporting and abuse of autonomy by some local managers.

6.9 Lessons learnt in the implementation of Public-Private Partnerships in Uganda

Across the service delivery and public infrastructure spectrum, a number of lessons have been identified as Government, development partners, scholars, and the private sector take stock of various PPP endeavors in Uganda. Many of the lessons have been learnt as a result of grappling with the challenges of establishing and implementing PPPs, as well as from the successes achieved.

1. Successful public utilities like the NWSC have accomplished a lot because of a strong commitment to operational efficiency and improvements in financial viability. A focus on employee motivation through better incentives and providing financial bonuses coupled with penalties and sanctions on the other hand can lead to successful reforms.
2. Supervision of local partnerships is important for effective monitoring of private partnerships. NWSC has a 'checkers system' in which a dedicated team of makes unscheduled visits and audits to detect fraud and get rid of unsatisfactory partnerships.

3. The Education sector has shown the importance of working with the private sector at the stage of policy formulation, planning, management and evaluation. A framework for PPP that uses this strategy ensures that the both parties benefit as the government will produce an appropriately trained work force that is responsive to market needs and the private sector will benefit from it.
4. Similarly, as shown in the example on addressing gender equity, the value of working with the private sector and civil society to create strategies to reach marginalized populations greatly enriches government policy to address the identified issues.
5. PPPs are complex ventures and require sufficient knowledge on the part of both the public and private partners. Capacity enhancement is required both in financial and management skills, especially in the case of local governments. Contract monitoring and enforcement mechanisms need to be clear. Lack of clarity leads to the problems of political interference, corruption, non-compliance and poor quality services.
6. When government works with the private sector to develop solutions, for example for access to health information, there is a great deal of innovation that can result. A combination of the government's nationwide reach and the private sectors expertise in innovation and cost efficiency make for highly beneficial outcomes for the population.
7. The government's creation of a conducive environment for the establishment of PPPs has attracted a number of consortiums into the market. The development of a PPP health policy is likely to yield even better partnerships and this should be replicated across other sectors as well.
8. It cannot be taken for granted that PPPs are more efficient than public investment and government supply of services. The public sector might be better than the private sector in delivering the service when the respective service is not economically viable to warrant private sector involvement. Thus there should be a systematic approach in deciding to deliver a service using PPP.

6.10 Conclusion

In conclusion, it is clear that the establishment of public-private partnerships can go a long way in providing quality services for Uganda's population. The Uganda government has gone ahead to create a conducive environment for the establishment and implementation of PPPs but a lot more needs to be done before this type of mechanism becomes part and parcel of service delivery in Uganda. There is need for policies that protect all parties involved as well as clear information on end goals and roles of the players. As Uganda's economy continues to experience growth, its population also continues to grow and PPPs can help to ensure that this is a quality population that enjoys quality services.

6.11 Policy Recommendations

1. A comprehensive and effective regulatory PPP framework is crucial for the success of PPP endeavors both at national and local government levels.
2. Government should incorporate the input of the private sector right from the stage of policy formulation of service delivery guidelines. This will ensure that all parties are clear on expectations in the eventuality that they enter into PPPs.
3. As the government embarks on more partnerships with the private sector and NGOs, there is need for capacity enhancement both on the side of the public sector and the private sector. Increased awareness of the mechanisms and benefits of such partnerships will ensure that the anticipated benefits are obtained.
4. Further to the enabling environment that the Government of Uganda has already put in place to attract partners in establishing PPPs, there should be a concerted effort to create a large pool of private sector entrepreneurs with the organizational capacity, professional and technical staff and the financial resources to enter into such arrangements. Local private sector ability to mobilize enough capital inputs to sustain PPP projects will be a boost for the economy and not limit this field to international consortiums.
5. There is need to establish criteria for using the PPP arrangement especially at the local government level so that there is a factual basis for PPP initiation. A cost benefit analysis needs to be done to determine who is better placed to deliver services: the municipality or a private firm.

References:

- Adil Khan, M. (2006), *Achieving the Millennium Development Goals: The Public/Private Mix*. UN-DESA.
- Akampurira, E., Root, D., Shakantu, S., (2007). *Factors constraining the implementation of public private partnerships in the Electricity sector in Uganda*.
- Akintoye, A., Beck, M. and Hardcastle, C. (2003), *Public-Private Partnerships: Managing Risks and Opportunities*. Blackwell Science, Oxford.
- Alinaitwe H., Ayesiga R., Rugumayo A., (2012), *Success factors for implementation of private public partnerships in the construction industry in Uganda*. In: Laryea, S., Agyepong, S.A., Leiringer, R. and Hughes, W. (Eds) Proceedings of 4th West Africa Built Environment Research (WABER) Conference, 24-26 July 2012, Abuja, Nigeria, 355-365.
- Asubonteng K. *Achieving the MDGs through Effective PPP Service Delivery Improved Service Delivery and Job Creation*. Programme Management Unit, UNDP Regional Service Centre ESA.
- Genevois, I. (2008). *Can and should public private partnerships play a role in education?* International Institute for Educational Planning.
- Grant, T. (1996). *Keys to successful public-private partnerships*. Canadian Business Review, 23(3), 27-8

Grimsey, D. and Lewis, M.K. (2002). *Evaluating the risks of public private partnerships for infrastructure projects*. International Journal of Project Management, 20(2), 107-18.

IFAD (2012), *Enabling poor rural people to overcome poverty in Uganda*.

International Finance Corporation (2005). *Public Private Partnerships - Promoting Gender Equity: The Gender and Growth Assessment for Uganda*. Gender Entrepreneurship Markets

Keihangwe Tumwebaze, S. (2006). *Public-Private Partnership in Adult Basic Education*.

Kukunda Bacwayo E., (2010). *Privatization of service delivery and its impact on Uganda's attainment of the 7thMDG*. The African Symposium. Volume 10, No.2, December 2010.

Marin P., Muhairwe W., Mugisha, S., Mugabi J., (2010). *Internal delegation contracts for water in Uganda. An Innovative approach to establishing a successful public utility*. Gridlines Note no. 55 – June 2010. PPIAF.

Ministry of Foreign Affairs of the Netherlands Sustainable Economic Development Department (2010). *Public-private partnerships: Ten ways to achieve the Millennium Development Goals*

Ministry of Education and Sports (2008). *Enhancing Equitable Access to BTVET through Coherent Governance, Public-Private Partnerships & Multimedia Campaigns Development*.

Motshegwa, B., Sebudubudu D., Mothusi B., (2010). *Critical success factors in Global partnerships*. University of Botswana Policy Brief.

Mugisa Masereka G., (2009). *Effects of public-private partnership on efficiency of health services delivery in Uganda: A case study of Kagando Hospital in Kasese district*.

Ndandiko C., (2006). *Public private partnerships as modes of procuring public infrastructure and service delivery in developing countries: Lessons from Uganda*. International Public Procurement Conference Proceedings, 21-23 September 2006.

Population Secretariat, MoFPED (2009). *Uganda: Population Factors and the National Vision*.

Public-Private Infrastructure Advisory Facility (2011). *PPIAF Supports Small-Scale Water Providers in Uganda*. Impact Stories, March 2011.

Public-Private Infrastructure Advisory Facility and the World Bank Group (2001). *Private Solutions for Infrastructure: Opportunities for Uganda*. A Country Framework Report

Ssewanyana S., Bategeka L., Mugisha F., Muwanika F., (2010). *Governing health service delivery in Uganda: A tracking study of drug delivery mechanisms*. Economic Policy Research Centre

World Bank (2011). *Uganda: Demography and Economic Growth in Uganda*. Poverty Reduction and Economic Management Unit. Africa Region. Report No. 63165 –UG. December 2011.

CHAPTER 7

TAKING STOCK OF SERVICE DELIVERY IN UGANDA

7.1 Introduction

Public services are those services provided by governments (local, municipal, or larger-scale) to the public. It is traditionally defined as a public good which is non-rivalrous and non-excludable, but may also include merit goods, that is, services which may under the prevailing social norms be under-provided by the market. It arises from the need for services that no individual can or will pay for, but that benefit all by their presence. Public service delivery is the implementation of those services and making sure they reach those people and places for which they are intended.

This chapter discusses how public services delivery in Uganda has evolved over the last fifty years, highlighting key trends and their implication to economic growth, the present state of public services and the future prospects to Uganda as a nation. The discussion will be structured in three major sections; first the evolution of the services from pre-independence times featuring four major phases, secondly the institutional framework for services delivery in Uganda, thirdly a review of the current state of public services in the country and finally the policy recommendations to address existing gaps in services delivery.

7.2 The Evolution of the Uganda Public Services Sector

The history of the Public Service Commission of Uganda dates as far back as 1947 when the Holmes Salaries Revision Commission was set to review the structures and remuneration of the civil servants in East Africa. The 1953/1954 Lidbury Salaries Review Commission report recommended the establishment of the Public Service Commission. On 1st September 1955, the Public Service Commission of Uganda was formed and played majorly an advisory role but did not have powers over officers in public services. The role of the commission has since evolved to include direct power over all public services officer from salary scales U1 to U8 with exception of heads of departments and those under district service commissions.

Following Uganda's attainment of self-governance from the colonial government in 1962, the government of Uganda assumed the responsibility of delivering public services from the colonial administration. The instruments of power were handed over to Dr. Apollo Milton Obote as the Executive Prime Minister and Leader of Government. Since 1962 the government's ability to deliver public services has wavered significantly punctuated by times of excellence, collapse and revival and collapse again depending on the view point and social orientation of the commentator. The golden

period 1962-1972 has been hailed as a period when Uganda's economy and delivery of public services was one of the best with the country's civil service in general, the health and educational systems in particular, were one of the finest. Uganda's public services delivery sector used to work efficiently, the health referral system from the village dispensaries and district hospitals to the national referral hospital (Mulago) was considered the finest in Sub-Saharan Africa (Economic Policy research centre 2010)³. At the heart of Uganda's services delivery have been major governance issues which have undermined the development and growth of institutions mandated to provide public services and created a mixed bag of failures and successes.

7.3 The Service Delivery Context and Framework

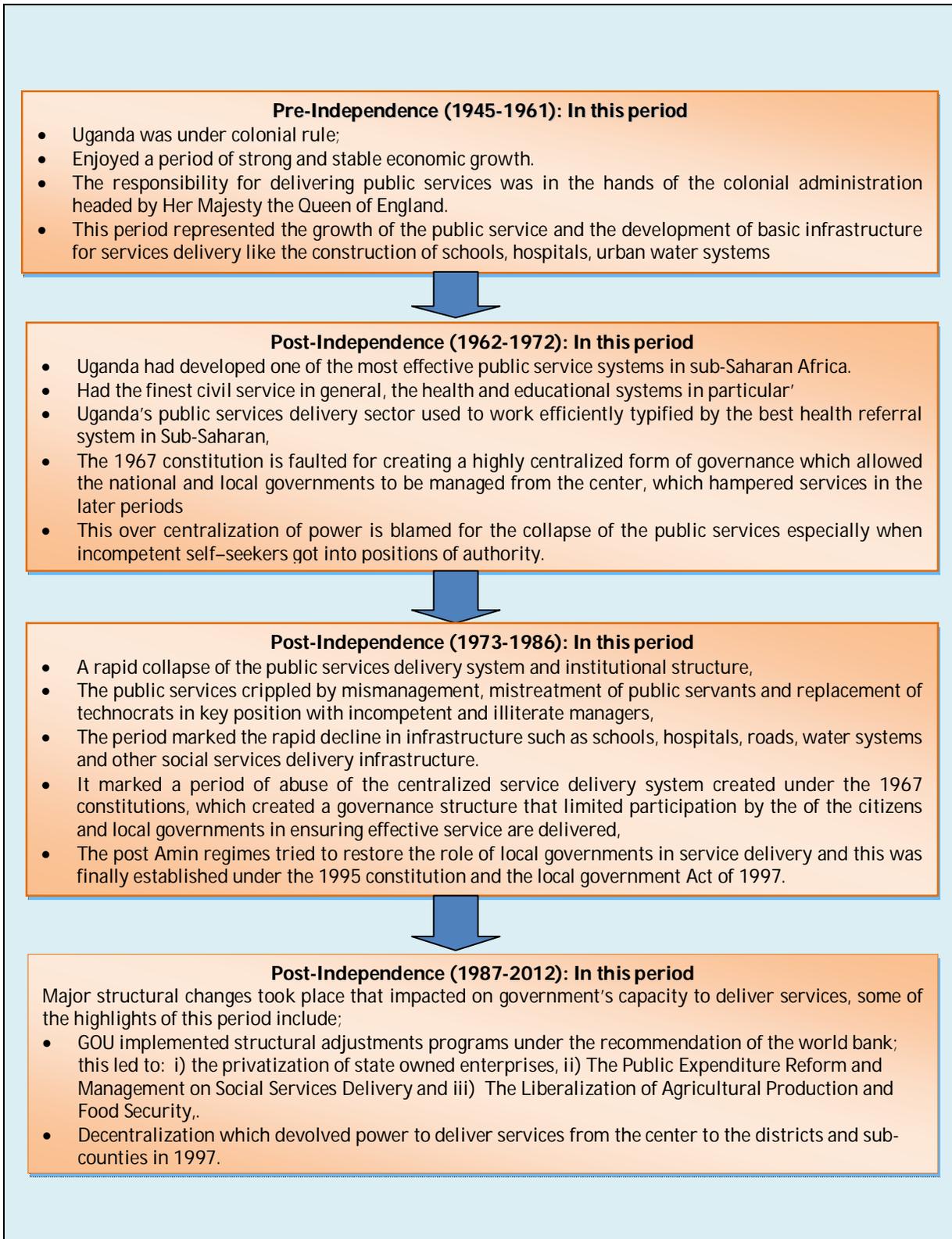
The history of the development of Uganda's public service delivery can be viewed in four distinct phases as illustrated in the figure 7.1 below.

7.4 Implications of the Structural Adjustment Programmes and Decentralization

The period 1987-2012 has seen the GOU make institutional reforms through the Structural Adjustment Programs (SAPS) and the decentralized system of Governance. One of the key features of SAPs was the privatization, and liquidation of over 139 former State Owned Enterprises (SOEs), contract management and change of ownership from Government to the private sector and the reduction of the size of the civil service, all intended to result create fiscal benefits and equity-enhancing effects through income distribution effects, reduction of inequalities in access to goods and services by limiting opportunities for favoritism, corruption and differential fixing of rents that had penetrated the economy with extensive state controls and subsidies. This was hoped to create an efficient environment for the production and delivery of vital social services more effectively and efficiently. However evidence emerged that SAPS hurt the socio-economic welfare of the majority of Ugandans and the benefits were limited to the elite managers of the process and government came under pressure from civil society to drop several aspects of the SAPS that were detrimental to the vulnerable majority of the population that depended on state delivered services and retain those aspects that were beneficial to the vulnerable groups. SAPS were criticized for increasing the burden to delivered services in the household to women. There is also a general feeling that Government did not achieve its objective of increasing resources to social service with savings from the SOEs. Instead the resources that Government used in the area of social services like Universal Primary Education (UPE) and infrastructure came from donors and not SOEs.

³Governing Health Services Delivery In Uganda: A tracking Study of Drug Delivery Mechanism (2010)

Figure 7.1: Distinctive Phase of Evolution of Service Delivery in Uganda over the last 50 years



7.5 The Public Expenditure Management

The effect of SAPs on the Basic Social Services like health and education has not entirely been positive. The freeze on the salaries and wages that followed in the civil service and state owned enterprises led to a decline in real wages of public service providers, a factor that was blamed for the resultant poor social services. While policies like UPE have been well intentioned the quality has deteriorated, the school infrastructure has remained inadequate and the future prospects are not very clear. In the health sector the civil society acknowledges that whereas government is struggling to implement a Primary Health Strategy (PHS), it is built on a very weak health system. The burden of disease is still very high, compounded by poverty, a very low doctor to patient ratio and uncoordinated research. The Public expenditure management has also not been in line with the rate of proliferation of districts, which has been characterized by inadequate and irregular provision of development funds to districts leading to poor financial management, decline and an equitable distribution of social services.

7.6 The Liberalization of Price and Market

The reforms targeted both internal and external trade. Internal trade reforms entailed the abolition of marketing monopolies, de-regulation of price controls and free movement of produce and other goods. External trade liberalization included liberalization of foreign exchange management, removal of trade license restrictions, abolition of the requirement to relinquish foreign exchange earning to government, through the Central Bank, and abolition of export taxes. These policies have a specific impact on agriculture which employs nearly 80% of Ugandans. While the reforms were aimed at increasing the volume of trade, attracting foreign exchange inflows, increasing efficiency in marketing, and improving the producer incentives of farmers, the reality was that the liberalization policy has resulted into increased inflow of foreign exchange, the terms of trade for the agricultural sector, have deteriorated and liberalization of trade exposed the farmers to the ill advice from non-professional traders who assume the role of agricultural extension workers, while agricultural production may have increased the liberalization policy led to an adverse situation of food insecurity.

7.7 Population Dynamics

Besides the economic reforms, population dynamics have also had a knock on effect to the quality of services provided by government and underlined the failures of SAP. Uganda has one of highest fertility rates in the world (6.7%), with a population growth rate of 3.3% annually, it is projected that Uganda will hit 94million by 2050⁴. The failure to control fertility rates, and population growth rates; points to the inability to extend family planning services to the most vulnerable women and men. The unmet contraceptive need for family planning stands at 34%, with contraceptive use in Uganda as low as 30%. Uganda also reports one of the highest teenage pregnancy rate of 24%. This rapid population

⁴ United Nations World Population prospects

growth has put extra pressure on the services delivery infrastructure and resources needed to ensure the functionality of the existing infrastructure like drugs in the hospitals, scholastic materials in schools and social welfare programs.

7.8 The Decentralization, Legal and Regulatory Frameworks influencing Services Delivery

Uganda embraced the decentralization process in 1992, the legal frameworks for the decentralized system of governance is contained in the Constitution of Uganda 1995, Articles 176–207 and the Local Government Act, 1997⁵. The 1995 Constitution under Article 176(2) states that:-

- a) Decentralization shall be a principle applying to all levels of local government and in particular, from higher to lower level government units to ensure peoples' participation and democratic control in decision making;
- b) The system shall be such as to ensure the full realization of democratic governance at all local government levels; and
- c) The local governments shall oversee the performance of persons employed by the government to provide services in their areas and to monitor the provision of government services or the implementation of projects in their areas. (Constitution of the Republic of Uganda, 1995, Article 176 (2) (b), (c) and (g)).

These laws created decentralized administrative units at district, county, sub-county, parish and village levels. At the inception of the process in 1997, there were a total of 39 districts; this was expanded to 56 districts by 2000, 87 districts by 2008 and 124 districts as at 1st July 2012. One of the main arguments for continuous creation of small administrative units (districts) has been to increase access to public service by the communities and to improve accountability. This argument is being increasingly challenged by several sections of the population notably civil society, the legislature and the heads of district local governments who have questioned the continued creation of new districts sighting the non-viable status of the many of the newly created districts which have only served to blot the administrative budget, benefited the political elites at the expense of delivering services.

7.9 The Institutional Framework for Service Delivery in Uganda

The medium-term policies to improve service delivery are clearly documented in Uganda's Poverty Reduction Strategic Plan (PRSP)⁶. Following the SAPS and decentralization initiatives by government in the 1990s, the structure for services delivery has comprised of two approaches:

1. The public services sector which is constituted by departments and affiliated bodies under the key line government ministries, the district local governments and the municipal authorities,

⁵ The Local Governments Act 1997 and as amended in 2001, 2003, state that, there shall be administrative units based on the district as a unit under which there shall be lower local governments and administrative units. The lower units may take the form of a local government at District, City status or Municipality levels.

⁶ The medium term planning framework has since been transferred and revised within the newly established National Development Plan (NDP).

2. The private sector services which is diverse and comprised of individual investors, communities, civil society organizations, international NGOs and Faith Based Organizations.

From this contextual analysis and review of the services delivery framework over the last 50 years, this paper will discuss status of services delivery in Uganda 50 years after independence with a specific focus on health, education, water and sanitation, road infrastructure development as examples of the essential services provided by government for the citizenry of Uganda. This does not in any way underscore the importance of other services but rather provides an indicator of the status of service delivery 50 years after independence.

7.10 Status of Public Services in Uganda

On paper the strategies of the GOU to deliver public services to the citizens are some of the best in sub-Saharan Africa. The sectoral ministry strategic plans; the Education sector strategic plan (ESSP), The Health Sector strategic Plan (HSSP), the Agricultural Sector Strategic and Investment Plan (ASIP), Post war recovery and development Plan (PRDP) for example provide well thought out frameworks to improve services delivery. These plans are well facilitated with significant government and donor supported funded programs that would have restored the Uganda's public services delivery system to its glory days of the 1960s and early 1970s. However realization of the stated service delivery goals has always fallen short of expectation, being hampered by impunity, corruption and patronized public service. The case in point is the GAVI funds (2007), PRDP funds (2012) and the Pension fund (2012) scandals typified the declining state of public services in Uganda.

7.11 The Status of the Health Services

The ministry of health statistics shows that 72% of Ugandan households are within a 5 km radius of health facility, life expectancy has risen to 52.7 years by 2009, HIV prevalence though stagnated at 6.1% dropped down from double digits in 1990s, polio and guinea worm have nearly been eradicated although concerns exist about the re-emergence of polio cases due to cross border migration; prevalence of other vaccine preventable diseases has declined sharply, Infant mortality rates declined from 88.4 in 2000 to 54 in 2011 (UHDS 2011), while maternal mortality ration fell from 670 in 1990 to 438 in 2011 up from 435 in 2006. While these facts provide an optimistically declining trend on the face of it, the picture is far from rosy, a number of these indicators are showing a reverse trend over the last five years with maternal mortality ratio increasing from 430 in 2008 to 438 in 2011, the rate of decline of infant mortality has slowed down since 2005⁷, while the unmet family planning demand continues to be high at 34%⁸ with a 30% contraceptive prevalence rate of 30% and only 58.0% of birth attended to by a skilled professional. These figures show the weakness in the services delivery

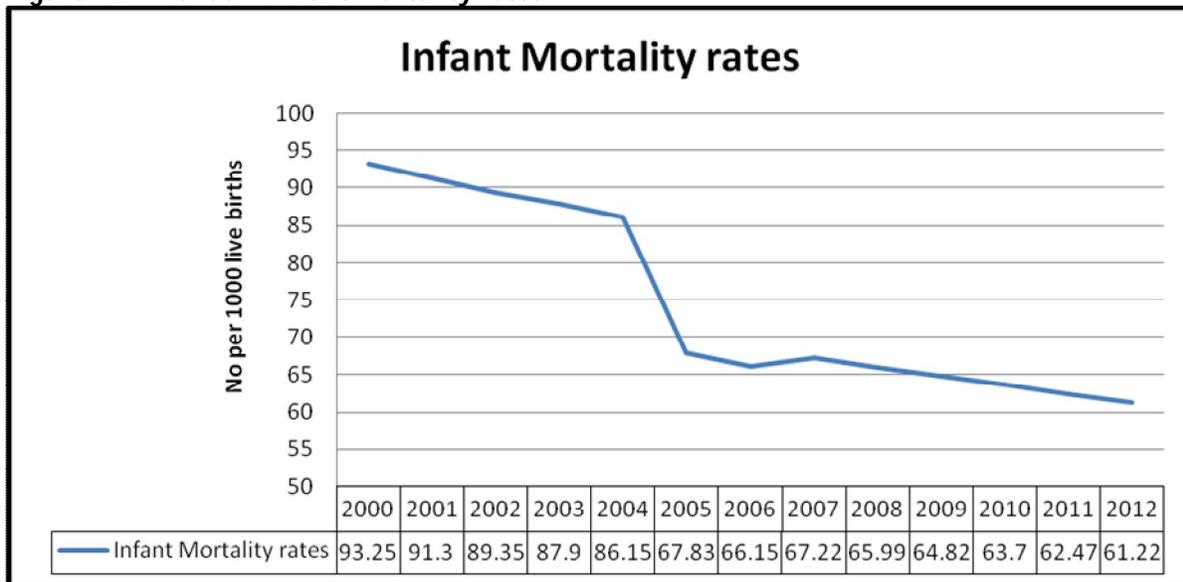
⁷ http://www.indexmundi.com/uganda/infant_mortality_rate.html

⁸ The Uganda Household Demographic survey 2010/11

system with infant and maternal mortality being a result of several factors related to the state of social services provision in the country. The indicators show Uganda ranked among the worst 36 countries in the world on these key indicators. The negative trends recently experienced in infant maternal mortality, HIV prevalence, number of persons accessing skilled medical professionals are symptomatic of a deteriorating health services system characterized by inadequate infrastructure, dilapidated medical structures, poor remuneration and absence of medical personnel and inadequate funding to the health system. Figure 7.2 below shows the trends in infant mortality since 2000.

The Mortality and morbidity rates in Uganda are among the worlds highest. Life expectancy in Uganda is 52.7 years in 2009, placing it 200th out of 224 countries measured (CIA World Fact Book). Uganda’s infant mortality rate of 61.22 per 1000 live births is the world’s 36th highest. Causes include preventable diseases such as malaria, HIV, diarrheal disease and acute respiratory infections, compounded by short birth intervals and malnutrition. In addition, 5.4% of the total population is HIV positive, a percentage which is the 14th highest in the world. Uganda’s maternal mortality rate of 438 deaths per 100,000 live births (UDHS 2011) is roughly 56 times higher than that of the United States; this together with having the world’s third highest total fertility rate estimated at 6.7 over the last two decades is an indictment to the health services in Uganda. Cases like those of Mr. John Emegu below have become a common experience.

Figure 7.2: Trends in Infant Mortality rates



Source: Index Mundi.com/Uganda.

.....When his teenage wife went into labour, John Emegu wedged her on a bicycle between himself and his grandmother and pedalled furiously for 11 miles. But on reaching the nearest hospital, his relief quickly turned to despair. Though healthcare is meant to be free in Uganda, nurses told him to buy a Shs20,000 maternity kit including rubber gloves, saline solution, surgical needle and a plastic 'delivery' sheet, which were all out of stock in the hospital. By the time he had done, 12 hours had passed. "I don't know what is happening," said Emegu, 22, as he waited for news at Soroti regional referral hospital. "I am getting desperate." His wife and newborn baby survived—unlike his first child who died in the same hospital the year before..... As reported in the *Daily Monitor* paper October 1st 2011.

The quote from this story carried in the monitor daily epitomizes the experience of most in rural Uganda. The health status across the country has severely deteriorated with dilapidated structures and equipment in dire need for repair and replacement.

7.11.1 The Health Services Delivery Structure and Infrastructure

The health services system in Uganda has been hampered by the political and economic upheavals that afflicted the country since the 1970s up until 2007, when the war in Northern Uganda and cattle rustling in the north eastern parts of the country were brought under control. While the NRA/M government recognized the dire situation in the health sector, government focused its initial efforts in 1986 to the restoration of law and order and on the re-establishment of the of public services delivery systems, most of the funding to the sector came from the bilateral and multilateral donors who intervened to address the funding gap through the provision of a post-conflict support and emergency rehabilitation of the health, education and water and sanitation services infrastructure. Unfortunately this support was skewed to the districts which were closer to the capital city and easily accessible, while districts which were remote and difficult to access received little or no support at all. These efforts led to major improvements in services delivery, but the pace of improvement slowed down and even stagnated in the late 1990s.

From the early 1990s, government put high priority to improvement of the health status of people as evidenced in the development and implementation of the Health Sector Strategic Plans (HSSP) I and II. Despite these efforts that saw improvements in health services especially in urban segment of the country, Health indicators remain poor in rural districts and greater disparities still exist with northern and north eastern regions, partly because of the extended civil unrest, which lasted two other decades. While on paper the GOU has demonstrated significant commitment to improving the delivery of health services, the failure to match these efforts with the desired level of infrastructure development, personnel deployments and provision of medical supplies have undermined the integrity of government's plans to improve the health services, with government actions not matching and in many cases contradicting the stated intentions. Under the HSSP III focused on health promotion, disease prevention and early diagnosis and treatment of disease are some of the GOU

commitments to the Paris Declaration and International Health Partnership and other Initiatives (IHP+) which sought to achieve better health results and provide a framework for increased aid effectiveness, while much has been done in terms of infrastructure, government has failed to master the capacity to deliver on these key focal areas especially in relation to human resources development, recruitment and retention. Government has also promoted and encouraged the growth of private health services sector to compliment the governments; however this has only benefited the well to be due to do highly prohibitive cost of health services charged by private providers.

7.11.2 The Health Services Delivery Structure

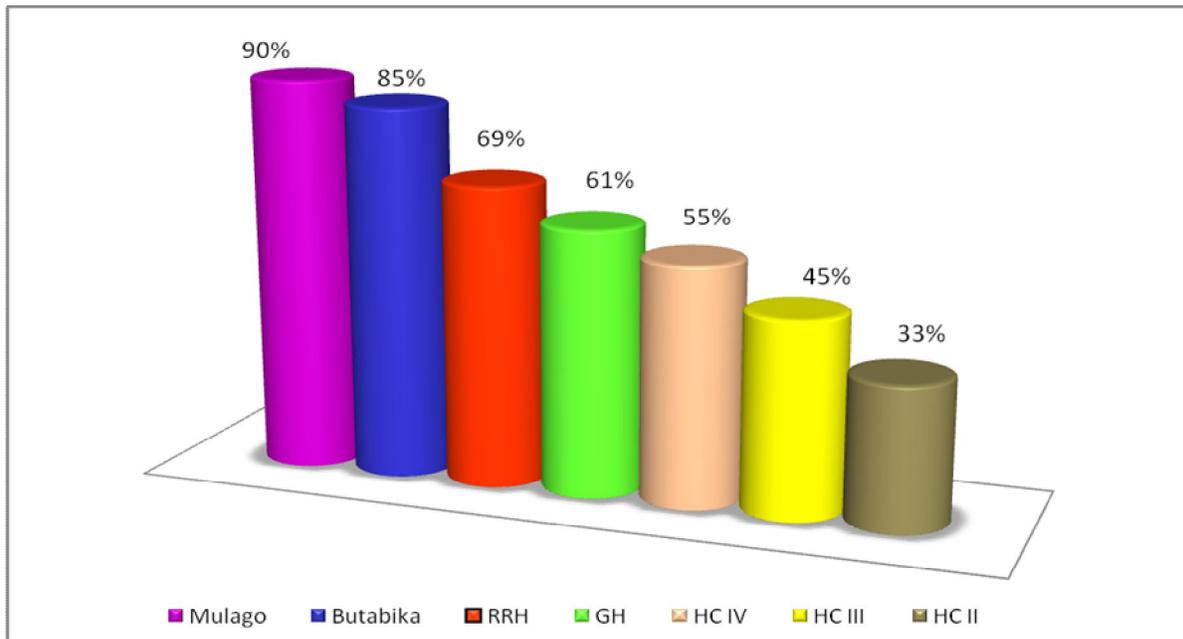
The health services are provided by the public and private sector with each sector covering nearly 50% of the standard units of outputs. Under decentralization health system is made up of the district health system which encompasses the (village health teams (VHTs), HCs II, III and IV and district general hospitals), regional referral hospitals (RRH) and the national referral hospitals (NRH). There is a general outcry that the district health management capacity is very limited in many districts: leadership, management and specialist skills are in short supply at all levels of the public health care systems. Poor remuneration of health workers has also escalated the situation leading to high levels of brain drain. While statistics show that 72% of the households in Uganda live within 5 km from a public or not for profit health facility, utilization is limited due to the poor state of infrastructure in the government health facilities, lack of drugs and other health supplies and the shortage and low motivation of human resource in the public health sector. Besides while the private sector provides more efficient and a significant proportion of health services, it is not properly integrated with the public sector, despite efforts by government to subsidize the private health services sub-sector. Generally the facility based health services providers' account for 41% of the hospitals, and 22% of the lower level facilities which have more presence in rural areas. Private health services providers also operate 70% of health training institutions with financial support from GoU, 75% of the private health services facilities are managed by faith based organizations notably: the Uganda Catholic Medical Bureau (UCMB), the Uganda Protestant Medical Bureau (UPMB), the Uganda Orthodox Medical Bureau (UOMB) and the Uganda Muslim Medical Bureau (UMMB) with most of their operations financed through donor funds and user fees.

7.11.3 The Human Resource Aspects

Inadequate Human resources and the low productivity of the human resources in public health facilities is one of the major constraining factors affecting the utilization of the public health services in the country. Figure 7.3 below show the human resources challenge faced by the public health system;

Most significant is lack of qualified personnel at the level of clinical officers, doctors and consultants in the HCIV, and the general hospitals which together put a lot of pressure on the facilities and resources in the referral hospitals, most of which are equally ill equipped. The HCII that are meant to be the first point of call for the rural communities, yet they have the greater majority of unfilled vacancies, rendering most of them unable to provide basic services. Government in the 2012/13 budget has made special provision to equip and staff the HCIV with qualified medical professionals a move that is expected to alleviate the challenge in offering medical services at the rural levels where the majority of the under privileged population lives.

Figure 7.3: Percent of Post filled at different levels in the Public Health Facilities, 2009/10



Source: Ministry of Health – Resource Centre (Annual Reports 2009/2010)

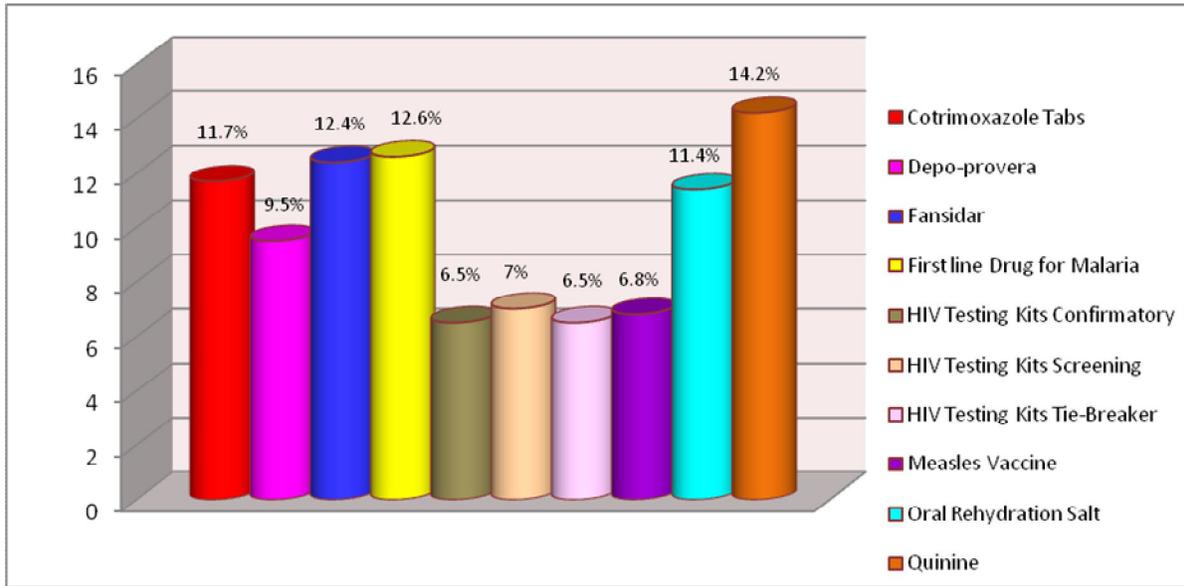
7.11.4 Medical Supplies

The policy of government is that adequate quantities of affordable, good quality essential medicines and health supplies should be accessible to all who need them. This is not always the case: 72% of government health units suffer monthly stock outs of medical supplies⁹. This situation is orchestrated by the inadequate financial and human resources, capital investment and issues related to management of drug procurements and other supplies for the public health facilities. This has increased dependency on the private sector services providers who charge 3-5 times in cost of medicines. Drug stock outs in health centers area worrying phenomenon for the bulk of the population that cannot afford the fees charged by private providers. First and second line drugs for malaria, oral rehydration salt (ORS), measles vaccines and HIV test kits among others that are regularly out of stock as shown in figure 7.4 below.

⁹ Draft national health policy 2009

The pharmaceutical industry in Uganda is still at its infancy and about 90% of all medicines are imported; close to 95% of these are generic products. The increasing flow of counterfeit and fake drugs in the market is a new challenge confronting the health sector, yet government seems to be ill prepared to deal with this problem. Its impact on the delivery of health services will be adverse both in terms of the confidence of the health services providers and the patient’s confidence in the health systems.

Figure 7.4: Percent of Stock Out of Essential Drugs in Public Health Facilities 2009/2010



Source: Ministry of Health – Resource Centre (Annual Reports 2009/2010)

7.11.5 Financing the Health

Besides policy declarations, the real test of government’s commitment to improving the state of the health services delivery is in the budget allocation and subsequent disbursements. The lack of budgetary discipline and the rampant corruption in government has always resulted in a big variance between budget allocation and actual budgetary expenditure on the allocated budget lines. Looking at the US\$ 4.00 per capita expenditure on health, donor financing accounted for US\$ 2.39 against the governments US\$1.61 which shows the level of dependence our health sector has on foreign support.

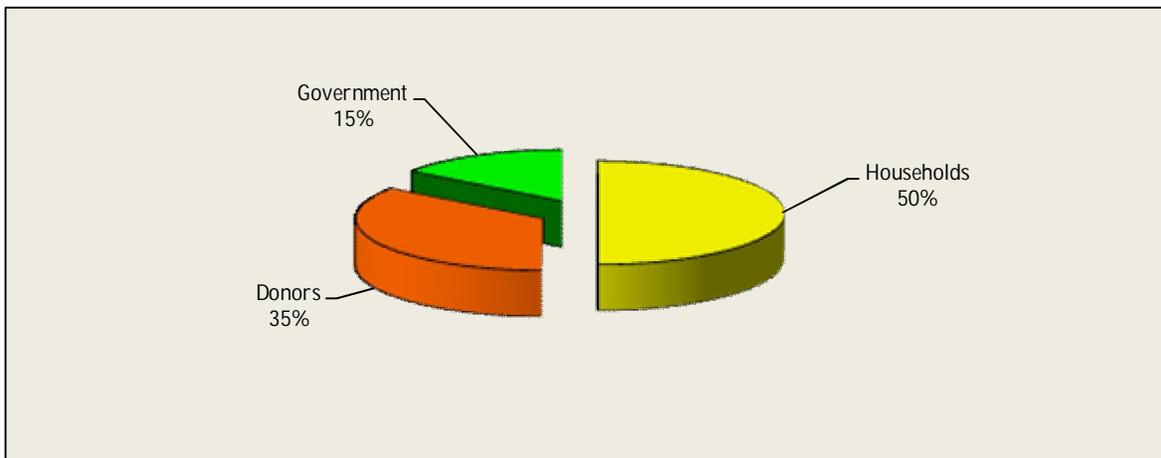
7.11.6 Health Financing

Uganda is under enormous financial pressure to increase resources for health care. The cost of health care service provision has gone up *inter alia* because of the expansion of services, increasing demand due to population growth, the adoption of new medical technologies, and changes in patients’ choices and expectations. Four aspects of financing that constitute bottlenecks to the effective implementation of priority interventions include:

1. The financing gap needs prioritization,
2. Weak accountability systems,
3. Poor management of the supply chain, and
4. Poor basic infrastructure and the deficient referral systems.

The recent stand-off between the executive and the legislature of health budget provisions demonstrated the increasing discomfort and loss of confidence in the ability of the public health system to deliver services to the ever growing population. In recent years, health expenditure as a proportion of government's discretionary expenditure has been relatively stable around 9.6% far short of the Abuja Declaration target of 15% to which Uganda is a party as shown in figure 7.5 below.

Figure 7.5: Sources of Health Financing in Uganda



Source: Annual Health Report 2008/09

The stand-off between parliament and the executive over the 2012/13 health budget is an indication of the general and wider frustration with health system in Uganda. The roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity is estimated to cost about US\$81 million over a four-year period, and the estimated cost of reproductive health commodities is US\$ 292 million, per year over a five-year period. When we consider that the entire health sector budget for the Government of Uganda, excluding development partners, for the 2012/2013 financial year is Ushs. 761 billion, down from Ushs. 840 billion in 2011/12 financial year, it puts to doubt the chances of successfully implementing this road map. Government has argued that it has made significant investments in areas such as primary healthcare, but a careful analysis shows that there is no balance between recurrent wage and non-wage expenditure. Critical areas of basic and comprehensive health care like healthcare equipment, emergency obstetric care, transport and communication for effective referral, and numbers of health professionals with appropriate skills at various levels required have

not been sufficiently prioritized in the resource allocation. Besides the non-emergency services, like family planning are often not available and accessible to women when they need them.

It is possible to point at the specific progress in health services delivery in spite of the challenges in the health sector when we consider, there is fairly increased availability of basic medicines in public hospitals, and immunization rates of children against major killer diseases of 90% have been achieved. In addition, infant and maternal mortality rates have reduced to 54 per 1,000 live births and 438 per 100,000 live births respectively. However, the health care delivery system still requires major improvements to ensure access to quality basic health care for all, if is to achieve the MDGs on health and avoid a reversal on the progress so far made.

7.12 Water and Sanitation

7.12.1 The Water and Sanitation Situation in Uganda

The National Water Policy and the Water Act, 2000 provides the legal framework under which government delivers the water and sanitation services. The Act was operationalised by the Water Resources Regulations (1998), Waste Discharge Regulations (1998). The overall policy objective of the National Water Policy (1999) is to consider water as a social and economic good. The primary objective of government is therefore to provide water for human consumption. The policy provides for separation of regulatory powers from user interests, regulated use of all water other than for domestic use, guarantees sustainable provision of clean safe water and provides for equitable access and use of the Nile waters.

The mandate to provide water and sanitation services rests with the Ministry of Water and Environment. The Directorate of Water Resources Management (DWRM) is the national institution for the management of water resources with its main goal being to promote sustainable management of Uganda's water resources to ensure availability of water of adequate quantity and quality for domestic water supply, agriculture, industry, fisheries, generation of hydroelectric or geothermal energy, navigation, fishing, preservation of flora and fauna and recreation and other uses in ways which minimize harmful effects to the environment; for both present and future generations.

By June 2011, access to safe water in the rural areas was reported to have stagnated at 65%, while in the urban areas, it dropped down to 66% from 67%. Similarly the sanitation status report in 2011 showed that sanitation in the rural households improved to 70% while in the urban areas it has increased to 81%. A matter of significant interest is that the, pupil to latrine stance ratio in primary schools declined from 54:1 to 66:1 in 2011. Compliance to water abstraction and discharge permits has increased from 44% to 46% and from 64% to 73%, respectively, while an additional storage capacity for water of 4.8 million cubic meters of water was created under Water for Production initiative (Water and Environment Sector Performance Report 2011). These statistics demonstrate a

mixed result in the water and sanitation sector, highlighting governments effort to increase access to safe water and a health living environment on the one side and the government failure to address the sanitation situation in the most vulnerable groups as evidenced by the declining pupil to latrine ratio a situation created by the surge in primary and secondary school enrolment resulting from the UPE program.



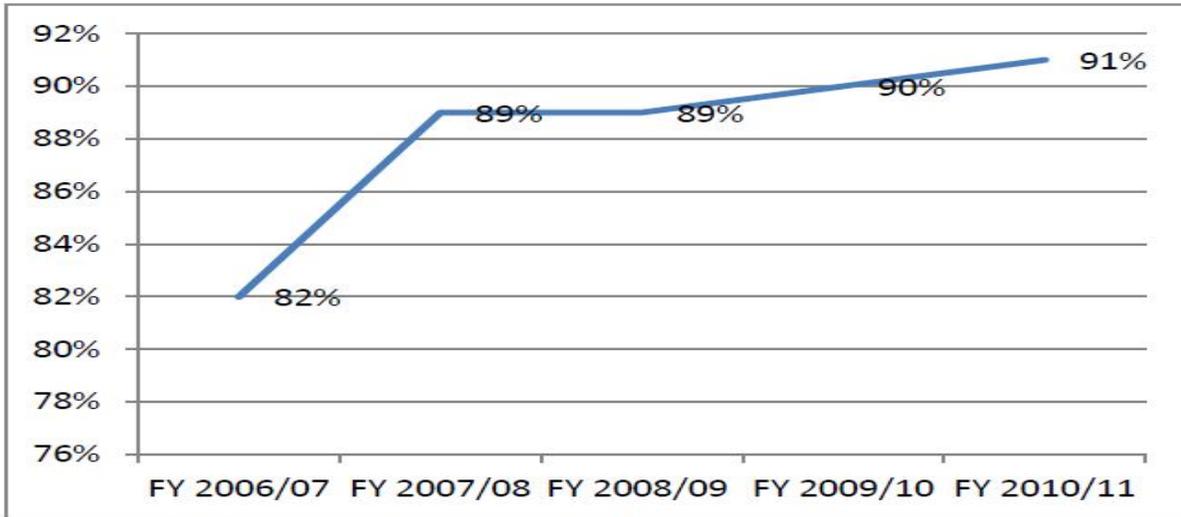
Source: Water Aid – Photograph showing water being vended by bicycle rider on commercial basis

While government has made efforts to sink boreholes and provide piped water for both urban and rural communities, the general deterioration in water quality threatens the national gains in improving access to drinking water, other sensitive uses and achieving the Millennium Development Goals (MDGs). Unsafe handling and storage of water due to old rusted pipes and reservoir tanks compounds the problem. Currently, Uganda has green lakes, brown rivers, and grey channels, and the observed impacts of pollution include increased incidences of waterborne diseases. Besides domestic and faecal matter, the greatest threat to water safety is the second and third generation of pollutants like complex pesticides, toxic metals, radioactive substances and nutrients most of which government has put in place in early detection mechanism and strategies for control.

7.12.2 General Trend in Water Access

Overall the water access situation across the country has significantly improved as noted by the high level of functionality of 93 small towns with operational data of the piped water supply for FY 2010/11. Figure 7.6 shows the functionality trend over the years for Small Towns.

Figure 7.6: Water Source Trends and Functionality in Small Towns



Source: Small Towns Database, MWE 2011

It should be noted that the condition of pumping equipment and reliability of power supply continues to be a critical factor in the functionality of water supply systems in small towns. The improved average functionality in the recent years is attributed to the increasing number of schemes developed in the sub-sector. Problems related to voltage fluctuations have had adverse effects on supply duration and failure of pumping system components. The frequent break-down of system components exceeding useful life-time (design life) and limitations of production wells yields constitute other major factors affecting functionality especially for towns that have been running for over 10 years. Generally the water sector can be considered one of the areas government has achieved significant gains in services delivery, however the sanitation situation which is strongly linked to health continues to be a major drawback in the sector.

7.13 The Education Sector

7.13.1 Demographic Trends and Primary School Enrolment

Uganda's school-age population has grown at a rate of 3.4% over the last two decades, in 1996 just before the Universal Primary Education (UPE), the total enrolment stood at 3,068,625 of which 1,647,742 were boys and 1,420,883 were girls. The UPE programme dramatically increased the enrolment figures to 5,303,564, with a 72% increase in the boy child enrollment and a 74% increase

for the girls. Presently there are two categories of school providing education; The Government (Public) and the Private schools which together have an enrolment to date exceeding 7,414,000 pupils.



Source POPSEC: Photograph showing pupils in a rural primary school during lunch time

The UPE implementation has had two major effects: firstly it has reduced the effects of the poverty gap on the enrolment of children from poor households by reducing the access gap for primary education between the rich and the poor, secondly the girl child has benefited significantly in terms of enrolment from the UPE which has resulted into increased enrolment of the girls in primary schools relative to the boys. The most significant concern with the primary education resulting from this dramatic increase in enrolment has been the quality of education offered as manifested in learning achievements and school survival rates.

7.13.2 Secondary School Enrolment

The launch of the Universal Secondary Education (USE) in 2007 saw a similar but lower increase in enrolment in secondary school which rose by 17.2% in 2007. Generally the introduction of USE has increased the transition rate from P7 to S1 by 22% from 46.9% to 68.6%. Secondary education is provided by three types of schools; the government-owned, private sector-owned and community-owned schools. Government owned secondary schools account for 20%, private schools 69% and community owned 11% of the total 1769 secondary schools registered by the MOE. There is also a very small number of international schools that have emerged and these largely deliver foreign educational curricula. In spite of the large proportion of community or privately owned schools

(80%), they are only responsible for 50% of the total enrollment; secondly the participation of the private sector in the provision of secondary education is limited in rural areas where the majority of the schools going children live.

Secondary education is one of the areas where there is a significantly unequal access between the rural and urban pupils. Private schools which are mainly concentrated in the urban areas and charge prohibitive fees, provide more superior education judging by the pass rates and grades compared to the government owned and community owned schools, besides the public sector schools are not adequately targeting the poor students, with the best of them targeting the same category of well to do students. This has created a greater inequality in access tertiary education opportunities especially entry to government universities, access to government scholarships and access to the most competitive or lucrative courses in tertiary institutions, the selection of which is based on grades scored. Government recognizes the inequality and has adopted equity enhancing initiatives under Higher Education enable poor students get admitted on government sponsorship to Public Universities under the Quota System of admission. Besides, these interventions, the sub sector has also developed a costed Strategic Plan for Higher Education, established a Quality Assurance Units and through National Council for High Education enforced a minimum requirement in Public universities for delivery of academic programmes.

Greater concern is also arising from the large number of pupils coming through the UPE program which is not being absorbed by the current number of secondary schools. The major challenge in the provision of post primary education is the cost of transition to mass secondary education. The introduction of Universal Secondary Education required a swift and expeditious implementation of capacity expansion measures for secondary school and vocational education, unfortunately, the governments Medium Term Expenditure Framework (MTEF) is not able to adequately provide this transition mainly due to the fact that, this process involves;

- a) Costly infrastructure development procedures, complicated by the inefficiencies in the governments procurement process,
- b) A staffing policy that stipulates a ratio of graduate teacher to diploma teachers with specified teacher workload that is very adequate by international standards. (at least an average 22 hours of instruction a week),
- c) The need to rehabilitation a majority of the existing government secondary schools as they are in a dilapidated state and lack of instructional materials in secondary schools especially those schools in rural areas,
- d) The inadequate funding of public schools and irregular disbursements of the budgeted allocated funds, a fact that has forced some of the private sector schools that agreed to participate in the USE program to withdraw.

Despite the above drawbacks, secondary education sub-sector continues to focus on the implementation of Universal Secondary Education (USE), the bursary scheme for bright but needy students and expansion of affordable designs and facilities including multi-purpose science rooms to accommodate the growing numbers of students in the sub-sector are some of the initiatives government has continued to put in place.

7.13.3 Technical and Vocational Education and Training (BTVET)

The capacity constraints in secondary education sub-sector has put more pressure on government to develop the Business Technical and Vocational Education Training (BTVET) system; it is one area where government has paid lip service so far but needs to walk the talk. The national vision is to develop a BTVET system that will enable greater access, and realization of the full potential of Uganda's human resources. For the benefit of the economy, Business, Technical, and Vocational Education and Training (BTVET) is capable of producing a competent and polyvalent workforce with practical work skills, entrepreneurship skills and orientation that are essential for employment.

Currently there are 144 public institutions; about 600 private training service providers and an unknown number of apprenticeships and enterprise based training programs operating in Uganda. With the challenge of masses of UPE completers looking for further studies or training, BTVET requires special attention. Available statistics show that, all BTVET institutions have experienced increases in students' enrolment and the demand is continuing to rise; though most of this demand is social demand driven by development (NGO) programs and less economic demand due to the biting poverty with most of the social demand concentrated among the rural peasants and the urban unemployed. One of the challenges facing BTVET is the lack of a comprehensive tutor training and management system which contributes to the chronic shortage of qualified instructors necessitating use of untrained tutors.

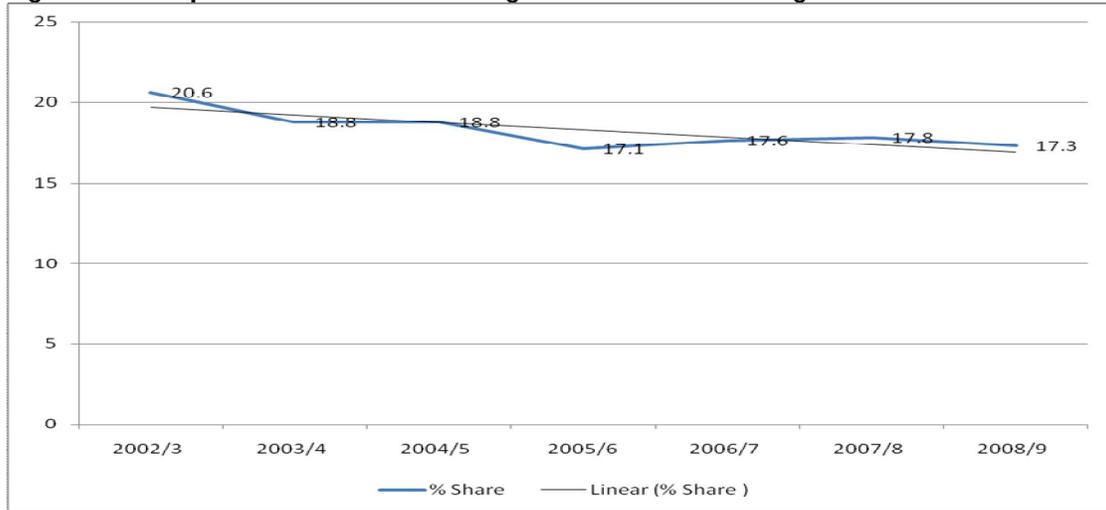
The most important trend in Uganda's educational sector is the gender responsiveness of the system leading to increased enrolment of females at all levels of the educational system. This has resulted from a concerted strategy to increase female enrolment from primary to tertiary level through affirmative and other government actions.

7.13.4 Financing of Educational Services

Education is one of the most important services that the government delivers targeted at ensuring a sustained economic and social development model for Uganda, In order to achieve sound economic development, it is very critical for Government to invest in infrastructure and facilities development that would promote learning and research by ensuring increased availability of learning materials which are most in short supply, creating equitable access to all deserving members of society and put

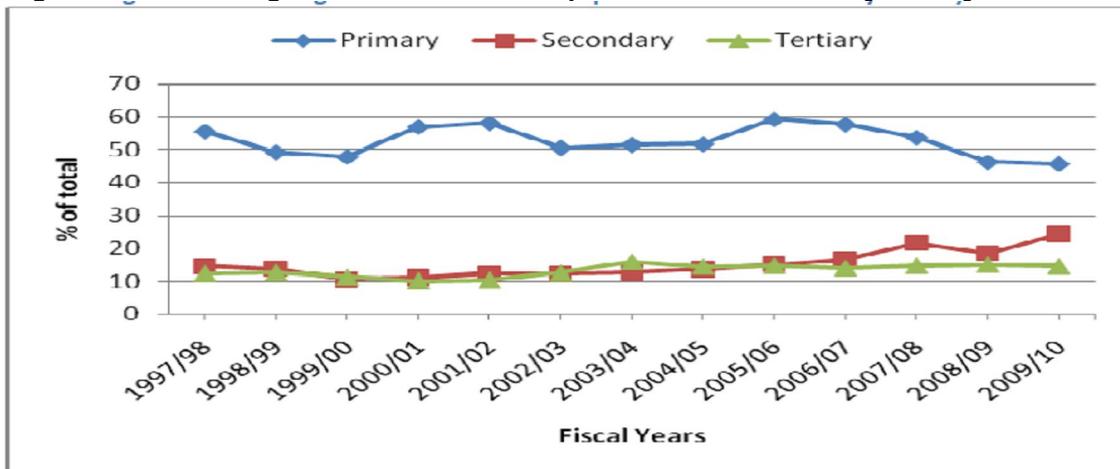
in a place a functional system to train tutors for all education levels and remunerate them adequately to ensure retention and avoid brain drain. In spite of the fact that education takes the largest chunk of the national budget, the share of education as total government expenditure has continued to decline as indicated in the figures 7.7 and 7.8 below.

Figure 7.7: Proportion of Education Budget to the National Budget



Source: Budget Framework paper

Figure 7.8: Percentage of Total Education Expenditure Allocations by Facility Level



Source: Ministry of Finance Planning & Economic Development, 2009

7.14 Infrastructure Development

There is a high sense of resignation when discussing Uganda's services delivery infrastructure most of which is in a pathetic form and in an appalling state. The urgent need for government to develop environmentally sound technologies, and physical infrastructure that meet the needs for electricity, sanitation, clean water, education and health across the country is more urgent than it ever was before Uganda got independence, the rate of infrastructure development stagnated since the 1970s while the population continued to rise rapidly.

Good quality infrastructure is a key ingredient for sustainable development. All countries need efficient transport, sanitation, energy and communications systems to prosper and provide a decent standard of living for their populations. Unfortunately, Uganda possess poor infrastructure essential for services delivery, growth and ability to trade in the global economy which in today's economy acts as the engine to alleviate poverty and improve the standards of living.

7.14.1 Road Infrastructure

The total national road network is estimated to be 78,100 km of which 4 per cent is paved. Most of this is in a sorry state especially district roads (17,500 km), Urban Roads (4,800 km) and Community Access Roads (35,000 km). While government has recently through the UNRA has embarked on improving the state of the national roads, there is a continued deterioration in the community access and urban roads in particular which have suffered from neglect or shoddy works. The possible impact of good community roads can be far reaching especially for women and most other vulnerable groups in the community to access various government services. While government has made efforts to expand the health services delivery infrastructure, good roads and transport systems are crucial to timely access to these facilities as shown in table 17 and figure 7.9 below.



Source: The Observer –A photograph showing the Reconstruction of Kampala – Masaka main road

Table 17: Distribution of Health Facilities by category of Ownership in Uganda

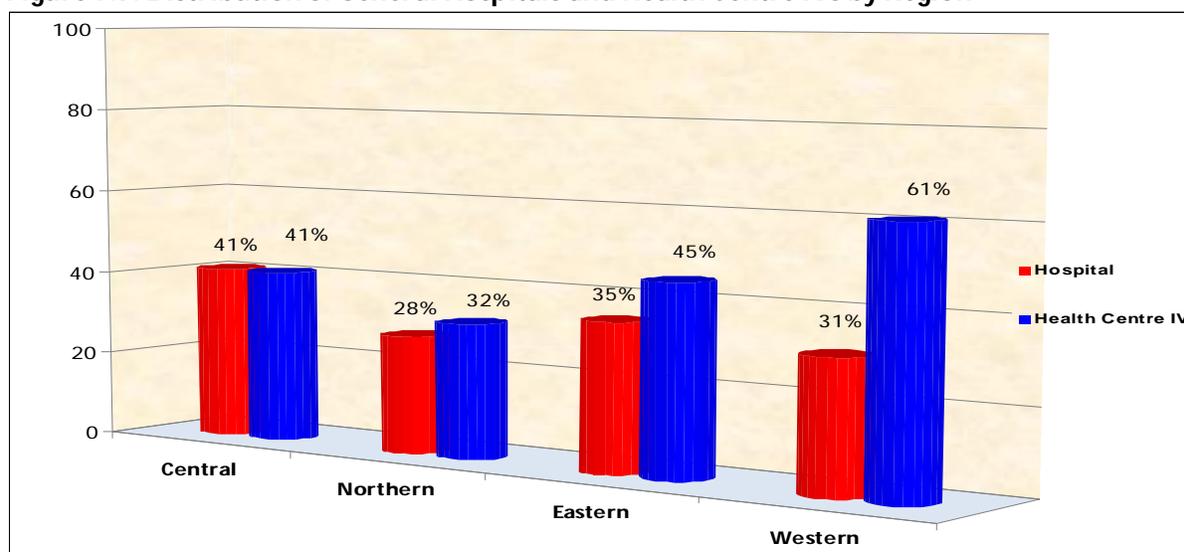
Health Facility Level	2004			2006			2010		
	Govt.	PNFP	PFP	Govt.	PNFP	PFP	Govt.	PNFP	PFP
Hospital	55	42	4	59	46	8	65	57	9
Health Centre IV	151	12	2	148	12	1	165	12	1
Health Centre III	718	164	22	762	186	7	847	243	26
Health Centre II	1,055	388	830	1,332	415	261	1,578	498	958
Total	1979	606	858	2,301	659	277	2,655	801	994

Source: Ministry of Health, Infrastructure Division, 2004, 2006 and 2010

7.14.2 Health Infrastructure

Besides road access problems most hospitals lack a proper referral system and emergency response capability in form of hospital equipment, ambulances and maintenance systems. Utilities like electricity and, poor sewage and drainage systems with water often in short supply, overcrowding in the hospitals, limited bed capacity (only 2,683 beds in total in the regional referral hospitals) with an estimate 226,852¹⁰ admissions in regional referral hospitals every year, in poor or dilapidated buildings all impact on the general hospital hygiene and increase on the cost of treatment due to delayed recoveries.

Figure 7.9: Distribution of General Hospitals and Health Centre IVs by Region



Source: Ministry of Health, Infrastructure Division, 2004, 2006 and 2010

7.14.3 Education Infrastructure

The educational sector has equally had its fair share of infrastructure challenges; the UPE and USE programs exposed the total neglect by government to invest in expanding and maintaining the colonial infrastructure. Classroom space has been a major concern in most UPE schools especially the

¹⁰Source: Ministry of Health-Resource Centre (Annual Reports 2009/10)

rural schools where UPE is very much appreciated, children study under trees, inability to ensure safety in schools has seen several school fires, fatal lightening incidents and sometimes collapsed classroom blocks causing bodily injuries and death. The failure to adequately finance the capacity expansion required to much the increase in enrolment at primary and secondary levels under the medium term expenditure framework points at the ineffectiveness of the government's response mechanism in fulfilling its service delivery obligations to the population. While government has tried to counter capacity challenges by promoting a vibrant private sector investment in the education sector, this is mainly concentrated in secondary and tertiary education and has also created significantly inequalities in the educational services between the public and private schools, the rural and urban schools and access to quality education. These inequalities are beginning to manifest in the high rates of school dropouts from and poor grades among the UPE and USE schools.



Photo by Population Secretariat in Katakwi district, 2010

Finally it is important to note that physical infrastructure development is crucial for effective services delivery, government planning mechanisms seem to promote very ambitious service delivery models but ignore the required infrastructure development needed to deliver these services. Government needs to moderate its planning procedures to provide an integrated approach to account for all the building blocks needed to deliver the proposed services. Fifty years down the road Ugandans seem to believe less and less that government is committed to real service delivery beyond just knee jack responses to the population's outcry.

7.15 The Future of Service Delivery in Uganda

The future of service delivery in Uganda is going to depend on some very critical interventions from government to address the population growth which at 3.2% is one of the highest in world. Besides

nearly 56% of the population is a dependent or non-product population. Most worrying is the fact that at the current growth rate Uganda's population will continue to grow faster than government's capacity to deliver vital services. The linkage between the population growth and the quality of service delivery is strong. A high population continuously puts tremendous pressure on the system's capacity to deliver social services, and the case of Uganda where the rate of infrastructure development, human resources capacity development and budgetary allocation does not match the population growth trends, the future of services delivery is not bright. Uganda's population structure is equally worrying with 49.9% of the population under 15 years with less than 48% of the population being in position to engage in productive activities, the economic pressures of maintaining a large proportion of a non-productive population has far reaching effects to services delivery. At a fertility rate of 6.7 and a high rate of teenage pregnancies, the situation is likely to get worse in the future.

While economic liberalization policies have been heralded for improving the quality of commercial services, it has also resulted in increased neglect from and abdication of the service delivery role by government, while poverty statistics suggest that the poverty levels have dropped significantly over the last two decades, the actual proportion of Ugandan's that are able to afford private sector commercial services like education, medical services, water and even security is very small. The larger majority is still dependent on the government, a reason there is sufficient or even excess capacity in the private sector, but insufficient capacity in the public sector. Governments focus on industrialization and security at the expense of building national capacity to offer social services was a strategic mistake that must be corrected. This will requires that government begins to re-assume the responsibility of putting in place a social welfare and a national medical insurance program to cater for the dependent population especially the elderly, a national apprenticeship and human resources development programs to promote job creation, reduce on the young dependent population, unemployment levels and develop vital infrastructure to support services delivery at the present and future level of demand.

Strategic services like reproductive health services which include family planning, obstetric care and post natal care are critical to the management of population growth and the quality of life of the population. Research has shown that key indicators like infant mortality rates, maternal mortality rates, morbidity rates and fertility rates as well age of first marriage are all related to the effectiveness of health services system, access to educational services, unemployment and services delivery infrastructure. Some of the reasons besides traditional myth, for the high fertility rates 6.7% in Uganda include the view among the poor and lowly educated that having many children is an insurance against death, since the system does not guarantee child survival to adulthood. Efforts to curb population growth and improve the quality of services must address the real root causes other pay lip service.

7.16 Conclusion

Uganda's decentralization process falls short of achieving its service delivery targets. Many reasons can be cited for this, such as lack of total autonomy of the local governments, tight fiscal control by higher government and capacity constraints. To overcome these shortcomings the process of decentralization has to be properly sequenced. Public service delivery has to resonate with the needs of the poor and the accountability of government to local communities has to improve. Uganda's decentralization process falls short of achieving its service delivery targets. Obwona *et al* (2000) indeed note that; "financial and institutional constraints have adversely affected the ability of the sub-national governments to adequately deliver services of sufficient quality."

7.17 Policy Recommendations

The state of services delivery in Uganda, from independence shows that its has moved from good to worse in the first 30 years, there was a glimmer of hope under the structural adjustment programs which were implemented by the NRM government in the early 1990s which resulted in rehabilitation of various services delivery infrastructure especially the water sector, the health sector, the educational sector, road infrastructure and national security though much was concentrated in the urban towns. However much of these interventions ignored the important component of human resources development, which together with corruption in government, shifting government priorities and the rapid population growth have significantly undermined the ability and quality of services delivered by government. The recent civil unrest in form of strikes is an indication of the population loss in faith in the government's ability to live to its obligation. To address this situation government should make policy considerations that can help reverse the current trend for a better future services delivery structure; some policy proposals include;

1. **Develop and integrated services delivery model that is response to the social needs of the people and the current and projected future population structure of Uganda.**

The current population structure is not sustainable for future services delivery, with a large non-productive population, a high population growth rate and increasing teenage pregnancy rates in the country it will be impossible to check the population growth rate a factor that will jeopardize government efforts to improve on the quality of public services. In order to improve services delivery government should considered an integrated services delivery development package which should focus on managing the population growth rate, increasing the proportion of the productive population through job creation and reduction of teenage pregnancy rates and increase investments in the educational services so as to create the financial capacity for the population to take up services and reduce the pressure on public service by increasing the number of people using private services. This calls for simultaneously addressing the various components of services delivery rather than piece mill

intervention. For instance government efforts to increase access to financial services have severally failed because making funds available without making a provision for the development of vital delivery infrastructure and technical capacity to implement undermined the performance of programs like the “entandikwa”, “bona bagagawale” and now the youth fund. Political structures which seem to be favored by government presently are the least suitable to deliver services that require technical input of professional experts.

2. **Government restore planning discipline in public institutions and rally national efforts for services delivery through a systematic decision making, priority setting and long term multi-sectoral planning, management system, policy-based approach to infrastructure development, maintenance, human resource capacity and services delivery modeling to achieve equitable access, distribution and delivery of services.** Political influence peddling which often overrides the technocrat views has negatively impacted on services like health services, human resources development and accountability mechanisms. This has rendered the current approach by government towards services delivery at the least “haphazard”, reactive decision making motivated by electioneering interests rather than national interests has undermined services delivery. The unplanned creation of district against advice from the technocrats has been one of the major issues in the recent times promoted as an attempt to bring services closer to the people, unfortunately the contrary appears to be true. Politicians have hijacked the planning process and relegated the technocrats to the back seat something that has led to significant loss of public funds in botched procurements, failed or non-feasible projects, corruption and brain drain. This in return has undermined various services delivery programs that have been well intentioned by government.
3. **Empower local governments to have a stronger mandate over central government policies on services delivery.** Local governments under the decentralization system have the responsibility to implement central government policies on service delivery but often lack the control or mandate to effectively implement these policies. The example of UPE where local governments are charged with managing the delivery of education services, but have no control or limited mandate over policies from the central government in the education sector have resulted in uncoordinated planning leading to poor qualitative outputs; the central government policy on automatic promotion of UPE beneficiaries has been blamed in the declining quality of education in public and even private schools involved in the UPE program.
4. **Government must curb the proliferation of districts.** The proliferation of districts is placing more responsibility for support supervision and monitoring on the line ministries, yet

the ministry budgets are not necessarily increasing proportionately to cater for the rising need for more field staff, vehicles and time. Within the newly created districts, the weak institutional and human resource capacities have compromised the quality of services offered to the public contrary to the justification that creation of districts brings services closer to the people. This may have been true initial but has not gone past the critical phase and instead has had negative returns. To address the critical human resources challenges in the already created districts government should create service delivery center by grouping non-viable political districts under a fully staffed shared services center with all the requisite skills and resources to provide the necessary resource leverage for services delivery.

5. **Prioritize access to reproductive health and family planning services.** Population growth has a major bearing on services delivery infrastructure, quality of services offered and the national coping mechanisms. With 34% of unmet family planning needs in a country where contraceptive prevalence is only 30% makes grim reading. Government must make it a policy that every health center must have capacity to offer family services in order to increase access to family planning and education services. Besides family planning, reproductive health as a whole is a neglected component of the health services system and government needs to address this mismatch if it must check the population challenges faced now.

References

Governing Health Services Delivery in Uganda; A tracking Study of Drug Delivery Mechanisms. Research report No.1, Economic Policy Research Centre January 2010.

Ministry of Health Statistical Abstract 2010

Uganda: Population factors and the National Vision; Population Secretariat, Ministry of Finance, Planning and Economic development, November 2009.

Ministry of Education and Sport; Revised educational sector strategic Plan

The National development Plan 2010-2015

Water and Environment sector performance report 2011; Ministry of Water and Environment.

Laura Nyirinkindi (2007), Economic and Social Rights; Service Delivery and Local Government; Human Rights & Peace Centre.

Ministry of Health; Reducing poverty through promoting people's health; National health Policy 2009 *Ministry of Health-Resource Centre (Annual Reports 2009/10)*

http://www.indexmundi.com/uganda/demographics_profile.html

Uganda Demographic and Health Survey 2011, Uganda Bureau of Statistics

Uganda: Demography and Economic Growth in Uganda; Poverty Reduction and Economic Management Unit Africa Region, December 2011

United Nations World Population prospects (2012)

The Local Governments Act 1997 and as amended in 2001, 2003, state that, there shall be administrative units based on the district as a unit under which there shall be lower local governments and administrative units. The lower units may take the form of a local government at District, City status or Municipality levels.

The medium term planning framework has since been transferred and revised within the newly established National Development Plan (NDP).

Health Sector Strategic plan III, 2010/11-2014/15

Ministry of Health annual reports 2009/10

M. Guloba et al (2010), Strengthening Institutions to Improve Public expenditure and Accountability Project; Public Spending in the Educational Sector in Uganda. Evidence from Benefit Incidence Analysis. EPRC, The Global Development Network June 2010.

CHAPTER 8

ENVIRONMENTAL GOVERNANCE FOR SUSTAINABLE AND EQUITABLE DEVELOPMENT

8.1 Background

Environmental governance is the exercise of authority over environment and natural resources (ENR). It is about “being in charge” and includes; the ENR management institutions, policies and legislative frameworks, and the processes under which environmental decisions are made and implemented. The efficiency of these ENR frameworks, the quality of the decisions made and the effectiveness of their implementation processes influence the rights of access to the use of natural resources, the levels of public participation, accountability and transparency in resource use. In turn, the degree to which these elements of good environmental governance are adhered to influences the attainment of sustainable and equitable development goals.

Sustainable and equitable development are the cardinal goals of Uganda’s development policy as indeed reflected in Vision 2040 and the National Development Plan, 2010/11–2014/15 which is the country’s strategic development framework. Among other requirements, sustainable and equitable development is based on the resilience and productivity of the environment and its ecosystems. The environment and its ecosystems¹¹ provide the basics that sustain life such as; the food we eat and water we drink and use in agriculture and industry, fish, timber, crops and recreation. Other ecosystem services include; the natural processes that purify water and air, the decomposition and recycling of nutrients and many other essential functions that support our survival. The environment and its ecosystems therefore are pre-requisites for livelihood security and human development and they assume a central role in a country like Uganda whose development prospects are based on its ENR base.

Population and human wellbeing are closely linked to the quantity, quality, diversity and productivity of the environment and its ecosystems and these are in turn linked to the nature, efficiency and effectiveness of the environmental governance systems. Because of their central and irreplaceable role in our wellbeing, ecosystems are the focus of environmental governance (WRI, 2002-2004). Environment and natural resource decisions therefore, including how they are made, who makes them, what is decided and how effectively they are implemented affect human welfare and are indeed the key determinants of sustainable and equitable development. These ENR decisions assume a high

¹¹ An Ecosystem is a community of interacting organisms and the physical environment they live in. They are the biological engines providing goods and services that support life and are the basis of the Ugan da’s economy.

level of significance in Uganda where 87% of the population lives in rural areas and 66% depend on agriculture for employment and earnings (World Bank and UBOS, 2012).

Bad environmental governance decisions and policies that perpetuate inequitable access to natural resource wealth are a recipe for disasters, conflicts, environmental degradation and impoverishment as indeed demonstrated in many resource rich but income poor countries in Africa such as the Democratic Republic of Congo (DRC). Disputes over land, water, forests, rangelands, and other natural resources are increasing in Uganda and are closely related to the country's demographic dynamics. These emerging resource conflicts whose frequency and intensity are increasing, place further demand on the environmental governance system to provide resource conflict prevention and resolution mechanisms. Putting the environmental governance question right in terms of promoting sustainable and equitable access and sharing of benefits from the use of natural capital is especially important at this critical stage as Uganda prepares to exploit her Oil and Gas resources.

Against this background, this chapter therefore attempts to demonstrate the strong linkages between environmental governance and the attainment of sustainable and equitable development and ultimately prosperity for all. The chapter examines good environmental governance as an indispensable tool and vehicle for delivering sustainable and equitable development, and indeed human development and then makes recommendations for their attainment with specific reference to Uganda.

8.2 Sustainable and Equitable Development

Sustainable development is the development that meets the needs of the present generation without compromising the ability of future generations to meet their needs. Sustainable development involves the attainment of three interdependent objectives i.e. economic growth, social well being and equity, and protection of the environment in an integrated and balanced manner as illustrated in figure 8.2. Governance is the fourth dimension of sustainable development that galvanizes the other three dimensions of sustainable development.

Figure 8.1: Conceptual framework on Linking Environmental Governance to Sustainable and Equitable Development

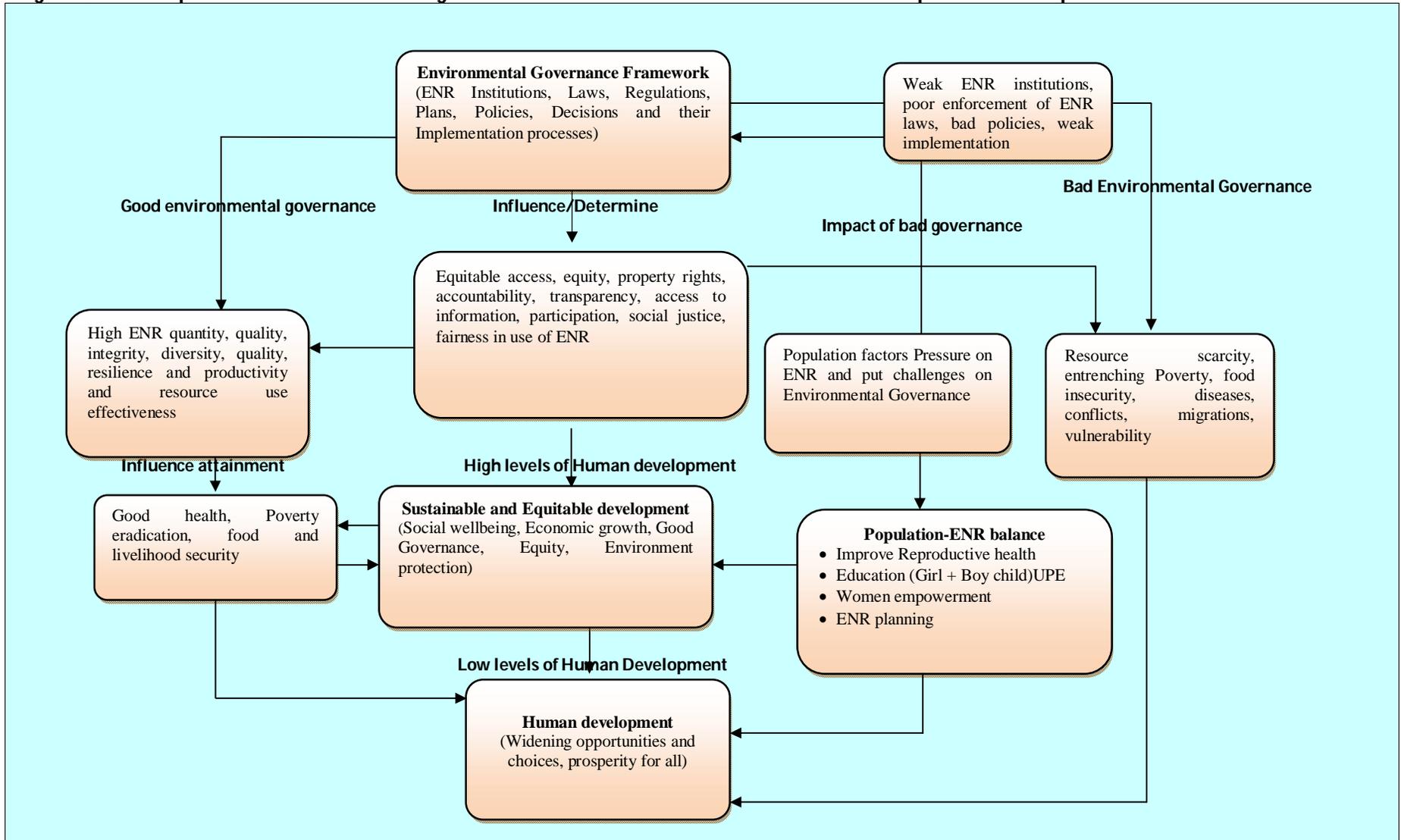


Figure 8.2: The Four Dimensions of Sustainable Development



Source: Partnership for African Environmental Sustainability

Equitable development and equity are pre-requisites as well as elements of sustainable development. Equity takes various forms including: inter-generational equity i.e. equity between the present and future generations; intra-generational equity i.e. equity within the same generation; regional equity i.e. equity between regions within a country such as rural and urban areas and gender equity i.e. equity between men and women. Equitable development ensures equal access to opportunities and is a requirement for prosperity for all. Although, equitable development is the desired goal as indeed reflected in the country's development frameworks, Uganda still experiences various forms of inequality.

8.3 Current Inequalities in Uganda

While income poverty has been reducing with the proportion of Ugandans whose expenditure is below the poverty line i.e. expenditure below US \$1 per day (head count poverty), falling from 56% in 1992 to 24.6% in 2011, the level of income inequality as measured by the Gini coefficient increased from 0.365 in 1992/03 to 0.426 in 2009/10 as shown in table 18 below. The Gini coefficient is a measure of income inequality and is a number that lies between 0 and 1, where 0 corresponds to perfect equality and 1 corresponds to perfect inequality.

Table 18: Trends in Income Inequality based on the Gini Coefficient

Residence	1992/3	2002/03	2005/06	2009/10
Uganda	0.365	0.428	0.408	0.426
Urban	0.396	0.483	0.432	0.447
Rural	0.328	0.363	0.408	0.375
Western	0.319	0.359	0.342	0.375
Central	0.395	0.460	0.417	0.451
Eastern	0.327	0.365	0.354	0.319
Northern	0.345	0.350	0.331	0.367

Source: UNHS various years and IHS 1992/3.

8.3.1 Gender dimensions on the rights of access and ownership over natural resources

Although gender¹² participation in politics in Uganda has been enhanced by the representation of women, youth and people with disabilities at various levels including the parliament, the situation is different when it comes to natural resources. A review of the current mode of access to and ownership of natural resource in Uganda reveals a gender disparity, with women much as they are the most dependant on natural resources in terms of employment, not owning the resources they use especially the land resource. The inequitable access to the use and ownership of natural resources, particularly land, partly explains the gender dimensions of poverty, with women constituting the majority of the poor in the country. It is now widely recognized that the lack of control over productive resources by women remains one of the root causes of poverty.

A review of the current ENR governance framework reveals that gender equity issues, perspectives and interests have not been adequately integrated and enforced in environment and natural resource management policies and programmes. Women tend to have weak rights over land and natural resources making them vulnerable to displacement by more powerful groups. The exclusion of the poor, particularly the women from environment and natural resources ownership adversely affects the attainment of the sustainable and equitable development goal including the MDGs at a wider level.

8.3.2 Gender Inequality Index (GII)

The Gender Inequality Index (GII) reflects gender based inequalities in three dimensions- reproductive, health, empowerment and economic activity. Uganda has GII of 0.577, ranking 116th out of 146 countries on the 2011 index as shown in table 19 below.

¹² Gender refers to the socially constructed roles, rights, responsibilities and relationships in a specific society or culture. It is about inequalities, unfairness, and discrimination between men, women and other disadvantaged groups in tasks, responsibilities, and control over resources, decision making and opportunities.

Table 19: Uganda's Gender Statistics

GII Value	GII Rank	Female Seats in Parliament (%)	Population with the least secondary Education (%)		Labour participation rate (%)	
			Female	Male	Female	Male
0.557	116	37.2	9.1	20.8	78.3	90.6

Source: Statistical Abstract 2012

Gender inequalities impose high costs not only to women but to the rest of society manifested in low economic efficiency, low output and low human development.

8.3.3 The Marginalization of the Youth in the rights of access and ownership over Natural Resources

Natural resource ownership in Uganda also indicates an inclination towards the old generation, with the majority of the younger generation being discriminated against natural resource ownership especially the land resource. This is one of the push factors for the rural to urban migration which has adverse effects in terms of unplanned and unsustainable urbanization which in turn poses special environmental governance challenges in urban areas. Enhancing the role of the youth in natural resource management including improving the rights of access and ownership is important in the promotion of sustainable and equitable development in Uganda.

Environmental degradation intensifies inequality through adverse impacts on already disadvantaged people and inequality in human development amplifies environmental degradation (UNDP, 2011). Sustainability is inextricably linked to equity i.e. the questions of fairness and social justice and of greater access to a better quality of life.

Environmental degradation intensifies inequality through adverse impacts on already disadvantaged people and inequality in human development amplifies environmental degradation.

8.3.4 Linking environmental sustainability to poverty eradication and equitable development

The poverty status report of 2012 indicated that 24.5 % of Ugandans i.e. approximately 7.5 million people were classified as poor in 2009/10 (UBOS, 2011). The poor are disproportionately dependent on environmental goods including food, fuel, medicines and services such as; local climate modification, nutrient and water cycling, crop pollination among others for their incomes and livelihoods. These people are also particularly vulnerable to environmental shocks such as; landslides,

pollution, droughts and floods which unfortunately are increasing in frequency and intensity. Yet poor people often lack rights of access to and control over natural resources, other than those that have been degraded. The lack of secure rights, combined with low incomes and the short term horizon of the poor discourages them from long-term investment in the long term sustainability of their environmental assets on which they depend.

Improved environmental governance through enabling secure property rights and equitable access to and use of natural resources, is key to achieving equitable development and lifting the poor out of poverty. It has greater multiplier effects on poverty eradication given that the majority of the poor derive their incomes and livelihoods from ENR and it is rural based where again the majority of the poor live. Improved environmental governance is therefore an investment in the assets of the poor and a means of empowerment of the poor especially the women. Ensuring environmental sustainability (MDG-7) is at the centre of achieving the other Millennium Development Goals (MDGs) including those goals related to poverty, gender, education and health.

8.3.5 Environmental Sustainability and Health

There is a growing recognition of the strong linkages between environmental sustainability and health outcomes. Environmental factors are a significant determinant of health and several health management activities such as the use of DDT for disease control and medical waste management have considerable environmental implications. On the other hand, poorly managed environments increase the risks of diseases and vulnerabilities and increase the cost of managing otherwise avoidable environmental diseases. It is indeed quite evident that preventable environmental related diseases are the major contributors to the current disease burden in Uganda with Malaria alone accounting for 48.2 % of the morbidity between 2006-2010 (UBOS 2011).

8.4 The Impact of Demographic Dynamics on Environmental Governance and the attainment of Sustainable and Equitable Development

8.4.1 Impact of High Population Growth Rates on Environmental Governance

Demographic dynamics including; migration, mortality and fertility rates are contributing to the unsustainable consumption and production patterns and are increasingly putting severe pressure on land, water, air, energy and other resources including life supporting systems. Uganda's population factors and variables characterized by rapid growth rates (3.2%), the dominance of a young and dependant population (52%), and the emerging trends of lavish lifestyles and unsustainable consumption patterns have increased resource demands and is overstretching the capacities of the country's life supporting ecosystems. These in turn have created significant environmental governance challenges. Encroachment on wetlands, forests and protected areas is on the increase and it is becoming increasingly difficult to enforce compliance to environmental laws and regulations.

High population growth rates and densities in areas such as Bududa and Bulambuli districts and the increasing scarcity of land in these areas has led to settlement and cultivation on the slopes of Mount Elgon. The clearing of vegetation including forests on the mountain slopes which hold the soils together has left the people vulnerable to land slides and mudslides during heavy rains that have caused losses of lives and property as well as displacements and dislocations. In order to ease the population pressure in the fragile Mt. Elgon ecosystem and the environmental and health risks it poses, migrations to other areas have been encouraged and resettlement programmes to Kiryandongo organized. It is however, not clear whether the design and formulation of these resettlement programmes took into account the resource needs, waste production, ecosystem health and other environmental considerations in choosing these new settlements.

8.4.2 Impact of Migrations on Environmental Governance

Population pressure, environmental degradation, the increasing natural resource scarcities and the related conflicts, environmental risks and natural disasters are becoming the major drivers of displacements and internal migrations. A new phenomenon of environmental refugees is clearly unfolding. The unplanned nature of these migrations is compounding the challenges of environmental governance as some of the new settlements are in marginal lands and fragile ecosystems such as wetlands, forest reserves and protected areas. This has necessitated massive evictions from the fragile ecosystems which again increases human suffering and vulnerability.



Landslides in Bududa that destroyed lives and property (Source: <http://www.ugandaclusters.org>)



Source: The Daily Monitor (20th July, 2012) A huge rock that rolled down and destroyed a house in Bududa

8.5 Towards A Population-Environmental Balance: Integrating Population and Environmental Governance Policies

The diminishing natural resource base against an increasing population sparks off resource scarcities, and the challenges it presents calls for the prioritization of population issues in environmental governance policies if sustainable and equitable development is to be achieved. Sustainable and equitable development policies should recognize and address the linkages between demographic trends and factors, resource use, appropriate technology dissemination, and development. Population policy should also recognize the role played by human beings in environmental and development concerns. In the medium to long term, government has to sustain programmes aimed at bringing population growth within the carrying capacity of environmental resources (UNDP, 2005). In order to maintain a balance between the environment and human development, population growth has to be controlled. In addition, government has to promote investment in technologies that generate more value addition to the use of environmental resources.

8.5.1 Linking Family Planning to Sustainable and Equitable Development

Family planning using a variety of methods to control pregnancy, allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. Family planning is now regarded as a human right as well as an emerging engine of economic growth, poverty reduction, women empowerment and a requirement for sustainable and equitable development.

From the ENR management perspective, family planning allows women and families to better manage households and natural resources, Family planning enhances environmental sustainability and plays a central role in balancing unprecedented demands in numbers of people and per capita resource consumption, with the environment's ability to provide as well as reduce negative impact on the air, land, water and habitats accruing from high population. In Uganda, family planning programmes are very important in supporting environmental governance because many of the environment management challenges facing the country today accrue from population pressure on natural resources.

8.5.2 The Role of Environmental Governance in Achieving Sustainable and Equitable Development

Uganda's current development path is not sustainable (NEMA, 2010). The country is facing severe environmental degradation including; loss of biodiversity, deforestation, encroachment on wetlands, soil erosion and declining land productivity, pollution of land, water and air resources among others. All these are indicators of environmental failure due to poor environmental governance resulting from decisions taken without transparency, stakeholder participation and full accountability. A recent report released by the United Nations indicated that the sharp rise in the loss of species and ecosystems is perceived by banks and insurance companies to be of a greater economic risk than international terrorism. The declines in biodiversity are estimated to cause a severe \$10bn-\$50bn impact on business (UNEP, 2010).

Good governance is crucial for the sustainable management of ecosystems which are a key underpinning sustainable economic growth and human development. Given Uganda's dependence on environment and natural resources both in the present and foreseeable future, environmental governance is at the heart of her social and economic progress. Indeed, the country's declared goal of prosperity for all is unattainable without putting the environmental governance question right.

Good environmental governance is now recognized as one of the most important factors in realizing a nation's development potential and reducing poverty (WRI, 2002-2004). Sound environment and natural resource management institutions, prudent environment policies, transparent processes, access to information and popular participation in decision making are all necessary for sustainable and equitable development.

Good environmental governance is now recognized as one of the most important factors in realizing a nation's development potential and reducing poverty.

8.5.3 Access Principles

The 1992 Rio declaration of the United Nations Conference on Environment and Development which was endorsed by the World leaders including Uganda, spelt out the access principles. These principles which are the building blocks for good environmental governance include; access to information about the environment, the opportunity to participate in the decision making process and effective access to judicial and administrative proceedings.

8.6 The Key Elements of Environmental Governance

Uganda has developed the necessary institutional and strategic frameworks for public participation, democratization, accountability and transparency and has put in place most of these elements of governance. These include the Anti-corruption division of the High Court, the Inspector General of Government, the Auditor General's Office, the Public Procurement and Disposal of Public Assets Authority, and the Department of Ethics and Integrity. Other processes include: the National Anti-corruption Strategy, the Leadership Code, the Client Charter and whistle blowing. While these institutional and strategic frameworks are in place which is indeed commendable, they hardly serve the environmental cause. Integrating environmental governance concerns into the existing institutional and strategic frameworks is therefore of paramount importance. A good environmental governance system should have the following key elements:

1. **Institutions and Laws:** The major questions are who makes and enforces the rules of using natural resources? What are the rules and penalties for breaking them? Who and how are disputes resolved? Enforcement of environmental compliance is a major challenge in Uganda today partly because of high levels of impunity, respect of force rather than reason, weak and under funded environment and natural resource management institutions. In order to achieve sustainable and equitable development, strong institutions are needed at all levels including; community, local, sub-national, national, regional and international levels that are effective, transparent, accountable and democratic.
2. **Level of participation and representation:** The key issues of concern are; public participation and influence of the rules and decisions over natural resources, effective representation of those who use and depend on natural resources. Addressing these concerns calls for access to information, public hearings, reviews and comments on major environmental, decisions, plans and actions. In fulfillment of this principle element of environmental governance, public hearings for example on the re-introduction of DDT and the Bujagaali and Karuma HEP dams were organized to guide decision making.
3. **Level of Authority:** At what level (community, local, regional, national and international) is the authority over a natural resource vested? In order to promote local control and influence over

the use of resources the decentralization policy was introduced and environmental management is now a decentralized function in Uganda. The fundamental question however, is; has it led to sustainable and equitable development?

4. **Accountability and transparency:** This principle demands that those who control and manage natural resources are answerable for their actions. The principle implies that the decision making process is open and subject to scrutiny for example through; performance reviews, stakeholders' meetings, Boards of Directors.
5. **Property rights and tenure:** Who owns controls and has legal rights over a natural resource? It is important to note that property rights over natural resources such as land are very weak in Uganda. There are increasing cases of displacements and evictions over land. Indeed, the village Census conducted in 2001 indicated that since 1993 the size of land held by the poor is continuously diminishing and is increasingly becoming concentrated in the hands of the few and that the middle and poorest categories have seen land ownership decrease significantly (PEAP, 2004). No wonder shortage of land is one of the leading causes of poverty. Many poor families in rural areas already have too little land to meet their own needs, and are depending largely on daily labour opportunities for survival (LEMU, 2006). The problem of landlessness or semi-landlessness is increasing and people are being caught up in a poverty trap of landlessness.

8.7 Decentralization of Environmental Management

The Local Government Act of 1997 decentralized environmental and natural resource management in Uganda and since then it is a responsibility of local governments. Decentralization¹³ of environmental management was designed to increase local ownership, participation and improve environmental policy through increased effectiveness, efficiency, transparency and accountability over the use of natural resources. Decentralization is therefore regarded as a redistributive tool for power and resources. However, decentralization of ENR management in Uganda has not led to improved environmental quality or equitable development, the ENR institutions are very weak, understaffed, under funded and are subject to manipulation by the local powerful elites.

8.8 Commitment to Implementation

While Uganda has good environmental policies, laws and principles, there is still a big gap between commitment and action that is necessary to bring about sustainable and equitable development. There is therefore an urgent and critical need for renewed political commitment to sustainable development demonstrated among other ways by increased political support and budget allocation to enable environmental institutions to effectively carry out their mandates.

¹³ Decentralization is the process where a central government relinquishes some of its management responsibilities or powers to a local government, local leader or community institutions.

8.9 Natural Resource use Efficiency

In spite of the declining resource stocks, diversity and the increasing resource scarcities, resource use efficiency in Uganda is very low. Resource misuse, under use and wastage are widespread, implying that the current environmental governance framework has failed to achieve maximum resource productivity, optimal use and efficiency. The contributing factors are the low technologies and innovations in the use of natural resources, the low skills base of the natural resource users and the limited investment in value addition to natural resources.

8.10 Natural Resources Planning and Accounting

The current development paradigm does not adequately take into account natural resource planning. Yet, natural resource planning and accounting promote sustainable resource use practices such as sustainable land management and raises public awareness about the importance of protecting and conserving natural resources. It provides management guidance, promotes stewardship of the natural resources and integrates their protection into the national development process. As a starting point, there will be need to develop relevant environment indicators for inclusion in national household surveys and subsequently Uganda's National Accounts (NEMA, 2010). The inclusion of environmental data in national economic indicators will cause the re-prioritization and mainstreaming of environmental concerns into the national development agenda.

8.11 Challenges of Environmental Governance in Uganda

1. Population factors and variables are posing critical challenges to environmental governance. Evidence is emerging that many conflicts are sparked off by population driven environmental scarcities, inequitable access to ENR and benefit sharing of these resources, compounded by declining resource productivity and poverty. This is most evident in the cattle corridor where water scarcity and diminishing grazing land triggers conflicts, displacements and migrations.
2. The share of the ENR sector in the national budget has continued to decline, for instance, from 2.6% in FY 2008/09 to 1.09 in FY 2010/11. Funding to other sectors on the other hand, has progressively increased thus creating a contradiction between policy commitment and resource allocation.
3. Limited environmental management capacity including staffing levels, retooling and equipping. For instance, under the Department of Environment Support Services (DESS) only 6 out of the 18 established posts are filled. While under many local governments the Natural Resource Department is grossly understaffed with some local governments having only one officer to manage environment, forests, wetlands and land (Mugenyi, Kaggwa et al, 2011).
4. Compliance enforcement. While Uganda has good environment laws and policies, enforcement of compliance to them is still a big challenge. The enforcement problem is compounded by the

limited funding to the ENR management institutions, the emerging culture of impunity, the high population growth and the increasing pressure it puts on ENR.

5. Trans-boundary nature of environment complicates environmental governance. Environment and natural resources cross districts within the country for example, Lake Victoria and Mabira Forest as well as nations such as the River Nile, Lake Victoria, Lake Albert and Mountain Elgon among other trans-boundary resources. Effective management of such trans-boundary resources calls for coherence and harmonization of policies and implementation mechanisms at local, national and regional levels.

8.12 Conclusions

To spur the contribution of environmental resources to national economic development, it will be necessary to improve environmental governance with specific focus on compliance and enforcement as well as the participation of all stakeholders (NEMA, 2010). Good environmental governance is crucial for the sustainable management of the environment and natural resources in Uganda which underpins sustainable and equitable development. The integration of environment and development concerns and commitment to their total implementation is important for the fulfillment of basic needs, prosperity for all, better protected and managed ecosystems and a safer and more prosperous future as espoused in the national vision. All these attributes of sustainable and equitable development are closely linked to good environmental governance and without it, they cannot be attained. Given the strong linkages between population, environment and development, there is a need to develop and implement integrated governance policies and strategies to mitigate both the adverse impact on environment of human activities and the adverse impact of environmental change on human populations.

8.13 Policy Recommendations

1. Create an understanding and appreciation of the relationships between population dynamics, environmental governance and the attainment of sustainable and equitable development. Integrate population concerns into national planning, policy and decision making and implementation processes at community, local and national levels.
2. Formulate and implement integrated environmental governance policies taking into account the synergistic relationship between Uganda's demographic trends and factors, and sustainable and equitable development.
3. Mainstream environmental thinking and planning into economic growth and development decisions as a means of balancing social, economic and environmental concerns including population issues.
4. Improve institutional accountability as an important requirement in reforming environmental governance systems

5. Encourage and facilitate wider public awareness, education (both formal and informal) and capacity building to help empower individuals and communities to take direct action towards sustainable development and environmental protection.
6. Implement policies that achieve economic stability, sustained economic growth, and promotion of social equity and protection of the environment, while enhancing gender equality, the empowerment of women and fostering equal opportunities for all.
7. Widening income inequalities and increasing regional disparities are emerging in Uganda. Given the heavy dependence of the poor on the environment and natural resources, investment in its continued productivity is one of the strategic interventions for reducing income and regional inequalities and making prosperity for all a reality.
8. Support enforcement of compliance to environmental laws, policies and their implementation processes through strengthening of ENR management institutions including increasing their budget allocations and facilitation to the newly created Environmental Protection Police (EPF).

References:

Economic Development Policy and Research Department (2012), Poverty Status Report; Kampala; Ministry of Finance, Planning and Economic Development

Ejigu (2011), Partnership for African Environmental Sustainability, International Institute for Environment and Development (2009)

Environment and Governance (www.iied.org)

<http://www.un.org/esa/dsd/agenda21/res. Demographic Trends and Sustainability>

<http://www.wri.org>. *Journal of Governance and Access*

Mugenyi, Kaggwa et. al. (2011). Marginalization of Environment and Natural Resources Sub-sector: Undermining the Economic Base and Entrenching Poverty in Uganda (ACODE Policy Briefing Paper No. 24, 2011)

NEMA (2010), National State of Environment Report for Uganda, 2010

Potts, M. (2009), Linkage between Population, Environment, Resource Consumption, Climate Change and Sexual and Reproductive Health and Rights

Uganda Bureau of Statistics (2012), Statistical Abstract, Kampala

UNDP (2005), Uganda Human Development

UNDP (2011), Uganda Human Development Report

UNDP (2011), Uganda Human Development Report: Sustainability and Equity; Kampala; UNDP

UNEP (2010), CEO Briefing: Demystifying Materiality, Hardwiring Biodiversity and Ecosystem.

United Nations (1987), Brundtland Commission Report

United Nations Conference on Environment and Development (1992), Earth Summit Agenda 21: the United Nations Programme of Action from Rio

World Resources Institute (2008). *Voice and Choice: Opening the Door to Environmental Democracy*

World Resources Institute (2010). *Equity, Poverty and Environment*.

World Resources Institute, UNDP, UNEP and the World Bank (2002). *Decisions for the Earth: Balance, Voice and Power*.

Map 2: Map of Uganda showing Major Towns and Road Networks 2012



Source: Uganda Bureau of Statistics

DATA SHEETS

A: Summary of Key Demographic, Health, Social and Economic Development Indicators 2011

Indicator	Year of Reporting
A: Demographic	2011
1. Total Population mid-year projection 2012 (million)	34.1
2. Total Rural Population mid-year projection 2012 (million)	29.1
3. Total Urban Population mid-year projection 2012 (million)	5.0
4. Total Male Population mid-year projection 2012 (million)	16.7
5. Total Female Population mid-year projection 2012 (million)	17.4
6. Annual Population Growth Rate (%)	3.2
7. Total Fertility Rate (number of children per woman aged 15-49 years)	6.2
8. Rural Population Growth Rate (%)	0.0
9. Urban Population Growth Rate (%)	4.7
10. Population Density (number of persons per square kilometre)	*171
B: Social	
1. Literacy Rate (%)	73
2. Access to toilet facilities (% of Households) (%)	85
3. Access to safe drinking water (% of Households) (%)	73.8
C: Economic	
1. Population in Poverty (%)	24.5
2. Human Development Index	0.422
3. GINI Coefficient (Inequality measure in household consumption)	0.408
C: Health	
1. Maternal Mortality Ratio per 100,000 live births	438
2. Infant Mortality Rate per 1,000 live births	54
3. Under five Mortality Rate per 1,000 live births	90
4. Life Expectancy (years)	50.4
4. Contraceptive Prevalence Rate (%)	30
5. Supervised Deliveries (%)	59
6. Full Immunization (%)	52
7. Unmet Need for Family Planning (%)	34
8. Stunted Children (%)	47
9. HIV Prevalence Rate (%)	7.3

Source: Statistical Abstract 2012, UDHS 2011, Background to the Budget FY 2012/2013 and Human Development Report 2011

* Figure computed from 2012 mid year population projection.

B: Trends of Selected Demographic, Health, Social and Development Indicators 1995 - 2011

Key Indicators	Year of Reporting			
	1995	2001/2002	2005/06	2011/12
A: Demographic Indicators				
Total Population (million)	19.3	24.4	26.7	34.1
Total Rural Population (million)	17.1	21.4	22.7	29.1
Total Urban Population (million)	2.2	3.0	4.0	5.0
Total Male Population (million)	9.5	11.9	13.0	16.7
Total Female Population (million)	9.8	12.5	13.7	17.4
Annual Population Growth Rate (%)	2.5	3.2	3.2	3.2
Total Fertility Rate (number of children/woman aged 15-49 years)	6.9	6.9	6.7	6.2
Population Density (number persons per square kilometre)	*97	123	*134	*171
A: Health Indicators				
Infant mortality rate (IMR) per 1,000 live births	81	88	76	54
Under five mortality rate per 1,000 live births	147	152	137	90
Maternal mortality ratio per 100,000 live birth	506	505	435	438
Contraceptive Prevalence Rate (%)	14.8	22.8	23.7	30
HIV Prevalence rate (%)	6.0	6.4	6.4	7.3
Percentage of births delivered by a skilled provider (%)	39	39	41	59
Immunization rates against measles (%)	-	83	85	85
Immunization rates for DPT3 (%)	-	72	85	85
Children aged 6-59 months that are anaemic (%)	-	65	73	50
Prevalence of fever in Children under five years (%)	-	43.9	40.9	57.1
Latrine Coverage (%)	-	-	-	71
B: Social Indicators				
Literacy rate (aged 10 Years and above) (%)	-	70	69	73
Access to toilet facilities (% of Households)	-	83.8	88	88
Access to safe drinking water (% of Households)	-	62.6	67.6	73.8
Pupil - teacher ratio (Primary School)	-	53	57	49
Pupil - classroom ratio (Primary School)	-	87	72	58
Student - teacher ratio (Secondary School)	-	-	-	19
Orphanhood rates (Aged less than 18 years) (%)	-	13.2	14.6	11.5
National Public Expenditure on Education as % of GDP	-	-	4.0	3.2
C: Economic Indicators				
GINI Coefficient (Inequality measure in household consumption)	-	0.428	0.408	0.426
Urban Unemployment rate (%)	-	12.2	6.9	9.5
Mean per capita consumption expenditure (1997/98=100)	-	26,663/=	29,280/=	72,300/=
GDP per Capita (US \$)	-	280	370	533
D: Human Development Indicators				
Human development index	-	0.488	0.581	0.422
Life expectancy (year)	48.1	50.4	50.4	50.4
Percentage of population below the poverty line (%)	-	38.8	31.1	24.5
Human poverty index (%)	-	36.0	25.2	-
E: Gender Empowerment Indicators				
Gender Empowerment Index	-	0.549	0.583	-
Female Adult literacy rate (%)	-	59	58	61
Share of women in wage employment in the non-agricultural sector (%)	-	-	37	43.7

F: Burden of Diseases			
Malaria (%)	47.9	38	36.2
Cough or Cold (%)	18.5	16.3	19.3
Intestinal Worms (%)	10.9	6.1	5.2
Skin Diseases (%)	-	3.4	3.2
Pneumonia (%)	6.5	3.4	2.4
All Others (%)	16.2	32.8	33.7

Source: Statistical Abstract 2012, UDHS 2000/01, 2005/06, 2011, 2002 Population and Housing Census Main Report (2005), 1991 Population and Housing Census, Analytical Reports (1995), Volumes I, II and III, Background to the Budget FY 2012/2013 and Human Development Report 2010, Uganda AIDS Indicator Survey Report 2011

* Figure computed from 1995 and 2012 mid year population projections.

C: Millennium Development Goals (MDGs) - National Performance from 2000 to 2011

MDG No.	Millennium Development Goal	Millennium Development Goal (MDG) Indicator	Progress since 2000			Millennium Development Goal Target 2015
			2001/02	2005/06	2010/11	
1.	Eradicate extreme poverty and hunger	Percent of Population that is living below the poverty line	38.8	31.1	24.5	28.0
		Poverty gap	10.0	8.7	6.8	-
		Percent of underweight children (moderate and Severe under 5 years)	22.8	16	17	12.5
2.	Achieve universal primary education	Net enrolment ratio in primary education	84.0	81.8	83.2	100.0
		Literacy rate of 15-24 year olds	81.0	76.3	-	-
3.	Promote gender equality and empowerment of women	Ratio of girls to boys in primary schools	0.95	0.95	0.98	1.00
		Ratio of girls to boys in secondary schools	0.79	0.81	-	1.00
		Ratio of girls to boys in tertiary education	-	0.92	-	1.00
		Proportion of seats held by women in parliament	19.0	30.1	43.7	50.0
4.	Reduce/ child mortality	Infant mortality rate per 1,000 live births	894	76	54	31.0
		Under-five mortality per 1,000 live births	158	137	90	56.0
		Percent of 1 year old children immunized against measles	56.8	68.1	76	90.0
5.	Improve maternal mortality	Maternal mortality ratio per 100,000 live births	505	435	438	131
		Percent of births attended by skilled health personnel	39.0	41.1	57	90.0
6.	Combat HIV/AIDS, malaria and other diseases	HIV prevalence rate among 15-49 year pregnant mother	6.0	6.4	7.3	-
		Condom at last higher- risk sex among 15-24 years old	49.8	52.9	-	-
		Contraceptive prevalence rate among married women 15-49 years	23.0	23.6	30	-
		Proportion of 15-24 year old who have comprehensive knowledge of HIV/AIDS	28.0	35.1	39	-
7.	Ensure environmental sustainability	Proportion of land area covered by THF forest	21.3	18.3	-	-
		Proportion of population with access to an improved water source (Urban)	87.0	84	92.2	100
		Proportion of population with access to an improved water source (Rural)	57.6	63.6	69.5	70
8.	Develop a global partnership for development	Debt service as percent of export of goods and services	20.4	15.8	17.1	-
		Telephone fixed line subscriptions	59.472	100.777	464,849	-
		Cellular/Mobile subscribers	505.627	1,525,125	16,696,992	-
		Tele density (lines per 100 population)	2.35	6,14	52.1	-
		Fixed internet subscribers	9,500	30,000	88.786	-
		Mobile wireless subscriptions	-	358,228	977,500	-
		Estimated internet users	-	1,000,000	4,800,000	-

Source: UBOS Statistical Abstract 2012, UDHS 2000/01, 2005/06, 2011, UNHS 2009/10 and Uganda AIDS Indicator Survey Report 2011

D: International Conference on Population and Development (ICPD) Goals - National Performance from 1995 to 2011

ICPD Indicators		Progress in Achievement	
		1995	2000/2001
Mortality			
Infant Mortality Rate per 1,000 live births		97	89
Maternal Mortality Rate per 1,000 live births		505	505
Life Expectancy (years)	Male	46	48.8
	Female	51	52.0
Education			
Gross Primary enrollment	Male	48	130
	Female	36	124
Gross Secondary Enrolment	Male	-	38.2
	Female	-	30.4
Percent Illiterate (age above 15 years)	Male	36	22.2
	Female	55	42.3
Reproductive Health			
Contraceptive Prevalence	Any method	15	19
	Modern Method	8	14
Unmet Need for Family Planning		25	35
HIV Prevalence Rate (%) 15-49 years	Male	-	5.0
	Female	-	7.5
Women Age 15-19 that have began child childbearing (%)		43	31

Source: UBOS Statistical Abstract 2012, UDHS 2011, UNHS 2009/10, 2002 Population and Housing Census Main Report (2005), 1991 Population and Housing Census, Analytical Report, Uganda AIDS Indicator Survey Report 2011

E: Sub-Regional Performance in Achieving Millennium Development Goals (MDGs) 1, 2, 4, 5 and 6 from 2001/02 to 2010/2011

1: KAMPALA CITY COUNCIL AUTHORITY (KCCA) – Central, Kawempe, Makindye, Nakawa and Rubaga Divisions					
MDG No.	MDG Goal	MDG Indicator	Achievement of MDG Indicators		
			2001/2002	2006	2010/2011
1.	Eradicate extreme poverty and hunger	Severe Malnutrition (Stunting) (%)	7	3	1
2.	Achieve Universal Primary Education	Net Enrolment ratio in Primary Education	-	-	-
		Literacy Rate of 15-24 years old	-	-	-
4.	Reduce Infant and Child Mortality	Infant Mortality rate per 1,000 live births	55	54	-
		Child Mortality rate per 1,000 live births	49	42	-
		Under 5 Mortality rate per 1,000 live births	101	94	6
		Full Immunization (%)	42	47	6
5.	Improve Maternal Mortality	Ante Natal Care attendance (%)	99	97	9
		Supervised Delivery (%)	81	95	9
		Delivery in Health Facility (%)	79	59	-
		Unmet need for Family Planning (%)	23	23	-
6.	Combat HIV/AIDS, malaria and other diseases	Contraceptive Prevalence rate (%)	46	48	4

Source: Uganda Population and Housing Census 2002 and Uganda Demographic Health Survey 2001/02, 2005/06 and 2011

2: NORTH WEST SUB-REGION - Adjumani, Arua, Koboko, Maracha, Moyo, Nebbi, Yumbe and Zombo Districts					
MDG No.	MDG Goal	MDG Indicator	Achievement of MDG Indicators		
			2001/2002	2005/2006	2010/2011
1.	Eradicate extreme poverty and hunger	Severe Malnutrition (Stunting) (%)	15	15.3	5
2.	Achieve Universal Primary Education	Net Enrolment ratio in Primary Education	-	-	-
		Literacy Rate of 15-24 years old	-	-	-
4.	Reduce Infant and Child Mortality	Infant Mortality rate per 1,000 live births	106	98	-
		Child Mortality rate per 1,000 live births	81	96	-
		Under 5 Mortality rate per 1,000 live births	178	185	12
		Full Immunization (%)	33	46	5
5.	Improve Maternal Mortality	Ante Natal Care attendance (%)	92	99	9
		Supervised Delivery (%)	27	35	5
		Delivery in Health Facility (%)	25	34	5
		Unmet need for Family Planning (%)	29	47	-
6.	Combat HIV/AIDS, malaria and other diseases	Contraceptive Prevalence rate (%)	21	14	1

Source: Uganda Population and Housing Census 2002 and Uganda Demographic Health Survey 2001/02, 2005/06 and 2011

3: CENTRAL NORTH SUB-REGION – Agago, Alebtong, Amolatar, Amuru, Apac, Dokolo, Gulu, Kitgum, Kole, Lamwo, Lira, Nwoya, Otuke, Oyam and Pader Districts					
MDG No.	MDG Goal	MDG Indicator	Achievement of MDG Indicators		
			2001/2002	2005/2006	2010/
1.	Eradicate extreme poverty and hunger	Severe Malnutrition (Stunting) (%)	15	40	38
2.	Achieve Universal Primary Education	Net Enrolment ratio in Primary Education	-	-	-
		Literacy Rate of 15-24 years old	-	-	-
4.	Reduce Infant and Child Mortality	Infant Mortality rate per 1,000 live births	106	106	-
		Child Mortality rate per 1,000 live births	81	80	-
		Under 5 Mortality rate per 1,000 live births	178	177	10
		Full Immunization (%)	33	47	49
5.	Improve Maternal Mortality	Ante Natal Care attendance (%)	92	99	99
		Supervised Delivery (%)	27	35	53
		Delivery in Health Facility (%)	25	30	52
		Unmet need for Family Planning (%)	29	46	-
6.	Combat HIV/AIDS, malaria and other diseases	Contraceptive Prevalence rate (%)	21	11	24

Source: Uganda Population and Housing Census 2002 and Uganda Demographic Health Survey 2001/02, 2005/06 and 2011

4: CENTRAL SUB-REGION 1– Bukomasimbi, Butambala, Gomba, Kalangala, Kalungu, Lwengo, Lyantonde, Masaka, Mpigi, Rakai, Sembabule, and Wakiso Districts					
MDG No.	MDG Goal	MDG Indicator	Achievement of MDG Indicators		
			2001/2002	2005/2006	2010/
1.	Eradicate extreme poverty and hunger	Severe Malnutrition (Stunting) (%)	13	39	47
2.	Achieve Universal Primary Education	Net Enrolment ratio in Primary Education	-	-	-
		Literacy Rate of 15-24 years old	-	-	-
4.	Reduce Infant and Child Mortality	Infant Mortality rate per 1,000 live births	72	102	-
		Child Mortality rate per 1,000 live births	68	63	-
		Under 5 Mortality rate per 1,000 live births	135	159	10
		Full Immunization (%)	29	41	44
5.	Improve Maternal Mortality	Ante Natal Care attendance (%)	94	90	88
		Supervised Delivery (%)	59	52	62
		Delivery in Health Facility (%)	57	51	-
		Unmet need for Family Planning (%)	30	36	-
6.	Combat HIV/AIDS, malaria and other diseases	Contraceptive Prevalence rate (%)	37	34	37

Source: Uganda Population and Housing Census 2002 and Uganda Demographic Health Survey 2001/02, 2005/06 and 2011

5: CENTRAL SUB-REGION 2 – Buikwe, Buvuma, Kayunga, Kiboga, Kyakwanzi, Luwero, Mityana, Mubende, Mukono, Nakaseke, and Nakasongola Districts

MDG No.	MDG Goal	MDG Indicator	Achievement of MDG Indicators		
			2001/2002	2005/2006	2010/2011
1.	Eradicate extreme poverty and hunger	Severe Malnutrition (Stunting) (%)	13	30	51
2.	Achieve Universal Primary Education	Net Enrolment ratio in Primary Education	-	-	-
		Literacy Rate of 15-24 years old	-	-	-
4.	Reduce Infant and Child Mortality	Infant Mortality rate per 1,000 live births	72	67	-
		Child Mortality rate per 1,000 live births	68	66	-
		Under 5 Mortality rate per 1,000 live births	135	129	87
		Full Immunization (%)	29	49	43
5.	Improve Maternal Mortality	Ante Natal Care attendance (%)	94	93	94
		Supervised Delivery (%)	59	51	70
		Delivery in Health Facility (%)	57	51	-
		Unmet need for Family Planning (%)	30	36	-
6.	Combat HIV/AIDS, malaria and other diseases	Contraceptive Prevalence rate (%)	37	36	34

Source: Uganda Population and Housing Census 2002 and Uganda Demographic Health Survey 2001/02, 2005/06 and 2011

6: EAST CENTRAL (BUSOGA) SUB-REGION – Bugiri, Buyende, Iganga, Jinja, Kaliro, Kamuli, Luuka, Mayuge, Namayingo and Namutumba Districts

MDG No.	MDG Goal	MDG Indicator	Achievement of MDG Indicators		
			2001/2002	2005/2006	2010/2011
1.	Eradicate extreme poverty and hunger	Severe Malnutrition (Stunting) (%)	12	38	46
2.	Achieve Universal Primary Education	Net Enrolment ratio in Primary Education	-	-	-
		Literacy Rate of 15-24 years old	-	-	-
4.	Reduce Infant and Child Mortality	Infant Mortality rate per 1,000 live births	89	74	-
		Child Mortality rate per 1,000 live births	64	58	-
		Under 5 Mortality rate per 1,000 live births	147	128	107
		Full Immunization (%)	38	42	39
5.	Improve Maternal Mortality	Ante Natal Care attendance (%)	94	93	97
		Supervised Delivery (%)	40	56	67
		Delivery in Health Facility (%)	37	54	-
		Unmet need for Family Planning (%)	46	44	-
6.	Combat HIV/AIDS, malaria and other diseases	Contraceptive Prevalence rate (%)	15	23	32

Source: Uganda Population and Housing Census 2002 and Uganda Demographic Health Survey 2001/02, 2005/06 and 2011

7: EASTERN REGION 2- Amuria, Budaka, Bududa, Bukedea, Bukwo, Bulambuli, Busia, Butaleja, Kaberamaido, Kapchorwa, Katakwi, Kibuku Kumi, Kween, Manafwa, Mbarara, Tororo Districts

MDG No.	MDG Goal	MDG Indicator	Achievement of MDG Indicators		
			2001/2002	2005/2006	2010/2011
1.	Eradicate extreme poverty and hunger	Severe Malnutrition (Stunting) (%)	12	36	33
2.	Achieve Universal Primary Education	Net Enrolment ratio in Primary Education	-	-	-
		Literacy Rate of 15-24 years old	-	-	-
4.	Reduce Infant and Child Mortality	Infant Mortality rate per 1,000 live births	89	70	-
		Child Mortality rate per 1,000 live births	64	50	-
		Under 5 Mortality rate per 1,000 live births	147	116	87
		Full Immunization (%)	38	47	52
5.	Improve Maternal Mortality	Ante Natal Care attendance (%)	94	95	94
		Supervised Delivery (%)	40	41	52
		Delivery in Health Facility (%)	37	40	-
		Unmet need for Family Planning (%)	46	46	-
6.	Combat HIV/AIDS, malaria and other diseases	Contraceptive Prevalence rate (%)	15	20	20

Source: Uganda Population and Housing Census 2002 and Uganda Demographic Health Survey 2001/02, 2005/06 and 2011

8: MID-WESTERN SUB-REGION - Buliisa, Bundibugyo, Hoima, Ntoroko, Kabarole, Kamwenge, Kasese, Kibaale, Kyegegwa, Kyenjojo, Kiryandongo and Masindi Districts

MDG No.	MDG Goal	MDG Indicator	Achievement of MDG Indicators		
			2001/2002	2005/2006	2010/2011
1.	Eradicate extreme poverty and hunger	Severe Malnutrition (Stunting) (%)	21	38	18
2.	Achieve Universal Primary Education	Net Enrolment ratio in Primary Education	-	-	-
		Literacy Rate of 15-24 years old	-	-	-
4.	Reduce Infant and Child Mortality	Infant Mortality rate per 1,000 live births	98	76	-
		Child Mortality rate per 1,000 live births	87	75	-
		Under 5 Mortality rate per 1,000 live births	176	145	111
		Full Immunization (%)	46	51	52
5.	Improve Maternal Mortality	Ante Natal Care attendance (%)	89	94	98
		Supervised Delivery (%)	23	31	59
		Delivery in Health Facility (%)	22	30	-
		Unmet need for Family Planning (%)	30	41	-
6.	Combat HIV/AIDS, malaria and other diseases	Contraceptive Prevalence rate (%)	18	21	19

Source: Uganda Population and Housing Census 2002 and Uganda Demographic Health Survey 2001/02, 2005/06 and 2011

9: SOUTH WEST SUB-REGION – Buhweju, Bushenyi, Ibanda, Isingiro, Kabale, Kanungu, Kiruhura, Kisoro, Mbarara, Mitooma, Ntungamo, Rubirizi, Rukungiri and Sheema Districts

MDG No.	MDG Goal	MDG Indicator	Achievement of MDG Indicators		
			2001/2002	2005/2006	2010/2011
1.	Eradicate extreme poverty and hunger	Severe Malnutrition (Stunting) (%)	21	60	60
2.	Achieve Universal Primary Education	Net Enrolment ratio in Primary Education	-	-	-
		Literacy Rate of 15-24 years old	-	-	-
4.	Reduce Infant and Child Mortality	Infant Mortality rate per 1,000 live births	98	109	-
		Child Mortality rate per 1,000 live births	87	81	-
		Under 5 Mortality rate per 1,000 live births	176	181	12
		Full Immunization (%)	46	46	62
5.	Improve Maternal Mortality	Ante Natal Care attendance (%)	89	91	98
		Supervised Delivery (%)	23	32	42
		Delivery in Health Facility (%)	22	31	-
		Unmet need for Family Planning (%)	30	37	-
6.	Combat HIV/AIDS, malaria and other diseases	Contraceptive Prevalence rate (%)	18	27	30

Source: Uganda Population and Housing Census 2002 and Uganda Demographic Health Survey 2001/02, 2005/06 and 2011

10: KARAMOJA SUB-REGION – Abim, Amudat, Kaabong, Kotido, Moroto, Napak and Nakapiripirit Districts

MDG No.	MDG Goal	MDG Indicator	Achievement of MDG Indicators		
			2001/2002	2005/2006	2010/2011
1.	Eradicate extreme poverty and hunger	Severe Malnutrition (Stunting) (%)	15	-	63
2.	Achieve Universal Primary Education	Net Enrolment ratio in Primary Education	-	-	-
		Literacy Rate of 15-24 years old	-	-	-
4.	Reduce Infant and Child Mortality	Infant Mortality rate per 1,000 live births	106	105	-
		Child Mortality rate per 1,000 live births	81	78	-
		Under 5 Mortality rate per 1,000 live births	178	174	15
		Full Immunization (%)	33	48	62
5.	Improve Maternal Mortality	Ante Natal Care attendance (%)	92	92	97
		Supervised Delivery (%)	27	18	31
		Delivery in Health Facility (%)	25	15	-
		Unmet need for Family Planning (%)	30	24	-
6.	Combat HIV/AIDS, malaria and other diseases	Contraceptive Prevalence rate (%)	-	0.6	8

Source: Uganda Population and Housing Census 2002 and Uganda Demographic Health Survey 2001/02, 2005/06 and 2011

Population Secretariat (POPSEC)
Ministry of Finance, Planning and Economic Development
Plot 9, Colville Street, Statistics House
P. O. Box 2666, Kampala, Uganda
Tel: 0414-705400
Fax: 0414-705454
E-mail: popsec@popsec.org
Website: www.popsec.org