

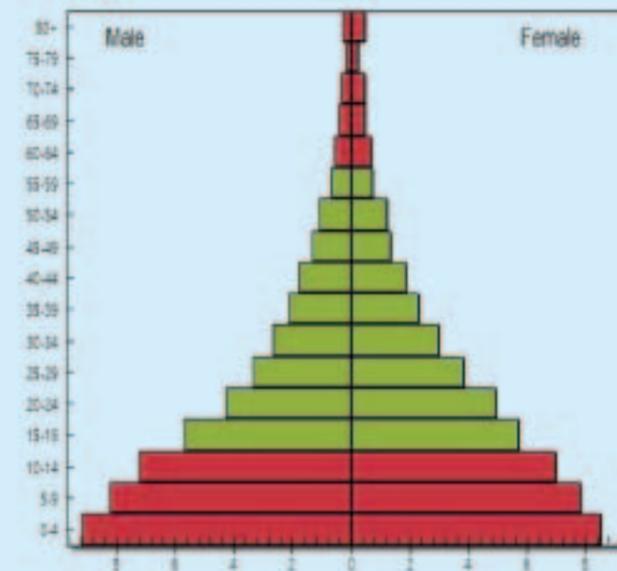


NATIONAL POPULATION COUNCIL

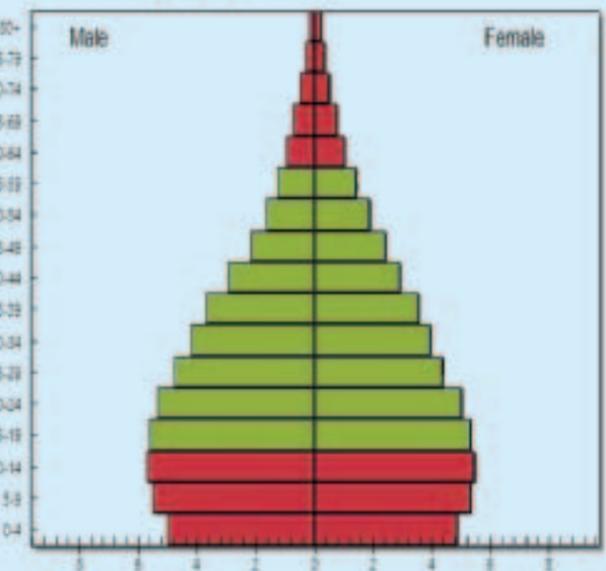
UGANDA'S DEMOGRAPHIC DIVIDEND ROADMAP



2018



2040



NATIONAL POPULATION COUNCIL

Statistics House, Plot 9, Colville Street

P.O.Box 2666, Kampala, Uganda

Tel: +256 414 705400 Fax: +256 414 705454

Email: npcsec@npcsec.go.ug Website: www.npcsec.go.ug

Transforming Uganda's Economy: Opportunities to Harness the Demographic Dividend
for Sustainable Development

DECEMBER 2018

Demographic Dividend Remodeling Results - 2018

Indicator	2017	BaU	Economy	Combined
Life Expectancy at Birth - Females	64.5	69.8	71.1	75.6
Total Fertility Rate	5.40	4.29	3.79	2.48
Population in millions	37.7	75.9	73.4	67.5
Annual Population Growth Rate (%)	na	3.0	2.9	2.5
Dependency Ratio (%)	97	76	71	58
Working Age Population (millions)	16.4	38.0	38.0	38.2
Share of working age Population (millions)	43.4	50.1	51.8	56.6
Employment (millions)	8.5	17.7	22.4	22.5
Gap as a % of Working Age Population	48.2	53.4	41.0	41.0
Capital Formation Per Capita (USD)	163	252	1,525	2,210
GDP (Billion USD)	27.9	80.9	494.5	642.6
Implied GDP Growth Rate (%)	na	4.8	13.1	14.4
GDP Per Capita (USD)	740	1,066	6,735	9,523

*BaU-business as usual

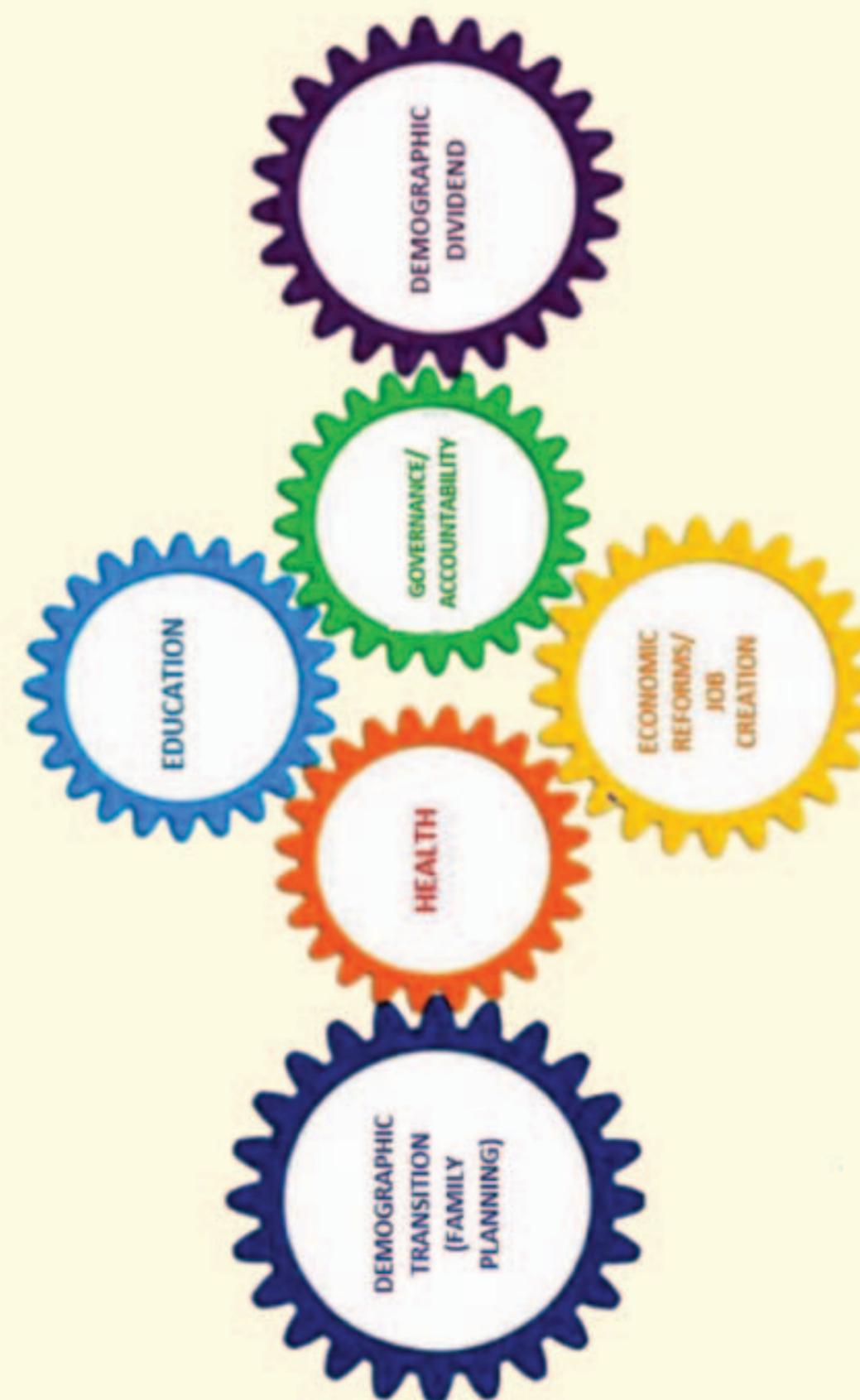


TABLE OF CONTENT

LIST OF ACRONYMS	iv
Foreword.....	vi
Acknowledgement	vii
CHAPTER ONE: INTRODUCTION	1
1.0 Background to the Road map	1
1.1 The process and rationale for developing the Roadmap.....	1
1.2 Goal and objectives of the DD Roadmap	2
1.3 Operationalizing the Demographic Dividend Roadmap.....	2
1.4 Coordination, Monitoring and Evaluation	2
CHAPTER TWO: DEMOGRAPHIC TRANSITION	3
2.0 Introduction.....	3
2.1 Situation Analysis.....	4
2.1.1 Population Age Structure.....	4
2.1.2 Fertility	4
2.1.3 Mortality.....	5
2.1.4 Spatial distribution, migration and urbanization	5
2.2 Key Strategic Interventions.....	6
2.2.1 Increase demand and expand access to family planning:	6
2.2.2 Improving child survival.....	6
2.2.3 Keep children, especially girls in school to completion (S. 4) to delay onset of childbearing and early marriages.....	7
2.2.4 Strengthen organized urbanisation.....	7
CHAPTER THREE: HEALTH.....	8
3.0 Introduction.....	8
3.1 Situation analysis.....	8
3.1.1 Malaria, Tuberculosis and HIV/AIDS	8
3.1.2 Non Communicable Diseases (NCDs)	9
3.1.3 Malnutrition.....	10
3.1.4 Human Resources for Health.....	10
3.1.5 Health Financing.....	10

3.2 Key Strategic Interventions.....	11
3.2.1 Life-cycle based preventive health measures	11
3.2.2 Curative (specialized) health care	11
3.2.3. Health Insurance scheme for universal health coverage.....	11
CHAPTER FOUR: EDUCATION.....	12
4.0 Education	12
4.1 Situation Analysis.....	12
4.1.1 Early Childhood Development.....	13
4.1.2 Universal Primary and Secondary Education.....	13
4.1.3 Post Primary (Secondary and Business, Technical, Vocational Education and Training (BTVET) Education	14
4.2 Key strategic Interventions	15
4.2.1 Shift to competence-based “Basic Education” – at both primary and secondary	15
4.2.2 Execute the policy on Early Childhood Development.....	15
4.2.3 Appropriate skilling and re-tooling.....	15
4.2.4 Keep children in school up to completion of S. 4 (Compulsory education).....	16
CHAPTER FIVE: ECONOMIC GROWTH AND EMPLOYMENT OPPORTUNITIES	17
5.0 Introduction.....	17
5.1 Situation Analysis.....	18
5.2 Key strategic interventions.....	19
5.2.1 Invest in value chain analysis and addition in agriculture	19
5.2.2 Improve agricultural productivity	20
5.2.3 Strengthen local content driven exports to create better employment.....	20
5.2.4 Promote access to financial resources for businesses.....	20
5.2.5 Promote local tourism and maximize international tourism.....	20
5.2.6 Promote innovation, mentorship and support to entrepreneurs and link people to the job market	21
CHAPTER SIX: GOOD GOVERNANCE	22
6.0 Introduction.....	22
6.1 Situation analysis.....	22
6.1.1 Accountability	22

6.1.2 Strong Legislative frame work.....	23
6.1.3 Strong Oversight.....	23
6.1.4 Equity, participation and inclusion	24
6.2 Key strategic interventions.....	24
6.2.1 Increase citizen participation to demand for transparency, accountability and value for money	24
6.2.2 Strengthen investigative and prosecutorial agencies.....	24
6.2.3 Strengthen oversight, legislative and regulatory institutions.....	25
Results framework	26
GLOSSARY OF TERMS.....	32

LIST OF ACRONYMS

ADR	Age Dependency Ratio
AU	Africa Union
BCC	Behaviour Change Communication
BTVET	Business, Technical, Vocational Education and Training
CBFP	Community-based Family Planning
CHEW	Community Health Extension Workers
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organisation
CSS	Child Survival Strategy
DT	Demographic Transition
ECA	East African Community
ECD	Childhood Care and Development
EMIS	Education Management Information System
EOCA	Equal Opportunities Commission Act
EPZ	Economic Processing Zones
ESP-PMU	Expanding Social Protection Programme Management Unit
FP	Family Planning
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSDP	Health Sector Development Plan
HWC	Hand Washing Campaigns
ICCM	Integrated Community Case Management
ICPD	International Conference on Population and Development
ICT	Information Communication and Technology
IGG	Inspectorate of Government
IMR	Infant Mortality Rate
LARC	Long Acting and Reversible Contraceptive
LGA	Local Government Act
MFI	Microfinance institutions
MMR	Maternal mortality ratio
MoGLSD	Ministry of Gender labour and Social Development
MoICT	Ministry of Information Communication and Technology
NAADs	National Agricultural Advisory Service
NAHS	National Adolescent Health Strategy
NAS	National Advocacy Strategy
NCDs	Non Communicable Diseases
NDDSC	National Demographic Dividend Steering Committee
NDP	National Development Plan
NDPP	National Social Protection Policy
NEET	Neither in Employment Education or Training
NFPCIP	National Family Planning Costed Implementation Plan
NPC	National Population Council
NPHC	National Population and Housing Census (NPHC)
NPP	National Population Policy
NSI	National Standard Indicator
OPM	Office of the Prime Minister
PAC	Public Accounts Committee

PDTT	Population Dynamics Think Tank
PPE	Post Primary Education
PPET	Post Primary Education and Training
PSM	Public Sector Management
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
SACCO	Saving and Credit Cooperatives
SAGE	Social Assistance Grants for Empowerment
SBC	Social Behaviour Change Communication
SDGs	Sustainable Development Goals
SMES	Small and Middle Enterprises
TB	Tuberculosis
TFR	Total Fertility Rate
ToC	Theory of Change
UBOS	Uganda Bureau of Statistics
UDB	Uganda Development Bank
UDHS	Uganda Demographic Health Survey
UHC	Universal Health Coverage
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHS	Uganda National Household Survey
UNMHCP	Uganda National Minimum Health Care Package
UPE	Universal Primary Education
UPHIA	Uganda Population-Based HIV Impact Assessment
USD	United States Dollars
USE	Universal Secondary Education
UTB	Uganda Tourism Board
VHTs	Village Health Teams
WHO	World Health Organisation
YLF	Youth Livelihood Fund

FOREWARD

Uganda aspires to become an upper middle income country through transforming from a peasant to a competitive science and technology-driven economy by 2040. Uganda must implement policies aimed at accelerating rapid decline of both fertility and mortality and ensure the resulting labour force is well educated, skilled, healthy and economically engaged in order to reap the Demographic Dividend (DD). Achieving a faster socio-economic growth requires transforming the young population into a productive human capital that will contribute to the economic growth of the country.

The National Population Council has developed the Roadmap for Harnessing Uganda's Demographic Dividend which spells out the necessary interventions that must be made in order to harness the DD. To achieve this vision, Ministries and Local Governments should strategically prioritize and integrate the DD policy interventions into their respective development plans and budgets.

The Roadmap is hinged on the five pillars of the DD and spells out interventions in each of the pillars, including the demographic transition, health, education, economy and governance. It emphasizes participation of young people and is aligned to the national development priorities, which are clearly highlighted in the country's development framework, the National Development Plan II. The Roadmap further calls for mainstreaming multi sectoral social development and encourages a visionary accountability strategy.

On behalf of the National Population Council, I wish to extend our gratitude to all those who participated in the development of this Roadmap. We look forward to working together with all sectors, departments, agencies and the local governments in order to reap the benefits of the DD.



Prof. Fred Wabwire-Mangen

Chairperson, National Population Council

ACKNOWLEDGEMENT

The Government of Uganda recognises that its population is the single most important resource that can propel development. Government also recognises the intricate and fundamental interrelations between population and development and that the process of development has an important effect on population trends and factors which, in turn, have a major impact on the attainment of the development objectives.

Government through the National Population Council embarked on a process of developing a Roadmap to harness Uganda's Demographic Dividend, as a key strategy for contributing to Uganda's realisation of its Vision. The Roadmap embraces both national and international policy documents such as Vision 2040, the National Development Plan II, 2018 National Population Policy (NPP), African Union Demographic Dividend Roadmap and the 2030 Agenda for Sustainable Development, among others.

I acknowledge efforts of the Sectoral Technical Working Groups and the inter-departmental team at the National Population Council towards development of the Roadmap. In a special way, I wish to thank the National Demographic Dividend Steering Committee comprised of the National Planning Authority, Ministry of Local Government, Uganda Bureau of Statistics, Makerere University (Department of Population Studies), United Nations Population Fund (UNFPA) and the National Population Council for providing oversight and overall coordination.

National Population Council further acknowledges, with gratitude, the funding support and technical guidance from UNFPA.



Dr. Jotham Musinguzi

Director General, National Population Council

CHAPTER ONE: Introduction

1.0 Background to the Road map

Uganda aspires to become an upper middle income country by 2040 by transforming from a predominantly peasant to a competitive science and technology-driven economy. The rapid population growth (3.0%), coupled with a burgeoning youthful population and a high childhood dependency in a largely consumptive, rather than a productive population presents a demographic burden which may hinder Uganda's potential to reap the demographic dividend (DD). The DD refers to the accelerated economic growth that may result from a decline in a country's mortality and fertility and the subsequent change in the age structure of the population¹. Uganda must implement policies aimed at accelerating rapid decline of both fertility and mortality and ensure the resulting surplus labour force is well educated, skilled, healthy and economically engaged in order to reap the dividend. Achieving a faster socio-economic transformation requires transforming the young population into a productive youthful human capital that will contribute to the economic growth of the country.

1.1 The process and rationale for developing the Roadmap

The Second National Development Plan (NDPII) adopted harnessing the benefits of the DD as one of the key development strategies that would promote productivity, growth and general welfare in order for the country to achieve the Vision 2040². The process of developing the DD Roadmap follows the launch of the report on the study on *“Harnessing the Demographic Dividend: Accelerating Socioeconomic Transformation in Uganda”*³. The roadmap was developed through a consultative process that involved stakeholders at national and district levels. It highlights pathways to harnessing the DD. The roadmap is informed by the 2014 National Population and Housing Census (NPHC), 2016 Uganda Demographic Health Survey (UDHS), takes into account NDP II, Vision 2040, SDGs and the Africa Union (AU) Agenda 2063. Furthermore, the DD Theory of Change (ToC) provided multi-sectoral priorities (results framework) through systematically analyzing the critical factors that influence the DD drivers' desired outcomes. In addition, NPA undertook a remodelling exercise to build a case for investing in harnessing the DD across the key sectors.

¹James Gribble and Jason Bremner (2012), The Challenge of Attaining the Demographic Dividend, PRB.

² National Planning Authority (NPA) (2013), Uganda Vision 2040 National Planning Authority, Kampala Uganda

³ National Planning Authority (NPA) (2014), Harnessing the Demographic Dividend Report; Accelerating Socioeconomic Transformation in Uganda, National Planning Authority, Kampala.

The rationale of developing the roadmap was to identify the key bottle necks to development and recommend strategic investment interventions that are critical to get Uganda on the path to social transformation and development.

1.2 Goal and objectives of the DD Roadmap

Goal: To guide MDAs and Local Governments to prioritize and integrate DD interventions into respective development plans.

Objectives

1. To transform the population age structure to reduce dependency ratio
2. To promote a healthy and productive labor force.
3. To promote a well-educated, skilled, productive, entrepreneurial and innovative workforce
4. To strengthen investments in high job multiplier industries
5. To strengthen service delivery across all sectors

1.3 Operationalizing the Demographic Dividend Roadmap

The strategic interventions identified in the DD roadmap will be implemented using a multisectoral approach. Implementation will be guided by the NPC systemic integration approach, which ensures that all population and development indicators are factored in all policies, strategies, programmes and development plans; that the population participates actively in the development process; and policy makers adhere to population actions during development and implementation of policies. Additionally, a certificate of compliance that includes DD related indicators and targets will be issued to sectors and LGs that comply with the DD interventions.

1.4 Coordination, Monitoring and Evaluation

The overall coordination role falls under the NPC. Performance on implementation of the interventions in the Roadmap will be assessed through indicators and targets that are integrated in the Results Framework and the DD Compliance Tool. The Local Governments will be involved in monitoring of some of the indicators, as it is heavily involved in implementation. Local governments also have good accountability mechanisms and have the experience of monitoring implementation as they lose up to 10% of their funding if some indicators in their performance goals are not achieved.

CHAPTER TWO: Demographic Transition

2.0 Introduction

The population of Uganda has increased from 4.9 million people in 1948 to 34.6 million in 2014⁴ with a population growth rate of 3.0% per annum, majorly due to high fertility and declining mortality. Uganda's population has started experiencing the **demographic transition**, which is characterized by a rapid increase in the rate of population growth as a result of a sharp decrease in the death rates due to improvements in nutrition, sanitation, and public health that lead to reductions in infant and childhood morbidity. In this stage, the birth rate remains high because fertility is entrenched in cultural and economic values that take time to change. Further reduction in fertility and mortality are critical if Uganda is to accelerate the Demographic Transition (DT).

Game Changers for the Demographic Transition

1. Promote family planning
2. Improve child survival
3. Keep children, especially girls in school to completion
4. Strengthen organized urbanization

Given the high levels of fertility over the years, young people, dominate Uganda's population with about half (49.3%) of the total population aged below 15, resulting into an age structure that is **child-heavy** (pyramid-shaped) indicative of a high child dependency burden not conducive for development. Uganda can deliberately trigger a rapid transformation of its age structure from a broad-based (child-heavy) to a narrow-based (**worker-heavy**) age pyramid by prioritizing key strategic interventions that will continuously accelerate declines in fertility and mortality. Consequently, smaller groups of children will be added to the population, and there will develop a **youth bulge**, replacing the child bulge at the bottom. When the youth bulge gets into the working age bracket, the country will find itself with more **workers** than dependants resulting into higher production, higher savings, and higher investment, coupled with lower expenditure especially on child-specific services.

⁴ Uganda Bureau of Statistics 2016, The National Population and Housing Census 2014 – Main Report, Kampala, Uganda

2.1 Situation Analysis

2.1.1 Population Age Structure

Uganda has a predominantly young population, which forms a broad base of the country's population structure. About 16.6 million people (47.9%) are aged 0-14 years, while 17 million people (49.2%) are aged 15-64 years, constituting the economically productive age group and only 34,856 persons (2.7%) are aged 65 years and above⁵. Having a predominantly young population creates a high population momentum which means that the country's population will continue increasing because of the large cohorts of young women entering their childbearing years, with 53.9% beginning child bearing by age 19.⁶ The dependency ratio remains unfavourably high at 103¹, indicating a heavy burden on the economically productive population as well as impacting government's efforts to provide adequate and quality social services. According to the 2018 DD Modelling report by National Planning Authority, if Uganda invested in reducing fertility, and improving the economic reforms, the age structure would transform to have more young people in working age population, reducing dependency to 58 and increasing GDP per capita to \$9,650 by 2040.

2.1.2 Fertility

The Total Fertility Rate (TFR) in Uganda is high and declining only at a slow pace. It has declined from 7.4 children per woman in 1989 to the current estimate of 5.4 in 2016^{7,8}. This is a result of low contraceptive prevalence rate (CPR), early sexual debut, early marriages and near universal marital union. In addition, teenage pregnancy rate is high and has stagnated at 25% over the past 10 years (25% in 2006, 24% in 2011 and 25% in 2016)⁹. The drivers of high teenage pregnancy in Uganda include early sexual debut (at 16.8 years for females), limited access to sexual reproductive health information and services, and household poverty among others. The situation is worsened by low status of women and the cultural practices that encourage early marriages, preference for the male child and large family sizes.

⁵ Uganda Bureau of Statistics (UBOS) 2016, The National Population and Housing Census 2014 – Main Report, Kampala, Uganda

⁶ Uganda Bureau of Statistics (UBOS) & ICF International, 2017 Uganda Demographic and Health Survey report 2016,

⁷ Uganda Bureau of Statistics (UBOS) & ICF International (2017), Uganda Demographic and Health Survey report 2016, Kampala, Uganda

⁸ Uganda Bureau of Statistics 2016, The National Population and Housing Census 2014 – Main Report, Kampala,

⁹ Uganda Bureau of Statistics (UBOS) & ICF International (2017), Uganda Demographic and Health Survey report 2016, Kampala, Uganda

2.1.3 Mortality

Historically, mortality in Uganda has been high. This has been as a result of a combination of factors including a high disease burden of largely preventable causes and widespread household poverty, among others. Maternal mortality ratio (MMR) was 506 per 100,000 live births in 1995. It slowly declined to 438 in 2011 and to 336 in 2016⁸. Reduction in maternal mortality can be attributed to improved access to skilled birth attendance as well as avoidance of risky pregnancies and better levels of education, among other factors. Infant Mortality Rate (IMR) was high at 122 per 1,000 live births in 1988/89. It declined to 81/1,000 in 1995 and to 43 in 2016¹. Despite the decline in infant mortality, it remains a major driver of high fertility and large family size, as women continue bearing children to replace those who die or might die. Additionally, despite the decline in infant mortality, neonatal mortality has stagnated at 27 deaths per 1,000 live births for the last ten years¹⁸. This high and persistent neonatal mortality undermines national efforts to reduce infant mortality. It is worth noting that child survival is linked to better maternal health outcomes as a result of improved attendance of antenatal care, skilled birth and postnatal care. Since infant and child mortality have an impact on fertility decline and vice versa, further reduction in fertility and mortality are critical if Uganda is to accelerate the demographic transition.

2.1.4 Spatial distribution, migration and urbanization

The spatial distribution of Uganda's population is affected by historical and environmental factors, and the level of economic activities among others remains uneven with some areas densely populated while others are not. Notably, the majority of the population in Uganda (75%) resides in the rural areas¹.

Internal migration as a demographic factor has significantly influenced population re-distribution and unemployment between rural and urban areas. In some parts of the country, economic activities have been stimulated by internal migration (rural-rural and rural-urban) primarily seeking employment and settlement. Rural to urban migration has been due to opportunities for better social services and employment in formal and informal sectors by the youthful population.

Uganda is currently the second largest host of the refugee population of approximately 1.3 million¹⁰ and the fourth-largest refugee hosting country in the world¹¹. This large number of refugees in the country puts a lot of pressure on the already constrained social services.

Uganda is rapidly urbanizing with the percentage of people living in urban areas doubling between 2002 and 2014 from 12.3 to 24.3%. It is further projected to increase from 8.4 million in 2014 to 20 million in 2040. Urban growth is largely attributed to rural urban migration and partly to the gazettement of new urban areas. The population sizes of urban areas vary between 2,000 - 1,500,000 people. Urban areas are constituted of town boards, town councils, municipalities and one city. Although urbanisation should contribute to fertility and mortality decline, the current emerging urban settings have not been matched with growth and development of basic social and physical infrastructure resulting into increased inequities, negative environmental impacts and fast growing informal settlements (slums).

2.2 Key Strategic Interventions

The selected interventions to be implemented are expected to shape the lives and the well-being of individuals, families and communities, and to significantly contribute to rapid decline of both fertility and mortality in order to enable Uganda accelerate the demographic transition.

2.2.1 Increase demand and expand access to family planning through:

- i. Provide a wide range of contraceptive commodities (method mix) to all beneficiaries.
- ii. Strengthen community systems to deliver family planning information and services.

2.2.2 Improving child survival

- i. Promote universal coverage of all immunizable diseases
- ii. Foster programmes that improve childhood nutrition

¹⁰Sergio Carciotto and Cristiano d’Orsi, 2017: “Access to Socio-Economic Rights for Refugees: A Comparison across Six African Countries”. A Report by: The Scalabrini Institute For Human Mobility In Africa

¹¹ The Guardian, 2017: “Uganda at breaking point as Bidi Bidi becomes world's largest refugee camp”. <https://www.theguardian.com/global-development/2017/apr/03/uganda-at-breaking-point-bidi-bidi-becomes-worlds-largest-refugee-camp-south-sudan>

- iii. Promote child care practices from the time a child is born (breast feeding, warmth, prevention of diarrhoea by washing hands with soap and water, mosquito treated nets etc.)

2.2.3 Keep children, especially girls in school to completion (S. 4) to delay onset of childbearing and early marriages

- i. Prevent teenage pregnancy by scaling up adolescent sexual reproductive health information and services.
- ii. Promote school feeding programme as an element of the school health programme to ensure that children have effective learning
- iii. Promote appropriate hygiene and menstrual management in school
- iv. Provide opportunities for re-entry of adolescents who have given birth while at school

2.2.4 Strengthen organized urbanisation

Organized urbanisation is central to ensuring coordinated development and implementation of programmes across the metropolitan areas of the country. This will be achieved through:

- i. Improving infrastructure to enable communities easily access social services
- ii. Appropriate housing to provide better hygiene and sanitation, access to clean safe water, toilet and sewerage facilities and lighting.
- iii. Strengthen the referral system using the existing structures

CHAPTER THREE: Health

3.0 Introduction

Health is an essential element of human welfare and a key component of human capital development required for sustained socio-economic development. Ensuring good health reduces vulnerability and maximizes human capital investment.

Game Changers for Health

1. Life-cycle based preventive health measures
2. Curative (specialized) health care.
3. Health insurance scheme

To harness the DD, it is important to make strategic investments that would improve health outcomes with emphasis on preventive versus curative health care measures. Developing and implementing preventive policies and interventions that effectively address these determinants of health can reduce the burden of illness, enhance quality of life, and increase longevity

3.1 Situation analysis

The disease burden in Uganda is predominantly due to preventable diseases (e.g. malaria, tuberculosis, diarrhoea, HIV/AIDS), and the increasing non communicable diseases (NCDs). These are worsened by poor access to healthcare; poor nutrition; poor access to safe water, hygiene and sanitation leading to poor health indicators and wide socio-economic disparities.

3.1.1 Malaria, Tuberculosis and HIV/AIDS

Malaria is a major public health concern with greater impact on low socio-economic status and poverty. Malaria is endemic in approximately 95% parts of the country and affecting over 90% of the population¹². Malaria is the top leading cause of hospital-based deaths among children under five years at 26.8% and contributes up to 20% in the general population¹³. A significant percentage of deaths is known to occur at home and are not captured by the facility-based Health Management Information System (HMIS)¹⁴. Malaria also remains the top most cause of morbidity among all ages in Uganda. The socio-economic impact of malaria cannot be underestimated as it increases out-of-pocket expenditure (e.g. for

¹²Ministry of Health (MoH) 2014: National Malaria Programme “Uganda Malaria Reduction Strategic Plan (UMRSP)2014 - 2020”

¹³Ministry of Health (MoH) 2017: Annual Health Sector Performance 2016/2017

¹⁴ Rosemin Kassam et al 2015: Narrative review of current context of malaria and management strategies in Uganda (Part I), Acta Tropica, Volume 152, December 2015, Pages 252-268

consultation fees, drugs, transport to a distant health facility) combined with reduced productivity, and decreased school attendance. There is urgent need for intensified efforts to reduce the burden and effects of malaria to improve the health and wellbeing, thus boosting productivity.

Uganda has made significant progress in the national HIV response. However, the country continues to be high HIV burdened with an estimated 1.2 million persons living with HIV¹⁵. The prevalence among adults aged 15-49 continues to be high but reduced to 6% in 2016 from 6.4% in the 2004/05. The prevalence is higher among women at 7.5% compared to 4.3% among men. It is also higher among urban 7.1% compared to 5.5% rural residents. The prevalence is almost four times higher among females than males in the young age group of 15-19. The trends continue to pose a prevalent threat to the country's sustainable economic progression as the costs of taking care of HIV are increasing with the shift to higher treatment regimens that are required to maintain the productive population living with HIV.

Uganda is amongst the 22 tuberculosis high burden countries in Sub-Saharan Africa, with an estimated 65,000 incident cases and 4700 deaths¹⁶. A major factor in the on-going TB burden is the co-infection with HIV¹⁷. In 2012, Uganda had a TB incidence rate of 179/100,000 and 54% of TB patients were HIV positive¹⁸. The key challenges in fighting TB include poor health seeking behavior, late diagnosis, inadequate financing, inadequate TB Laboratory services, lack of adequate qualified laboratory staff, HIV prevalence and the emergency of drug resistant strains of TB.

3.1.2 Non Communicable Diseases (NCDs)

Uganda is experiencing an epidemiological transition characterized by an increasing burden of Non Communicable Diseases (NCDs). The common NCDs include diabetes, cancer, cardiovascular diseases, hypertension and obesity contributing 23% of the disease burden in 2010 and 33% in 2016¹⁹. The NCDs have been observed to be increasing among the younger

¹⁵Ministry of Health (MoH) 2017: Uganda Population-Based HIV Impact Assessment (UPHIA) 2016-2017 Annual Health Sector Performance 2016/2017

¹⁶Wako J., et al 2013: Burden of tuberculosis disease among adolescents in a rural cohort in Eastern Uganda. BMC Infectious Diseases

¹⁷Lawn & Churchyard, 2009: HIV infection and tuberculosis in South Africa: an urgent need to escalate the public health response

¹⁸Ashley Wynne, Solina Richter, Lilian Banura, Walter Kipp, 2014 Challenges in tuberculosis care in Western Uganda: International Journal of Africa Nursing Sciences. Volume 1, 2014, Pages 6-10

¹⁹ Uganda Bureau of Statistics (UBOS) 2015: National Household Survey 2016/2017, Kampala Uganda

population than expected. Being of chronic nature, the NCDs have a serious toll on population productivity and attract a high financial cost to maintain increasing household expenditures.

3.1.3 Malnutrition

Malnutrition is a huge burden to the country especially among children under the age of five. Despite Uganda producing nearly sufficient food to meet the needs of its rapidly growing population, 29% of children under five suffer from chronic malnutrition (stunting), and 11% of all children are underweight while 4% of children are wasted⁵. This poses a threat to child survival and compromises the quality of the future population. Currently, Uganda loses US Dollars (\$) 899 million annually due to the effects of malnutrition²⁰

3.1.4 Human Resources for Health

The health sector staffing has been gradually improving over time from 69% in 2014 to 73% in 2017 based on the current staffing norms. Despite the improvement in the staffing, it is still below 80% HSDP target by 2020. It's worth noting that there are still evident disparities in distribution of human resources for health. The varying quality, skills mix as well as the numbers of different cadres evident with the number of health workers per 1,000 population is still far below the WHO threshold of 2.3 doctors, nurses and midwives per 1,000 population²¹. For instance in 2016/17 FY, the ratio of doctors, nurses and midwives to the population was 1: 28,202; 1: 2,121 and 1: 6,838 respectively. With this observation, even when the staffing targets are met, the actual required staffing gaps will remain very large due to the growing population hence the urgent need to meet the growing demand, especially for the specialized health care.

3.1.5 Health Financing

Uganda aspires to achieve Universal Health Coverage (UHC), unfortunately, inadequate health financing remains a big challenge. The resources available for health are less than what is required to deliver the Uganda National Minimum Health Care Package (UNMHCP). Uganda's health expenditure of 53 USD per capita in 2011/12 is below the WHO

²⁰World Food Program (WFP) (2013) The Cost of Hunger in Africa report. Egypt, Ethiopia, Swaziland, and Uganda

²¹World Health Organisation (WHO) (2006) Working together for health

recommended share of the health sector of 84 USD²². The proportion of the national budget of 6.4% allocated to health is also less than the Abuja target of 15%¹⁰ yet the population covered with health insurance is only 3%²³ which is the lowest in the region. As a result, the share of out of pocket expenditures remained high at 37% by 2016 despite the fact that it has decreased from 41% in 2013. Household Out-of-Pocket (OOP) is the largest revenue source for health expenditure (40.7%)²⁴. The Country needs to address high levels of out of pocket expenditure in order to protect households from catastrophic spending by broadening pre-payment mechanisms such as Social Health Insurance.

3.2 Key Strategic Interventions

3.2.1 Life-cycle based preventive health measures focusing on all phases of human development, from pre-pregnancy, infancy and childhood, adolescence to old age.

- i. Foster inter-sectoral action for health at all levels in a manner that demonstrates broad stewardship towards all actions conducive and necessary for improvement in reproductive, maternal, newborn, child and adolescent health (RMNCAH).
- ii. Health promotion and education to enable people make informed decisions, regarding behaviours and voluntary actions related to health with societal, political, and environmental support.

3.2.2 Curative (specialized) health care

- i. Human resources for health (train, recruit, motivate, redistribute and retain).

3.2.3. Health Insurance scheme for universal health coverage

- i. Fast track the implementation of the National Health Insurance scheme

²²Ministry of Health (MoH): Health Sector Development plan 2015/16 to 2019/20

²³East Africa Community (EAC) 2015, Social Health Protection Report, East African Community Secretariat, Arusha, Tanzania

²⁴Ministry of Health, 2016 Uganda Health Accounts National Health Expenditure, Kampala, Uganda

CHAPTER FOUR: Education

4.0 Education

Strategic investments in education and skills development are as equally important to human capital development, as is health. Uganda has the opportunity to benefit from its growing labour force when it's educated and has high quality skills that will make the country competitive in the global market. Education has long been acknowledged as one of the key tools to improve lives especially of the poor. It is one of the most influential determinants of an individual's knowledge, attitudes and behavior.

Game Changers for Education

1. Early Childhood Development (ECD)
2. Shift to competence-based “Basic Education” – primary and secondary
3. Keep children in school up to completion
4. Appropriate skilling and re-tooling
5. Early talent identification and development

4.1 Situation Analysis

The average schooling in Uganda for the 6-19 years old is 12.8 years for boys and 11.3 years for girls. For those older than 25 years, it is 6.1 and 3.8 years for boys and girls respectively. Although primary school enrolments are high, many pupils dropout before completing the primary level. In 2016, survival rates for primary seven were 32% for both boys and girls. In addition, 30% of pupils who completed primary seven did not transition to senior one (S1), while only 29.2% of students who completed S4 transitioned to S5²⁵. While enrolment rates have shown that Uganda is achieving parity at lower levels of education, girls still face challenges at higher levels most notably in tertiary enrolment which comprises 56.5% for males and 43.5% for females. This is partly due to lower completion rates for girls in lower and upper secondary education. In 2016 the completion rates for girls and boys in S4 was 36% and 39.6% respectively. Uganda's predominantly young and rapidly growing population has led to a surge in the school going-age population, placing heavy constraints on the sector's already limited resources.

In the constitution of Uganda article 34 clause 2 provides for a child's entitlement to basic education which is the responsibility of the state and the parents of the child. The government has implemented a number of interventions to address the issues of low enrolment and high

²⁵Ministry of Education and Sports (MoES: Annual School Census 2014

school dropout such as Universal Primary and Secondary Education, Infrastructure development, skilling and facilitation of teachers and policy development for the education sector. These byelaws will not only improve literacy rates but also discourage the wide spread child labor practices and early pregnancy. The minimum qualification in Uganda is a certificate.

4.1.1 Early Childhood Development

Majority of Ugandan children join primary school without the very important foundational learning experience in Early Childhood Care and Development (ECD) institutions. In 2014, the NER for pre-primary school was only 9%. The NDP II attributes low enrolments in ECD to the limited support the government has hitherto provided for the sector (80% of ECD centers are privately owned and concentrated in urban centers), weak regulatory framework and few qualified providers. The ECD Policy has been reviewed so as to provide procedures, standards and regulation for running ECD Centers. The government needs to effectively implement the policy to attract learning at lower stages of life in order to enhance the human capital development of the country.

4.1.2 Universal Primary and Secondary Education

There has been an increase in primary school enrolment in Uganda since the introduction of Universal Primary Education (UPE) with a marked increase in the total number of primary schools from 16,684 in 2011 to 18,889 in 2015.²⁶ In 2002, 7.3 million children were enrolled in primary education, increasing by 21.4% over 10 years to 8.7 million (boys 4.37 million; girls 4.39 million) in 2014.²⁷ In 2010, Uganda attained gender parity in primary education which has subsequently been maintained. The above success notwithstanding, low quality of primary education remains the main challenge.

The primary sub-sector is plagued by numerous challenges which include; low learning achievement (school outcomes); literacy and numeracy proficiency at P.6 are below average at 40.2% and 41.4% in 2013 respectively.²⁸ The efficiency of Uganda's primary education is low- Survival rate to P.7 stands at 32.1%, Repetition at 10.2%³ and high prevalence of teacher

²⁶ Uganda Bureau of Statistics (UBOS) 2016 : Statistical Abstract 2016

²⁷ Ministry of Education and Sports (MoES): Annual School Census 2014

²⁸ Education Management Information System (EMIS), 2014. Uganda Education Statistics and indicator abstracts

absenteeism is estimated at 20-30%. High pupil / teacher ratio of 54:1 for government schools, low capitation grant of only UGX. 7,000.00 (USD 2.00) per child per annum, and inadequate school infrastructure, translating into a pupil classroom ratio of 54:1. There are high rates of pupil absenteeism resulting into high dropout rates, which are worse for the girls. There is inadequate community participation.

4.1.3 Post Primary (Secondary and Business, Technical, Vocational Education and Training (BTVET) Education

Following the introduction of UPE, there was spontaneous increase in enrolment exerting pressures on existing facilities in the Post Primary Education and Training (PPET) institutions, as they could only absorb 50% of the primary school leavers. Secondary level enrolment has continued to rise from 954,328 (517,254 males and 437,074 females) as recorded in 2007 to 1,391,250 (738,391males; 652,859females) in 2014. The senior four completion rate has improved over the past decade from 30% in 2005 to 39.1% in 2014. BTVET and PTCs enrolment has also continued to increase from 29,441 (23,102 males and 6,339females) in 2007 to 69,319 (40,014 males while 29,305 were females) in 2014. In order to maximize on efficiency gains, government recently took a bold step to gradually phase out PPP arrangement in the USE programme. This policy shift will in the medium terms, see government concentrate on construction of Government secondary in all deserving sub counties without Government schools. Those deserving community secondary schools will be grant aided by meeting wage bill for their teachers and as well rehabilitate existing school infrastructure. The sector has, however, continued to register gender disparity in favor of boys. For example, in 2005 gender disparity stood at 0.73 in favor of males, with declines to 0.65 and further to 0.51 in 2008 and 2011 respectively but later increased to 0.73 in 2014²⁹.

Tertiary enrolments (both degree awarding and non-degree awarding) have risen from 120,145 (69,558 males while 50,587 were females) in 2005 to 249,046 (139,092 males compared to 109,954females) in 2014. However, the second National Development Plan notes that only 5.4% of Ugandans in the official school ages for the tertiary level were enrolled in a tertiary institution in 2010. This is far below the 26% global average and 40% needed for economic take-off.

²⁹ Population Secretariat (POPSEC): State of Uganda Population Report 2015, Kampala Uganda

The Post Primary Education (PPE) sub-sector is the bedrock for harnessing the demographic dividend and Uganda's social and economic transformation, but it is also constrained by several challenges. These include: low public expenditure at tertiary level, which is at 0.3% of GDP, well below the recommended 1%, low staffing levels of only 33%, mostly of who are lowly qualified, declining budgetary allocation (37% in 2009/10 to 28.8% in 2013/14) as a percentage of the total national budget, limited participation of the private sector in rural areas, the private-led primary education excluding majority of poor households, which constitutes over 80% of the population;³⁰ lack of secondary schools in many sub-counties, poor teacher working conditions due to lack of basic teaching and learning materials (libraries, and laboratories at the school level), limited career and professional development for teachers, inadequate textbooks and other learning materials for students and lack of basic sanitation and hygiene facilities in schools and inadequate infrastructure especially classrooms and sanitary facilities occasioned by rapid expansion of enrolment that outstrips capacity to provide this infrastructure. Surging school enrolment at all levels (as a result of rapid population growth rate of 3.0% pa) that put pressure on existing resources and facilities.

4.2 Key strategic Interventions

4.2.1 Shift to competence-based “Basic Education” – at both primary and secondary

- i. Adopt a life course approach to learning that includes competence-based training and skilling (MDD, Sports and Handwork, Art and crafts)
- ii. Develop a strategy to identify and nurture talent development for in and out of school youth.

4.2.2 Execute the policy on Early Childhood Development

- i. Effectively implement the ECD Policy to attract learning at lower stages of life in order to enhance human capital development.

4.2.3 Appropriate skilling and re-tooling

- i. Promote vocational and technical education/training opportunities (Innovation, science and technology, apprenticeship, soft skills and mind-set change through school curriculum, community schools).

³⁰National Planning Authority (NPA) 2015: Pre-Primary and Primary Education in Uganda

- ii. Adequately equip institutions with modern skilling transformational tools through public and private partnership.
- iii. Rebrand TVET programme to increase participatory practical skills knowledge and mindset relevant to the work environment specifically in industry, manufacturing and agriculture subsectors.
- iv. Produce self-confident and visionary students possessing entrepreneurial skills which are meaningful to them and to the employers in a competitive market.

4.2.4 Keep children in school up to completion of S. 4 (Compulsory education)

- i. Enforce laws/ byelaws to ensure all school going children go to school
- ii. Establish school feeding program especially in primary and secondary schools by partnering with stakeholders including households.
- iii. Policy to return girls to school after delivery
- iv. Expand and improve sanitation and hygiene (safe water, changing rooms, unisex stances, sanitary ware, etc.) systems in schools.
- v. Support initiatives that prevent teenage pregnancies and early marriages (mobilize stakeholders e.g. parents, teachers, health workers, district cultural and religious leaders using multimedia platforms).

CHAPTER FIVE: Economic Growth and Employment Opportunities

5.0 Introduction

The economy of Uganda is predominantly agrarian with significant natural resources, including arable fertile land, a good climate with regular rainfall and some mineral deposits.

Nearly two thirds (64 percent) of the working population are engaged in subsistence agriculture with women constituting more than half of Uganda's population human capital, yet are one of its most underutilized resources¹. These women mainly reside in rural areas and engage in agriculture as their source of income³¹. It is worth noting that Uganda could be Africa's food basket if it commercialized its agriculture.

Sustainable economic growth at national and global levels depends on women joining the labor force and fuller use being made of their skills and qualifications. However, majority of the female population in Uganda are unskilled hence unable to engage in more productive and better paying jobs³².

With very few or no income generated from their practices, they are unable to afford and access family planning services, even when they desire to limit or space their children. More working women would also help offset the negative effects of increasing fertility rates and high dependency ratios. In addition, the economy is greatly affected by the non-working population (unemployed and economically inactive) 28.9% of the population aged 10 years and above³³. They remain dependent on the few that are working, jeopardizing savings, investments and economic growth. Urbanization provides higher incomes than workers

Economy Pillar Game Changers

1. Invest in value chain analysis and addition in agriculture
2. Improve agricultural productivity
3. Strengthen local content driven exports
4. Promote access to financial resources for businesses
5. Promote local tourism and maximize international tourism
6. Promote innovation, mentorship and support to entrepreneurs and link people to the job market

³¹Uganda Bureau of Statistics 2016, *The National Population and Housing Census 2014 – Main Report*, Kampala.

³²OECD 2008, *Gender and Sustainable Development: Maximizing the Economic, Social and Environmental Role of Women*.

³³Uganda Bureau of Statistics 2016, *The National Population and Housing Census 2014 – Main Report*, Kampala

would earn on a farm and yields further opportunities to climb the income ladder. Accelerating economic growth by paying particular attention to development of sectors with high growth and job creation potential is critical for the country to harness the demographic dividend. The most pressing and immediate action is to tackle unemployment by addressing both the supply and demand side bottlenecks of the labour market. Job creation will help young people to take advantage of new opportunities.

5.1 Situation Analysis

Uganda's economy has experienced steadfast growth of about 5% over the past ten years with a GDP per capita of 616 USD in 2016³⁴. This however has not been rapid enough to create the jobs needed to keep pace with its population growth rate of 3% according to 2014 Census. Youth unemployment in Uganda stands at between 64% and 70%, and about 400,000 youths are released annually into the job market to compete for approximately 9,000 available jobs. More than half of the population (58%) aged 14-64 years were neither in employment nor education/ training (NEET)^{35,36}.

About 30% of the youths who are institutionally qualified in Uganda are unable to find jobs, and the situation is worse for semiskilled and unskilled youths. The government response has been to issue soft loans and youth grants to agricultural programmes such as National Agricultural Advisory Services (NAADS), the Youth Livelihood Fund (YLF), and Saving & Credit Cooperatives (SACCOs) for the youth. Despite these interventions, the problem of youth unemployment remains high.

The DD Modelling results indicate that the working age population was 16.4 million in 2017 while only 8.5 million people were employed, leaving a gap of 7.9 million. The Capital formation per Capita (USD) was 163 while GDP per Capita (USD) was 740.

Since the economy of Uganda is predominantly agrarian with significant natural resources, including arable fertile land and a good climate with regular rainfall, there is need to invest in agriculture where nearly two thirds (64 percent) of the working population are engaged in subsistence agriculture. Other sectors like tourism and Information Communication and

³⁴The World Bank Group 2016, Annual Meetings of the Boards of Governors Report.

³⁵Magelah P., and Ntambirweki-Karugonjo B., 2014: "Youth Unemployment and Job Creation in Uganda: Opportunities and Challenges." Report of Proceedings of the 49th Session of the State of the Nation Platform.

³⁶Uganda Bureau of Statistics (UBOS) 2016, *The National Population and Housing Census 2014 – Main Report*, Kampala

Technology (ICT) that have potential to create more jobs for youths need to be exploited. Uganda has seen growth of the small and medium enterprises (SMEs) or businesses, which are small but growing. The SMEs have created about 45% of total employment and 33% of the Gross Domestic Product. Over 2.5 million people are employed in this sector where they account for approximately 90% of the entire private sector.³⁷ However, SMEs face a lot of challenges that hinder their growth and substantive contribution to economic development. There is need therefore to strengthen their potential.

There is need to accelerate economic growth by paying particular attention to development of sectors with high growth and job creation potential which are critical for the country to harness the demographic dividend. The most pressing and immediate action is to tackle unemployment by addressing both the supply and demand side bottlenecks of the labor market. Job creation will help young people to take advantage of new opportunities. Small and Medium Enterprises (SMEs) have been widely accepted as engines of economic growth and poverty eradication in the world. Furthermore, SMEs have a major advantage of facilitating low cost employment especially for youth and women and they are important drivers of innovation and competition. These small but growing businesses create about 45% of total employment and 33% of the National Income (GDP). Over 2.5 million people are employed in this sector where they account for approximately 90% of the entire private sector.³⁸ Given the unique challenges facing small and medium enterprises (SMEs), their dominance in the manufacturing sector, and their role in technology and innovation uptake, an incentive regime purposely designed to support SMEs should be considered and given priority³⁹.

5.2 Key strategic interventions

5.2.1 Invest in value chain analysis and addition in agriculture in order to increase competitiveness in the regional and international markets.

- i. Add value at the farm gate and beyond – planting, harvesting, processing, storage, quality control and marketing.
- ii. Link producers to the market, finance, and ensure there is enabling environment.
- iii. Use of improved agricultural inputs (seedlings, organic fertilizers and pesticides, etc.)

³⁷ Uganda Investment Authority 2016, SMEs Driving the Economy.

³⁸ Uganda Investment Authority 2016, SMEs Driving the Economy

³⁹Eastern Africa's Manufacturing Sector - Uganda Country Report, 2014

5.2.2 Improve agricultural productivity

- i. Mechanize agriculture (use of ploughs, tractors, combined harvesters, modern storage facilities e.g. silos, etc.).
- ii. Promote low cost irrigation systems (valley dams, Gravity Flow Scheme, harvesting rain water and irrigation).
- iii. Promote access to agricultural financing including credit facilities and insurance with the new emerging technology and advancements in mobile banking solutions as well as increasing integration of farmers into better organized value chains⁴⁰.
- iv. Promote modern farming methods and practices (knowledge, skills development and extension services).

5.2.3 Strengthen local content driven exports to create better employment.

- i. Support implementation of the Local Content Bill, 2017.
- ii. Promote industrialization to create more jobs both directly and indirectly.
- iii. Support investments in infrastructure, industry and innovations.
- iv. Promote market for locally manufactured goods through the Buy Uganda Build Uganda (BUBU).
- v. Establish more and strengthen Small and Medium Enterprises(SMEs).

5.2.4 Promote access to financial resources for businesses

- i. Enhance financial information sharing for entrepreneurs.
- ii. Enhance access to low interest rate credit facilities.
- iii. Promote investment opportunities (SACCOs and capital markets), trade promotions and skilling.
- iv. Waive charges on savings accounts in commercial banks.
- v. Replace individual collateral with group/social security

5.2.5 Promote local tourism and maximize international tourism

- i. Improve the hospitality industry (imparting tourism, hotel management and customer care skills) through training, preparing and changing attitude of young Ugandans to deliver services of hospitality and other hotel services to tourists.
- ii. Improve the hotel infrastructure to international level.

⁴⁰<http://www.worldbank.org/en/topic/financialsector/brief/agriculture-finance>

- iii. Promote domestic tourism through sensitization of the masses and also encourage the creation of more private tourist sites.
- iv. Intensify and improve advertisement of the country's tourist sites locally and internationally e.g. developing customized tourist apps.

5.2.6 Promote innovation, mentorship and support to entrepreneurs and link people to the job market

- i. Partner with private sector to provide internship schemes.
- ii. Establish more incubation and internship hubs at regional level.

CHAPTER SIX: Good Governance

6.0 Introduction

Governance is the exercise of economic, political and administrative authority to manage a country's affairs at all levels. It comprises the mechanisms, processes and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences.⁴¹ Good governance practices at all levels of government and within civil societies and the private sector are key in ensuring that individuals and communities get services that they are entitled to and that returns from available resources are maximized.⁴² It is also a necessary pre-condition for achieving equitable and sustainable development in any society and acts as a pre-requisite for national development.

Governance (the **“Glue”** that holds everything together)

1. Increase citizen participation to demand for transparency, accountability and value for money
2. Strengthen investigative and prosecutorial agencies
3. Strengthen oversight, legislative and regulatory institutions

6.1 Situation analysis

Government in collaboration with various stakeholders have taken action to strengthen the provision of public resources for the benefit of the people of Uganda.

6.1.1 Accountability

Accountability is one of the cornerstones of good governance and evaluating the ongoing effectiveness of public officials or public bodies and their performance to full potential.⁴³ It requires providing value for money in the provision of public services, instilling confidence in the government and being responsive to the community they are meant to be serving. According to the NDPII, the accountability sector is concerned with the mobilization and management of use of public resources to facilitate the delivery of quality services. Budget Monitoring and Audit Reports highlight weak compliance to financial regulations; mischarge of expenditures; wasteful expenditures; cost overruns, design reviews and onsite delays in

⁴¹ The United Nations Development Programme (UNDP) 1997: Policy Paper 3

⁴² Population Secretariat 2013: International Conference on Population and Development (ICPD) beyond 2014 review Uganda Country Report.

⁴³ The International Bank for Reconstruction and Development 2007: The Enabling Environment for Social Accountability in Mongolia

procurement planning and an increase in audit queries.⁴⁴ NPA has developed a DD Compliance tool that will guide sectors, departments, agencies and local governments to prioritize and integrate DD interventions, and at the same time, provide the framework for their assessment in helping the country harness the DD.

6.1.2 Strong Legislative frame work

Uganda has put a number of laws in place for justice, law and order among its citizenship. The constitution, which is the supreme law of Uganda provides for recognition of the rights of women, promotes and protects social justice and equality of all Ugandans. Specific articles of the constitution address the empowerment and encouragement of active participation of all citizens, in governance at all levels, and gender balance and fair representation of marginalized groups. Other laws include; the Customary Marriage (Registration Act), Land Amendment Act, 2004; Penal Code Amendment Act, 2007; NGO Registration (Amendment) Act, 2006; Equal Opportunities Commission Act, 2007; Trafficking of Persons Act, 2010; and many others. Nonetheless, implementation of these laws still remains a challenge for effective and efficient delivery of services and justice for the citizens of Uganda.

6.1.3 Strong Oversight

Uganda is a democratic nation which is still grappling with attainment of improved service delivery despite the existence of structures such as the parliament –whose mandate among others is to oversee budget spending and performance; the office of the prime minister which instils and maintains efficient and effective systems in Government that enable Uganda to develop rapidly⁴⁵; the Inspectorate of Government (IG) the watchdog to ensure good governance within the public sector; and the Public Sector Management (PSM) responsible for the development and control of public service delivery systems through the promotion of sound principles, structures and procedures. Appropriate performance of these public institutions calls for transformational leadership to pursue justice and promote zero tolerance to corruption.

⁴⁴ Ministry of Finance, Planning and Economic Development 2015: The state of Public Service Delivery in Uganda; Achievements, Challenges and Measures for Better Service Delivery.

⁴⁵ <http://opm.go.ug/mission-vision-and-mandate/>

6.1.4 Equity, participation and inclusion

Government's ability to achieve Vision 2040 remains highly contingent upon the effective delivery of equitable investments in the education, health and social wellbeing of young people.⁴⁶ Although service delivery is decentralized, there are still challenges in provision of services to all people. Inadequacies in service delivery have led to inequitable, ineffective and inefficient distribution of benefits from economic growth.

Participation and inclusion is limited by low socio-economic status, limited understanding of local economies, complex planning and budgeting process and exclusion of ideas in development plans during bottom-up participatory planning. This leads to unfulfilled expectations yet a participatory planning approach was adopted under the provisions of section 36 of the Local Governments (Amendment) Act of 1997 that encourages involvement of all key stakeholders in development planning and implementation so that they are more responsive to the needs of the people.⁴⁷

6.2 Key strategic interventions

6.2.1 Increase citizen participation to demand for transparency, accountability and value for money

Inclusive participation of citizens, including the youth allows individuals within communities to positively contribute to the general good by providing them an opportunity to influence public decisions and pursue justice. This will be at program design, implementation, monitoring and evaluation to aid utilization of public resources.

- i. Strengthen existing community dialogues/barazas between leaders and the people
- ii. Facilitate citizen participation in decision-making and implementation processes.
- iii. Establish village committees to monitor delivery of social services

6.2.2 Strengthen investigative and prosecutorial agencies

- i. Review existing policies to establish DD gaps by key stakeholders
- ii. Strengthen the investigative capacity of prosecutorial agencies.
- iii. Put in place stringent measures to recover public funds from corrupt officials
- iv. Fast track case backlogs in courts

⁴⁶Budget monitoring and accountability unit/united nations children's fund policy brief 2015: Rethinking public finance for children (pf4c): monitoring for results

⁴⁷ Commonwealth Journal of Local Governance Issue 2, 2009: Local Governance and Local Democracy in Uganda

6.2.3 Strengthen oversight, legislative and regulatory institutions

- i. Fast track inclusion of DD outcome and impact indicators in Programme Based Budgeting System
- ii. Build capacity of Parliamentarians to undertake their oversight and accountability functions
- iii. Enhance capacity of Parliamentarians for evidence-based programme planning, implementation, monitoring and evaluation

RESULTS FRAMEWORK FOR THE PRIORITY DEMOGRAPHIC DIVIDEND INTERVENTIONS.

Key Result Area	Status	Intervention	Responsible MDAs
<p>Result Area 1: Change in Population Age Structure to reduce dependency ratio from 103 to 58.</p>	<p>Majority population under 15 years (47.9%), high TFR (5.4), low mCPR (35%), high but declining IMR (43/1,000), Teenage pregnancy (25%) and low female completion rates of 36%.</p>	<p>Promote FP uptake esp. LARCs (Method mix for family planning and strengthened community health systems)</p> <ol style="list-style-type: none"> i. Provide a wide range of contraceptive commodities (method mix) to all beneficiaries. ii. Strengthen community systems to deliver family planning information and services. <p>Promote child survival</p> <ol style="list-style-type: none"> i. Promote universal coverage of all immunizable diseases ii. Foster programmes that improve childhood nutrition iii. Promote child care practices from the time a child is born (breast feeding, warmth, prevention of diarrhea by washing hands with soap and water, mosquito treated nets etc.) 	<p>MoH, NPC, MAAIF, UBOS, NPA, MGLSD, FBOs, Cultural leaders, Private sector, MOLHUD, MOES</p>
<p>Harnessing the DD means change in population age structure with annual population growth rate reducing to 2.5%, TFR to 2.5, IMR to 4/1,000 live births and teenage pregnancy to 15%.</p>	<p>Keep girls in school up to completion (S.4)</p> <ol style="list-style-type: none"> i. Prevent teenage pregnancy by scaling up adolescent sexual reproductive health information and services ii. Promote school feeding programme as an element of the school health programme to ensure that children have effective learning iii. Promote appropriate hygiene and menstrual management in school iv. Provide opportunities for re-entry of adolescents who have given birth while at school <p>Strengthen organised urbanisation</p> <ol style="list-style-type: none"> i. Improving infrastructure to enable communities easily access social services 		

Key Result Area	Status	Intervention	Responsible MDAs
		<ul style="list-style-type: none"> ii. Appropriate housing to provide better hygiene and sanitation, access to clean safe water, toilet and sewerage facilities and lighting. iii. Strengthen the referral system using the existing structures 	
Result Area 2: Healthy and productive labor force. Life expectancy increasing from 63.3 to 75 years	Disease burden predominantly preventive - both Communicable and Non Communicable	Promote Life-cycle based preventive health measures <ul style="list-style-type: none"> i. Health promotion and education ii. Foster inter-sectoral action for health at all levels 	MoH, NPC, MAAIF, UBOS, NPA, MGLSD, FBOs, Cultural leaders, Private sector
		Curative (specialized) health care. <ul style="list-style-type: none"> i. Human resources for health (train, recruit, motivate, redistribute and retain). 	
		Health insurance scheme <ul style="list-style-type: none"> i. Fast track the implementation of the National Health Insurance scheme 	
Result Area 3: A well-educated, skilled, productive, entrepreneurial and innovative workforce	Low rate of enrolment at ECD (9%), Low Net Secondary completion rates (37.8%). Harnessing the DD will increase ECD enrolment and Net	Appropriate skilling and re-tooling <ul style="list-style-type: none"> i. Promote vocational and technical education/training opportunities ii. Adequately equip institutions with modern skilling transformational tools through public and private partnership. 	MOES, MOGLSD, MOLG, MAAIF, NPC, NPA, PRIVATE SECTOR, MTIC
		Shift to competence-based “Basic Education” – primary and secondary <ul style="list-style-type: none"> i. Adopt a life course approach to learning that includes competence-based training and skilling ii. Develop a strategy to identify and nurture talent development for in and out of school youth. 	

Key Result Area	Status	Intervention	Responsible MDAs
	Secondary completion rates to 100%.	<p>Early Childhood Development (ECD)</p> <ul style="list-style-type: none"> i. Effectively implement the ECD Policy to attract learning at lower stages of life in order to enhance human capital development. <p>Keep children in school up to completion</p> <ul style="list-style-type: none"> i. Enforce laws/ byelaws to ensure all school going children go to school. ii. Establish school feeding program especially in primary and secondary schools by partnering with stakeholders including households. iii. Policy to return girls to school after delivery. iv. Expand and improve sanitation and hygiene (safe water, changing rooms, unisex stances, sanitary ware, etc.) systems in schools. v. Support initiatives that prevent teenage pregnancies and early marriages. 	
Result Area 4: Investments in high job multiplier industries (GDP Per Capita from 740 to 9,560 USD)	Slow economic growth (5%) compared to PGR (3%). High youth unemployment between 64% to 70%. More than half of the population (58%) aged 14-64 years are neither in employment nor education/ training.	<p>Invest in value chain analysis and addition in agriculture</p> <ul style="list-style-type: none"> i. Add value at the farm gate and beyond – planting, harvesting, processing, storage, quality control and marketing. ii. Link producers to the market, finance, and ensure there is enabling environment. iii. Use of improved agricultural inputs (seedlings, organic fertilizers and pesticides, etc). <p>Improve agricultural productivity</p> <ul style="list-style-type: none"> i. Mechanize agriculture (use of ploughs, tractors, combined harvesters, modern storage facilities e.g. silos, etc.). ii. Promote low cost irrigation systems (valley dams, Gravity Flow Scheme, harvesting rain water and irrigation) 	MAAIF, MoTC, PSFU, UIA, NPA, MGLSD, FBOs, Cultural leaders,

Key Result Area	Status	Intervention	Responsible MDAs
	<p>Harnessing the DD means increasing the share of the working age population from 43.4% to 56.6%, reducing gap as a % percentage of the working age population from 48.2% to 41% and increasing GDP growth rate to 14.4%.</p>	<p>iii. Promote access to agricultural financing including credit facilities and insurance with the new emerging technology and advancements in mobile banking solutions as well as increasing integration of farmers into better organized value chains.</p> <p>iv. Promote modern farming methods and practices (knowledge, skills development and extension services).</p> <p>Strengthen local content driven exports</p> <ul style="list-style-type: none"> i. Support implementation of the Local Content Bill, 2017. ii. Promote industrialization to create more jobs both directly and indirectly. iii. Support investments in infrastructure, industry and innovations. iv. Promote market for locally manufactured goods through the Buy Uganda Build Uganda (BUBU). v. Establish more and strengthen Small and Medium Enterprises (SMEs). <p>Promote access to financial resources for businesses</p> <ul style="list-style-type: none"> i. Enhance financial information sharing for entrepreneurs. ii. Enhance access to low interest rate credit facilities. iii. Promote investment opportunities (SACCOs and capital markets), trade promotions and skilling. iv. Waive charges on savings accounts in commercial banks. v. Replace individual collateral with group/social security <p>Promote local tourism and maximize international tourism</p> <ul style="list-style-type: none"> i. Improve the hospitality industry (imparting tourism, hotel management and customer care skills) through training, preparing and changing attitude of young Ugandans to deliver services of hospitality and other 	

Key Result Area	Status	Intervention	Responsible MDAs
		<p>hotel services to tourists.</p> <ul style="list-style-type: none"> ii. Improve the hotel infrastructure to international level. iii. Promote domestic tourism through sensitization of the masses and also encourage the creation of more private tourist sites. iv. Intensify and improve advertisement of the country's tourist sites locally and internationally e.g. developing customized tourist apps. <p>Promote innovation, mentorship and support to entrepreneurs and link people to the job market</p> <ul style="list-style-type: none"> i. Partner with private sector to provide internship schemes. ii. Establish more incubation and internship hubs at regional level. 	
<p>Result Area 5: Effective and efficient delivery of service across all sectors Corruption Perception Index (CPI)</p>	<p>Low participation of citizens in planning, implementing and monitoring delivery of services.</p>	<p>Increase citizen participation to demand for transparency, accountability and value for money</p> <ul style="list-style-type: none"> i. Strengthen existing community dialogues/barazas between leaders and the people ii. Facilitate citizen participation in decision-making and implementation processes. iii. Establish village committees to monitor delivery of social services <p>Strengthen investigative and prosecutorial agencies</p> <ul style="list-style-type: none"> i. Review existing policies to establish DD gaps by key stakeholders ii. Strengthen the investigative capacity of prosecutorial agencies. iii. Put in place stringent measures to recover public funds from corrupt officials iv. Fast track case backlogs in courts 	<p>OPM, IGG, Parliament, All MDAs, Local Government, Private Sector, CSOs.</p>

Key Result Area	Status	Intervention	Responsible MDAs
		<p>Strengthen oversight, legislative and regulatory institutions</p> <ul style="list-style-type: none"> i. Fast track inclusion of DD outcome and impact indicators in Programme Based Budgeting System ii. Build capacity of Parliamentarians to undertake their oversight and accountability functions iii. Enhance capacity of Parliamentarians for evidence-based programme planning, implementation, monitoring and evaluation 	

GLOSSARY OF TERMS

Term	Definition
Age dependency Ratio	The ratio of persons in the ages defined as dependent (under 15 years and over 64 years) to persons in the ages defined as economically productive (15-64 years) in a population.
Decent work	Employment opportunities for work that are productive and deliver a fair income; security in the workplace and social protection for families; better prospects for personal development and social integration; freedom for people to express their concerns; organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men.
Demographic Dividend	The demographic dividend is the accelerated economic growth that may result from a decline in a country's birth and death rates and the subsequent change in the age structure of the population.
Demographic Transition	The historical shift of birth and death rates from high to low levels in a population. The decline of mortality usually precedes the decline in fertility, thus resulting in rapid population growth during the transition period.
Early Childhood Development	The period before compulsory schooling. For instance in Ireland the early childhood period extends from birth to six years.
Economic Development	The sustained, concerted actions of communities and policymakers that improve the standard of living and

economic health of a specific locality.

Family Planning	The conscious effort of couples to regulate the number and spacing of births through artificial and natural methods of contraception.
Fertility	The actual reproductive performance of an individual, a couple, a group, or a population.
Game changer	A procedure that effects a significant shift in the current manner of doing or thinking about something
GDP per capita	A measure of a country's economic output per person.
Infant Mortality	The ratio of the number of deaths in the first year of life to the number of live births occurring in the same population during the same period of time.
Life Expectancy at Birth	The average number of additional years a person could expect to live if current mortality trends were to continue for the rest of that person's life.
Maternal Mortality Ratio	The number of women who die as a result of pregnancy and childbirth complications per 100,000 live births in a given year.
Morbidity	The frequency of disease, illness, injuries, and disabilities in a population.
Mortality	Deaths as a component of population change
Population Growth Rate	The number of people added to (or subtracted from) a population in a year due to natural increase and net migration expressed as a percentage of the population at the beginning of the time period
Population Momentum	The tendency for population growth to continue beyond the time that replacement-level fertility has been achieved

because of the relatively high concentration of people in the childbearing years.

Expected years of schooling years	Number of years of schooling that a child of school entrance age can expect to receive if prevailing patterns of age-specific enrolment rates persist throughout life.
Sustainable Development	Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs
Total Fertility Rate	The average number of children that would be born alive to a woman (or group of women) during her lifetime if she were to pass through her childbearing years conforming to the age-specific fertility rates of a given year. (prevailing)
Under Five Child Mortality	Probability of a child born in a specific year or period dying before reaching the age of 5.
Unmet need	Women with unmet need for spacing births are those who are able to become pregnant and sexually active but are not using any method of contraception (modern or traditional), and report wanting to delay the next child or limit their number of births.

REFERENCES

1. *Abdool Karim, S. S., Churchyard, G. J., Abdool Karim, Q., & Lawn, S. D. (2009). (2009). HIV infection and tuberculosis in South Africa: an urgent need to escalate the public health response.*
2. *Bloom, D. E., & Williamson, J. G. (September 1998), pp.419-455). Demographic Transition and Economic miracles in emerging Asia. The world Bank economic review--vol.12, no. 3, 1.*
3. *Contoyannis P., and Forster M., (1999), Our Healthier Nation: Health Economics, 8:289-269*
4. *EAC 2015, Social Health Protection Report, East African Community Secretariat, Arusha, Tanzania*
5. *Education Management Information System (EMIS), 2014. Uganda Education Statistics and indicator abstracts*
6. *Guloba M., Ssewanyana S., Birabwa E. (2017): A Pathway to Social Protection Development in Uganda: A Synthesis Report. Economic Policy Research Centre.*
7. *Karim A. S., Churchyard J. G., Karim A. Q., Lawn S. D., (2009): HIV infection and tuberculosis in South Africa: an urgent need to escalate the public health response. The Lancet*
8. *Kassam R., Collins J. B., Liow E., and Rasool, N 2015: Narrative review of current context of malaria and management strategies in Uganda (Part I), Acta Tropica, Volume 152, December 2015, Pages 252-268*
9. *Kugonza S. & Mukobi R. 2015 Public participation in services delivery projects in Buikwe District Local Government Uganda . Commonwealth Journal of Local Governance <http://epress.lib.uts.edu.au/journals/index.php/cjlg/article/view/4846/5213>*
10. *Madina Guloba, Sarah Ssewanyana, Elizabeth Birabwa 2017: A Pathway to Social Protection Development in Uganda: A Synthesis Report. Economic Policy Research Centre.*
11. *Magelah P, Ntambirweki-Karugonjo B - ACFODE, Kampala Uganda, 2014 - acode-u.org: Youth Unemployment and Job Creation in Uganda: Opportunities And Challenges: www.acode-u.org/Files/Publications/infosheet_26.pdf*
12. *Ministry of Education and Sports (MoES: Annual School Census 2014*
13. *Ministry of Finance Planning and Economic Development (MoFPED) (2017), State of Uganda's Population Report 2017, Kampala, Uganda*
14. *Ministry of Finance, Planning and Economic Development (MoFPED) 2015: The state of Public Service Delivery in Uganda; Achievements, Challenges and Measures for Better Service Delivery.*
15. *Ministry of Gender Labour and Social Development (MoGLSD) 2015 The National Social Protection Policy, Kampala Uganda*
16. *Ministry of Health (MoH) : Health Sector Development plan 2015/16 to 2019/20*
17. *Ministry of Health (MOH) (2014): National Malaria Programme "Uganda Malaria Reduction Strategic Plan (UMRSP)2014 - 2020", Kampala Uganda*
18. *Ministry of Health (MoH) (2017): Uganda Population-Based HIV Impact Assessment (UPHIA) Kampala, Uganda*

19. *Ministry of Health (MOH) 2017: Annual Health Sector Performance 2016/2017, Kampala Uganda*
20. *Ministry of Health, (2015-2020). Uganda Family Planning Costed Implementation Plan. Kampala.*
21. *Ministry of Health. (2015). Health Sector Development PLAN 2015/16 - 2019/20.*
22. *Ministry of Planning and Economic Development (2004/5-2007/8)). Poverty Eradication Action Plan. Kampala:.*
23. *National Planning Authority (NPA) (2013), Uganda Vision 2040 National Planning Authority, Kampala Uganda*
24. *National Planning Authority (NPA) (2014), Harnessing the Demographic Dividend Report; Accelerating Socioeconomic Transformation in Uganda, National Planning Authority, Kampala.*
25. *National Planning Authority (NPA) 2015: Pre-Primary and Primary Education in Uganda*
26. *National Planning Authority NPA (2015), Second National Development Plan 2015/16-2019/20. A Transformed Ugandan Society from a Peasant to a Modern and Prosperous Country within 30 years. National Planning Authority, Kampala, Uganda*
27. *OECD 2008, Gender and Sustainable Development: Maximising the Economic, Social and Environmental Role of Women.*
28. *Office of the Prime minister (OPM) 2018: Vision 2040: Uganda Mission, Vision and mandate. <http://opm.go.ug/mission-vision-and-mandate/>*
29. *Population Secretariat (POPSEC): State of Uganda Population Report 2015, Kampala Uganda*
30. *Population Secretariat (POPSEC) 2013: International Conference on Population and Development (ICPD) beyond 2014 review Uganda Country Report.*
31. *Population Secretariat(POPSEC), (2008). National Population Policy for Social Transformation and Sustainable Development. Kampala: Ministry of Finance, Planning and Economic Development. Kampala, Uganda*
32. *Sergio Carciotto and Cristiano d'Orsi. (2017). Access to Socio-Economic Rights for Refugees: a Comparison Across Six African Countries. 47, Commercial St. 8001, Cape Town: The Scalabrini Institute for Human Mobility in Africa (SIHMA).*
33. *SMEs Driving the Economy: Uganda Investment Authority, Eastern Africa's Manufacturing Sector - Uganda Country Report, 2014*
34. *The Guardian, 2017: Uganda at breaking point as Bidi Bidi becomes world's largest refugee camp. <https://www.theguardian.com/global-development/2017/apr/03/uganda-at-breaking-point-bidi-bidi-becomes-worlds-largest-refugee-camp-south-sudan>*
35. *The International Bank for Reconstruction and Development (IBRD) 2007: The Enabling Environment for Social Accountability in Mongolia*

36. *Uganda Bureau of Statistics (UBOS) (2017), Uganda National Household Survey 2016/2017, Kampala, Uganda*
37. *Uganda Bureau of Statistics (UBOS) (2017), Young People: A spring Board to Uganda's sustainable Development: Adolescents and Youth sector monograph based on 2014, NPHC. Kampala Uganda*
38. *Uganda Bureau of Statistics (UBOS) & ICF International (2017), Uganda Demographic and Health Survey report 2016, Kampala, Uganda*
39. *Uganda Bureau of Statistics (UBOS) 2016 : Statistical Abstract 2016*
40. *Uganda Bureau of Statistics (UBOS) 2016, The National Population and Housing Census 2014 – Main Report, Kampala, Uganda*
41. *Umoru D. and Omolara J. Yaqub (2013): Labour Productivity and Health Capital in Nigeria: The Empirical Evidence, International Journal of Humanities and Social Science, Vol. 3 No. 4.*
42. *United Nations Children's Fund (UNICEF) (2015) Budget monitoring and accountability unit/united nations children's fund policy brief 2015: Rethinking public finance for children (pf4c): monitoring for results*
43. *United Nations Development Programme (UNDP) 1997: Policy Paper 3*
44. *Wako J., Verver S., Waija A., Ssengoba W., Joloba M., Colebunders r., Musoke P, Mayanja-Kizza H., (2013), Burden of tuberculosis disease among adolescents in a rural cohort in Eastern Uganda. BMC Infectious Diseases 13: 349*
45. *WHO 2011: Healthy urbanization towards equal and optimum population health.*
46. *World Bank 2018 Agriculture Finance and Agriculture Insurance*
<http://www.worldbank.org/en/topic/financialsector/brief/agriculture-finance>
47. *World Bank. 2016: <http://www.focus-economics.com/countries/uganda>*
48. *World Food Program (2013) The Cost of Hunger in Africa Report . Egypt, Ethiopia, Swaziland, and Uganda.*
49. *World Health Organization, (2013). Global tuberculosis report . WHO/HTM/TB/2013.11.*