



UGANDA

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**UGANDA' S REPORT ON EXPERIENCES IN POPULATION MATTERS:
FERTILITY, REPRODUCTIVE HEALTH AND DEVELOPMENT**

By

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Uganda's population growth rate is still very high, at 3.2 per cent per annum with a Total Fertility Rate of 6.7. The population, currently estimated at 33 million, is projected to reach 80 million by 2030. This has produced a youthful population of about 50% below the age of 18 years. Maternal Mortality reduction is also progressing slowly and by 2006 was 435 per 100,000 live births.

Since the 1994 meeting in Cairo, on *population and development*, Uganda has made some progress in several areas:

1. The country is using a multi-sectoral approach to attain the targets on population and development, which has been entrenched in the National Development Plan (2010 – 2015) to which all sectors of Government contribute. The plan focuses on "Growth, employment [creation], socio-economic transformation". Reproductive health, including maternal and child health; human resource development through development of skills; and improving nutrition, are among the priority areas being addressed under this plan. Uganda has intensified efforts to scale up nutrition nationally. Progress made through the different sectors includes:
 - a. Poverty alleviation; by reducing poverty by more than 30 percentage points in 16 years, although in absolute terms, there are still challenges, where about a quarter of the country's population live under the poverty line.
 - b. Uganda is party to and has initiated implementation of several international treaties, legal instruments and strategies concerning gender equality and women's empowerment.
 - c. The Constitution of Uganda explicitly prescribes equality between women and men under the law, in dignity of the person, as well as rights to equal opportunities in economic, social, political and other fields. Through affirmative action measures, women have reached 30 percent representation in Parliament and at different levels of Local Government. Women are increasingly taking up key decision making positions.
 - d. Laws have been put in place to address Sexual Gender-Based Violence as well as harmful traditional practices that impact negatively on health.
 - e. Universal Primary Education (UPE) Program introduced in 1997, increased enrolment from 2.7 to 8.0 million in 2008, improving girls' share of enrolment from 44 to 50 per cent respectively. In the year 2007 Universal Secondary Education was introduced which has a greater potential for women empowerment.

2. Contraceptive Prevalence Rate has increased from 24% (in 2006) to 38% (in 2010). Increasing access to Family Planning services has been done through:
 - a. Implementation of the Reproductive Health Commodity Security strategy, the Roadmap to Reduction of Maternal & Neonatal Morbidity and Mortality, and Child Survival strategies, Health Sector Strategic Investment Plan (2010 – 2015) and the National Population Policy. A National Population Council Bill has been approved by Cabinet.
 - b. Using the Public Private Partnerships policy to engage both the public and private sectors (e.g. NGOs, Private Not-For-Profit, private providers) in delivering Family Planning services to increase access and reduce inequity.
 - c. Integration of Family Planning service provision in other services like the HIV/AIDS, Antenatal care, Postnatal Care, and Adolescent Health services.
 - d. Increasing budgetary allocation by Government towards commodities, community mobilization and sensitization and strengthening of health systems including skills building, equipping and procurement and distribution of commodities. Government has developed a strategy to improve human resource recruitment and retention.
 - e. Uganda is committed to the Global strategies that address women's and Children's Health, including the Global strategies to improve women's and children's health.
3. Uganda also continues to highly supportive of the South-to-South Cooperation in population and development which is also an initiative of the 1994 ICPD.
4. The country, in collaboration with UN Agencies, is implementing a special program on Population and Development with a focus on Family Planning, Maternal and Newborn Health.

In conclusion, Government, through its decentralization policy, has elaborate structures at the local government levels that are used to deliver health, nutrition and other services.

It is now paramount, that all the various stakeholders contributing to programs on Population and Development, including Reproductive Health, Women empowerment and gender-related programs, work under a well-coordinated, integrated approach in order to realize maximum impact using the available resources.