



UGANDA

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**STATEMENT BY DR. KISAMBA MUGERWA,
CHAIRPERSON OF THE NATIONAL PLANNING AUTHORITY
OF UGANDA
AT THE 45TH SESSION OF THE COMMISSION ON
POPULATION AND DEVELOPMENT
ON AGENDA ITEM 4
"ADOLESCENTS AND YOUTH"**

New York, 24th April 2012

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Mr. Chairman,

I bring you greetings from the Government and the People of Uganda

Allow me to congratulate you and your bureau members upon your election as chair of the 45th session of the Commission on population and development as well as for the excellent manner in which you are conducting the session.

My delegation aligns itself with the statement made by Algeria on behalf of the African Group. We also thank the Secretary-General for his reports and we take note of the recommendations contained therein.

Mr. Chairman,

Uganda was part of the international community that agreed to the

Programme of Action, adopted by the United Nations International Conference on Population and Development (ICPD) in 1994 in Cairo. Uganda, again, like many other countries is signatory to the Millennium Development Goals (MDGs). Within the period of the commitments we have managed to develop and implement a number of policies and programmes targeting youth and these include; National Youth policy, Universal primary education policy, Universal post primary education and training policy, adolescent reproductive health policy, National employment policy, Business Technical Vocational Education and Training and HIV/AIDS sector policies. We have also managed to put in place mechanism to promote youth participation in leadership, development and governance processes.

Mr. Chairman,

The population of Uganda is currently growing at an annual rate of 3.2 per cent and is estimated to be 33 million. About 57% of the Ugandan population is between 0 and 18 years and 78% is under 30 years; making it a very young country. Youth in Uganda are defined as those aged between 18 and 30 years and they make up 21% of the population (*UDHS 2011*). Like most developing countries, Uganda is no exception to the multiple challenges its youth face ranging from poverty, unemployment, ill health, violence and delinquency. In addition to these, they experience weak infrastructure and poor economic development that impede their development.

Youth and adolescents in Uganda like elsewhere in Sub-saharan Africa are often faced with poor nutrition, general ill health and multiple sexual reproductive health issues including unwanted and high teenage pregnancies at 25%, unsafe abortions estimated at 300,000 per year. Maternal mortality contribution by young mothers (15-24yrs) is 44% whereas unmet need for family planning is at 41% (there is limited access to SRH information and services).

These and other facilitating factors from a socio-economic, cultural and structural dimension have reduced the age specific life expectancy of youth, crippled their ability to healthy families and affected their contribution to national development.

Mr. Chairman,

Regarding poverty, there are various government programmes aimed at reducing poverty and the levels have decreased from 34% (2000) to 24.5% (2011). The poverty level of 24.5% is still very high and affects youth more than the rest of the population. Government of Uganda adopted a 5-year National Development plan (2010/11-2015/16); a principle government development framework in which MDGs are translated into strategies for development in Uganda, it recognizes the youthful population structure and provides strategic actions to address the needs of youth in the country. We have developed a national programme for skilling the youth which emphasizes equipping youth with vocation and technical skills.

Government, in partnership with development partners and financial institutions has made available a youth venture capital fund whose main objective is to finance viable projects proposed by the young entrepreneurs as well as enable the youth benefit from associated mentoring services from the participating banks.

Mr. Chairman,

In the area of education, as a result of the Uganda Government's Universal Primary Education policy, enrolment in primary school increased almost by 100%. By 2007 the proportion of the population over fifteen years who had received some years of primary and secondary education was about 60%, in part due to the government's push for Universal Primary Education(UPE) coverage and Universal Post Primary Education and

Training(UPPET). However, the high rate of school drop-out at 22% at the primary school level, particularly among girls is a major drawback to the national policy of increasing education among the youth to reduce vulnerability ; and calls for immediate attention. Government also started the implementation of Universal Secondary Education (USE) in 2007 and this resulted in 50% increase in enrollment at secondary school level. The adolescents and the youth are major beneficiaries from these programmes.

Finally, Mr. Chairman,

Uganda is committed to developmental programs targeting Adolescents, Youth, health including HIV/AIDS and Gender mainstreaming. Uganda has developed various policies, frameworks and plans including the Health sector strategic investment plan (2010 – 2014), adolescent health policy, nutrition framework, school health policy, Roadmap on Reduction of maternal mortality and morbidity, national youth policy and gender policy that recommend strategic actions to address youth related nutrition, ill health and SRH challenges. Programmes have been implemented to advocate for and provide youth friendly and gender sensitive SRH/HIV information and services. However, the challenge has been mobilization of adequate resources to implement the programmes that should address ASRH/HIV, gender and rights issues faced by young people in Uganda.

I thank you.

In this respect Mr Chairman, I wish to conclude by thanking all development partners who are assisting the people of Uganda through different means. The Government of Uganda is willing to continue ^{implementing} addressing various policies outlined above to improve the quality of its people with particular emphasis on the adolescents and youth.