



THE REPUBLIC OF UGANDA

# **NATIONAL POPULATION POLICY 2020**

**Ministry of Finance, Planning and Economic Development**

## TABLE OF CONTENTS

<b>List of Acronyms.....</b>	<b>iii</b>
<b>FOREWORD.....</b>	<b>vi</b>
<b>CHAPTER ONE.....</b>	<b>1</b>
<b>BACKGROUND.....</b>	<b>1</b>
Uganda's Population Situation.....	1
Population Policies in Uganda.....	3
Population and Development Interrelationships.....	5
Education and Health.....	6
Employment.....	7
Agriculture, Environment and Natural Resources.....	8
Rationale for Revision.....	9
Principles to Guide Policy Implementation.....	10
<b>CHAPTER TWO.....</b>	<b>12</b>
<b>POPULATION DYNAMICS AND THEIR IMPLICATIONS.....</b>	<b>12</b>
Population Dynamics.....	12
Fertility.....	12
Mortality.....	13
Migration .....	14
Implications.....	15
Population Size, Growth and Age Structure.....	16
Human Capital Development.....	17
Poverty.....	17
Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) .....	17

HIV/AIDS.....	19
Malnutrition.....	19
Gender-Based Violence, Gender Inequalities and harmful practices.....	20
Labour Market Participation.....	21
Urbanization.....	22
Environment, Natural Resources (ENR) and Climate Change.....	24
<b>CHAPTER THREE.....</b>	<b>25</b>
<b>POLICY DIRECTION.....</b>	<b>25</b>
Policy Goal.....	26
Policy Objectives.....	26
Strategic Actions.....	26
<b>CHAPTER FOUR.....</b>	<b>31</b>
<b>INSTITUTIONAL FRAMEWORK AND STRATEGIES</b>	
<b>FOR POLICY IMPLEMENTATION.....</b>	<b>31</b>
Coordination.....	31
Requisite Human Resources.....	32
Data and Research.....	32
Advocacy and Communication.....	33
Monitoring and Evaluation (M&E) Framework.....	33
Resource Mobilization.....	35

## List of Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ASRH</b>	Adolescent Sexual and Reproductive Health
<b>BTVET</b>	Business, Technical, Vocational Education and Training
<b>CHEWs</b>	Community Health Extension Workers
<b>CNDPF</b>	Comprehensive National Development Planning Framework
<b>CPR</b>	Contraceptive Prevalence Rate
<b>CSOs</b>	Civil Society Organizations
<b>DD</b>	Demographic Dividend
<b>EAC</b>	East African Community
<b>ECD</b>	Early Childhood Development
<b>EMTCT</b>	Elimination of Mother – to – Child Transmission
<b>FGM/C</b>	Female Genital Mutilation/Cutting
<b>FP</b>	Family Planning
<b>GBV</b>	Gender Based Violence
<b>GDP</b>	Gross Domestic Product
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICPD</b>	International Conference on Population and Development
<b>ICT</b>	Information and Communication Technology

<b>IMR</b>	Infant Mortality Rate
<b>LGs</b>	Local Governments
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MCH</b>	Maternal and Child Health
<b>MDAs</b>	Ministries, Departments and Agencies
<b>MDGs</b>	Millennium Development Goals
<b>MoFPED</b>	Ministry of Finance, Planning and Economic Development
<b>MP</b>	Member of Parliament
<b>NDP</b>	National Development Plan
<b>NPA</b>	National Planning Authority
<b>NPP</b>	National Population Policy
<b>PDE</b>	Population, Development and Environment
<b>PEAP</b>	Poverty Eradication Action Plan
<b>PoA</b>	Plan of Action
<b>RIA</b>	Regulatory Impact Assessment
<b>RH</b>	Reproductive Health
<b>RMNCAH</b>	Reproductive, Maternal, Neonatal, Child and Adolescent Health
<b>SDGs</b>	Sustainable Development Goals
<b>STEM</b>	Science, Technology, Engineering and Mathematics

<b>STIs</b>	Sexually Transmitted Infections
<b>TFR</b>	Total Fertility Rate
<b>UBOS</b>	Uganda Bureau of Statistics
<b>UDHS</b>	Uganda Demographic and Health Survey
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>UNHS</b>	Uganda National Household Survey
<b>UPE</b>	Universal Primary Education
<b>USE</b>	Universal Secondary Education

## FOREWORD

In the early 1990s, Government realized the importance and significance of mainstreaming population dynamics (fertility, mortality & migration) in its development policies and programmes. Consequently, in 1995 Government promulgated Uganda's first-ever National Population Policy. The 1995 Policy was responsive to the then prevailing unfavourable population situation of high fertility, high mortality, and resultant high population growth rate. In addition, there was a high rate of HIV/AIDS prevalence, low levels of literacy, low contraceptive prevalence rate, and a very low life expectancy of only 43 years.

After a decade of implementation of the Policy, in 2006 Government reviewed it, to address the persistently high levels of fertility and mortality, and integrate population factors in development plans at national, district, and lower levels. This culminated in a revised 2008 National Population Policy. The revision of the 2008 National Population Policy was informed by a Regulatory Impact Assessment (RIA) report that recommended developing a comprehensive awareness creation and sensitization strategy and revision of the Policy to address emerging population issues.

It is important to note that since the 1995 and 2008 Population Policies were promulgated, Uganda has made significant progress in improving the quality of life of the population. Mortality is declining with infant mortality having declined from 122 deaths per 1,000 live births in 1991 to 43 deaths per 1,000 live births in 2016 (UDHS, 2016). Fertility, which was over 7 children per woman for a long time, declined (albeit slowly) from 7.4 in 1991 to 6.9 in 2001 to 6.2 in 2006 and 5.4 in 2016. Life expectancy has risen from 43 years in 1991 to 63 years in 2016 (UBOS, 2016). However, the current decline in both fertility and mortality remains slow and if the existing slow rate of decline continues, the Country will not achieve its development targets.

The 2020 National Population Policy takes into account the provisions of the National Population Council Act, 2014; Uganda Vision 2040; the National Development Plans (and their processes) as well as other relevant international development frameworks like the International Conference on Population and Development Programme of Action (ICPD – PoA); the Sustainable Development Goals (SDGs) – Agenda 2030; and the African Union Agenda 2063, among others.

Furthermore, the 2020 National Population Policy recognizes that in addition to fundamentals like infrastructure development (roads, energy, ICT etc.), Uganda needs to prioritise Human Capital Development to harness the Demographic Dividend. Consequently, this is a population-influencing Policy that focuses on accelerating the decline in both fertility and mortality to change the population age structure and reduce child dependency. The Policy also prioritises investments in young people's health, education, skilling, and job creation to accelerate socio-economic transformation. Under the overall coordination of National Population Council (NPC), the implementation of this Policy will put the Country on a trajectory to harness the Demographic Dividend.

A handwritten signature in black ink, appearing to read 'David Bahati', with a stylized flourish at the end.

**Hon. David Bahati, MP.**

**Minister of State (Planning)**

**Ministry of Finance, Planning and Economic  
Development.**



# CHAPTER ONE

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## BACKGROUND

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1. This Chapter gives a general background of the population situation of Uganda as well as the historical background of Uganda's population policies. It also discusses the interlinkages between population and development in the context of sustainable development and provides the rationale for revision of the 2008 National Population Policy.

### **Uganda's Population Situation**

2. This National Population Policy aims at consolidating and further concretizing the gains that Uganda has made over the last decades in the area of population planning. The Country realized early in the 1990s that the duality of population, as the subject and object, in programme design necessitated integrating population factors in development plans and budgets. The integration is expected to augment efforts aimed at turning the Country's abundant human resource into a compelling force for socio-economic transformation and development.
3. Uganda's population has increased eightfold over the last 70 years, from 4.9 million in 1948 to an estimated 40.3 million in 2019 (UBOS, 2019). The Country has an annual population growth rate of 3.0% (UDHS, 2016). This high population growth rate has been fueled mainly by the persistently high fertility, coupled with the high but declining mortality. The Country's Infant Mortality Rate has declined from 122 deaths per 1,000 live births in 1989 (UDHS, 1989) to 43 deaths per 1,000 live births in 2016 (UDHS, 2016). On the other hand, the Country's Total Fertility Rate (TFR) hovered around 7 children per woman for over 30 years and only declined slightly to 6.7 children per woman in 2006 and

6.2 children per woman in 2011. It was estimated at 5.4 children per woman by the 2016 UDHS. The persistently high fertility levels have produced a large population reservoir, generating a population momentum that will ensure that even if fertility were to drastically drop, the population would continue to grow for the foreseeable future. At the current Annual Population Growth Rate of 3.0%, the Country's population is projected to reach 71.4 million by 2040 and 86.5 million by 2050 (UBOS, 2016).

4. Consequently, Uganda has a youthful population as evidenced by the Country's broad-based age structure. The 2014 Population and Housing Census indicated that 16.6 million Ugandans (47.9%) were below 15 years of age; 17 million (49.2%) were between 15 and 64 years, comprising the working-age population; and only 2.9% were aged 65 years and over (UBOS, 2014). This is in addition to the population momentum arising out of the large cohorts of young women who will enter their childbearing years leading to a sustained high population growth in the Country. This has resulted into a large number of young dependents burdening the working-age population. The age dependency ratio now stands at 103 dependents per 100 working-age population, having declined from 110 in 2002. The economic burden that the productive population must bear results in lower investment and saving propensity.
5. This 2020 National Population Policy will be implemented within the Country's Comprehensive National Development Planning Framework (CNDPF) in which short, medium, and long-term development profiles are defined. These include Uganda Vision 2040 which is operationalized through five-year medium-term plans among which the first National Development Plan (NDP I) was concluded in 2015 while the second National Development Plan (NDP II) ends in 2020; and NDP III which runs up to 2025. These are the basic development frameworks in the context of which population policies are implemented in an integrated and multi-sectoral approach.

6. This Policy builds on progress made through the implementation of previous population policies while responding to new realities and challenges to Uganda's population dynamics and the resultant preponderance of young people in the population. In addition, the formulation of this Policy encapsulates Uganda's efforts to highlight and localize international commitments. Thus, the Policy formulation process reflects the evolution of population and development related issues at the global level, such as the International Conference on Population and Development and its Plan of Action (ICPD–PoA), and the Sustainable Development Goals (SDGs). At the continental level, the Policy takes into consideration the African Union Agenda 2063, and at the regional level, the East African Community (EAC) Vision 2050.

### **Population Policies in Uganda**

7. Since 1988, Government has acknowledged the importance of putting population issues at the centre of its development plans and programmes. In 1995, the first National Population Policy for Sustainable Development was promulgated. It highlighted the importance of integrating population factors into the Poverty Reduction Action Plan (PEAP) at national and lower levels. The 1995 Policy was revised in 2008 to respond to emerging issues in the national development arena as well as new international commitments in population and development. The reviewed Policy also took into consideration emerging reproductive health, gender and environmental issues.
8. In both the 1995 and the 2008 policies, the Country was pursuing a population-responsive Policy thrust, i.e. largely investing in addressing the effects of adverse population dynamics particularly fertility and mortality. These Policy thrusts led to increased spending on immunization and other child health programmes as a response to the high Infant and Child Mortality at the time. These programmes were supplemented with reproductive health programmes to respond to the high fertility and the attendant high maternal mortality but also to

further augment successes realized in child health interventions. The high fertility Policy response also led to the expansion of primary education, culminating in universal primary education (UPE) in 1997.

9. The population-responsive Policy approach led to successes in drastically reducing childhood mortality but maternal mortality remained unacceptably high. Infant mortality declined from 122 deaths per 1,000 live births in 1991 to 43 deaths per 1,000 live births in 2016, representing a 63 per cent decline. However, Maternal Mortality declined from 506 deaths per 100,000 live births in 1988 to 336 deaths per 100,000 live births in 2016, a decline of only 34 per cent. As is typical with population-responsive policies, fertility remained unchanged for a long time. It first showed signs of a significant downward turn in 2011 when fertility was estimated at 6.2 children per woman. Fertility declined from 7.1 children per woman in 1988 to 5.4 children per woman in 2016, a decline of only 24 per cent. This is partly the explanation for the persistently high maternal mortality. The slow decline in fertility is due to the fact that population-responsive policies depend on changes in attitudes, norms, and community values to bring about changes in fertility. Thus, with a high increase in infant and child survival, couples will eventually start desiring fewer children.
10. The increased child survival, coupled with the persistently high fertility, has led to a large segment of young people. Cognizant of this fact, Uganda Vision 2040 singled out this young population as an important resource in driving socio-economic transformation, which is known as “harnessing the Demographic Dividend”. Harnessing the Demographic Dividend is defined as, “an opportunity for economic growth and development that arises as a result of changes in the population age structure which are likely to happen when fertility rates decline significantly, prompting the share of the working-age population to increase in relation to the dependent children”.

11. A larger working-age population can enable a Country to increase its Gross Domestic Product (GDP) and raise household incomes. However, to benefit from a changing population age structure, a Country must adopt clear, focused, and sustained policies to empower the working population and the potential labour force to become the engine of economic growth.
12. Realizing the Demographic Dividend is not automatic: Government must, therefore, make concerted efforts and work with various stakeholders at the national and sub-national level to harness the Demographic Dividend.
13. This National Population Policy strongly shifts from the previous population-responsive Policy thrust to a population- influencing Policy thrust. This Policy outlines the prerequisites for harnessing the Demographic Dividend, to guide the course of population dynamics over the next thirty years. The critical actions include:
  - a. Rapid fertility decline; the decline has to be rapid because there is only a brief window of opportunity (30–50 years) within which the change in age structure can perform the economic “miracle”;
  - b. Definite infant and child mortality decline;
  - c. Massive investment in the education of both boys and girls; and
  - d. Concerted investment in appropriate skills development (human capital). The basic premise, therefore, is targeted investment in the current young people to reap the benefits in future.

## **Population and Development Interrelationships**

14. The relationship between population growth and economic development is very complex, and the net effect of population factors on the sustained economy is sometimes ambiguous. A reduction in the population growth rate can improve the Country’s prospects for economic development, which in turn, enhances a Country’s ability to improve the lives of its citizens. A reduction

in fertility reduces the size and proportion in the 0 to 4-year age group and, therefore, reduces the demand made by education and health services for the Country's resources. This can lead to leveraging more to improve human wellbeing. The actual impact of a reduction in population growth on the improvement of human wellbeing depends upon the way education, health and economic policies are formulated and implemented in a Country.

15. The threats posed by high population growth can be evident from two dimensions. First, at the micro-level of individuals and families—large families are associated with high dependency burdens and low investment in the welfare of children and their preparation for young adulthood. Second, at the macro-level: high rates of population growth hinder investment in both human and physical capital formation and exert pressure on the environment and other natural resources. It is recognized that fertility regulation and a reduction in mortality rates through better health, education and employment opportunities will stimulate household saving and investment. This synergetic relationship is one of the main reasons for a population Policy as an integral component of any poverty reduction strategy.

## **Education and Health**

16. Education and health are catalysts of the development process, both at the individual, family, and societal levels. The education invested in today's children is expected to determine the human capital skills of tomorrow's labour force. In addition, educated parents are themselves likely to have fewer children with enhanced prospects for good health and survival. Therefore, a decline in the population growth rate will make it possible to reap the longer-term benefits of educational investments.
17. Evidence from the 2016 UDHS presented positive trends in health indices. A healthy population enhances the productivity of the labour force. However, rapid population growth reduces Government's per capita expenditure, hence reducing its ability to provide adequate health services. Consequently, a poor

health status in the population leads to increased morbidity and mortality (illnesses and deaths), which in turn adversely affects the supply and productivity of labour and eventually economic growth. In regard to population and development, some of the most important aspects of health include child spacing and maternal and child health. Demographic and Health Surveys have confirmed that illness and deaths are more likely among children when the duration of birth intervals are shorter than when births are spaced by at least two years. There is also evidence that maternal health is adversely affected by shorter intervals between births. Hence, family planning can improve the health of both mothers and children. However, the impact of HIV/AIDS, malaria, and TB severely compromise the transition from high to low levels of mortality.

## **Employment**

18. High population growth rates affect the Country's ability to create employment for its people. High fertility and mortality require the government to spend more and more resources providing social services like education and health. This requirement competes with the demand on public resources for investment in areas like transport, energy, ICT infrastructure, agricultural production support and others, which would stimulate private sector investment in the productive sectors of the economy to create jobs.
19. It must be noted that the population problem is not so much in its size but in its growth rate and structure. The high fertility coupled with declining mortality has given rise to successively larger cohorts of people being added to the population each year. As a result, many workers are added to the labour force every year, outpacing the number of jobs that are created.
20. However, the population–employment relationship is not unidirectional. Employment is believed to influence population behaviour as well. Working mothers are especially hard hit because, in addition to their paid labour, they take on the majority

of unpaid household and care work, thus making them more likely to adopt smaller families. Besides, lower fertility would redress the dependency burden, which in turn, improves savings and investment.

## **Agriculture, Environment and Natural Resources**

21. A rapidly growing population combined with subsistence agriculture land-use practices escalates encroachment on marginal lands and ecosystem increasing environmental degradation and vulnerability. Similarly, the limited growth in the demand for labour in the urban formal sector coupled with low skill levels of most migrants has pushed many migrants to the informal sector. The influx of people into the volatile informal sector has affected earnings in this sector, which has increased the numbers of the urban poor who have in turn invaded and degraded the delicate urban environment including green belts and wetlands. Consequently, with limited implementation of agricultural and environmental protection policies and land-use reforms, rapid population growth has greatly contributed to increasing poverty in both rural and urban areas, as a result of rural-rural migration and rural – urban migration and rapid urbanization.
22. In summary, the relationship between population and economic development necessitates that in order to attain a sustained level of economic development, the population should be managed through a set of factors, including the provision and promotion of reproductive health services, education, employment creation, planned urbanization, and environmental management. It is important to note, that proper management of the population-development equation, must incorporate human capital development. This will lead to better economic opportunities, improved household incomes and savings, and subsequent poverty reduction in both rural and urban areas. More importantly, improvement in the standard of living and aspiration for a better quality of life is expected to further enhance the desire for smaller family size.



## Rationale for Revision

23. A Regulatory Impact Assessment (RIA) was carried out to evaluate the need for revision of the 2008 National Population Policy and determine the direction of the new Policy. The assessment identified Uganda's main population problem to be the unsustainable high rate of population growth at 3.0% per annum, caused mainly by high fertility and to a lesser extent, migration. The assessment further highlighted the need for increased awareness creation and sensitization. In addition, the RIA report noted the significant changes in the socio-economic and development landscape, with some critical areas of development remaining inadequately addressed, while new and emerging issues have arisen both at the national and global level. Consequently, the RIA report recommended the revision of the 2008 National Population Policy and the development of a multi-sectoral advocacy and communications strategy. Specifically, the Policy revision was necessitated by the following considerations:

- a) Changes in population patterns and trends. There are now clear signs that a fertility transition has started in Uganda's population. This significant development calls for a new Policy framework to cater for the acceleration of the demographic transition.
- b) Changes in the socio-economic context. With some of the economic successes that the Country has experienced, and the possible commencement of oil production, the Country's development thrust has shifted to industrialization and wealth creation. This new Population Policy reflects this development shift. It is important to note, that while the Policy recognizes the need for the Country to continue prioritizing its development fundamentals (e.g., infrastructure, ICT, energy, transportation), the Country must also focus on its human capital development if it is going to harness the Demographic Dividend (DD).

- c) Need to accommodate emerging developments in the global and regional agenda. These include: the UN Sustainable Development Goals; Africa Union's Agenda 2063 and EAC 2050 among others.
  - d) Taking advantage of emerging opportunities presented by the demographic dividend. The timely reaping of the economic "miracle" from the dividend calls for a Policy direction that focuses on targeted strategic investments away from the "business as usual" approach of the erstwhile policies. The Country should get and stay on the course/roadmap for harnessing the Demographic Dividend.
24. In light of the above considerations therefore, the main thrust of the new Policy will be on accelerated fertility and mortality reduction as well as investing in the young people to realize the Demographic Dividend. For this Policy to be effective, its implementation will be guided by comprehensive stakeholder collaboration through a multi-sectoral approach. The success of this approach will depend on embedding and mainstreaming the population issues and actions outlined in this Policy in National Planning Frameworks.

### **Principles to Guide Policy Implementation**

25. This National Population Policy shall be guided by the following principles:
- a) Respect for fundamental human rights and freedoms regarding social-cultural and religious beliefs and practices, as long as such rights and freedoms shall be exercised responsibly and in accordance with national laws.
  - b) Recognition that all couples and individuals have the basic right to decide freely and responsibly the number and the spacing of their children, and to have access to information and services in order to make informed choices and the means to do so.

- c) Recognition that all individuals have equitable access to development opportunities.
- d) Recognition of the rights and responsibilities of young people, children, women, the elderly, people with disabilities, and the displaced persons and their special needs.
- e) Recognition of the family as the basic building unit of society.
- f) Recognition that parents and guardians have the primary responsibility for children's welfare and their rights to the basic needs of life.
- g) Recognition that health, in particular reproductive health, is a basic human right.

## CHAPTER TWO

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### POPULATION DYNAMICS AND THEIR IMPLICATIONS

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26. This chapter discusses the population dynamics i.e. fertility, mortality, and migration, and their implications on Uganda's development in the context of the Demographic Dividend and Socio-economic Transformation. It also focuses on the implications of population dynamics on selected strategic areas as outlined in the national priorities of Uganda's Vision 2040 and National Development Plan.

#### Population Dynamics

27. The three (3) components of change in any population are fertility (defined as the average number of children per woman of reproductive age), mortality (deaths) and migration. The population of Uganda has grown more than sevenfold from 4.9 million people in 1948 to 34.6 million in 2014 (UBOS, 2016). This rapid population growth has mainly been a result of a combination of high fertility and declining mortality. Uganda's population is predominantly young with 78% below the age of 30. In addition, 47.9% of the population is in the age group 0–14, reflecting the high child dependency burden in the population. The dependency burden poses challenges for Uganda in its efforts towards the attainment of socio-economic transformation and sustainable development.

#### Fertility

28. Uganda's Total Fertility Rate (TFR) remained persistently high above 7.0 from 1969 when a more reliable measurement of

fertility started up to 2000. It started declining marginally, from 6.9 in 2001 to 6.2 in 2006 and further declined to 5.4 in 2016. TFR is higher in rural areas than urban areas, higher among women with lower education, and among women in the lowest wealth quintile.

29. The high TFR in Uganda is attributed to a number of factors among them, a pronatalist culture that prefers many children, the low median age at marriage (18.1 years) and childbearing (18.9 years), and the low demand and uptake of modern contraceptives. However, it is important to note, that there was a slow increase in CPR from 18% in 2000 to 35% in 2016.
30. It is equally notable that Uganda has a high level of teenage childbearing. Teenage childbearing has remained unacceptably high at 25% from 2006–2016. This means that in Uganda, females between the ages of 15–19 are already mothers or carrying their first pregnancy (UDHS, 2016).

## **Mortality**

31. Mortality remains high in Uganda although there has been considerable progress over the years. Infant Mortality Rate declined from 122 deaths per 1,000 live births in 1991 to 43 deaths per 1,000 live births in 2016 (UDHS, 2016). Under-five mortality rate declined from 128 deaths per 1,000 live births in 2006 to 64 deaths per 1,000 live births in 2016. The key driver of Under-five mortality is the hitherto unresponsive high neonatal mortality which was 33 deaths per 1,000 live births in 2000 and only declined to 27 deaths per 1,000 live births in 2011 and has stagnated at 27 deaths per 1,000 live births (UDHS, 2016). While some of the conditions that contribute to IMR have been fairly addressed, infant mortality could go even lower if the neonatal mortality rate further declined. The causes of neonatal deaths include birth asphyxia, sepsis/ pneumonia, tetanus, diarrhoea, and complications of preterm birth. The underlying causes of death are related to poor access and utilization of health services during pregnancy and childbirth, delayed recognition of complications,

delayed care-seeking and inadequate postnatal care. The use of Community Health Extension Workers (CHEWs) to mobilize and sensitize households on appropriate maternal and new-born care practices could play a key role in reducing neonatal mortality.

32. In general, there has been a reduction in both childhood mortality and maternal mortality. Consequently, life expectancy has increased from 43 years in 1991 to 63 years in 2014 (UDHS, 2016). Although maternal mortality ratio is declining, it is still unacceptably high at 336 deaths per 100,000 live births, having declined from 438 deaths per 100,000 live births in 2000.

## **Migration**

33. Migration is classified into international and internal migration. International migration consists of immigrants and emigrants. Whereas international migration affects a Country's population growth, internal migration influences the distribution of the population across districts and between rural and urban areas. According to the latest Uganda National Household Survey (UNHS), 16% of the population reported themselves as migrants in the five years preceding the survey, and of these, 45% were rural-rural migrants. The place receiving the highest number of migrants was reported to be Kampala city (UNHS, 2016–17).
34. Historically, migration has been insignificant in Uganda's population growth. In addition, periodic censuses have all shown that net international migration has a very little effect on population change. However, this scenario is beginning to change, given the current political instability in the region, which is increasing involuntary migration. Currently, Uganda hosts 1.4 million refugees. Majority of these are women and children from the neighbouring countries, which puts more pressure on the already constrained social services. The refugees have imposed a huge burden on border districts while others have moved to urban centres including the Capital City, Kampala.

35. Internal migration, on the other hand, has been a formidable force in population re-distribution. The commonest form of internal migration has been rural-rural migration, followed by rural-urban movement. Internal migration has tended to be from high-density rural districts to lower density ones and also to major urban centres, particularly Kampala. Of late, internal migration has led to land disputes in receiving areas, while in urban areas there has been an increase in the population living in unplanned urban areas.

## **Implications**

36. Population dynamics have implications on all aspects of human development. Some of these implications could be positive while others are negative. It is their management that makes a difference between a successful development strategy and one that is not. The implications of these dynamics, therefore, form the core of any population Policy response. A population Policy will seek to ameliorate, re-direct or re-shape these implications. This Policy has chosen to follow a population- influencing approach and the implications have been grouped into five strategic focus areas, taking into account the national development priority areas as outlined in the Uganda Vision 2040 and National Development Plan. These are:
- a. Population size, growth and age structure
  - b. Human Capital Development (Poverty ; Reproductive, Maternal, Neonatal, Child and Adolescent Health (Malnutrition, & Gender-Based Violence, Gender Inequalities and Harmful Practices)
  - c. Labour market (employment and incomes)–proportion of the working population in cash employment
  - d. Urbanization
  - e. Environment, Natural Resources and Climate Change

## **Population Size, Growth and Age Structure**

37. Because of the high fertility and declining mortality, Uganda's population has grown from 4.9 million in 1948 to 34.6 million in 2014. Uganda's population growth rate currently stands at 3.0% per annum, having peaked at 3.2% between 1991 and 2002 (UBOS, 2014). At the current rate of growth, the population of Uganda is projected to grow to 55 million in 2030, 71.4 million in 2040, and 86.5 million in 2050 (UBOS, 2015). The population had an almost balanced sex ratio in 2014 of 50.7% females and 49.3% males.
38. As a result of the prolonged period of high fertility, Uganda has one of the youngest populations in the world with a median age of 15.2. This pattern is clearly visible in the population's broad-based age pyramid. This age structure has also generated a dependency ratio of 103, which means that for every 100 persons of working age, there are 103 dependents. The population of the youth aged 18 -30 stands at 22.5%, while 78% of the total population, are young people below the age of 30.
39. If the current trends of declining fertility and mortality are accelerated, the population age structure will transform from being broad-based to a bulge in the working-age population, greatly reducing the dependency burden. The reduced burden will create a conducive environment for saving and investment at both national and household levels, providing an opportunity for the Country to harness the Demographic Dividend. Delaying the onset of childbirth and increasing the use of modern family planning methods are the major cornerstones to accelerating a rapid fertility decline.

## **Human Capital Development**

40. A Country's most important resource is its human resource. Human capital development is essentially turning that human resource into an instrument for development. For that transformation to happen, the human resource must be adequately



prepared; it must be healthy, well educated, appropriately skilled, and free of any other encumbrances that would deter people from exercising their full potential. Some of the undesirable implications of the high fertility and mortality suppress the full development of the human resource. Yet the Country's human capital is the cornerstone of its overall development strategy. The following are some of the implications.

## **Poverty**

41. As pointed out above, high fertility leads to poverty, sometimes locking sections of the population in a vicious cycle of poverty. In the last three decades, poverty levels in Uganda have been on a downward trend. In 1991, it was at 56% meaning that one out of every two Ugandans lived below the poverty line. The poverty levels have since declined to 21.7% in 2017. However, the absolute number of people living below the poverty line has remained high. This is partly due to the high fertility leading to a rapidly growing population. In addition, data has shown a strong relationship between women in the lowest wealth quintile with high fertility and low child survival of their children. According to the 2016 UDHS, women in the lowest wealth quintile have almost 3.3 more children than those in the highest wealth quintile.

## **Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)**

42. High fertility and high maternal mortality have adverse effects on the health and wellbeing of both mothers and children. The high frequency of births puts mothers at a higher risk of death. Since high fertility typically has an early commencement, such women are likely not to have attained high levels of education and therefore unlikely to have careers. This puts their children in double jeopardy, in that children of high parity mothers as well as children whose mothers do not survive childbirth are at higher risk of death.

43. Maternal mortality in Uganda has remained high. However, more recently, it started declining, albeit slowly, from 438 deaths per 100,000 live births in 2000 to 336 deaths per 100,000 live birth in 2016. It should be noted that most causes of maternal mortality are preventable. These include haemorrhage (42%), obstructed or prolonged labour (22%), and complications of unsafe abortion (11%). Other direct causes of maternal deaths are hypertensive disorders and postpartum infections (sepsis). For children, the major causes of death include; malaria, acute respiratory infections, diarrhea, measles, HIV/AIDS, and malnutrition which are preventable.
44. Research has shown that reproductive and child health indicators improve with improved household incomes. For example, only 22% of women from the poorest households use a modern method of contraceptives compared to 42% of women from the wealthiest households. Under-five mortality is higher among children in the poorest households (88 deaths per 1,000 live births) compared to children in the wealthiest households (53 deaths per 1,000 live births) (UDHS, 2016).
45. Considering that Uganda is an extremely young nation, Adolescent Sexual and Reproductive Health (ASRH) and the health of the young population is of national importance. ASRH is one of the key components of reproductive health. This is particularly important if Uganda is to address the current levels of high childbearing, especially of young girls.
46. The term “adolescent” refers to people aged between 10–19 years, and “youth” are those aged between 18–30 years. “Young people” is a term that covers those aged 10–24 years. Addressing the sexual and reproductive health needs of this population is important because it constitutes a large proportion of the Country’s potential workforce. It is worth noting that young people contribute greatly to the high fertility in Uganda. Twenty-five per cent (25%) of girls between 15–19 years are already mothers. As a result, the associated burden of sexual and reproductive morbidity and mortality is high. In addition, this

group is highly predisposed to Sexually Transmitted Infections (STIs) including HIV.

## **HIV/AIDS**

47. Uganda Vision 2040 states that implementation of cross-cutting issues such as HIV/AIDS, will contribute to improvement of human capital by having a population free of HIV and its effects by 2040. The negative impacts of HIV/AIDS on Uganda's economy have been reflected through the loss of skilled and experienced labour force, reduced labour productivity due to poor health of infected persons, increased household expenditures on health care and related services, and reduced savings and therefore reduced investments at household and community level.
48. Uganda has over time achieved good progress in the fight against the HIV/AIDS pandemic and reduced the prevalence of the disease in the general population from 18% in the early 1990s to 6.2% in 2016. However, despite the reduction in the prevalence of HIV/AIDS, there are disparities with the prevalence being higher in urban areas (7.5%) than rural areas (5.8%), and higher in women (7.6%) than men (4.7%). Other subgroups of the population that are at higher risk of HIV/AIDS include commercial sex workers (35%) and fishing communities (22%). The HIV/AIDS prevalence among young people aged 15–24 years was 2.1%, 0.8% among young men and 3.3% among young women. Therefore, in order to improve child health, there is need to intensify Elimination of Mother–Child Transmission (EMTCT).
49. Furthermore, the number of people in the Country living with HIV/AIDS increased from 1.4 million in 2013 to 1.5 million in 2015. However, estimates showed a decline in AIDS-related deaths from 31,000 deaths in 2014 to 28,000 deaths in 2015. Although Uganda has “The Presidential Fast-track Initiative on ending HIV/AIDS in Uganda by 2030”, only 57% of the adults infected with HIV/AIDS were on anti-retroviral treatment.

## **Malnutrition**

50. Uganda has the potential to be food and nutrition secure due to the fertile soils and suitable climate. However, the Country has not taken full advantage of its potential. Although stunting has been on a downward trend, it is still high at 29% among the under-five children. This is of great concern as poor nutrition is linked to a low cognitive ability which in the long run affects the development of stunted children. Childhood malnutrition makes it virtually impossible to develop a productive and innovative human resource. Pregnant mothers who are malnourished negatively impact on the pregnancy outcomes, child survival, and lifelong development outcomes. According to the Cost of Hunger Study of 2013, childhood malnutrition in Uganda led to a loss of human capital productivity equivalent to nearly six per cent (6%) of GDP (NPA, 2013).

## **Gender-Based Violence, Gender Inequalities and Harmful Practices**

51. Gender-based violence (GBV) is a term used to describe any harmful act that is perpetrated against a person's will based on the unequal relations between women and men, as well as through abuse of power. Traditionally, it is said to be mainly committed against women and girls. However, according to available evidence, it is said that one in every five men and women experience GBV, at 22% in women and 20% in men. GBV has the potential to destroy or greatly reduce someone's self-esteem, career or productivity or bring harm to his or her health.
52. Progress has been made in addressing gender issues in Uganda, mainly through gender-responsive policies and strategies, the institutionalization of gender planning in all sectors, and increased availability of gender-disaggregated data. However, gender inequalities and disempowerment of women continues to prevail, thereby curtailing their access to economic activities, and control and ownership of productive resources such as land and credit. Further, the majority of women in Uganda have low

levels of education and limited skills which hinder their ability to get paid employment and financial resources. This further constrains their income potential and forces them to remain trapped in poverty and marginalization. Besides, inequalities in sexual and reproductive health and rights limit women's ability to make choices about pregnancy and the use of modern family planning methods.

53. Female genital mutilation leads to long-term physical, psychological, and social consequences. It violates women's rights to sexual and reproductive health, physical integrity, non-discrimination and freedom from cruel or degrading treatment. FGM cannot be addressed in isolation from other forms of violence against women and girls, or other harmful practices such as early and forced marriages. To end gender inequality, FGM and other root causes of women's social and economic disempowerment must be tackled.

### **Labour Market Participation**

54. The pursuit of Uganda's Vision to transform the population from peasantry to modernity means that the proportion of the working-age population in cash employment has to increase tremendously while those in the subsistence economy decline.
55. Employment is defined as working for pay or profit, whereas working is doing any legal economic activity that contributes to the GDP. For the population to meaningfully participate in employment, they must have the necessary skills to sell in the labour market or use the skills to drive their enterprises. According to the national household survey of 2016–17, the working-age population of Uganda is 19 million. Of these, 15 million (79%) are in some form of economic activity. Of the 15 million, 60% are employed while 40% are in subsistence agriculture. The population engaged in subsistence agriculture and those in low-level employment has been shown to have the highest fertility and mortality indicators. Consequently, they get locked in a poverty trap because they cannot afford to get a good education for their

children, leading to a lack of skills and a failure to participate in gainful employment. Therefore, special efforts will be needed to transform this segment of the population.

## **Urbanization**

56. Uganda is one of the most rapidly urbanizing countries in the world, 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. Urban areas are composed of; town boards, town councils, municipalities and cities.
57. Urbanization was selected as one of the key development strategies in NDP I, NDP II, and NDP III for attainment of Uganda’s Vision 2040. Rural–urban migration is encouraged to promote the “urban character” (urbanism) as a change agent in social organization. This is expected to catalyze the achievement of transformation from peasantry to modernity.
58. The effect of urbanization was expected to operate as a transformational force in a number of demographic, economic and social indicators. These include; Total Fertility Rate (with urban areas having far lower fertility than rural areas); Under–five mortality (being much lower in urban areas); nutritional status, especially of children (being higher than those of rural children); and poverty levels (being much lower in urban areas than in rural areas).
59. These improved indicators in urban areas are a result of, more rational behaviours, a better work ethic, higher achievement drive, and a better application of scientific approaches to problem–solving all powered by the urban character. These would change the people’s attitudes and utilization of infrastructure and services in areas such as health, education, employment, and general welfare.

60. However, despite the rapid urbanization, the expected urbanism and growth of the urban character did not materialize. What has resulted is instead the opposite, i.e. developments that are inconsistent with urban ways of life and overstretching of existing urban infrastructure and other amenities, thus adversely affecting the welfare of the urban population.
61. The failure in the growth of urbanism may be attributed to the following factors:
- a) The problem of primacy: The metropolitan area of the capital Kampala now accounts for nearly 40% of Uganda's urban population. This means that not only do the other urban areas tend to be underdeveloped and fail to attract the urban-bound migrants but also that Kampala city will fail to keep up with the demands of this growing population. It is noteworthy that more than half of the population of metropolitan Kampala falls outside the administrative boundaries of the city.
  - b) The preponderance of urban sprawl: Due to the population growth pressure, almost all urban centres in Uganda have failed to develop urban-type settlement patterns for the rapidly expanding population. Instead, settlements have tended to spread out in an urban sprawl similar to rural settlement patterns, thus curtailing urbanism development.
  - c) Insufficiently educated human resource: One of the critical driving forces of the urbanization strategy is education as a transformative factor. However, urban educational attainment, though higher than in rural areas, was not found to be adequate to spark meaningful transformation.
  - d) Inadequately skilled labour force: Another transformation driver in the urban setting is the skilled labour force. The rapid population growth was found to outpace the ability of existing institutions to provide the necessary skilling, as a result, most of the labour force is not appropriately skilled to meet market demands.

62. One of the most striking results of this failure to develop an urban character in Uganda's urban areas is that over the past two decades, urban centres have been growing more from natural increase than from migration, with a TFR of about 4 children per woman. What is even more surprising is that while rural fertility has been declining, the urban TFR has remained relatively constant. This development has to some extent been a result of massive re-classification of rural areas as urban, without adequate investment in the development of urban infrastructure, leading to a large increase in the phenomenon of urban poor and the creation of slums.
63. The failure in the development of urbanism also has adverse effects on the other development priority areas outlined below.

### **Environment and Natural Resources (ENR) and Climate Change**

64. Ninety-eight per cent (98%) of Ugandan households use charcoal or firewood. This has adverse effects on the trees and forests of the Country in turn affecting the climate. Uganda has large water resources and an abundance of other natural resources. However, only 2% of the water resources are used for production compared to the 60% required by international standards. Uganda's other natural resources are characterized by a rapid decline of forest cover and wetlands, mainly due to deforestation, degradation, change of land use to agriculture and human settlements (unplanned urbanization), industrialization, and the effects of climate change due to population and development pressures.
65. Climate change is also negatively affecting Uganda's natural resources and human productivity through prolonged droughts, floods, storms, heat waves and landslides. Climate change has serious effects on agricultural production, food security, incomes and the livelihoods of the population.



## CHAPTER THREE

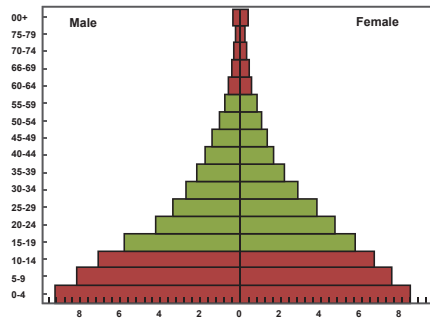
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### POLICY DIRECTION

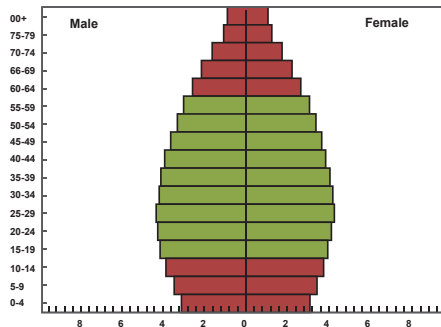
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66. This chapter presents the Policy direction which is anchored in the overall goal, objectives, as well as strategic actions that will ensure that Uganda undergoes an accelerated Demographic Transition; attains a population age structure that is favorable for development; lowers the dependency burden; and harnesses the Demographic Dividend for Social Transformation.

**Uganda's Population Pyramid 2014**



**Uganda's Desired Population Pyramid 2040**



*Source: Harnessing the Demographic Dividend; Accelerating Socioeconomic Transformation in Uganda, July 2014–Report.*

## Policy Goal

67. The overall goal of this Policy is to attain a high quality of life for the people of Uganda by managing the population growth rate for social transformation.

## Policy Objectives

68. The following are the objectives of the Policy:
- a. To transform Uganda's youthful population into a competitive advantage for development (harness the Demographic Dividend);
  - b. To accelerate both fertility and mortality decline for a more favourable population age structure and a lower dependency burden;
  - c. To strengthen an integrated approach to population development and environment; and
  - d. To leverage organized migration as a force in national development and wellbeing.

## Strategic Actions

69. Appropriate actions will be selected to be implemented over the Policy period to enable the Country to realize the objectives of this Policy.
70. **Transform Uganda's youthful population into a competitive advantage for development**

- a. *Ensure that all children and young people are enrolled and retained in school until tertiary level education*

Promote an effective Policy advocacy campaign to raise awareness and win the support of Policymakers to pass by-laws for non-compliance to UPE and USE, and support the existing interventions for school feeding programmes.

*b. Support early identification and nurturing of talent among young people.*

Advocate for the integration of talent identification and nurturing in the school curricular including extra-curricular activities. Talents should be nurtured at home, in school, and by the community.

*c. Promote Science, Technology, Engineering and Mathematics (STEM)*

Improve the teaching, learning, and uptake of studies and careers in STEM to promote competitiveness in science and technology development. Establish regional incubation centres for value addition.

*d. Promote appropriate skills development and innovation among young people*

Support the implementation of the BTVET Policy by advocating for the prioritization of vocational and technical education, to equip young people with globally competitive cutting-edge skills.

**71. Accelerate both fertility and mortality decline for a more favourable population age structure and a lower dependency burden**

*a. Increase demand for family planning*

Promote the use of family planning as a development intervention by targeting various audiences including; rural/urban youth, adolescents in and out of school, married youth, men, and people living with HIV. Promote interventions to change mindsets and perceptions on the use of family planning, and address misconceptions and myths about family planning, and its side effects.

*b. Increase and expand access to family planning (FP)*

Advocate for the increase in family planning services, including community-based distribution and embracing public-private partnerships to ensure that commodities reach the last user.

*c. Increase coverage of full immunization*

Re-launch the national immunization campaign, operationalize the Immunization Act, 2017, and increase budget allocation to cater for cold chain, achieve 95% immunization coverage, and impart “herd immunity”.

*d. Intensify malaria prevention*

Intensify the fight against malaria, by promoting prevention and control through; the use of Long Lasting Insecticide-Treated Mosquito Nets (LLINs); ensuring that health providers have the necessary skills, medicines, and equipment for preventive treatment during pregnancy; improving diagnosis using rapid tests and high-quality microscopy, and strengthening case management using artemisinin combination therapy; improving the quality and use of malaria data, and enhancing procurement and logistics to ensure a reliable supply of high-quality drugs and diagnostics.

*e. Implement the Presidential Fast-track Initiative to end HIV/ AIDS in Uganda by 2030 including the 90–90–90 strategy*

Efforts will involve: engaging men in HIV prevention and closing the tap on new infections particularly among adolescent girls and young women; Accelerating the implementation of the Test and Treat Strategy and attainment of the 90–90–90 targets particularly among men and young people; Consolidating the progress made in the elimination of mother-to-child transmission of HIV; Ensuring financial sustainability for the HIV response, and ensuring institutional effectiveness for a well-coordinated multi-sectoral response.

*f. Increase and expand access to quality Reproductive, Maternal, Neonatal, Child and Adolescent Health services*

Promote integrated service delivery for mothers and children, from pre-pregnancy to delivery and the immediate postnatal period, childhood, and adolescence.

*g. Reduce all forms of Gender Inequality, Gender-Based Violence, and Harmful Practices at all levels*

Increase access to comprehensive and well-coordinated gender-based violence services including livelihood support for survivors, to address female genital mutilation/cutting and child marriage. Increase awareness and integrate GBV prevention strategies in all population and RH programmes.

*h. Promote healthy lifestyles*

Promote healthy living, to improve the health of the population. Advocate for a healthy lifestyle that encourages physical exercises in schools, corporate institutions, and lobby for the reduction of taxes on gym equipment/facilities, the increment of taxes on beverages, the prohibition of delinquency behaviours like substance abuse, and the promotion of a proper diet/nutrition.

*i. Promote universal health coverage.*

Advocate for the establishment and implementation of the national health insurance scheme, to ensure that services reach the poor and marginalized. Promote a preventive approach to health to reduce family expenditure on health. Improve immunization uptake and address existing gaps as well as inequities in coverage. Advocate for a coherent set of health sector Policy reforms and ensure a health financing Policy that is comprehensive enough to cover both the formal and informal sectors.

*j. Support initiatives that prevent early childbearing*

Mobilize stakeholders at all levels to create awareness on the implications of early childbearing and teenage pregnancy. Advocate for a community approach to the prevention of early marriages and childbearing.

**72. Strengthen an integrated approach to population, development, and environment**

*a. Support integrated rural development, which allows the provision of appropriate climate-smart agricultural technologies*

Promote an integrated rural development initiative, to better target climate change impacts that will improve resilience and climate adaptation, to mitigate the negative impacts on agricultural production, and to achieve food and nutrition security.

*b. Support the implementation of policies that promote environmental sustainability.*

Sensitize stakeholders and communities to appreciate the intricate interplay between population, development, and environment (PDE); and encourage participation in sustainable responses to conserve the environment through information, education, knowledge building, and advocacy.

*c. Integrate Population, Development, and Environment (PDE) issues into population awareness campaigns*

Promote and maintain an effective Policy advocacy campaign, to raise awareness and win the support of the population, and foster skills and attitudes that will support environmental sustainability.

**73. Leverage organized and controlled migration as a force in national development and well being**

***a. Strengthen the civil registration system***

Establish a comprehensive registration system for all the people in Uganda, both citizens and non-citizens, to reduce the burden of ad hoc refugee registration crises and there attendant problems.

***b. Streamline reception, registration and resettlement of refugees***

Enhance the system for receiving, registering, and re-settling of refugees even before large flows begin. Work out, in conjunction with local communities, proper procedures for improving relationships between refugees and local communities.

***c. Regulate the number and conditions of foreign workers***

Review guidelines for recruiting expatriates. These guidelines should be shared with all Government and Non-governmental employers to guide their recruitment of foreign workers.

***d. Create an internal migration regulation initiative to enhance organized urbanization***

Rural to urban migration can be a big engine for the growth of cities and the Country at large but it must be regulated within the framework of organized urbanization in Uganda. Urban authorities, as well as local governments, will be expected to cooperate in this initiative.

## CHAPTER FOUR

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### INSTITUTIONAL FRAMEWORK AND STRATEGIES FOR POLICY IMPLEMENTATION

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74. This Chapter outlines the institutional framework for Policy implementation i.e. coordination, requisite human resources, data and research, advocacy and communication, monitoring and evaluation (M&E) framework, and resource mobilization. In addition, the chapter highlights the principles that will guide the implementation of the National Population Policy.

#### **Coordination**

75. The overall coordination of the implementation of the National Population Policy, by law, falls under the purview of National Population Council (see the National Population Council Act, 2014). It is also a legal requirement that in doing so, the Council cooperates with Government Ministries, Departments and Agencies (MDAs) as well as the civil society. The implementation of the Policy will adopt a multi-sectoral approach and enhance the integration and mainstreaming of population factors within the Country's development and planning frameworks e.g. the Vision 2040 and National Development Plans (NDPs) and their processes.

76. In this regard, National Population Council will work closely with various MDAs, most especially; Ministry of Finance, Planning and Economic Development, National Planning Authority (NPA), Uganda Bureau of Statistics (UBOS), and Ministry of Local Government (District Planning Units), and Cultural and Religious Institutions to enhance the mainstreaming of population issues in development planning processes and



frameworks including Ministerial Policy Statements, the National Standard Indicator Framework, Budget Framework Papers, and the Certificate of Compliance.

### **Requisite Human Resources**

77. The Council, working with key Ministries, Departments and Agencies (MDAs) and other stakeholders will ensure adequate human resources for the smooth, effective and efficient implementation of the National Population Policy and population programs in the Country. This means putting in place a clear strategy for recruitment, training, motivation, retention as well as capacity building and mentoring of such human resources. Adequate levels of staffing will also enhance the integration of population factors and variables in development plans at national, district and lower levels.

### **Data and Research**

78. The Council shall set up a National Population Databank. The Databank is to help the Country identify and address population Policy gaps in the different subgroups of Uganda's population. The Databank will also be used to identify and monitor emerging population issues, patterns and trends. In addition, the Council will periodically commission research/ studies to address data needs as they arise. In this regard, NPC will collaborate with National Planning Authority (NPA), Uganda Bureau of Statistics (UBOS), and academic institutions to conduct research. This is particularly significant considering that the implementation of the 2020 National Population Policy and monitoring of various milestones of the Roadmap to harnessing Uganda's Demographic Dividend will require reliable and accurate data.
79. In addition, capacity building and mentoring will be provided for the relevant staff at district and lower local government levels to be able to collect and analyze data and integrate population factors in their development plans.

## **Advocacy and Communication**

80. The Council will develop an advocacy and Communications Strategy. This strategy is to be used to popularize the National Population Policy and also guide advocacy interventions, information sharing, education and behaviour change communication for the population programme. In addition, the advocacy and Communications Strategy will contribute to improved understanding of population and development inter-linkages at national, district and lower levels and strengthen knowledge sharing and collaboration amongst partners in both the public and private sector including the media.

## **Monitoring and Evaluation (M&E) Framework**

81. In order for National Population Council (NPC) to measure the contribution of the National Population Policy to NDP III and assess the effectiveness of its strategies in achieving its Policy goal and objectives, an effective M&E system is critical. Since the implementation of the Policy is multi-sectoral and multi-dimensional, its M&E framework has to involve different stakeholders in order to promote ownership, participation and accountability. The M&E system set-up will promote evidence-based decision making, involve stakeholders at national, district and lower levels and encourage collaboration between different stakeholders. In addition, the M&E system will clearly define the target indicators to be contributed to and monitored by stakeholders. It will also highlight areas of collaboration in the achievement of specific performance indicators. The M&E system is to be linked to the National Standard Indicator Framework.
82. The M&E system will spell out the intended results (outputs and outcomes) of the Population Policy Strategies as well as key performance indicators and in addition, it will provide a detailed evaluation plan for the Policy, including supporting research and surveys related to population patterns and trends. Furthermore, the M&E system will specify the roles and responsibilities of various stakeholders, depending on their mandates.

83. The M&E system for the NPP will specifically aim at:
- a. Providing information needed for identifying appropriate interventions and improving the responsiveness in addressing critical population and development concerns in the Country.
  - b. Providing accessible and interrelated information for decision-making regarding programme management and coordination by stakeholders.
  - c. Ensuring efficient and effective implementation of population strategies at the national and sub-national levels.
  - d. Establishing modalities for knowledge management and learning mechanisms to improve the programme and institutional performance.
  - e. Establishing an accessible M&E database for planning and programming.
  - f. Providing efficient and accurate information that is needed by stakeholders and other institutions on the status of implementation of the population programme.
84. National Population Council will work very closely with other MDAs, LGs, CSOs and the private sector to develop the scope and focus of the M&E framework and plans and to ensure that there is effective monitoring and evaluation of the implementation of this Policy at all levels. The M&E data and information collected will feed into the National Integrated Monitoring and Evaluation System (NIMES), which will provide the Office of the Prime Minister (OPM) with the mechanism and framework for measuring the efficiency of Government programmes and the effectiveness of NPP in achieving its objectives at the national and sub-national levels. National Planning Authority (NPA) will monitor and assess sectors and local governments on the integration of the Demographic Dividend key interventions as agreed in the certificate of compliance.

## Resource Mobilization

85. The implementation of this Policy will require mobilization of resources (both human and financial) from government, development partners, and the private sector.
86. The Council working with key MDAs and other stakeholders will ensure adequate human resources for the smooth, effective and efficient implementation of the National Population Policy and population programs in the Country. This means putting in place a clear strategy for recruitment, training, motivation, retention as well as capacity building and mentoring of such human resources. Adequate levels of staffing will enhance the integration of population factors and variables in development planning at national and sub-national levels.
87. Uganda's population programme is funded from the Consolidated Fund through budgetary provisions for the National Population Council. Similarly, various MDAs that implement population-related activities also receive funds from the Consolidated Fund. However, where resource gaps still exist in the form of unfunded priorities within the population programmes, National Population Council will reach out and collaborate with other institutions and agencies to provide funding to compliment Government efforts. Such institutions and agencies include, but are not limited to the UN System (For example United Nations Population Fund-UNFPA), bilateral and multilateral agencies, foundations and other organizations. In addition, since this is a population-influencing Policy, the Council will direct its efforts at engaging proactively and innovatively the private sector (corporates), as a new source of funding for the population programme which has hitherto not been the case.



**National Population Council (NPC)**  
**Statistics House, Plot 9, Colville Street**  
**P.O Box 2666, Kampala – Uganda**  
**Tel: + 256-414-705400 E-mail: [npcsec@npcsec.go.ug](mailto:npcsec@npcsec.go.ug)**  
**Website : <http://www.npcsec.go.ug>**