THE REPUBLIC OF UGANDA

NATIONAL POPULATION POLICY FOR SUSTAINABLE DEVELOPMENT

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PREFACE

The Government of Uganda recognizes that its population is its most valuable asset and an integral component of the development process. Government further recognizes that a large proportion of our population requires substantial qualitative development in order to foster sustainable development. In light of the above, Government has approved this explicit and comprehensive National Population Policy whose implementation will ultimately improve the quality of life and standard of living of its people.

The process for policy development was coordinated by the Population Secretariat, Ministry of Finance and Economic Planning. The process involved intensive consultations and discussions at national, district and lower levels. Various interest groups including religious groups as well as NGO’s and Government departments were intensively consulted.

The Policy recognizes, among others, that the country will develop faster if we attain a population growth rate that is in tandem with economic growth and development. To achieve this balance, efforts must be made to lower morbidity and mortality; reduce incidence of high risk births; attain a family size that will enhance the health and welfare of the family; ensure attainment of education so as to develop high quality human resource and enhance the status of women; provide adequate care for children; and integrate the youth, the elderly and persons with disabilities into the mainstream of rational development; promote balanced rural-urban development; encourage proper management of the environment; integrate population and related socio-economic factors in all levels of development planning; eliminate negative socio-cultural practices that hinder development; and evolve a society that is both informed and conscious of population and development issues and concerns.

The Policy outlines objectives and targets to be attained in the short-run and suggests the strategies to be followed.

The success of this Policy will require active involvement of both public and private sectors. In light of this, the Institutional framework for Policy implementation and the expected broad roles of line Ministries, NGO’s and other agencies are outlined in the Policy.

All Ugandans should take keen interest in internalizing the goals, objectives and strategies of this Policy and contribute effectively to its success so that we may establish a firm foundation for ourselves and our children to enjoy a better and prosperous life now and in future.

Hon. Matthew Rukikaire
Minister of State for Finance and Economic Planning

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LIST OF ABBREVIATIONS

AIDS = Acquired Immune Deficiency Syndrome
CBD = Community-Based Distribution
CGR = Central Government Representative
DDC = District Development Committee
DES = District Executive Secretary
DPO = District Population Officer
DRC = District Resistance Council
ERP = Economic Recovery Programme
FP = Family Planning
FUE = Federation of Uganda Employers
GDP = Gross Domestic Product
HIV = Human Immunodeficiency Virus
IEC = Information, Education and Communication
MCH = Maternal and Child Health
MFEP = Ministry of Finance and Economic Planning
MIS = Management Information System
NGO = Non-Governmental Organization
NOTU = National Organization of Trade Unions
NPC = National Population Council
PHC = Primary Health Care
RC = Resistance Council
RDP = Rehabilitation and Development Plan
STDs = Sexually Transmitted Diseases
UDHS = Uganda Demographic and Health Survey

1.0 PREAMBLE

The Government of Uganda recognizes the intricate and funda-mental inter-relationships between population and development. Government further recognizes that the process of development has an important effect on population trends and that population factors, in turn, have a major impact on the attainment of development objectives and targets. With increased public awareness and availability of requisite data, the linkages of population issues with broader developmental concerns like poverty alleviation, health, education, housing, agriculture, energy, environment, women in development, labour and employment have been identified as requiring a comprehensive policy which would integrate population factors into development planning.

On attainment of independence in 1962, Uganda embarked on a series of development programmes aimed at improving the quality of life of the people. However, with the onset of political instability in the early 1970s, economic decline and rapid population growth, the people experienced a marked erosion in their living standards. As a result, a sizeable proportion of the population, the majority of whom live in rural areas, is poor. The poverty situation is compounded by problems associated with the HIV/AIDS epidemic, such as the increasing numbers of AIDS patients and orphans, as well as the depletion in the number of most productive members of the labour force. Further, under-employment and unemployment have aggravated the poverty situation.

Given the prevailing levels of poverty and poor living conditions, the health situation of the population is of national concern. Morbidity and Mortality rates in the country are high, especially among mothers and children. This is, in part, attributable to the prevailing high fertility which undermines the health of the mother and creates unfavourable conditions for the infant and child survival.

The health of women in Uganda is closely related to their reproductive role. Pregnancies which are either too early, too close, too many or too late, expose mothers to high morbidity and mortality during pregnancy and childbirth. Child survival is also influenced by mother's age, parity, birth interval, birth order and duration of breast-feeding.

Among adolescents and young adults, the major health problems include complications related to abortions and childbirth as well as sexually transmitted diseases (STDs), including HIV/AIDS.

Government's Economic Recovery Programme (ERP), intro-duced since 1987, has reduced inflationary pressure and real growth in the economy. The macro-economic policy measures which initially prioritized the concentration of resources on rehabilitating the productive sectors of the economy and infrastructure have begun to bear fruit. Government now intends to put more resources into the social services sector, such as primary health care, primary education, family planning, nutrition, water supply and sanitation; and to address the issue of poverty in general.

To reinforce the policy objectives of the ERP, recognition and emphasis are given to the close interlinkages among mortality, fertility, and migration on the health and the general welfare of the population. In addition, other factors such as health care, education, food and nutrition, urbanization, which affect and are affected by population trends, are taken into account. Special groups such as women, children, the youth, the elderly and persons with disabilities; as well as socio-cultural and legal issues affecting the population; and the role of men in family life, are considered.

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

2.0 PRINCIPLES

The Population Policy is an integral part of the national development policy and not a substitute. It complements and promotes the overall development goals of the country and is cognisant of other sectoral policies and programmes.

The Policy sets explicit guidelines to respond to the impact of past population phenomena on the economy and society, and aims at influencing future demographic trends and patterns especially fertility, mortality and migration.

The Policy recognizes and takes into account the existence of marked district variations with regard to population issues and development.

The Policy emphasizes the importance of reflecting population concerns in development planning at all levels.

The Policy respects fundamental human rights and freedoms with regard to social, cultural and religious beliefs and practices; which rights and freedoms shall be exercised responsibly.

The Policy acknowledges that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children, and have to access to information and education in order to make an informed choice; and the means to do so.

The Policy recognizes that individuals, the family and the community should be made aware of the potential health and socio-economic benefits of planned parenthood.

The Policy further recognizes that parents should be made to realize their responsibility for the promotion of child survival and development; and the right of the child to the basic needs in life as well as to the resources at the family’s disposal.
3.0 THE ECONOMIC SITUATION

As indicated in the preamble, population trends have an important effect on development and the process of development, in turn, has an impact on the quality and standard of living of the population. Of particular concern is the increasing population pressure, among others, on economic performance, especially in the recent past.

In the 1960s, Uganda had one of the most promising economies in Africa with a Gross Domestic Product (GDP) growth rate of 5 percent per annum. Favoured with a good climate and fertile soils, the country was self-sufficient in food, with the agricultural sector being the main foreign exchange earner. Its export earnings not only financed the country's import requirements but also resulted in accumulated government savings. Monetary and fiscal management was sound and the rate of domestic savings averaged about 15 percent of GDP, enough to finance a reasonable level of investment.

However, the political conflicts in the 1970s and early 1980s radically reversed the economic and social progress that had been attained during the 1960s. Specifically, between 1970 and 1980, Uganda's GDP declined by 30 percent, exports by 60 percent and imports by close to 50 percent. Government budget became increasingly constrained and by 1985, expenditures on education and health, in real terms, amounted to 27 percent and 9 percent of the 1970 level, respectively.

While GDP declined at an annual rate of 15 percent during the first three years of 1971-1978 period and population grew at a rate of 2.8 percent per year, income per capita declined and by 1980 and 1985 was 61.7 and 50 percent of the 1971-1978 level, respectively.

In 1987, Government introduced the Economic Recovery Programme - (ERP) for economic stabilization and structural re-form. Since the launching of the ERP, there have been steady improvements in the economy, especially in the areas of monetary and fiscal stabilisation, rehabilitation of infrastructure and export diversification. These measures have resulted in significant re-injection in inflation from a three-digit to a two-digit inflation rate by the end of 1993, and remarkable GDP growth rate averaging over 6 percent annually for the period 1987 to 1992. The aim of Government, in the current Re-habilitation and Development Plan (RDP) period (1993-94 - 1995-96) is to achieve an annual growth rate of at least 5 percent.

In spite of successes in economic stabilization and structural reform which have made Uganda the fastest growing economy in recent years, the number of constraints still remain. For example, considerable levels of both public and private investment, with investment to GDP ratios standing at 5 and 18 percent on average, respectively. This phenomenon has led public investment to be financed largely by external borrowing and donor assistance, a situation that has worsened the country's external debt burden. The total debt stock was US $2.6 billion by June 1992, equivalent to over 100 percent of GDP and about 14 percent of the level of exports. This is a clear indication that the debt burden to be borne by the country's population is unsustainable. Moreover, the external trade position of the country has also weakened due to the falling price of coffee, the major export commodity and the country's principal source of foreign exchange earnings.

Given the factors mentioned above, the productive sectors of the economy, the physical infrastructure and the provision of essential social services suffered as a consequence. Government has, in the current RDP period, embarked on special programmes of expenditure prioritization to increase financial budgetary allocations to social services, such as primary health care, primary education, family planning, nutrition, water supply and sanitation, among others. In particular, these programmes are intended to address the special needs of rural women, the urban poor, children, widows, orphans, demobilized soldiers, returned refugees, the elderly and persons with disabilities.

Against the background of limited resources, coupled with a growing population, a low per capita income estimated at US $170 for the 1992/93 fiscal year, and marked erosion in the standard of living, it is the aim of Government to evolve, within the framework of the RDP and other relevant sectoral policies and programmes, an explicit and comprehensive National Population Policy, to address the identified issues and enhance the quality of life of the people to ensure sustainable development.

4.0 THE CURRENT POPULATION SITUATION

4.1 Population size and growth

The population of Uganda, according to various censuses, is young and has a high dependency ratio, with only one person in the country subsisting on the production of fewer than two individuals. However, there is a marked variation in the dependency ratio from district to district with the rural areas having a smaller dependency ratio than the urban areas.

In Uganda, the total fertility rate (TFR) for the country is 6 children per woman, the population of Uganda would continue to rise to 16.7 million in 2031, if the current level fertility remains unchanged. The total fertility rate is still high by international standards and implies the need for family programmes and the promotion of contraceptive use to halve the fertility rate over the period 1980-1991 and assure a steady growth rate in the future.

According to the 1991 Census, the average number of major childbearing in 3 years, falls between 1.9 in 1970s and 3.0 in 1980s, each year, are in three digits and varied 1.9 in 1970, 3.0 in 1975, 2.9 in 1980, and 2.7 in 1985. The high fertility levels were due to a combination of factors, including high levels of marital and cohabitation stability, lower levels of contraceptive use, and the high levels of marriage ages.

The prevailing high incidence of HIV/AIDS has increased the prevalence of Kaposi's sarcoma, pneumonia and meningitis. It has also led to the evacuation of the Uganda troops to the region which has been responsible for the control of the epidemic.

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4.2 Age structure

According to the 1991 Census, 47.3 percent of the country's population is under 15 years of age. Consequently, the population is young and has a high dependency ratio, with only one person in the economically productive ages of 15 - 64 years for each dependent child.

4.3 Morbidity and mortality

Overall, more than half of the deaths in Uganda, each year, are among children below five years of age. The leading causes of death are diarrhoea, malaria, pneumonia (including whooping cough), measles, and intestinal infections. The high incidence of HIV/AIDS disease and mortality is largely due to preventable causes, including malnutrition, infections and haemorrhage coupled with poor sanitation, poor housing and inadequate health care services.

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According to the Ministry of Health, clinical AIDS cases reported by June 1993 were 41,193. This is estimated to be only 15-20 percent of the actual number of cases. AIDS is presently one of the leading causes of death among adults in the adult population in Uganda. In addition, women who are HIV positive are at high risk of complications during pregnancy and childbirth. If exposed to the virus in the womb, the child is HIV positive at birth, and if HIV positive they have a 90 percent risk of acquiring the disease.

4.4 HIV/AIDS

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4.5 Fertility

Owing to low levels of education, easy and universal marriage, and high fertility levels. However, there has been a marked decrease in fertility rates in recent years. The fertility rate dropped from 7.1 births per woman in 1974 to 4.9 births per woman in 1991, a decrease of about 33 percent.

According to the 1991 Census, the fertility rate in Uganda was 5.4 births per woman, the population of Uganda would continue to rise to 16.7 million in 2031, if the current level fertility remains unchanged. The fertility rate is still high by international standards and implies the need for family programmes and the promotion of contraceptive use to halve the fertility rate over the period 1980-1991 and assure a steady growth rate in the future.

4.6 Population distribution

Uganda's population is largely rural, with 89 percent of the people residing in the countryside. Settlement patterns in the rural areas have so far been influenced largely by history, infrastructure, terrain, and the prevailing high incidence of HIV/AIDS.

The population density of the country has increased over time. According to the 1969, 1980 and 1991 censuses, the density stood at 48, 64 and 85 persons per square kilometer respectively. In 1991, the population density varied from as low as 12 persons per square kilometer in some rural areas to 301 persons in Kisumut, with the urban districts of Jinja and Kampala showing 428 and 4,581 persons respectively.

4.7 Migration and urbanisation

Internal migration is the major factor in population redistribution. International migration has been characterized largely by movement between districts. The 1991 Census shows that 18 percent of the population, estimated at 40,000 persons were born outside the country, representing 7.9 percent of the total population. In 1991, the foreign-born population was about 406,000 persons, representing only 2.4 percent of the total population. The emigration off national-level manpower is significant.

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4.8 Population data

Despite the conduct of the 1991 Census and a few surveys, which indicate that the statistical database is still inadequate for planning purposes, the focus of planning at the district level, the availability of micro level data is improving.

5.0 CONSEQUENCES AND IMPLICATIONS OF THE POPULATION SITUATION

5.1 Population momentum

One important consequence of the high level of fertility and the youthful age structure is the building of "population momentum." This phenomenon is the result of the relatively large number of young women who continually enter the reproductive age group as against the much smaller number of women who move out of child bearing through ageing. The existence of this relatively large number of potential child-bearers means that even if a small percentage of them choose to have children, the population of Uganda would continue to grow for at least 40-50 years, a situation which has far-reaching implications for the development of the family, in particular and the nation as a whole.

5.2 Family and individual welfare

The family is the basic unit of production and production in the community. The individual family's reproductive behaviour largely influences the national population, and its productivity capacity determines the country's wealth. Hence, the impact of population size, growth and structure will ultimately be felt in determining the level of welfare of individuals and the family.

The high morbidity and mortality prevalent in the country substantially reduce the productivity of families and individuals through sickness and death. In addition, high mortality among adults, particularly the socio-economic burden to the community, increases the number of orphans. The adverse impact has been particularly accentuated by the recent AIDS epidemic.

In the early 1990s, the number of children below age 18 who had lost at least one parent was 1,037,000 or 9.3 percent of the total population below age 18. Of these orphans, about 97, 000 or 9.3 percent had lost both parents.
The health of mothers and children is adversely affected by high fertility. The risks of maternal, infant and child morbidity and mortality increase with early marriage (age under 15 years). In addition, short breastfeeding durations (less than 12 months) have adverse effects on the health of the child.

The high level of infant and child mortality tends to induce couples to have more children than they ultimately want in order to achieve the desired number of surviving children. With limited resources, high fertility depresses saving and makes it difficult to invest in long-term care, which deprives the mother of the opportunity for gainful employment and takes care of younger siblings and their mothers in household activities.

In addition, early childbearing has certain socio-economic and health consequences. Teenage pregnancies among single women who lack material resources can affect the initial development and growth of their children. Early childbearing encourages the drop-out phenomenon and acts as a barrier to the formal and career advancement of women and their future economic independence. Among adolescents and young adults, the major medical problems associated with early pregnancy include complications related to abortion and birth. Exposure to toxic and childbearing practices tends to further fragment the land, leading to the welfare of the growing population, a situation constrained by the prevailing economic conditions.

5.3.1 National welfare

Population growth, structure, and spatial distribution have direct bearing on resource use and development, particularly in areas of health care, education, labour force, agricultural and non-agricultural employment, agricultural production, and infrastructure development. National development is advanced by the active participation of the population and more involvement of women in the formal sector of the economy. Furthermore, changes in the socio-cultural and legal framework as well as the participation of the elderly and persons with disabilities also have implications for development.

At the current population growth rate of 2.5 per cent per annum, Uganda's population is expected to double in 28 years. In this respect, the country needs to expand substantially its entire infrastructure, particularly in education, health, employment, water supply, housing, sanitation and power supply, in order to enhance the welfare of its growing population, a situation constrained by the prevailing economic conditions.

5.3.2 Education

Basic education is a human right, as well as an investment in the planning and growth of the country. The Government has been extremely committed to universal primary education for all children, with its attendant benefits; includes the right of children to receive a quality education. This right is protected by international human rights instruments, including the United Nations Convention on the Rights of the Child (UNCRC). The right to education includes the right to equal access to quality education and to receive education in an inclusive environment.

The educational system in Uganda is divided into primary and secondary education. Primary education is free and compulsory from ages 6 to 12. Secondary education is optional and is divided into three levels: secondary schools, secondary technical schools, and sixth form colleges.

According to the 1991 Census, only 64.2 percent and 8.5 percent of the urban and rural dwelling units, respectively, had toilet facilities. In addition, many were destroyed during internal conflicts. Geographical coverage of health facilities is uneven and not all the population has equal access. The percentage of the population that live within 5 kilometers of a health facility, which receives essential drugs from the Ministry of Health stocks ranges from 68.0 percent in the western region to 96.0 percent in the northern region.


cent of the doctors, 80 percent of the midwives, 72 percent of those working in urban areas.

5.3.3 Labour force and Employment

Population growth accounts for a substantial expansion of the labour force which, in Uganda, is mostly engaged in agriculture and in the informal sector. The potential labour force (aged 15 - 64 years) is expected to grow from 6.9 million in 1991 to 15.3 million by the year 2021. Further, the need for HIV/AIDS prevention and control will increase the demand for health care services.

The number of children below 5 years of age found to be chronically undernourished increased from 6.3 percent in 1988/89 to 48.5 percent in 1991. The proportion of children under 5 years old who were 25,000 persons per doctor and 6.7 per cent of the rural population in 1991 to 7.2 million by the year 2021. According to the Census, the total number of children of all ages enrolled in the primary education was 2.22 million in 1991.

The emerging rapid increase in the urban population is not matched with growth and development in basic physical infrastructure, housing, social amenities, management and skills has led to overcrowding, spread of slums, dilapidated housing and poor sanitation. Rural - Urban migration which has contributed to the development of the urban areas through the provision of needed labour and skills, has also increased the number of urban poor, and aggravated problems of unemployment, slums and increased pressures on existing social services.

5.3.4 Urbanization

The urban population is estimated to be 4.2 million in 1991, and is expected to grow to 15.3 million by the year 2021. In this respect, the country needs to expand substantially its entire infrastructure, particularly in education, health, employment, water supply, housing, sanitation and power supply, in order to enhance the welfare of its growing population, a situation constrained by the prevailing economic conditions.

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5.3.5 Housing and Related Services

Housing is a basic human need. It has far reaching implications for the health and productivity of the people in the country. However, the provision of adequate housing in Uganda is not keeping pace with the growth of the urban population.

The demand for new housing is expected to increase from 45,000 units per year in 1991 to 1.3 million units in 2021. According to the Census, the total number of children of all ages enrolled in the primary education was 2.22 million in 1991.

The large urban population is not matched with growth and development in basic physical infrastructure, housing, social amenities, management and skills has led to overcrowding, spread of slums, dilapidated housing and poor sanitation. Urban - Rural migration which has contributed to the development of the urban areas through the provision of needed labour and skills, has also increased the number of urban poor, and aggravated problems of unemployment, slums and increased pressures on existing social services.

5.3.6 Agriculture

Agriculture is the dominant sector of Uganda's economy. It currently contributes about 70 percent of GDP, more than 95 percent of the countries export earnings and provides a livelihood to about 90 percent of the population. Agriculture is primarily carried out on a small holder basis which accounts for over 90 percent of the total agricultural output. Most of the small-scale farmers operate an average farm size of about 2 acres.

However, as a result of population growth, the traditional system of cultivation is under stress in some parts of the country. Fallow periods are no longer sufficient to allow soil fertility to be restored and crop yields have fallen as a result.

5.3.7 Nutrition

Although the 1989 Survey by the Food and Agriculture Orga- nization found that there was sufficient food in the country, malnutrition is widespread, especially among children and moth- ers. The Uganda Demographic and Health Survey (1989/92) also indicates that malnutrition is a serious public health problem, with 45 percent of children below 5 years of age found to be chronically underweight. The rural poor, in particular, have less access to health care.

In addition, early childbearing has certain socio-economic and health consequences. Teenage pregnancies among single women who lack material resources can affect the initial development and growth of their children. Early childbearing encourages the drop-out phenomenon and acts as a barrier to the formal and career advancement of women and their future economic independence. Among adolescents and young adults, the major medical problems associated with early pregnancy include complications related to abortion and birth. Exposure to toxic and childbearing practices are likely to cause further fragmentation of the land, leading to the welfare of the growing population, a situation constrained by the prevailing economic conditions.

5.3.8 Environment
Increasing population and its attendant demand on natural resources has led to a marked destruction of the environment, especially the forest cover. According to the 1991 Census, 98 percent of the population in the country use firewood and charcoal as the main source of energy for cooking. The expansion of agricultural land to meet the increasing demand for food has led to depletion of wetlands and encroachment on forest reserves and game parks. These, to a large extent, explain the decline in Uganda's forest cover from an estimated 31,000 square kilometers in 1980 to 6,080 square kilometers by 1985. Consequently, the water catchment areas have been reduced. Continued undermining the national capability to achieve food security and sustainable economic development.

5.3.9 Women in Development

According to the 1991 Census, females constitute 51.0 percent of Uganda's population, having increased from 49.6 percent in 1969. Given that they are an important resource base and play a pivotal role in reproduction and production, their importance both as agents and beneficiaries of socio-economic development and change cannot be over-emphasised. There are gender disparities in access to education, economic opportunities and health care in the country. According to the 1991 Census, the net enrollment ratio for boys and girls aged 6–12 years were 57 percent and 53 percent, respectively. However, the gross enrollment ratios at primary one and primary seven were 115 and 145 boys per 100 girls, respectively. While 15 percent of the males aged 13–24 years had attained post primary and higher levels of education, resulting in the high dropout rate of girls from school.

Further, there are imbalances in employment by sector and by agricultural sector, women are the major food producers. Women perform most of the household chores and are concentrated in the health of women and children; respect women's sexual rights; orphans and street children; and play significant roles in economic productivity and income generation at the household level and for child survival and development. According to the 1991 Census, in about 25 percent of households, or the , the head of the family, were the main decision makers either because the husband was away.

5.3.10 The Role of Men in Family Welfare

The health and welfare of a family depends largely on the role and responsibilities of both parents, but most of the efforts to enhance the responsibility of parents for the family are targeted on women. In Uganda, however, men are generally considered heads of families and fertility decision-making is largely dominated by them. In some communities in the country, men make far-reaching decisions with regard to the remarriage of sexual relations after child birth, the use of family planning, access to land and property inheritance. In this context, men are also responsible for the high fertility levels prevailing in the country, and therefore constitute an important target group for the promotion of family health. Special information and sensitization programmes are necessary to make men assume greater responsibility for their reproductive behaviour; safeguard and protect the health of women and children; respect women's sexual rights; and promote the inheritance of property by women.

5.3.11 Children and the Youth

According to the 1991 Census, children and the youth, defined here as persons under 30 years of age, constitute 75 percent of Uganda's population. The proportion, status and role of children and the youth have implications for the provision of basic human needs such as education, health, food, shelter, protection and employment. Other issues include child abuse, especially abandon and child labour; defiliation; and early sexuality, which results in teenage pregnancies and transmitted diseases, including HIV/AIDS.

5.3.12 The Elderly

The elderly, defined here as persons 65 years and above, the majority of whom live in rural areas, constitute about 3 percent of the country's population. Traditionally, the elderly have been largely supported by the family system, which encourages large family sizes as a mechanism of insurance in old age. In the absence of a comprehensive social security system, the majority of them expect support from their children, relatives and friends. Owing to the financial difficulties faced by the families, it is becoming increasingly difficult for the elderly to receive the expected support. In recent times, they have been compelled to take care of orphans whose parents have died as a result of the AIDS epidemic.

5.3.13 Persons with Disabilities

According to the 1991 Population and Housing Census, about 190,000 were persons with disabilities. These include persons with visual, audio, mental and physical impairments. The common causes are malnutrition, birth injury and polioencephaly which are preventable. Traditionally, such persons have been marginalised and denied the opportunity to participate fully in the social and economic development of the country. In addition, little effort has been made to provide special facilities in education, architectural designs, transportation and work environment to minimise the adverse effects of these disabilities.

5.3.14 Socio-cultural and Legal Issues

Certain cultural practices, customs and norms such as polygamy, which are preventable. Traditionally, such persons have been marginalised and denied the opportunity to participate fully in the social and economic development of the country. In addition, little effort has been made to provide special facilities in education, architectural designs, transportation and work environment to minimise the adverse effects of these disabilities. In spite of attempts to address the situation, the existing laws have not promoted those positive aspects of the culture that encouraged the negative ones in order to enhance the status and welfare of women and children.

6.0 GOALS

The overall goal of the National Population Policy is to influence people. The specific goals of this Population Policy are:

(i) Low morbidity and mortality, especially among women of childbearing ages and children under age 5;
(ii) Low incidence of high risk births;
(iii) A family size which enhances the health and welfare of the family and is in harmony with the socio-economic aspirations of individuals, the family and the nation;
(iv) High quality human resource and its full utilization; enhanced development; and adequate care for the children including orphans and street children;
(v) Integrated rural-urban development, and a more balanced development of the environment and provision of urban growth and spatial population distribution;
(vi) Proper management of the environment and provision of adequate housing;
(vii) Functional integration of population and related socio-economic factors in national, sectoral, district and lower level planning;
(viii) Elimination of negative socio-cultural practices and inap-propriate laws; and
(ix) A society that is both informed and conscious of family planning and development issues.

7.0 OBJECTIVES

(i) To promote and expand the primary health care system especially maternal and childcare
(ii) To promote and expand a comprehensive family planning delivery system
(iii) To educate individuals and couples to appreciate the relationship between family size, health and welfare of the family;
(iv) To facilitate individuals and couples wishing to practice family planning with the means to do so;
(v) To enhance the role of men in planning for the family including the promotion and utilization of family planning services;
(vi) To improve the status of women and enhance their role in development;
(vii) To enhance, the provision of care for children's welfare and development;
(viii) To integrate the youth, their disabilities into the development process;
(ix) To promote appropriate laws and positive socio-cultural practices to ensure the welfare of the population;
(x) To promote adequate housing for the population,

8.0 TARGETS

Based on available data from the 1988/89 Uganda Demographic and Health Survey and the 1991 Population and Housing Census, the following targets have been set to guide the Population Policy and programme planning up to the year 2000.
8.1 Demographic targets
(i) Reduction of infant mortality rate from 122 to 112 per 1000 live births,
(ii) Reduction of mortality among children aged 1-4 years from 93 to 85 per 1000 live births,
(iii) Reduction of maternal mortality ratio from 500 to 336 per 100,000 live births,
(iv) Reduction of total fertility rate from 7.1 to 6.5 and
(v) Increase in life expectancy at birth for both sexes, from 48 to 53 years.

8.2 Health service targets
(i) Increase in full immunization from 31 per cent to 62 per cent;
(ii) Increase in supervised deliveries from 38 per cent to 76 per cent and
(iii) Increase in contraceptive prevalence rate from 7.8 percent to 15 percent.

8.3 Social service targets
(i) Raise the educational attainment rate of females aged 13-24 years in post-primary and higher levels of learning from 12 percent to 18 percent;
(ii) Increase in literacy rates from 40 percent to 60 percent among women and from 60 percent to 80 percent among men;
(iii) Increase provision of safe drinking water to the rural population from 18 percent to 36 percent and
(iv) Reduce the proportion of households without toilet facilities from 29 percent to 14 percent.

9.0 STRATEGIES
In order to realize the aforementioned goals, objectives, and targets, the following strategies and programme of activities shall be pursued:

9.1 Family health
(i) Promoting integrated MCH/FP services;
(ii) Encouraging both natural and modern methods of family planning and raising contraceptive prevalence by making family planning services acceptable, available, accessible, and affordable through clinic and community-based distribution and social marketing, and ensuring quality control;
(iii) Enhancing family health by promoting male involvement in family planning;
(iv) Promoting safe motherhood through antenatal, intranatal and postnatal care, including training and equipping of traditional birth attendants,
(v) Promoting the health of mothers and children by encouraging birth intervals of between 2-3 years;
(vi) Reducing high-risk births by discouraging pregnancies below 20 and above 35 years;
(vii) Strengthening on-going child survival programmes including promoting breast-feeding, immunization and control of malaria, diarrhoeal diseases and acute respiratory infections;
(viii) Promoting and enhancing the nutritional status of the population, especially the mothers and children;
(ix) Encouraging research into the determinants of fertility and contraceptive use,
(x) Enacting and enforcing legal minimum age of 18 years at marriage,
(xi) Promoting a more equitable distribution of health facilities and personnel,
(xii) Intensifying the prevention and control of the HIV/AIDS epidemic through increased community awareness and mobilization, including behavioural changes with regard to sexuality, marriage, and cultural practices; and
Controlling the spread of HIV/AIDS through counselling, early detection and treatment of Sexually Transmitted Diseases (STDs), providing condoms through outlets appropriate for the relevant priority populations, encouraging HIV testing and promoting research and training.

9.2 Education
(i) Ensuring universal primary education;
(ii) Integrating population and family life education into the curricula of educational institutions;
(iii) Reducing the number of girls and boys dropping out of schools;
(iv) Creating opportunities for school drop-outs to re-enter the educational system,
(v) Promoting non-formal education, basic and functional literacy among educational institutions and the community at large; and
(vi) Establishing special education for persons with disabilities

9.3 Labour force and employment
(i) Promoting programmes of integrated rural and urban development in order to improve social and economic infrastructure;
(ii) Promoting programmes of integrated rural and urban development in order to improve social and economic infrastructure;
(iii) Promoting planned urban growth and initiate urban-rural programmes to arrest degeneration of urban areas;
(iv) Creating opportunities for both rural and urban employment;
(v) Encouraging the growth of small and medium-sized towns through the on-going decentralization process as a means of facilitating rural access to urban-based services; and
(vi) Mitigating the adverse effects of structural adjustment through programmes by retraining, counselling and resettling laid-off workers and marginalized people.

9.4 Migration and urbanisation
(i) Ensuring optimum utilization of land by promoting balanced regional and district development and appropriate land tenure systems that enhance development;
(ii) Promoting programmes of integrated rural and urban development in order to improve social and economic infrastructure;
(iii) Promoting planned urban growth and initiate urban-rural programmes to arrest degeneration of urban areas;
(iv) Creating opportunities for both rural and urban employment;
(v) Encouraging the growth of small and medium-sized towns through the on-going decentralization process as a means of facilitating rural access to urban-based services; and
(vi) Encouraging citizens both within and outside the country to make remittances and where possible to participate in the development of their home areas

9.5 Housing and related services
(i) Creating an enabling environment in which households, firms, NGOs and community groups can operate effectively and efficiently to provide adequate, affordable shelter as a means of promoting social development and improving the quality of life,
(ii) Fostering a healthy housing finance environment and facilities that will encourage private participation and community initiative in housing finance development; and
(iii) Enforcing regulations pertaining to housing in both rural and urban areas.

9.6 Food and nutrition
(i) Promoting and sustaining increased food production and land productivity by introducing appropriate soil and water conservation practices, and high yielding, quick maturing and disease-resistant plant strains and animal breeds, in order to enhance the nutritional status of the population;
(ii) Stimulating agricultural production through better pricing and marketing system, and incentives;
(iii) Promoting use of appropriate technology at all levels of production, processing, storage and distribution, and ensuring food security;
(iv) Integrating family life education into agricultural extension services;
(v) Evolving and implementing a food and nutrition policy, and
(vi) Strengthening research, training and extension services in agriculture, food and nutrition

9.7 Environment
Increasing awareness on the impact of population change on the environment through environmental education campaigns; 

Reviewing, enacting and enforcing laws relating to forest conservation, game parks, wildlife, and environmental management in general; and encouraging afforestation programmes 

Promoting proper waste management in urban and rural areas; 

Developing an early warning system on the effect of population pressure on the ecosystem; 

Discouraging traditional inheritance systems whereby land is fragmented at every successive generation, in the light of increasing population; and 

Promoting research in and adapting use of alternative sources of energy and energy-saving devices. 

9.8 Women in development 

(i) Sensitizing the public on gender issues, using various methods including the IEC strategy, 

(ii) Sensitizing women on the health and socio-economic benefits of education including technical and vocational training institutions, 

(iii) Promoting the enrolment of girls and women into all levels of education and to credit facilities to enhance their participation in the economy, 

(iv) Promoting women's access to training in appropriate skills and raising the status of women; and promote their inheritance of property; 

(v) Promoting use of appropriate labour and energy-saving technology to reduce women's workload; 

(vi) Reviewing, amending and enforcing the Affiliation Act to improve the rights of children paying particular attention to education, health, employment, child labour and problems of child marriage and teenage parenthood, and fostering the special protection to orphans, disabled and street children; and 

(vii) Integrating women's contribution and activities in the national income accounting system; and 

(viii) Sensitizing the general public on the special needs, rights and responsibilities of children; 

(ix) Promoting research on women in development. 

9.9 The role of men in family welfare 

(i) Sensitizing men on gender issues and the promotion of the practices that endanger the lives of women and children; 

(ii) Sensitizing the children about their rights and responsibilities; 

(iii) Setting up and strengthening existing community-based and other appropriate support programmes for the displaced, homeless, disabled and street children; orphans, and delinquents; 

(iv) Providing resources for increased social and economic opportunities for children; 

(v) Reviewing, enacting and enforcing laws with a view to ensuring that each man provides adequate paternal support for his children; and 

(v) Support the National Council for Children to enable it to implement its policies and programmes. 

9.11 The youth 

(i) Sensitizing the general public on the special needs, rights and responsibilities of the youth; 

(ii) Sensitizing the youth about their rights and responsibilities; 

(iii) Creating opportunities for the youth to engage in increased social and income generating activities; 

(iv) Promoting vocational and technical training; setting up and strengthening existing community-based and other appropriate programmes including IEC; 

(v) Providing counselling on responsible parenthood and the means to do so; and 

(vi) Strengthening the existing Youth Organizations. 

9.12 The elderly 

(i) Increasing awareness among the public on the special needs of the elderly with emphasis on the traditional role and responsibility of the family in the care and development of the elderly; 

(ii) Providing the elderly with appropriate facilities, amenities and skills to enhance their contribution to the national economy, 

(iii) Training of community-based personnel to meet the special needs of the elderly; 

(iv) Expanding, improving and sustaining meaningful pension, social security and other appropriate community-based schemes for the elderly; and 

(v) Enacting and enforcing laws to address the rights and needs of the elderly; 


9.13 Persons with disabilities 

(i) Increasing awareness among the public on the special needs of persons with disabilities emphasizing the traditional role and responsibility of the family for their care and development; 

(ii) Providing persons with disabilities appropriate facilities, amenities and skills to enhance their contribution to the national economy; 

(iii) Training of community-based personnel to meet the special needs of persons with disabilities; 

(iv) Enacting and enforcing laws to address the rights and needs of persons with disabilities; and 

(v) Establishing a National Advisory Council on persons with disabilities. 

9.14 Socio Cultural and Legal Issues 

(i) Sensitizing opinion leaders, the law enforcement agencies and the public in general, on the relationship between laws that have a direct bearing especially on population issues, marriages and property ownership; and 

(ii) Promoting research with a view to reforming and enacting laws for the effective management of land, 

(iii) Reviewing and enforcing the legislation against rape and defilement. 

9.15 Data collection, research and training 

(i) Strengthening the Central Statistical Office, documentation centres, training and research institutions, the Population Secretariat, and the Ministerial and District Planning Units; 

(ii) Training more personnel in the field of data collection, analysis and research in an effort to upgrade the national research capability in population and development, 

(iii) Facilitating in-service training in techniques of integrated population and development planning through seminars and workshops for planners and implementers; 

(iv) Encouraging the compilation of gender disaggregated data; 

(v) Reviewing, enacting and enforcing the laws governing the registration of vital events especially births, deaths and marriages and providing the necessary logistics; and establishing data collection centres at sub-county level; 

(vi) Promoting relevant policy-oriented research on key issues on population, including gender concerns, to enhance the capability of the data bank; and 

(vii) Establishing a forum for population data producer-user communication. 

9.16 Information, Education and Communication (IEC) 

(i) Promoting the establishment of a national IEC strategy on population and development issues in the various sectors and institutions both formal and non-formal; 

(ii) Promoting integration and coordination of information on population and development issues in the activities of the various sectors and institutions both formal and non-formal. 

(iii) Increasing the scope, content, and spatial coverage of population issues including AIDS, using appropriate and available channels of communication; 

(iv) Strengthening the capacity of line ministries, districts and institutions to develop and produce IEC materials in local languages and to implement IEC activities tailored to local needs; 

(v) Collating and disseminating information on population and related development issues to potential users at local and national levels; 

(vi) Establishing and strengthening existing population information networks and data banks at national, sectoral, districts, and lower levels;
(vii) Promoting the use of traditional communication channels especially drama, folk-media and inter-personal communica-
ction;
(viii) Reactivating mobile film units, community listening and viewing centres; and facilitate the provision of appropriate radio and television sets at affordable prices;
(ix) Training a cadre of population communicators including opinion leaders that can facilitate the management of IEC programmes and activities; and
(x) Promoting IEC research in the field of population and development.

10.0 INSTITUTIONAL FRAMEWORK FOR POLICY IMPLEMENTATION

The implementation of the Population Policy requires, inter alia, a sound institutional framework for the translation of goals, objectives and strategies into actual programmes both at national and district levels. It also requires political commitment and support. Further, the effective implementation of the Population Policy will depend upon collective responsibility of Government, Ministries, institutions, Non-Governmental Organizations, community- based, families and individuals. The proposed roles and inter-linkages of these institutions for the implementation of the policy are outlined in Annex 1 and 2. In recognition of district variations, and taking into account the decentralization charged with over-seeing the implementation of the Population Policy shall take into account gender balance.

10.1 National Population Council

For the implementation of the Population Policy, a National Population Council, hereafter referred to as the Council, shall be legally established as the supreme advisory body to Government for the coordination and promotion of all population programmes. The establishment of the Council shall be effected in two phases. In the interim period of three (3) years, the Council shall be established administratively under the Ministry of Finance and Economic Planning as a transitional measure. Thereafter, the situation shall be reviewed in the hope of establishing the Council as a semi-autonomous and self-accounting body.

10.1.1 Mandate

The mandate of the Council shall include the following:

(i) Interpret, review from time to time, and recommend appropriate changes in the Population Policy of the country and advise Government accordingly, taking into consideration the recommendations of the National Assembly (Parliament);
(ii) Advise Government on means of mobilizing resources and monitoring their utilization to support the implementation of the population policy and programmes;
(iii) Guide and promote the implementation of a comprehensive population policy, which shall be integrated within the framework of the overall development Policy of the country;
(iv) Set and advise on operational targets for programme country per zone and expected impact and recommend strategies for their attainment;
(v) Commission, where necessary, action and policy oriented studies and preparation of relevant technical materials and documents to facilitate the Council's advisory role; and
(vi) Undertake any other relevant activities that would promote sustainable programmes and activities in order to improve the well-being of the people of Uganda.

10.1.2 Appointment

The Chairman and members of the Council shall be appointed by the Minister responsible for Planning.

10.1.3 Tenure

The Chairman shall be appointed, and shall be eligible for reappointment for one additional term. The members, save for the representatives of the Ministries, shall be appointed for a term of three (3) years and shall be eligible for reappointment for one additional term.

10.1.4 Membership

As a multi-sectoral and inter-disciplinary body, the Council shall have a membership of sixty five (65) out of whom nine (9) shall be ex-officio. The membership of the Council shall be drawn as follows:

(i) Chairman;
(ii) Citizens distinguished in fields relevant to population and development: eight (8); and
(iii) Nominees from the following:
   (a) Each district shall be represented by a person known to be knowledgeable and having keen interest in population and development issues. The District Resistance Council shall nominate and submit for consideration by the Minister responsible for Planning, two (2) candidates (one male and one female). The Minister shall ensure that at least 13 of the appointees from the districts are females: thirty-nine (39);
   (b) Non-Governmental Organizations (NGOs) operating at the national level: five (5);
   (c) Religious bodies: three (3); and
   (d) One member, who shall be ex-officio, from each of the Ministries responsible for: Agriculture, Education, Finance and Planning, Gender and Social Affairs, Local Government, and Gender and Youth: nine (9).

A secretary shall be appointed by the Council from amongst its members. The Director of the Population Secretariat shall attend all the meetings of the Council and shall be its Accounting Officer.

10.1.5 Meetings

The Council shall meet at least once a year. There shall be an ordinary meeting of the Council which shall meet at least three times a year. The Chairman shall have the authority to convene both ordinary and extraordinary meetings. The quorum shall be a simple majority of the membership.

10.2 Executive Committee of the Council

To facilitate the day to day operations of the Council, an Executive Committee of seventeen (17) persons shall be constituted from among the members of the Council as follows:

(i) The Chairman of the Council;
(ii) Secretary of the Council;
(iii) District Representatives: four (4);
(iv) Citizens distinguished in fields relevant to population and development: one (1);
(v) Religious Bodies: three (3); and
(vi) A representative from each of the Ministries responsible for: Agriculture, Education, Finance and Planning, Gender and Youth, Health and Local Government: six (6).

The Director of the Population Secretariat shall attend all the meetings of the Executive Committee. The Committee may co-opt any other member from the Council whenever necessary.

10.3 Technical Advisory Committees of the Council

The Council shall have technical advisory committees to reinforce the technical base required for its decisions. Five multi-disciplinary and multi-sectoral technical advisory committees shall be constituted by the Council on recommendation of the Population Secretariat. The Committees shall be:

(i) Policy and Planning;
(ii) District and Field Programmes;
(iii) Family Health;
(iv) Information, Education and Communication, and
(v) Monitoring and Evaluation.

Other committees and working groups shall be set up by the Council whenever necessary.

10.3.1 Functions/Terms of Reference

The functions/terms of reference of the Technical Advisory Com-
mittees shall be to

(i) Assist the Council and the Population Secretariat to deter-
mine the appropriate programmes, tasks and working links among ministries, districts, agencies, NGOs and institutions working in population and related fields in the country and also assist to sustain the links so established;
(ii) Advise on the development and implementation of a comprehensive and uniform IEC framework for translation of overall development and population policy;
(iii) Advise on the development and implementation of guidelines which shall assist the Council and the Population Secretariat in carrying out their work efficiently in the field of population and development;
(iv) Advise the Council on key and relevant technical matters relating to the implementation of population and related programmes in the country, and
(v) Provide any other relevant technical advisory services as may be requested from time-to-time by the Council towards the achievement of the nation's objectives in the population and related...
10.3.2 Composition
In order to address the diverse and multi-sectoral functions of the Council, the membership of the advisory committees shall comprise seven (7) core members with powers to co-opt with the approval of the Executive Committee on behalf of the Council.

(i) Policy and Planning
One representative from each of the ministries responsible for Health, Education, Labour and Social Affairs, Environment, Finance and Planning, Justice, and Gender and Youth.

(ii) District and Field Programmes
One representative from each of the ministries responsible for Agriculture, Education, Health, Local Government, and the on-going decentralization programme, a multi-sectoral Parliamentary Committee.

(iii) Family Health
One representative from each of the ministries responsible for Health, Education, as well as the Uganda AIDS Commission, the Department of Obstetrics and Gynaecology (Makerere University) and Food and Nutrition Council, the Family Planning Association of Uganda, Uganda Medical Association, mission, the National Council of Science and Technology, the Department of Statistics in the President's Office.

(iv) Information, Education and Communication
One representative from each of the ministries responsible for Agriculture, Education, Health, Information, Labour, and the Council's advisory committees; Local Government, and Department of Mobilization, National Council of Science and Technology, the Department of Statistics in the President's Office.

(v) Monitoring and Evaluation
One representative from each of the ministries responsible for Education, Health, Local Government, the Uganda Ministry responsible for Planning, and Departments of Population Studies, and Women Studies (Makerere University).

10.3.3 Meetings
The Committees shall meet as and when necessary, but at least once in four months. The Committees shall be serviced by the Population Secretariat which shall also provide a Secretary to each Committee.

10.4 Population Secretariat
The Population Secretariat, hereafter referred to as the Secretariat, is the principal Government organ to co-ordinate, monitor and evaluate the Population Policy and programme implementation at the national, sectoral and district levels.

The Secretariat shall have five (5) technical units and one administrative unit as shown in Annex III. The functions of the Secretariat shall be to:

(i) Play the leading advocacy and advisory role on population issues affecting the development of the country;

(ii) Coordinate the implementation of the Population Policy and related programmes within the country

(iii) Promote the integration of population factors in development planning;

(iv) Provide guidelines for, and coordinate the preparation and sectoral plans;

(v) Provide technical and administrative support to the Council and the Council's advisory committees;

(vi) Establish a functional national system for research, evaluation, and monitoring of population programmes;

(vii) Maintain and strengthen, in collaboration with the Department of Statistics (MFEP) and other bodies, a national population data bank to facilitate the exchange and dissemination of information.

(viii) Promote as well as coordinate the development of the requisite human resources to support the implementation of the National Population Policy and related programmes,

(ix) Promote collaboration among national and international agencies engaged in the field of population and development,

(x) Liaise with donor agencies with a view to harmonizing and coordinating the forms and levels of internal and external activities;

(xi) Prepare a three-year work programme and budget as well as an annual work plan and budget for consideration and approval of the Council;

(xii) Publish and distribute an annual Population Report and a bi-annual Population and Development Newsletter and encourage districts to publish their own newsletters; and

(xiii) Carry out any other functions assigned to it by the Council.

10.5 District Multi-Sectoral Committee on Population
Within the framework of the District Resistance Council system and the on-going decentralization programme, a multi-sectoral Committee on population shall be established to develop, spearhead, facilitate and coordinate population programmes and activities at the district level.

10.5.1 Functions/Terms of Reference
The functions/terms of reference for the District Multi-sectoral Committee on Population shall include the following:

(i) Coordinate, monitor, evaluate and promote implementation of population policies, programmes and activities in the district;

(ii) Promote collaboration among departments and NGO's engaged in population programmes and activities in the district;

(iii) Ensure integration of population issues in district development planning;

(iv) Spearhead and facilitate the formulation and review, from time to time, of district population plans of action, the District Resistance Council,

(v) Cause the planning unit of the district to prepare annual work plan and budget for consideration by the District Development Committee on means of mobilizing resources to support the implementation of specific population activities and monitor their utilization;

(vi) Advise the District Resistance Council through the District Development Committee progress or implementation of specific population activities, and

(vii) Cause the Planning Unit to publish a district population newsletter

(viii) Report to the District Resistance Council through the District Development Committee on means of mobilizing resources to support the implementation of specific population activities, and

(ix) Report to the Population Secretariat progress of implementation of population programmes and activities.

10.5.2 Composition
The membership of the District multi-sectoral Committee on Population shall comprise up to twenty-two (22) members drawn as follows:

(i) District Resistance Council Chairman (Chairman);

(ii) Central Government Representative (CGR),

(iii) District Executive Secretary (DES),

(iv) Maximum of Eight (8) members appointed by the District Resistance Council reflecting gender balance,


(vi) Two (2) members of relevant and prominent NGOs operating in the district,

(vii) Two (2) prominent citizens in the district one of whom shall be a woman, and

(viii) The District Population Officer shall be the Secretary Where a District Population Officer has not been appointed, the officer responsible for population issues shall act as Secretary.

10.5.3 Meetings
The Committees shall meet as and when necessary, but at least once in four months. The quorum shall be a simple majority of the membership.

10.6 District Planning Unit
The District Planning Unit, comprising the District Population and the Economic Planning and the Statistics offices, shall serve the District Multi-sectoral Committee on Population. The functions of the District Planning Unit shall be to:

(i) Provide technical and administrative support to the District Multi-sectoral Committee on Population;

(ii) Promote collaboration among NGOs engaged in the field of population and development in the district;

(iii) Promote the integration of population factors in district planning;

(iv) Formulate district plans of action for the District Multi-sectoral Committee on Population to consider;

(v) Organize and carry out activities that will promote population and development awareness in the district;

(vi) Provide technical and administrative support to the District Multi-sectoral Committee on Population;

(vii) Promote collaboration among NGOs engaged in the field of population and development in the district;
11.0 MONITORING AND EVALUATION

The effective implementation of the Population Policy will largely depend on the mechanism of monitoring and evaluation that shall be in place. In this connection, the main aim shall be to ensure that periodic evaluation and monitoring shall be the responsibility of the Council exercised through the Secretariat. The implementing line ministries, districts, departments, institutions and NGOs shall develop a regular reporting system using the guidelines from the Secretariat. In addition to designing a system of collecting, collating and analyzing information from these implementing agencies, the Council shall cause the Secretariat to organize training courses for the relevant staff of these agencies in order to develop their in-house capacity for monitoring and evaluation. The Council shall prepare a report every year on the progress of implementation of the Policy and shall undertake comprehensive reviews of the Policy, after every three years. The Council shall, from time to time, commission special impact assessment and other relevant studies. It shall create a forum for all ministries, institutions and NGOs implementing the Population Policy, to review periodically their roles and work progress.

12.0 RESOURCE MOBILIZATION

A well-designed and realistic plan for mobilization of human and non-human resources is a pre-requisite for the effective implementation of the Population Policy. In this regard, national capacity building efforts shall be enhanced through training of required personnel and establishing complementary management systems.

12.1 Training for National Capacity Building

(i) Formulating and implementing a comprehensive human re-rourses source/manpower policy for the recruitment, training, re-numeration, retention and utilization of staff working on the population execution of programmes; and
(ii) Designing and implementing short-term and periodic training programmes, such as workshops and seminars, towards specific programme areas.

12.2 Funding

(i) Guaranteeing, through regular budgetary allocation from the consolidated fund to enable the Council perform and sustain its functions
(ii) Ensuring adequate allocations of funds in the annual budget of sector Ministries, and District Administrations for sustainability of population programmes and activities
(iii) Mobilizing external resources for the effective implement-ation of population policy and programmes, and
(iv) Providing guidelines for assistance to population programmes in order to ensure proper coordination and maximum utilization of resources

ANNEX 1: ROLES OF VARIOUS MINISTRIES AND INSTITUTIONS IN POLICY IMPLEMENTATION

The expected broad roles of line Ministries, NGOs and other agencies are outlined below.

1. Ministry responsible for Agriculture

(i) Strengthen the integration of population and family life and agricultural education and extension programmes and services;
(ii) Promote community participation in rural areas in capacity and improvement of their quality of life;
(iii) In collaboration with other relevant ministries and institutions promote mutual contribution by gender in agricultural activities and effective utilization of the proceeds;
(iv) Provide training to field staff in information dissemination on population issues; and
(v) Enhance efforts of promoting environmentally safe and sustainable agricultural practices to ensure food security and meet the growing demand for food by an increasing population.

2. Ministry responsible for Education

(i) Introduce population and family life education in curricula at all levels, especially for secondary schools, training > y junior and senior institutions of learning; colleges and in the higher education institutions;
(ii) Nurture and expand Population and family life education and assist in basic training of IEC as appropriate;
(iii) Promote studies of the factors militating against female participation in the education system and design appropriate corrective measures,
(iv) Introduce non-formal education programmes to cater for the out of school population; and
(v) Promote career counseling and encourage women employment in diverse Occupations.


(i) Ensure the incorporation of activities related to the implementation of the Population Policy in National Development Plans;
(ii) Promote and extend technical assistance to sectoral agencies in the integration of demographic variables in development planning processes;
(iii) Develop guidelines for the incorporation of these vari-ables at both micro and macro planning levels,
(iv) Evaluate and monitor Planning activities in the various planning activities;
(v) Collect demographic data through censuses and sample surveys in collaboration with relevant institutions;
(vi) Facilitate and coordinate vital registration systems;
(vii) Participate in the evaluation and monitoring of popula-tion related programmes in collaboration with appropriate research institutes;
(viii) Determine patterns and trends in gender specific activity rates through labour force sample surveys in both rural and urban areas in collaboration with appropriate aca-demic and private academic and research institutions;
(ix) Conduct socio-economic surveys of basic items and relate this with changes in household sizes in collaboration with appropriate academic and research institutions;
(x) Assist in the analysis and interpretation of censuses and survey data; and
(xi) Disseminate gender and district disaggregated statis-tical data.

4. Ministry responsible for Foreign Affairs

(i) Liaise with other ministries and institutions on population issues of international nature and facilitate the ordinate representation by Government on international fora on population; and
(ii) In collaboration with other relevant institutions, co-ordinate involvement of women and their children in the family and national settings;
(iii) Act as an avenue for sharing population information among the international community.

5. Ministry responsible for Gender and Community Development

(i) Promote awareness of population and family life issues among women at national, district and lower levels,
(ii) Promote and ensure the implementation of measures and activities that would improve and enhance the status of women and their children in the family and intervention at the sectoral level,
(iii) Identify and articulate gender issues within the population programmes and suggest solutions and methods for purposes of promoting population awareness;
(iv) Mobilize groups and individuals at the national, ro-gional and community levels, through traditional folk-theatrical institutions, for purposes of promoting population awareness;
(v) Advocate for the elimination of customs and practices that hinder the development of women and sensitize the public on gender issues;
(vi) Organize and encourage writers, theatrical and other performing groups to participate in the production of promotional literature and public presentations national, regional and local.
6. Ministry responsible for Health

(i) Strengthen and expand existing Family Health programmes;
(ii) Through Primary Health Care provide FP services at all levels of the health service delivery system,
(iii) Strengthen reproductive health content in health education programmes,
(iv) In collaboration with relevant institutions, strengthen and expand training of all health personnel in family planning,
(v) Set standards for the provision of family planning services and ensure their effective operationalization;
(vi) Assist in coordinating and monitoring health and FP programmes of all agencies in the country
(vii) Liasise with all agencies involved in HIV/AIDS control programmes;
(viii) Expand networks of family planning service delivery by increasing the number of family planning clinics and reaching our hitherto under-served communities with community based distribution and social marketing systems;
(ix) Provide in-service training and contraceptive technology workshops to health personnel involved in family planning service delivery in collaboration with other agencies;
(x) Operate controlled trials in new methods of contraception in collaboration with medical research institutions and participating in programs of replication of methods of proven safety and utility;
(xi) Undertake operational research activities in alternative methods of service delivery;
(xii) Design and implement programmes to promote involvement in family planning.

7. Ministry responsible for Information

(i) Expand and promote the production, dissemination and utilization of IEC materials including gender issues in the mass media;
(ii) Provide training opportunities to journalists in population and development issues with a view of improving their skills as advocates of population, health and family planning issues;
(iii) Strengthen media facilities for enhanced and sustained IEC activities; and
(iv) Provide policy guidelines to private media institutions to reflect Population IEC in their programmes.

8. Ministry responsible for Internal Affairs.

(i) Regulate the outflow and inflow, and stay of immi-grants in the country, and
(ii) Maintain a national and alien register.

9. Ministry responsible for Justice and Constitutional Affairs

(i) Revise all laws pertaining to population and demographic issues;
(ii) Amend existing laws and formulate legislative measures designed to be instrumental in:
(a) eradicating all harmful customary practices such as those relating to gender discrimination;
(b) removing restrictions against personal enjoyment of important civil rights such as access to information, education, employment, occupation, housing, health etc.;
(c) removing restrictions against the rights of individuals and families to plan their family;
(d) Curbing environmentally harmful activities;
(iii) Ratify and incorporate international and regional instruments that are relevant to population issues, into domestic law;
(iv) Enforce all laws pertaining to population and demographic issues especially the registration of vital events e.g. births, deaths, marriages and divorce;
(v) Promote awareness of the law pertaining to population and demographic issues, and
(vi) Ensure the protection of the rights of individuals, families and communities under the constitution.

10. Ministry responsible for Labour and Social Welfare

(i) Establish mechanisms within the Ministry that will permit the regular collection, analysis and reporting of gender disaggregated data concerning employment and other personnel matters in the various sectors of the economy with particular reference to women,
(ii) Monitor the implementation of legislation of recruitment, understanding of the humanitarian, economic responsibilities of important civil rights such as access to information, education, employment, occupation, housing, health etc.;
(iii) Introduce social services and educational programs to promote the family as the integral unit, for supporting the elderly,
(iv) Propose and stimulate action oriented programs aimed at guaranteeing social and economic security for the elderly as well as providing opportunities for them to contribute to and share the benefits of development,
(v) Promote and assist实施 the integration of population and family planning elements in the work setting,
(vi) Render and promote counselling services for families in relation to family planning,
(vii) Establish conducive population and family planning and National Organization of Trade Unions (NOTU);
(viii) Introduce special programmes to support the development and integration of persons with disabilities into the mainstream of society

11. Ministry responsible for Lands, Housing and Urban Affairs

(i) Keep track of trends in the demand for housing in both rural and urban areas and harmonize this demand with population needs;
12. Ministry responsible for Local Government

(i) Design medium to long-term plans for the development of intermediate towns and cities in the context of general urban master plans to stem migration; and

(ii) Promote and design programmes to improve and promote better housing in the rural areas.

13. Ministry responsible for Natural Resources

(i) Establish a network of family planning service delivery by increasing the number of family planning service delivery points for reaching the under-served communities with community-based distribution and social marketing.

(ii) Provide in-service training on issues related to population and development in collaboration with other agencies.

(iii) Engage in basic and operational research activities in the field of population and disseminate findings through appropriate media.

14. Ministry responsible for Public Service

(i) Promote efficient delivery of social services at the local level,

(ii) Promote desirable voluntary resettlement of people;

(iii) Advocates for policies that reduce/ minimize the effects of refugee status in the various regions of the country;

(iv) Advocate for social services;

(v) Advocate for community based rehabilitation for persons with disabilities;

(vi) Collaborate with relevant agencies to promote and encourage households in income generating activities/ projects to enhance their living standards;

(vii) Collaborate with District Multi-sectoral Population Committees to advocate/champion and implement population related programmes and activities;

(viii) Encourage districts to enact bye-laws to support implementation of population related activities;

(ix) Collaborate with the National Population Council in order to facilitate monitoring and implementation of the population programmes in the districts and at community levels; and

(x) Promote functional literacy programmes with special emphasis on population issues.

15. Ministry responsible for Trade and Industry

(i) In collaboration with relevant government ministries create a scheme of service for population officers and officers in line ministries.


(i) Facilitate the mobilization and co-ordination of re-sources for the development and implementation of population programs, including donors and NGOs;

(ii) Assist in ensuring the monitoring, evaluation and follow up action on population programmes; and

(iii) Oversee and ensure effective implementation of population programmes.

17. District Population Office

(i) Co-ordinate and oversee the implementation of the district population programmes under Government, NGO’s and communities,

(ii) Serve as Secretary to the District Multi-Sectoral Committee on Population and Development -

(iii) Liaise with DDC and Population Secretariat on population planning and policy matters;

(iv) Provide technical guidance to the districts in the preparation of district population plans of action and to the sectoral departments in integrating population factors in district development planning.

(v) Work closely with the district Statistician and Econo- mist to analyse data necessary for planning in districts, and

(vi) Help the district in designing programmes, projects and research aimed at solving specific population problems and to address specific needs.

18. Universities and other Institutions of higher Learning

(i) Provide in-service training on issues related to population and development in collaboration with other agencies,

(ii) Engage in basic and operational research activities in the field of population and disseminate findings through appropriate media;

(iii) Assist in the implementation and evaluation of programmes related to the population policy, and

(iv) Provide advisory services in research, data collection and analysis.

19. Non-Governmental Organizations

(i) Collaborate with the Ministry of Health in medical research in the area of fertility management;

(ii) Complement the role of government Ministries in all aspects of population activities each in its own field/ scope of work;

(iii) Undertake operational research activities in alternative methods of service delivery, and

(iv) Introduce gender career counselling within the framework of existing counselling services.

20. Religious Institutions

(i) Sensitize the people on Family Life Education and other related development issues;

(ii) Promote and encourage households in income generating activities/ projects to enhance their living standards;

(iii) Expand the scope of community-based programmes to incorporate and improve performance in their areas programmes aimed at the flow of rural-urban migration; and

(iv) Support the development of appropriate technology.

(v) Advocate for better social services;

(vi) Advocate for community based rehabilitation for persons with disabilities;

(vii) Collaborate with relevant agencies to promote and encourage households in income generating activities/ projects to enhance their living standards;

(viii) Collaborate with District Multi-sectoral Population Committees to advocate/champion and implement population related programmes and activities;

(ix) Encourage districts to enact bye-laws to support implementation of population related activities;

(x) Collaborate with the National Population Council in order to facilitate monitoring and implementation of the population programmes in the districts and at community levels; and

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