

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR UGANDA

First regular session 2026

Comments by Belgium	UNFPA country/regional office response to comments
<p>As per the Letter of Intent shared with UNFPA, Belgium recognizes the realization and protection of the values of UNFPA's mandate as a shared responsibility and prioritizes UNFPA in the disbursements of 2025-2028. The delegation also notes that the values in UNFPA's mandate are particularly under pressure in Uganda, both by public opinion as due to a lack of funding, hence the relevance of UNFPA's work in Uganda.</p>	<p>UNFPA sincerely appreciates Belgium's commitment, as reflected in the Letter of Intent, to prioritize support to UNFPA during the 2025–2028 period and to uphold the values underpinning our mandate as a shared responsibility. This partnership is deeply valued.</p> <p>UNFPA also recognizes Belgium's observation that the principles at the core of the mandate, particularly those related to sexual and reproductive health and rights, gender equality and bodily autonomy, face heightened pressure in Uganda due to evolving public opinion and resource constraints. These dynamics underscore the continued relevance of UNFPA's work and the importance of sustained collaboration with the Government, civil society, local leaders and development partners.</p> <p>Belgium's reaffirmed support at the country level comes at a critical time and strengthens UNFPA's ability to work with national counterparts to advance equitable access to SRHR and GBV prevention and response services, especially for those most at risk of being left behind.</p> <p>UNFPA remains fully committed to delivering a focused, evidence-based and nationally aligned programme that upholds the shared values articulated in the Letter of Intent and supports Uganda in meeting its development commitments.</p>
<p>The delegation notes that, unlike other UN Agencies, UNFPA did not take the initiative to convene a donor meeting to present and discuss the Draft Country Programme Document (CPD) – as far as the Embassy of Belgium in Uganda is aware-, which would have allowed for a more in-depth discussion at country level.</p>	<p>UNFPA greatly appreciates Belgium's constructive engagement and the reflections shared on the draft Uganda 10th CPD. The CPD has been developed through a highly participatory and inclusive process, involving extensive consultations with the Government of Uganda, District Local Governments, civil society, youth networks, United Nations agencies, and development partners, including a virtual consultation with development partners on 27 June 2025, with an open invitation for all partners to attend.</p> <p>In line with UNFPA Executive Board procedures, the posting of the CPD on UNFPA's public website before the final presentation to UNFPA's Executive Board is also an integral</p>

	<p>component of the consultative and transparent development process, allowing partners and stakeholders an opportunity to review and provide feedback before finalization.</p> <p>UNFPA is grateful for Belgium's comments, which constructively contribute to the finalization of a programme that is both aligned with Uganda's priorities and, to the extent possible, responsive to development partners' expectations.</p>
<p>The delegation encourages UNFPA to focus on two priorities: 1- In view of the financial constraints, both at donor level as in domestic financing, the delegation encourages UNFPA's Uganda's shift in programme priorities from service delivery towards an approach with stronger focus on system strengthening and a full leverage of its mandate and comparative advantage as the lead UN agency on SRHR (compared to for example NGO's active in the field of SRHR); 2- If maintaining a program-based approach, focusing this on the main challenges to technical and service delivery on SRHR in Uganda, due to the impending lack of commodities in 2026 and recurrent costs of health workers.</p>	<p>Thank you very much for these valuable observations.</p> <p>UNFPA fully takes note of the Delegation's recommendation to maintain a strategic focus on system strengthening within the Ugandan health and protection sectors, particularly in light of tightening fiscal space, both domestically and among development partners. Indeed, the 10th CPD reflects a deliberate shift toward upstream policy support, institutional capacity development, supply-chain resilience, and coordinated multi-sectoral systems for SRHR, GBV, and adolescent health. This aligns closely with UNFPA's comparative advantage as the lead United Nations agency for SRHR and complements the operational footprint of NGO partners delivering community-level services. It is also important to note that UNFPA delivers on the 10th country programme as part of an integrated United Nations framework, as reflected in the UNSDCF 2026-2030, complementing other United Nations agencies such as WHO, and its critical contribution to upstream work and policy advice.</p> <p>We also acknowledge the Delegation's guidance regarding a programme-based approach that prioritizes the core structural barriers to SRHR in Uganda, including the anticipated commodity shortfalls in 2026 and the recurrent health workforce challenges. These concerns are reflected in the CPD's Outcomes and Outputs related to national supply-chain management, forecasting and quantification, domestic resource mobilization, and the strengthening of workforce planning and retention strategies in partnership with the Ministry of Health and other actors. These would be further spelled out in assessments and operational documents to help implement the 10th CPD in consultation with the Government and partners.</p> <p>UNFPA remains committed to working closely with Belgium and all our partners in Uganda to ensure that the next CPD is both realistic in the current financing landscape and responsive to the systemic constraints that directly impact access to quality SRHR services.</p>

<p>Programme rationale: though the programme rationale is based on a non-disputable analysis of existing challenges in Uganda, it remains quite general and fails to highlight the biggest challenges to SRHR-service delivery in Uganda. These challenges are only mentioned later on at output and programme risk level: on the one hand the lack of commodities due to the withdrawal of US financing and on the other, the fact that the largely insufficient financing for the health sector in Uganda, leading to a foreseeable shortage of health workers in 2026. Any SRHR-related programming in Uganda will need to address these major challenges in 2026 to resort any effect.</p>	<p>UNFPA appreciates the Delegation's emphasis on the centrality of the SRH commodity gap and the projected health workforce shortages, as these are among the most significant structural constraints shaping health service delivery as a whole including SRHR service delivery in Uganda.</p> <p>These challenges are fully recognised in the 10th CPD and have directly informed the programme's strategic orientation toward system strengthening, supply-chain resilience, domestic resource mobilization, and workforce planning in partnership with the Ministry of Health.</p> <p>The CPD's rationale, outline of lessons learned, outputs, and risk-mitigation framework specifically addresses anticipated 2026 commodity shortfalls through investments in national forecasting and quantification, last-mile distribution systems, and coordinated advocacy for sustained financing. Likewise, the programme's focus on strengthening human resources for health, including improved planning, retention, and support for midwifery and community health structures, responds to anticipated workforce pressures arising from constrained public financing. The CPD already positions them as such through its upstream policy engagement, systems-level interventions, and emphasis on national capacity strengthening. This ensures that UNFPA's programming remains both realistic within the current financing environment and responsive to the structural barriers that will shape SRHR outcomes in 2026 and beyond.</p>
<p>Priorities: the four priorities identified by UNFPA as strategic shifts are applauded by the delegation. The delegation recognizes that implementing UNFPA's mandate is challenging due to its broad and multi-sectoral nature. Whereas other UN agencies have a clear Ugandan government counterpart (e.g. Ministry of Health for WHO), sectoral working groups and tracking tools owned by the government of Uganda, UNFPA's mandate touches upon thus many sectors, that its impact and coordination role is challenging. The delegation nevertheless encourages UNFPA in Uganda to leverage</p>	<p>UNFPA appreciates the Delegation's reflections on the strategic shifts and the broader coordination role expected of UNFPA as the lead UN agency for sexual and reproductive health and rights. The observations regarding the multi-sectoral nature of UNFPA's mandate and the coordination requirements that accompany this are well considered. Advancing SRHR in Uganda necessarily requires sustained engagement across several ministries, sectors, and levels of government, as well as with a broad range of development partners.</p> <p>The country office also notes the examples shared regarding the SRHR Inter-Donor Group, including the gaps identified in mapping partner interventions and the implications for coherent programming. The insights provided offer a useful basis for strengthening UNFPA's convening, information-sharing, and coordination efforts, particularly in</p>

<p>even more its mandate and comparative advantage as the lead of the UN on sexual and reproductive rights.</p> <p>For example, though UNFPA in Uganda has been the co-chair of the SRHR inter-donor group (SRHR-IDPWG) for years, no reliable mapping exercise has been undertaken neither by UNFPA, nor the Ugandan government with support of UNPFA, to map all existing donor interventions in the field of SRHR. This has missed opportunity for UNFPA to fully leverage its comparative advantage as the lead UN agency on SRHR has led to a few unfortunate outcomes. The first being that bilateral donors with an upcoming financing on SRHR have had to undertake their own attempts at mapping SRHR interventions in Uganda (such as the Netherlands and Sweden). When requested for a mapping, UNFPA wrote a request for consultancy financing. This unlike the very informative mapping exercises done in other sectoral donor groups, such as education (WHO) and health (UNICEF and EUDEL), which have turned out to be useful both for the Embassy and Enabel. The second is that only during a mission of the SRHR-IDPWG it became clear that UNFPA had been working in 2 health centres in Kamuli in which Enabel was also active, providing similar types of training on SGBV-case management. Though the lack of coordination is mostly a burden of the Ugandan host government, other UN agencies have more successfully supported the Ugandan government in mapping donor engagement.</p>	<p>supporting government-led mapping, improving alignment at the subnational level, and ensuring greater systematic visibility of ongoing SRHR interventions.</p> <p>The Delegation's reflections on the level of engagement within the donor group and the suggestion to strengthen the platform's convening role are similarly appreciated. These recommendations will be taken on board by the country office, in its capacity as the secretariat of the SRHR-IDPWG in consultation with the group's chair, as it continues efforts to reinforce this and other coordination mechanisms and ensure they remain a relevant and value-adding space for development partners.</p> <p>UNFPA Uganda remains committed to maximising its comparative advantage within the United Nations system and to strengthening collaboration with the Government of Uganda and development partners to ensure more coherent, complementary and impactful action on SRHR. The country office appreciates the constructive feedback and avails itself for continued, open dialogue with the Delegation and other partners on the matters raised, with the aim of strengthening collective leadership and coordination in the SRHR space. UNFPA commits to raising this concern with the development partner chair and members of the group to enhance its effectiveness and functionality.</p>
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<p>The limited engagement and superficial-level discussions in the SRHR donor group have also led to both the Embassy and Enabel (though with WeCare executing a strong SRHR program in Uganda) to deprioritize engagement in the SRHR donor group of which UNFPA is the Secretariat. Moreover, voices to be raised to integrate the SRHR-IDPWG into other existing donor groups (such as on health), similar to the discussions on UNFPA's mandate at global level.</p>	
<p>Outputs: as stated above, any SRHR-related programming in Uganda will need to address these major challenges in 2026 to resort any effect. Without addressing the major gaps in effective service delivery of SRHR/HIV/GBV services (output 1), adolescents and other target groups can be sensitized about their SRH rights (output 3), but the health and SRHR-service delivery system will not be able to respond to the increased demand. Hence, logistical and supply chain challenges should not be a mere contextual risk, but a central part of UNFPA's work in Uganda.</p>	<p>UNFPA appreciates the Delegation's further emphasis on the importance of addressing systemic service delivery constraints to ensure the effectiveness of SRHR programming. These considerations are fully reflected in the design of the 10th CPD where strengthening service delivery systems, particularly in commodity security, supply-chain performance, and health workforce capacity, is treated as a core programme priority rather than a contextual issue.</p> <p>The draft CPD explicitly recognises that unmet need for family planning, stagnating teenage pregnancy, and persistent maternal mortality are driven not only by demand-side barriers but by structural system weaknesses such as commodity stockouts, inadequate EmONC functionality, and shortages of health workers. These constraints are highlighted throughout the rationale and programme strategy, for example, in the identification of stockouts of commodities and the shortage of health workers as key drivers of unmet need, and in the limited functionality of emergency obstetric and newborn care facilities (only 12% fully functional).</p> <p>Output 1 directly operationalises this by advancing system-wide integration of SRH within Uganda's health agenda, embedding SRH within essential health packages, strengthening quality assurance systems, and addressing commodity distribution bottlenecks through last-mile delivery models such as the Village Health Teams (VHTs). The CPD also sets clear, measurable targets for supply-chain and service-readiness improvements, including:</p> <ul style="list-style-type: none"> ● Reducing stockouts at service delivery points (from 85.9% to 88% with no stockouts in the last three months); ● Increasing the proportion of facilities with EmONC capacity (from 12% to 30%), and;

	<ul style="list-style-type: none"> ● Doubling the number of health facilities that meet 80% of SRH/HIV/GBV standards (from 224 to 448). <p>These indicators demonstrate that logistics, supply chain performance, and service readiness are already positioned as central programme outcomes.</p> <p>In addition, the CPD's focus on strengthening domestic financing for SRHR through the Total Market Approach, support to programme-based budgeting, and reinforcement of the Health Financing Compact ensures that recurrent costs, including those related to health workforce sustainability, are addressed through systemic solutions rather than short-term project modalities.</p> <p>The country office, therefore, welcomes the Delegation's emphasis on ensuring that service delivery constraints remain central to SRHR programming and notes that the CPD already embeds this focus across its rationale, strategic shifts, outputs, and results framework, ensuring that service delivery strengthening is prioritised to enable the system to respond effectively to increasing demand generated through community engagement and social norm transformation interventions.</p>
<p>Joint Programming and synergies: The delegation further applauds the mentioning of leveraging synergies with the UN Country Team (UNCT) through Joint Programmes (para. 32). The many challenges in the implementation of the EU-funded joint UN Spotlight program in Uganda however shows that Joint Programming without a thorough UN system reform allowing for real joint programming (as in joint program management, joint procurement, joint financing cycles) remains a challenge in Uganda. UNFPA Uganda is invited to work together with other UN agencies to streamline programming and procurement cycles to allow veritable joint implementation of program, beyond mere joint project proposals, and, despite the broad mandate of UNFPA to focus on the areas where UNFPA can offer a comparative advantage.</p>	<p>UNFPA appreciates the Delegation's reflections on joint programming and the recognised value of leveraging synergies within the United Nations country team. The lessons from the implementation of the EU-funded Spotlight Initiative are well understood, including the potential constraints posed by differing management, procurement and financing modalities across United Nations agencies.</p> <p>The country office fully acknowledges that streamlining programming and operational cycles is essential for maximising the efficiency and impact of joint initiatives. The 10th country programme is already designed to strengthen UNFPA's role within joint United Nations platforms, through the UNSDCF architecture, joint resource mobilization structures, and collaborative mechanisms in adolescents and youth, gender, data, and humanitarian response, and to prioritize areas where UNFPA offers a clear comparative advantage within multi-agency efforts.</p> <p>In alignment with United Nations reform processes, including the UN 2.0 agenda and UN80 Reform, UNFPA Uganda will continue working closely with sister United Nations agencies to further harmonize approaches, explore shared operational arrangements where feasible, and contribute proactively to improving joint programme coherence, including in</p>

	procurement alignment, reporting efficiencies and joint planning cycles. These efforts aim to ensure that future joint programming moves beyond coordinated project streams toward more integrated and complementary implementation.
The delegation provides this feedback fully being aware of the many challenges linked to UNFPA's mandate, both in terms of being cross-sectoral as with core values under pressure, including in Uganda. The delegation however provides this feedback with the purpose of encouraging UNFPA in Uganda to fully leverage its mandate and comparative advantage as the lead UN agencies to promote its values and SRHR in Uganda.	<p>UNFPA remains fully committed to upholding and promoting the values at the heart of its mandate and appreciates the Delegation's invitation to continue strengthening this leadership role.</p> <p>This commitment is reflected throughout the 10th country programme, which positions UNFPA's normative role, convening capacity, and evidence-driven approach at the centre of efforts to advance SRHR in Uganda.</p> <p>The country office will continue to apply these strengths across policy engagement, coordination platforms, systems strengthening, and joint programming, in close collaboration with Government, civil society, development partners and the wider United Nations system.</p>
Comments by Germany	UNFPA country/regional office response to comments
Germany trusts that the CPD has been developed with the UN80 initiative in mind and strongly urges UNFPA to strive for enhanced cooperation with UN entities active in the project country, be it through joint programmes, shared office space, shared-back offices and other efficiency measures wherever possible. Any duplicative efforts regarding the activities of UN or other programmatic entities must be strictly avoided. Germany trusts that UNFPA will pursue its programme activities in line with its core mandate and comparative advantages, coordinated closely with the Resident Coordinator's office, and will avoid undue competition with other UN entities.	<p>UNFPA appreciates Germany's strong commitment to improved UN coherence under the UN80 reform.</p> <p>The 10th CPD was developed in close alignment with the UNSDCF 2026–2030 and reinforces joint planning and collective delivery across the UN system. It strives to facilitate a transition from downstream focus and support to service delivery to upstream policy advice over the course of the country programme.</p> <p>UNFPA will continue to contribute to common assessments, pooled financing mechanisms, joint programming and shared service arrangements wherever feasible, including in humanitarian and refugee-hosting contexts where co-location with sister agencies is already standard.</p> <p>By maintaining a clear focus on its mandate areas, SRH/RR, adolescents and youth, GBV prevention and response, and population data, UNFPA helps ensure that the division of labour among UN entities remains efficient, complementary and aligned with the Government's priorities. Coordination with the Resident Coordinator's Office will remain</p>

	central to avoiding duplication, ensuring cost-effective operations and maximizing the collective contribution of the United Nations to national development outcomes.
In light of the global funding situation, we very much welcome the focus on underserved regions.	<p>UNFPA values Germany's recognition of the 10th CPD's focus on underserved regions. Analyses by government and partners consistently show that Karamoja, Busoga, Bukedi, Teso, West Nile and Acholi face persistent disparities in adolescent pregnancy, unmet need for family planning, maternal health outcomes and GBV prevalence. These regions also contend with poverty, high fertility, limited-service readiness, and, in some cases, substantial refugee pressure.</p> <p>Prioritizing these regions ensures that investments are equitable and aligned with national commitments to reduce geographic disparities. The CPD supports both system-wide improvements and targeted district-level interventions, ensuring that progress is accelerated where gaps have remained widest.</p>
Considering the high teenage pregnancy rates of 24% that are stagnating, how does UNFPA plan to target this particular group?	<p>UNFPA appreciates Germany's concern regarding the persistently high rate of adolescent pregnancy in Uganda and fully recognizes the importance of addressing this challenge through a comprehensive, sustained and context-specific approach.</p> <p>Adolescent pregnancy remains high due to a combination of factors, including limited access to adolescent-responsive SRHR services, restrictive gender and social norms, gaps in school retention, and constrained decision-making autonomy.</p> <p>Evidence from recent programme experience and evaluative findings highlights that an integrated service delivery model combining SRHR services and economic empowerment, community engagement and youth-centred approaches is most effective when implemented alongside broader efforts to strengthen service readiness, accountability and address underlying social norms.</p> <p>Building on these insights, the 10th CPD places adolescents and young people at the centre of its strategy, combining upstream policy engagement with strengthened district-level delivery and inclusive community outreach. Key components include:</p> <ul style="list-style-type: none"> • Improving availability and quality of adolescent-responsive SRHR, GBV and HIV services, including in humanitarian and refugee-hosting settings; • Strengthening school–health linkages and supporting safe transitions to adulthood;

	<ul style="list-style-type: none"> • Expanding community-led and peer-led engagement models to reach adolescents with life-skills-based education and skills, particularly in underserved rural areas; • Addressing harmful norms and power dynamics through gender-transformative community work; • Using digital and blended platforms to provide age-appropriate information and link young people to services confidentially. <p>Taken together, these interventions provide a comprehensive, multi-sector and evidence-informed approach designed to accelerate progress on adolescent pregnancy, particularly in regions where vulnerability and service gaps are greatest.</p>
Under output 1, it is suggested to select indicators that more clearly speak to the issue of unmet need for family planning that is at 24%.	<p>UNFPA appreciates Germany's interest in ensuring that the results framework clearly reflects progress toward reducing unmet need for family planning, which remains a significant SRHR challenge in Uganda. The 10th CPD highlights the multifaceted factors influencing contraceptive uptake and continuation, including concerns about side effects, misinformation, limited decision-making autonomy, partner dynamics and occasional commodity shortages.</p> <p>In response to these realities, the CPD adopts an integrated approach that links family planning to broader improvements in SRHR service delivery, strengthened community engagement and efforts to address the gender and social norms that shape reproductive choices.</p> <p>The indicators under Output 1 are designed to monitor the system-level conditions most directly associated with reducing unmet need. These include measures related to commodity availability, facility readiness to provide integrated SRHR/GBV/HIV services, adherence to quality-of-care standards and increased institutional deliveries. Tracking these determinants is essential to assessing whether the enabling environment for voluntary contraceptive use is in place, particularly in underserved regions.</p> <p>UNFPA will continue to collaborate with national counterparts to monitor unmet need through household surveys and routine health information systems, and to interpret Output 1 indicators in relation to broader behavioural and structural dynamics.</p> <p>Through this approach, the country programme strengthens the systems and community conditions required to reduce unmet need for family planning, while ensuring that</p>

	monitoring remains aligned with national priorities and responsive to the determinants of contraceptive use.
Why is the National Planning Authority the main partner and not the Ministry of Health, who is actually delivering services on the ground?	<p>UNFPA welcomes the opportunity to clarify the complementary roles of the National Planning Authority (NPA) and the Ministry of Health within the country programme.</p> <p>In Uganda's institutional landscape, NPA is the body mandated to guide national development planning, steer demographic governance, and ensure that sectoral priorities, including those related to SRHR, gender equality, and population dynamics, are coherently integrated into the national development framework. This positioning makes NPA essential for embedding the ICPD agenda across sectors and for strengthening national accountability mechanisms.</p> <p>The Ministry of Health, in turn, remains central to the operationalization of SRHR and GBV priorities. It is the key partner for service delivery, quality improvement, health workforce development, commodity security and the integration of SRHR/GBV/HIV services at national and district levels. These responsibilities are reflected throughout the CPD's outputs, which rely on the Ministry's leadership to translate policy into practice.</p> <p>In this context, the programme engages NPA and the Ministry of Health in mutually reinforcing ways:</p> <ul style="list-style-type: none"> • NPA provides the policy, planning and accountability framework to integrate SRHR and demographic priorities across all sectors. • MoH ensures the delivery of high-quality, integrated services that reach communities, including those in humanitarian and refugee-hosting settings. <p>This dual engagement strengthens policy-to-practice linkages and ensures that national commitments on SRHR and demographic resilience are advanced coherently from the highest planning levels to frontline service delivery.</p>
Output 1: When looking at marginalized groups, we would like to emphasize that access to HIV service delivery is especially important to LGBTIQ+.	<p>UNFPA appreciates Germany's emphasis on ensuring equitable access to HIV services for individuals who face heightened barriers to care. The 10th CPD places strong emphasis on inclusive, confidential and respectful service delivery.</p> <p>The programme recognizes that key populations experience disproportionate challenges in accessing HIV and broader SRHR services, including adolescents and young women, refugees, persons with disabilities, survivors of violence and key populations identified through national HIV strategies. These barriers, ranging from stigma and discrimination to</p>

	<p>mobility constraints and limited access to services and information, require more tailored and sensitive approaches.</p> <p>Building on national evidence and lessons from programme implementation, the CPD strengthens integrated SRHR, HIV and GBV service delivery through:</p> <ul style="list-style-type: none"> • Ensuring privacy, confidentiality and non-discriminatory care for all clients; • Enhancing provider capacity to deliver sensitive and stigma-free services; • Supporting targeted outreach and prevention initiatives for individuals at higher risk; Improving links between health facilities and community structures to support continuity of care; and • Reinforcing district health systems in humanitarian and refugee-hosting settings. <p>These measures reflect Uganda's national HIV response and the CPD's commitment to address barriers faced by individuals who are underserved or disproportionately affected.</p> <p>All programme actions will continue to be implemented in close collaboration with the Government of Uganda. Through this approach, UNFPA remains committed to supporting equitable access to essential HIV and SRHR services and contributing to an inclusive and effective national HIV response.</p>
Comments by the Netherlands	UNFPA country/regional office response to comments
The programme document gives a good and concise overview of context and main challenges in the area of SRHR, gender equality, and GBV.	<p>UNFPA appreciates the Netherlands' assessment and the encouragement to maintain a clear and strategic focus.</p> <p>The 10th CPD articulates UNFPA's well-established comparative advantage in Uganda, particularly in sexual and reproductive health and reproductive rights, adolescents and youth, gender equality, and population data and analytics. These areas reflect longstanding national trust, technical leadership and sustained collaboration with government, local partners and the United Nations system.</p>
In light of the scale of challenges and needs that will be impossible to address with a UNFPA country programme considering relatively limited funding, the programme document would benefit from a description of where UNFPA sees its own strength, and its niche areas, such as	<p>The comment is noted, and UNFPA fully acknowledges the importance of maintaining a clear strategic focus, particularly in contexts where population needs are extensive, and resources must be used efficiently.</p> <ul style="list-style-type: none"> • The 10th CPD's thematic focus is therefore intentionally anchored in the areas where UNFPA's mandate, comparative advantage and national priorities converge: sexual and

<p>UNFPA having a convening power, or UNFPA being the trusted technical partner of Ugandan government at national and sub national level, and therefore being able to support GoU to address certain systemic issues comprehensively. By not specifying its niche or identifying a clear focus, the programme covers almost everything in SRHR. The risk is that the programme will be too thinly spread (thematically as well as geographically) to achieve high impact.</p>	<p>reproductive health and reproductive rights; adolescents and youth; gender equality and GBV prevention and response; and population data and demographic intelligence. These issues thematically intersect to fulfil the necessary conditions to realizing a demographic dividend in Uganda. They were selected based on national evidence, government consultations and insights from recent implementation, which collectively highlight their centrality to Uganda’s human capital, demographic transition and equity agenda.</p> <p>The CPD’s geographic prioritization further reflects a deliberate effort to concentrate support where SRHR and GBV vulnerabilities are most acute in Karamoja, Busoga, Bukedi, Teso, West Nile and Acholi. These regions consistently exhibit higher levels of adolescent fertility, maternal mortality, unmet need, harmful social norms, service delivery gaps and humanitarian pressures, including large refugee populations. Focusing on these regions ensures that limited resources are directed toward communities where disparities are deepest and progress has historically lagged. They also mark further prioritization and focus compared to the 9th CPD.</p> <p>To support national scalability while avoiding thematic and geographic dispersion, the CPD adopts system strengthening as its core strategy. This includes reinforcing national and district capacities; supporting integrated SRHR/GBV/HIV models; strengthening supply chains and data systems; advancing quality-of-care standards; and enhancing multisector coordination and accountability frameworks. This combination of targeted district-level engagement and robust upstream systems work offers the most effective balance between depth and reach. Through this model, the country programme maintains thematic coherence, geographic discipline and a strong focus on populations and regions where national systems can generate the most meaningful and sustained impact.</p>
<p>While some gains can be listed, from the main SRHR indicators it can be read that progress in SRHR in Ugandan has been limited over the past years (which points at a collective failure of all involved efforts). What were the <i>specific</i> lessons that UNFPA has drawn from its previous programme? How will this programme be different from the previous programme, which could lead to the projected programme results?</p>	<p>UNFPA welcomes these comments. Uganda has made important strides in several areas of the SRHR agenda, including improved maternal health outcomes, availability of life-saving commodities in priority districts, strengthened midwifery training and regulatory systems, expanded GBV response services and enhanced humanitarian SRHR coordination. At the same time, UNFPA recognizes that progress on some national-level SRHR indicators has stagnated or regressed. This reflects a combination of demographic dynamics, persistent social and gender norms, regional disparities, and pressures on the health system, all of which require a strengthened, coordinated, multisectoral response across government and partners.</p>

	<p>The recent country programme evaluation identified valuable lessons that have been incorporated into the development of the 10th CPD. These include the importance of:</p> <ul style="list-style-type: none"> • A more sharply defined thematic and geographic focus, ensuring that efforts are concentrated where vulnerabilities are highest; • Deepening system strengthening, especially in areas such as governance and accountability, quality of care, supply chain management and data systems; • Greater integration across SRHR, HIV and GBV services to reduce fragmentation and enhance continuity of care; • Enhanced community and youth engagement as an essential driver of demand, accountability and norms change; and closer alignment with national financing, coordination and planning mechanisms, to support sustained government leadership and ownership. <p>In response to these lessons, the new CPD introduces several strategic adjustments that distinguish it from the previous programme and are expected to drive more measurable and sustainable results:</p> <ul style="list-style-type: none"> • The CPD concentrates on core mandate areas and prioritizes sub-regions and districts with the most significant inequities and high burden. This ensures that resources are directed towards communities where impact is likely to be greatest and where progress has been most constrained. • Rather than expanding the geographic footprint, the programme reinforces national and district systems and government-led development models, such as the Parish Development Model, including programme-based planning and budgeting, health information, human resources, and supply chains, to enable sustainable improvements at scale. • The CPD reinforces the integration of SRHR, GBV, and HIV services in line with national policies and service standards, thereby improving efficiency and accessibility. • Recognizing that behavioural and structural barriers limit progress, the programme deepens work with community leaders, cultural and religious leaders, youth networks, women's groups and local structures to strengthen demand, promote gender equality and improve accountability.
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	<ul style="list-style-type: none"> • The programme more deliberately bridges emergency humanitarian needs and longer-term development work, particularly in refugee-hosting districts, to ensure continuity and equal access to quality services. <p>Through these shifts, the new CPD aims to meaningfully contribute to Uganda's priorities and complement the efforts of the government and partners. The programme is designed to be more focused, evidence-based and systems-oriented, with a view to achieving sustainable improvements and stronger value for investment.</p>
It would be valuable to add a description of the programming approach UNFPA will take to ensure that programming efforts will be optimal in terms of efficiency, value for money, and sustainability.	<p>UNFPA appreciates the emphasis on ensuring that the country programme's implementation approach yields strong efficiency, value for investment and sustainable impact.</p> <p>Shaped by clear evidence of what has delivered results in Uganda, as documented in the country programme evaluation and several project-specific reviews, the new programme concentrates on deepening and expanding approaches that have already proven effective, as also detailed under different sections of the CPD, including section III on Programme and Risk Management, including:</p> <ul style="list-style-type: none"> • Reinforcing district leadership, management teams and community platforms, including women-led organizations and OPDs, to embed improvements within local systems and support enhanced accountability and long-term sustainability. • Expanding the use of strengthened data systems, routine monitoring and district dashboards to support evidence-based planning, optimize resource allocation and improve performance management and accountability. • Scaling up domestic resource mobilization and innovative financing, targeted upstream technical support, structured mentorship and quality-improvement models across priority districts to enhance service readiness, strengthen provider skills and create consistent, efficient service delivery. • Promoting integrated SRHR, GBV and HIV service delivery through harmonised tools, joint training packages and aligned supervision to improve coherence and reduce operational duplication. • Intensifying community engagement and norms-shifting work through households, youth networks, community leaders and women's groups to ensure that strengthened services translate into greater demand and utilization.

	<ul style="list-style-type: none"> ● In refugee-hosting districts, advancing district-led humanitarian–peace–development coordination to reduce duplication, improve continuity of care, accountability to affected populations, and sustain essential SRHR and GBV services. <p>Together, these measures ensure that the CPD builds on evidence-based approaches while applying them more strategically and consistently, thereby enhancing efficiency, delivering stronger value for investment and supporting long-term, nationally sustained results.</p>
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