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COUNTRY PROGRAMMES

Agenda item 7

*For approval on a
no-objection basis*



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COUNTRY PROGRAMME – UGANDA 10426.0 (2006–2010)



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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval on a no-objection basis.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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EXECUTIVE SUMMARY

Country Programme Uganda 10426.0 (2006–2010) has been prepared in conformity with Board guidelines and is a continuation of the ongoing country programme 10019 approved by the Board (WFP/EB.2/99/4) in May 1999 for 1999–2004 and subsequently extended (WFP/EB.2/2004/4-A) to harmonize the programming cycle with other United Nations agencies in Uganda.

The country programme is prepared for a period of five years (2006–2010) in consultation with the Government of Uganda and is developed from the four areas of cooperation identified by the United Nations system during the 2004 Common Country Assessment and United Nations Development Assistance Framework process.

In accordance with Board decision 1999/EB.A/2, WFP focuses its development activities on five strategic objectives. This country programme addresses three of these objectives: (i) to enable young children, adolescent girls and pregnant and lactating women to meet their special nutritional and nutrition-related health needs; (ii) to enable poor households to invest in human capital through education and training; and (iii) to make it possible for families to gain and preserve assets.

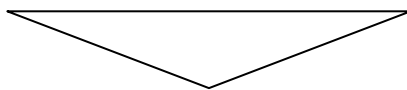
The programme aims to achieve the following objectives: (i) support the Government's universal primary education initiative to increase access to and the quality of primary school education, especially for girls; (ii) reduce malnutrition and increase access to early childhood care; (iii) increase access to home-based care, and support individuals to complete prevention and treatment therapies for HIV/AIDS; (iv) strengthen agricultural marketing and asset creation for small farmers; and (v) build the Government of Uganda's capacity to manage nutrition programmes, disaster preparedness, planning and protection of livelihoods, and enhanced resilience to shocks. The human rights approach as envisaged in the UNDAF will be supported, focusing interventions on the most vulnerable.

The country programme will contribute to four of WFP's five Strategic Priorities: Strategic Priority 2: protect livelihoods in crisis situations and enhance resilience to shocks; Strategic Priority 3: support improved nutrition and health status of children, mothers and other vulnerable people; Strategic Priority 4: support access to education and reduce gender disparity in access to education and skills training; and Strategic Priority 5: help governments to establish and manage national food assistance programmes. The programme is also in line with WFP's Enhanced Commitments to Women (2003–2007).

WFP, in partnership with other United Nations agencies, will assist the government in meeting its development challenges in the Poverty Eradication Action Plan and contributing to achieving the Millennium Development Goals.



DRAFT DECISION*



The Board approves country programme Uganda 10426.0 (2006–2010) (WFP/EB.2/2005/7-A/1) on a no-objection basis for a total of 64,400 mt of food and a value of US\$38.2 million for all basic direct operational costs, and approves the supplementary budget for 40,860 mt of food and a value of US\$20.9 million for all direct operational costs.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.



SITUATION ANALYSIS

1. The economy of Uganda is challenged by prolonged civil strife, increasing poverty, a high population growth rate and growing disparity in income distribution. The country ranks 146th out of 177 countries in the Human Development Index, and remains one of the poorest countries in the world.¹ Between 2000 and 2003,² gross domestic product (GDP) grew by 6 percent per annum, but the proportion of people living on US\$1 per day increased from 34 to 38 percent and poverty rose sharply in the north and east. Disparity in income distribution is reflected in a Gini coefficient of 0.43 in 2002–2003,³ compared with the acceptable level of 0.42 for sub-Saharan Africa.⁴
2. Eighteen years of conflict in northern Uganda have been a huge burden on the economy and have excluded the northern population from the benefits of macro-economic improvement. The Civil Society Organization for Peace in Northern Uganda estimates the cost of the northern Uganda conflict at US\$100 million a year – 3 percent of GDP – including direct military expenditure, loss of lives, internal displacement, disruption of economic activity and disruption of social services.
3. Uganda's population is estimated at 26 million, with an annual growth rate of 3.4 percent and an estimated life expectancy at birth of 45.7 years. High fertility, estimated at 6.9 childbirths per woman, and the early start of childbearing contribute to high population growth. The median interval between births is 29 months, with 28 percent of births occurring less than 24 months after a prior birth.⁵
4. The population growth rate of 3.4 percent is not matched by the food production increase of 2.2 percent.⁶ Malnutrition and pockets of hunger and food shortages continue to affect food security. Food insecurity is a factor of production, poverty, availability and access. Access-related food insecurity is widespread among people in areas affected by drought and conflict, and among orphans, women, households headed by children and households affected/infected by HIV/AIDS.
5. Health indicators reflect a disturbing trend through the 1990s: between 1995 and 2000, infant mortality increased from 81 to 88 deaths per 1,000 live births; mortality among children under 5 increased from 147 to 152 per 1,000 births; and stunting (a measure of childhood malnutrition) increased from 38 to 39 percent. Maternal mortality fell marginally, from 527 to 505 per 10,000 live births.⁷
6. The national HIV/AIDS prevalence rate dropped from 18.1 percent in the 1990s to 6.1 percent in 2000.⁸ However, HIV/AIDS continues to be a leading cause of death among people between 25 and 49 years of age, with the impact felt in the education and

¹ UNDP Human Development Report, 2004.

² National Household Survey, 2003; Poverty Status Reports, 2001, 2002 and 2003, including publications by the Economic Policy Research Centre.

³ The Gini coefficient measures inequality, taking the value of 0 if everyone has the same income, and 1 if one household has all the income.

⁴ Uganda Bureau of Statistics (UBOS), 2003. Uganda National Household Survey, 2002–2003.

⁵ Uganda Demographic and Health Survey, 2001.

⁶ PEAP, 2004.

⁷ Health Sector – PEAP Revision Paper, 2003.

⁸ Based on prevalence rates at ante-natal clinics.



agriculture sectors, as well as at the household level through increased expenses and reduced incomes. An estimated 2 million children are orphans, more than half of them as a result of AIDS.

7. As a result of universal primary education (UPE), instituted in 1997, primary school enrolment increased from 5.3 to 7.2 million in 2003.⁹ Challenges in the education sector include retention, completion ratios and ensuring quality education. Only 22.5 percent of the UPE cohort from 1997 completed the primary cycle in 2003.¹⁰
8. The Government of Uganda adopted the Poverty Eradication Action Plan (PEAP)¹¹ in 1997 as a medium-term strategic plan with implementation based on sector-wide approaches, including: (i) the Plan for Modernization of Agriculture (PMA), to speed up changes in the agricultural economy; (ii) the Health Sector Strategic Plan (HSSP 2000–2005), to provide a minimum health package for everyone; (iii) the Education Sector Investment Plan (ESIP 1998–2003), through which UPE is funded; and (iv) the Rural Water and Sanitation Strategy and Investment Plan (RWSSP 2000–2015), to improve access to clean and safe water supplies.
9. According to the joint mid-term review by United Nations Development Group Executive Committee (UNDG-EXCOM) agencies that was carried out in 2004, the first-generation United Nations Development Assistance Framework (UNDAF) 2001–2005 supported the government's development effort through a range of programmes in partnership with other stakeholders such as multilateral and bilateral agencies, non-governmental organizations (NGOs) and civil society organizations (CSOs) and brought several important elements to the Uganda development process, including effective partnership, best practices and innovations. The main challenge faced by UNDG-EXCOM agencies was how to structure collaborative and coordinated relationships among all agencies in order to address Uganda's development needs effectively. Agencies may have wished to conduct joint programmes, but resource mobilization was difficult in the absence of an agreed framework and methodology on how funds were to be utilized.
10. The PEAP was revised by the Government of Uganda in 2004 and adopted a strategy to transform the Ugandan economy through private investment, industrialization and export-led growth. The primary objective of the revised PEAP is to halve the number of people in poverty by 2015, with a focus on five pillars: (i) economic management; (ii) production, competitiveness and incomes; (iii) security, conflict resolution and disaster management; (iv) governance; and (v) human development. The government adopted the eight Millennium Development Goals (MDGs) with targets and indicators to be achieved by 2015.
11. The 2004 CCA/UNDAF process identified the main development challenges and areas of cooperation that would assist the Government of Uganda in achieving the MDGs. These were: (i) reducing poverty and improving human development; (ii) good governance, protection and promotion of human rights; (iii) supporting the national AIDS response; and (iv) facilitating the transition from relief to recovery in conflict-affected areas.
12. In accordance with the Board's decision 1999/EB.A/2, WFP focuses its development activities on five strategic objectives. This country programme (CP) addresses three of these objectives: (i) to enable young children, adolescent girls and pregnant and lactating

⁹ Education Management Information System (EMIS), Ministry of Education and Sports, 2004.

¹⁰ Ministry of Education and Sports, 2003.

¹¹ PEAP is the national planning framework that guides public action to eradicate poverty.



women to meet their special nutritional and nutrition-related health needs; (ii) to enable poor households to invest in human capital through education and training; and (iii) to make it possible for families to gain and preserve assets.

PAST COOPERATION AND LESSONS LEARNED

13. The first-generation Uganda CP was approved by the Board in May 1999 (WFP/EB.2/99/4) for 1999–2004, with a focus on three activities: vocational training of orphans and street children, support to education and adult literacy in Karamoja and agriculture and marketing support (CP 10019).
14. Implementation of the CP started in 2000 with the vocational training of orphans and street children, followed by support to education and adult literacy in Karamoja. Implementation of agriculture and marketing support started in 2003 owing to the participatory planning demands of the decentralized governance structure. Support for families affected by HIV/AIDS (Development Project [DEV] 10139) was approved as a stand-alone development component in 2002, but implementation commenced in 2004 because of lack of resources.
15. The CP was approved before completion of the 2001–2005 CCA/UNDAF process. To harmonize it with the UNDAF and government planning cycles, the CP was extended through 2005, and a budget revision was approved in 2004 (WFP/EB.2/2004/4-A).
16. In October 2004, an evaluation of the CP activities was undertaken as part of the overall evaluation of the recovery and development portfolio of the Uganda country office. The evaluation concluded that: (i) the Uganda recovery and development portfolio represented a good example of the implementation of WFP policy as outlined in the policy documents “Enabling Development”, “Crisis to Recovery” and “Relief to Development”, and was coherent with the Government of Uganda’s PEAP, and UNDAF; (ii) the CP activities targeted the most food-insecure districts based on vulnerability assessment and mapping (VAM) analysis, but in some cases the remote areas were not reached owing to insecurity or lack of implementing partners; (iii) the activities implemented were generally found to be effective, but the low level of funding – 54 percent – and subsequent support costs, affected the country office’s ability to complement these activities with non-food inputs and capacity building of the cooperating partners; (iv) the capacity of some cooperating partners was found to be weak and should be strengthened by WFP, based on exit strategies identified with selected partners; (v) the country office showed a high degree of awareness and commitment to results-based management (RBM) at all levels; a monitoring system has been developed, but information about results at the outcome level was not consistently collected and reported on; and (vi) the cost-efficiency of the operation in Uganda is impressive. The alpha value for school feeding was 98.4 percent and that for HIV/AIDS was 105.5 percent, implying that there was insignificant cost difference between the market value of food and the cost of providing it to the beneficiaries under these programmes.
17. **Primary education in Karamoja (CP 10019 Component 2)** was one of the main areas of intervention that has achieved impressive results. WFP food assistance improved and sustained primary school attendance, increasing it from 20 to 40 percent of the estimated pre-project school-age population of 136,793. Food assistance also reduced the fees paid in boarding schools in Karamoja, making them affordable for families and leading to a 63 percent increase in enrolment. The girls’ take-home rations contributed to increasing their regularity of attendance from 9,828 girls in 1999 to 22,216 in 2003. The programme also contributed to the improvement of the school environment through tree planting,



school gardens, fuel-efficient stoves, and the construction of teachers' housing and kitchens through food-for-work (FFW) and water initiatives.

18. **Support the fight against HIV/AIDS (DEV 10139):** WFP's role in the design of nutritional support and national guidelines for people living with HIV/AIDS (PLWHA) has improved the nutritional status of beneficiaries, thus demonstrating the positive linkage between a good plan of nutrition and the efficacy of anti-retroviral (ARV) drugs, while the food has contributed to improving the livelihoods of affected families. Food support for tuberculosis (TB) patients has reduced default rates, improved nutrition and improved the patients' ability to recover. WFP food aid has also improved willingness to undertake voluntary counselling and testing (VCT), leading to positive and responsible behaviour among HIV/AIDS-infected persons. Support to orphans and street children through CP Component 1 has encouraged them to continue education, enrol in vocational training institutions and seek gainful employment. The evaluation mission recommended narrowing the intervention area and concentrating on fewer strategic partners in order to increase capacity and operational efficiency.
19. **Agriculture and marketing support (CP 10019 Component 3):** Although this component started late, the evaluation mission found that food for training (FFT) and support to woodlots and fish ponds have great potential to contribute to people's livelihoods. However, the lack of non-food inputs and clear responsibility for maintenance is threatening the sustainability of the assets built.
20. **Small-scale local procurement:** There is ample evidence that the participating farmers have profited from the intervention in monetary terms and have shown interest in expanding their production. By participating in farmer groups, beneficiaries have improved their marketing skills and are now investing in farm improvements. However, the evaluation mission found that WFP procurement procedures and the farmers' lack of capacity and agricultural inputs are factors that limit the scale of this intervention.

STRATEGIC FOCUS OF THE COUNTRY PROGRAMME

21. Uganda CP 10426.0 (2006–2010) forms an integral part of the UNDAF, which builds strongly on the key challenges identified and the areas of cooperation agreed to in the CCA. This CP will therefore contribute to the joint objective of the United Nations to assist the Government of Uganda in meeting its development challenges established in the PEAP and contribute to achieving the MDGs.
22. The UNDAF focuses on four areas of cooperation for joint assistance: (i) reducing poverty and improving human development; (ii) good governance, protection and promotion of human rights; (iii) supporting national AIDS response; and (iv) accelerating the transition from relief to recovery in conflict-affected areas.
23. WFP's assistance under this CP will support the UNDAF aim of enhancing women's power and decision-making role in families and communities. This will be done through the active participation of women in education and in managing WFP resources and planning their use. This will give them an opportunity for leadership positions, and provide opportunities to express their concerns. These goals are in line with WFP's Enhanced Commitments to Women (ECW) and the Enabling Development Policy priorities.



24. The CP aims to achieve the following objectives:
- support the Government of Uganda's UPE initiative to increase access to and the quality of primary school education, especially for girls;
 - reduce malnutrition and increase access to early childhood care;
 - increase access to TB treatment and support prevention of mother-to-child transmission of HIV/AIDS (PMTCT);
 - enhance agriculture marketing and asset creation for small farmers; and
 - build the Government of Uganda's capacity to manage nutrition programmes, disaster preparedness, planning and protection of livelihoods and enhanced resilience to shocks. The human rights approach as envisaged in the UNDAF will be supported, focusing interventions on the most vulnerable.
25. The CP contributes to four of the five Strategic Priorities (SPs) adopted in the Strategic Plan 2004–2007: protect livelihoods in crisis situations and enhance resilience to shocks (SP 2); support improved nutrition and health status of children, mothers and other vulnerable people (SP 3); support access to education and reduce gender disparity in access to education and skills training (SP 4); and help government to establish and manage national food assistance programmes (SP 5). CP implementation will be guided by ECW (2003–2007).
26. Food aid targeting will be based on regular vulnerability and food insecurity assessments carried out periodically by the country office VAM desk, in collaboration with implementing partners. Partners will also assess household vulnerability and food insecurity in order to enhance the targeting of households.
27. In Uganda there is a great need for nutritional support to people infected with or affected by HIV/AIDS. The CP therefore includes a supplementary activity to expand support to HIV/AIDS, if funding for this activity can be obtained through the global funds for HIV/AIDS, TB and malaria or the United States Emergency Plan for HIV and AIDS. Supplementary activities will be implemented only if bilateral or additional directed multilateral funding is available for the purpose.

Component 1: Support to Primary Education

28. As part of the ongoing government/WFP partnership on school feeding, this activity will be implemented in the Karamoja region of Uganda. Karamoja is an agro-pastoral community with the lowest primary education indicators and the lowest human development indicators in the country. Girls' literacy has been as low as 6 percent, and overall education is far below national standards. The CP will have a focus on the special incentive for girls' education in the five years of its operation, in addition to supporting all children attending primary schools in the region, including those at boarding schools. Food assistance will be used to: (i) increase the enrolment and attendance of both boys and girls; and (ii) reduce drop-out rates, particularly from primary grade 3, when drop-out rates increase dramatically as boys and girls are required for daily household chores such as tending cattle.
29. WFP will provide a morning micronutrient-fortified corn-soya blend (CSB) porridge and a hot lunch consisting of maize meal, beans, vitamin A-fortified vegetable oil and iodized salt for 180 school days per year in Karamoja. Because the gender gap increases in the higher grades of primary schools, girls from primary grades 4 to 7 will receive incentives of 25 kg of fortified CSB and 3.7 litres of fortified vegetable oil for 80 percent attendance per term. The cooks will be hired and paid by the community, and will also receive meals.



This is anticipated to create employment for 800 cooks, primarily women. The food will be managed by the food management committees, which will have representation from the community, school management and students. The average number of primary schoolchildren in the five years of the CP will be 66,000, of whom 30,000 are expected to be girls.

30. WFP support through this activity is in recognition of the very poor educational achievement in the region. The phase-out will depend on other development activities in the region, to which activities under this CP will contribute, including food-for-assets (FFA) and mother-and-child health (MCH) programmes.
31. This programme will be implemented in close partnership with the Ministries of Health, Education and Sports, Gender, Labour and Social Development, as well as with the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the Food and Agriculture Organization of the United Nations (FAO), the World Health Organization (WHO), the World Bank, the Lutheran World Federation, Samaritans Purse, Feed the Children, World Vision International and the International Food Policy Research Institute (IFPRI). Partnerships with these agencies will vary from direct involvement in food management and distribution to providing complementary support for undertaking the FFA programme, health support through annual checkups and deworming, provision of safe drinking water and evaluations.

Component 2: Promoting Early Childhood Development through Mother-and-Child Health and Nutrition (MCHN)

32. The second component is in line with the development priorities of the national health sector and UNDAF to increase access to MCH promotion activities. This activity will enhance pregnant and lactating women's attendance at the ante-natal and post-natal clinics of health clinics run by the Government or NGOs. It will encourage pregnant women to come for monthly checks, during which they will receive advice on HIV/AIDS, reproductive health issues, safe delivery, breastfeeding and other nutrition issues, and immunizations. Lactating women will receive advice on exclusive breastfeeding for the first six months, complementary feeding, and the importance of immunization of the child. For the infant, growth surveillance and immunization will be the important aspects covered during visits.
33. All categories enrolled in this component – pregnant women, lactating women (until six months after delivery) and children up to 59 months – will receive a monthly food basket of 6.4 kg of fortified blended food, 800 g of vegetable oil and 800 g of sugar. This will be distributed after all basic service delivery is completed. The programme will target women and children from food-insecure households who are moderately malnourished. The component will be a major safety net programme for the vulnerable populations in the Karamoja and Teso regions and will reduce malnutrition rates in the regions. It will cover an average of 66,200 beneficiaries, of whom 46,200 are expected to be women and girls.
34. This activity will be implemented in partnership with the Ministry of Health, UNICEF, WHO and UNFPA, who will contribute towards training of the health functionaries and provision of growth cards and other equipment required for the health units.



Component 3: Support the Fight against HIV/AIDS and TB

35. The third component under this CP is support to the national response to the fight against HIV/AIDS and TB. The programme is in line with the national strategic framework for HIV/AIDS and with UNDAF priorities. The component will enhance households' ability to meet their daily survival challenges and basic needs. It will target mothers in the PMTCT programme, and patients registered for TB treatment in the Karamoja and Teso regions.
36. The beneficiaries will be selected on the basis of a simple food-insecurity assessment and will qualify for the programme if they are food-insecure and are members of an NGO, community-based organization (CBO) or health unit that provides PMTCT services and/or TB treatment. This will enable a clear entry and exit point for each beneficiary under the programme, and will enhance the compliance of individuals undergoing TB treatment. Under the PMTCT programme, the component will increase mothers' chances of having a better birth outcome and provide nutritional support to infants in their early years. Starting with 2,000 mothers and infants under the PMTCT, the programme will reach 5,000 by the end of this CP. Starting with 2,000 TB patients, the programme will reach 5,000 TB patients under treatment.
37. This component will be implemented through NGOs, CBOs and government health units, in close partnership with UNICEF (for PMTCT) and WHO for home-based care, and through the 3x5 partnership.

Component 4: Strengthen Agricultural Marketing and Asset Creation

38. The fourth component of the CP complements the other CP activities and will be an integral part of them. It will enhance small-scale farmers' capacity to produce more and better-quality food. WFP will aim to purchase 20 percent of its total in-country procurement directly from farmer groups. This component complements the Uganda Plan for the Modernization of Agriculture – a programme designed to transform agriculture from subsistence to commercial farming – and will be implemented in the Karamoja and West Nile regions.
39. WFP will work closely with agricultural organizations to support farmers to increase their productivity and incomes through training programmes in the areas of post-harvest handling and storage, improved marketing skills and other food quality initiatives. This will be supported through FFT.
40. Through FFA, communities will be supported to create sustainable assets. A participatory planning approach will be adopted that involves local communities in identifying needs and developing appropriate activities. FFA will complement CP activities 1, 2 and 3 by creating assets including classrooms, teachers' houses and toilet facilities at schools, and health functionaries' simple residences and toilet facilities at health units. FFT will enhance the vocational skills of orphans and any other relevant category of people in order to bring about long-term benefits to individual households.
41. Component 4 will be implemented with the ministries of Agriculture, Animal Industry and Fisheries, local governments in the targeted districts, and local and international agriculture-oriented NGOs, including Agricultural Cooperative Development International/Volunteers in Overseas Cooperative Assistance (ACDI/VOCA), Sasakawa Global 2000, the United States Agency for International Development (USAID)-funded Agriculture Productivity Enhancement Project (APEP) project, Food Net and the National Agricultural Advisory Development Services.



Logistics

42. Half of the cereal, pulses and CSB requirements are expected to be procured locally. The rest of the commodities, including vegetable oil and sugar, will be imported through Mombasa port. Commodities arriving at Mombasa will be transported to WFP central delivery points (CDPs) located in Kampala and Tororo by road (65 percent) and rail (35 percent). Local purchases will be delivered directly at the CDPs.
43. WFP will be responsible for transportation of food from the CDPs to the various extended delivery points (EDPs) and to the final distribution points where the CP activities will be implemented. The WFP strategic fleet will be utilized for secondary transportation in Karamoja and other non-competitive routes.

PROGRAMME MANAGEMENT, MONITORING AND EVALUATION

44. The CP is in line with national strategies and UNDAF priorities. Discussions have been held with line ministries to plan the programme. The time available from this submission to when the CP commences will be used to set up implementation and results-based management (RBM) plans for the various activities.
45. In conformity with WFP's policy directive (WFP/EB.A/2005/5-C) for results-oriented monitoring and evaluation (M&E), the results-based M&E system will be strengthened to help WFP and its cooperating partners to achieve results and commitments regarding performance management, results evaluation, financial responsibility, training and advocacy.
46. Joint frameworks for the CP action plans will be agreed with the Government of Uganda, United Nations organizations, NGOs and other cooperating partners to define roles and ensure partnership at each level. Agreements will be signed between WFP and all cooperating partners.
47. The review of the logical framework and the M&E plan matrix with all cooperating partners will help reinforce the M&E strategy for all activities. An annual M&E plan for data collection and reporting will be developed for each component, with appropriate formats. Baseline surveys will be undertaken and data compared during different stages of implementation in order to assess progress towards expected results. Monitoring observations will be used as a tool for defining the corrective action required to achieve the intended outcomes for each activity.
48. To move to results-based monitoring, WFP will track the achievement of CP objectives, intended benefits and outcomes. Realistic and time-bound indicators have been developed in the logical framework for reporting progress.
49. Capacity-building activities for WFP staff and cooperating partners in results-based M&E will be held periodically and will be planned within the life of each activity. Linkages with the government's decentralized district structures will be strengthened, along with the capacities of government functionaries to manage each component for results.
50. VAM surveys will be conducted to monitor the progress of food security in target areas and to determine intervention timetables and eventual exit strategies in intervention areas.
51. Monitoring will be carried out through a mechanism that tracks results through the assessment of output and outcome indicators. WFP field monitors based in Kampala and the respective sub-offices, together with cooperating partners, will jointly undertake field



visits and report through standard checklists that will include beneficiary contact monitoring information and focus group discussions with women in the communities. A summary analysis of issues and actions taken at the sub-office level will be submitted to the Kampala office. Summary reports will highlight issues that require immediate attention for action.

52. Information based on the evaluation indicators and reports will be produced by the national and regional directorates responsible for the individual activities, with the support of other partners. WFP and cooperating partners will review, annually, the impact achieved and the direct effects and outputs of activities. Special evaluations will be undertaken as required.
53. WFP will also work with members of UNDAF thematic groups and partners to organize joint missions to analyse the impact of the programme.
54. The mid-term evaluation of the CP activities will be undertaken in 2007, in collaboration with cooperating partners, including UNDAF agencies, donors and the WFP regional bureau, in order to assess the effectiveness of the CP in meeting the intended outcomes, including WFP's ECW. For this purpose, baseline information on a minimum set of gender-sensitive indicators will be collected to assess achievements against commitments, as envisaged in WFP's ECW.



ANNEX I A: BENEFICIARY COVERAGE ACTIVITY-WISE AND FOOD ALLOCATION

CP Activity	Quantity of commodities (mt)	Distribution by activity (%)¹²	Average Number of beneficiaries male/female/total (CP period)	% of female beneficiaries (CP period)
Component 1 – Support to primary education	21 693	41%	Female – 30 000; Male – 36 000. Total - 66 000	45%
Component 2 – Promoting early childhood development through MCH	31 774	39%	Female – 46 200; Male – 20 000. Total 66 200	70%
Component 3 – Support the fight against HIV/AIDS and TB	5 880	11%	Female – 14 000; Male – 10 000. Total – 24 000	58%
Component 4 – Agriculture marketing and asset creation	5 054	9%	Female – 19 000; Male – 19 000. Total – 38 000	50%
Total components	64 402	100%	Average	56%
Supplementary Activity 1 – Support the fight against HIV/AIDS and TB	40 859	100%	Female – 60 000; Male – 25 900. Total – 85 900	70%
Total supplementary activities	40 859	100%		70%
Total CP	105 261			



¹² Commodities allocated to each activity as percentage of total commodities.



ANNEX I B: COMMODITY TYPE AND RATION SIZE

CP Activity	Type of food commodities	Individual ration size (per person per day)	Nutritional content (kcal, % kcal from protein) (overall ration)
Component 1 – Support to Primary Education	maize meal beans CSB sugar vegetable oil	150 g 30 g 75 g 10 g 5 g	1 010 kcal 13% kcal from proteins
Component 2 – Promoting early childhood development through MCH	CSB vegetable oil sugar	229 g 29 g 29 g	1 243 kcal 13.3% kcal from proteins
Component 3 – Support the fight against HIV/AIDS and TB	TB (in-patients) maize meal beans CSB vegetable oil sugar	400 g 100 g 100 g 10 g 15 g	2 304 kcal 13% kcal from proteins
	TB (out-patients) maize meal beans CSB vegetable oil	150 g 40 g 75 g 10 g	1 048 kcal 13% kcal from proteins
	PMTCT CSB vegetable oil sugar	229 g 29 g 29 g	1 243 kcal 13.3% kcal from proteins
Component 4 – Agriculture marketing and asset creation	maize meal beans vegetable oil	300 g 60 g 20 g	1 458 kcal 11% kcal from proteins
Supplementary Activity 1 – Support the fight against HIV/AIDS and TB			



ANNEX II: SUMMARY MATRIX OF RESULTS AND RESOURCES OF THE UGANDA COUNTRY PROGRAMME (2006–2010)

Results hierarchy	Performance indicators	Assumptions and risks	Resources required
Goals at national level	Impact indicators at national level		
1) Eradicate extreme poverty and hunger.	Percentage population living in extreme poverty reduced to half by 2015.		
2) Increase access to universal primary education.	Increase net school enrolment from 99.8 % to 100% by 2015.		
3) Reduce infant and maternal mortality rates.	Reduce infant mortality rate from 83 (2003) to 31 per 1,000 live births by 2015; reduce maternal mortality rate from 505 (2000) to 131 per 100,000 live births by 2015.		
4) Support the national HIV/AIDS response.	Spread of HIV/AIDS halted and began to reverse by 2015.		
UNDAF outcomes	UNDAF outcome indicators		
Increased opportunities for people, especially the most vulnerable, to access and utilize quality basic services and realize sustainable employment, income generation and food security.	Gross enrolment rate by gender. Net enrolment rate of girls. % reduction in infant and maternal mortality. % of children fully immunized. % of pregnant mothers fully immunized. % reduction in moderate and severe malnutrition rates.		
Improved good governance, accountability and transparency of government and partner institutions at all levels.	Improved capacity of government and other duty bearers at all levels to utilize resources effectively and efficiently. Improved capacity of community members, including women, in decision-making process, including planning, implementation, monitoring and evaluation of programmes.		
Strengthened promotion and protection of human rights, especially of the most vulnerable.	% reduction in human right abuses. Number of seminars/workshops on right for food, housing and education. % increase in the number of PLWHA who know their human rights and have access to legal aid and counselling.		
Individual, civil society, national and local institutions are empowered and effectively address HIV and AIDS, with special emphasis on populations at higher risk.	% of vulnerable women, young people and children with increased access to ART.		

ANNEX II: SUMMARY MATRIX OF RESULTS AND RESOURCES OF THE UGANDA COUNTRY PROGRAMME (2006–2010)

Results hierarchy	Performance indicators	Assumptions and risks	Resources required	
Component 1: Support to primary education (SP 4, SP 5)				
Improved attendance and completion rates at selected schools in targeted areas, especially of girls.	% increase in attendance at schools, by gender. % increase in numbers of boys and girls starting P1 who reach P7.	Effective monitoring of spending in all four activities. Monitoring of intermediate and outcome indicators.	Total resources allocated to CP activities in value terms (total WFP costs: US\$44.6 million). Supplementary activity 1: US\$24.6 million.	
Component 2: Promoting early childhood development through MCH programme (SP 3, SP 5)				
Improved access to health care services for women and children.	% of children fully immunized. % increase in number of children under regular growth surveillance. % reduction in mild and moderate malnutrition.	Building of technical capacity for adequate implementation of monitoring system. Adequate resources (financial, human and material). Improved governance and institutional capacity.	Potential risks Political instability. Changes in government policies negatively impacting on programmes. Lack of funding and donor commitment.	
Component 3: Support the fight against HIV/AIDS and TB (SP 2, SP 3)				
	% increase in number of patients completing TB treatment. % increase in compliance of PMTCT. % increase in access to VCT services. % improved birth outcome. % children returning for HIV testing at 18 months.			
Component 4: Agriculture marketing and asset creation (SP 2)				
	% increase in good-quality purchases from small farmers. % increase in food handling capacity of small farmers. % increase in assets created to complement other basic activities.			
Supplementary Activity 1: Support the fight against HIV/AIDS and TB (SP 1, SP 2, SP 3, SP 4, SP 5)				
	% increase in number of patients completing TB treatment. % increase in compliance of PMTCT. % increase in access to VCT services. % increase in access to home-based care.			





ANNEX II: SUMMARY MATRIX OF RESULTS AND RESOURCES OF THE UGANDA COUNTRY PROGRAMME (2006–2010)

Results hierarchy	Performance indicators	Assumptions and risks	Resources required
Component 1: Support to primary education			<p>Country office monitoring plan</p> <p>Monitoring by field staff.</p> <p>Country office to consolidate field reports and take corrective action.</p> <p>Beneficiary contact monitoring to be enhanced.</p> <p>Annual performance reviews to be undertaken at national level, and six-monthly implementation review meetings to be undertaken at district level.</p> <p>Special evaluation studies to be undertaken from time to time.</p>
<p>By the end of 2010, 85,000 school children receiving nutritious meals.</p> <p>By the end of 2010, 27,000 girls receiving take-home rations.</p>	<p>72,000 boys and girls receiving food assistance in primary schools daily by 2010.</p> <p>14,000 girls receiving take-home rations by 2010.</p> <p>Numbers of men and women members of food management committees.</p> <p>Number of women in managerial roles in food management committees.</p> <p>60% schools have woodlots and 30% have fuel-efficient stoves installed.</p>		
Component 2: Promoting early childhood development through MCH programme			
	<p>18,000 pregnant and lactating women receiving food rations by 2010.</p> <p>14,000 children receiving food rations by 2010.</p> <p>22,000 (pregnant and lactating) women and children with regular access to health services through MCH (ante-natal care, health and nutrition education, immunization and growth monitoring) by 2010.</p>		
Component 3: Support the fight against HIV/AIDS and TB			
	<p>6,000 mothers and children under PMTCT receiving food assistance by 2010.</p> <p>6,000 TB patients receiving food assistance by 2010.</p>		
Component 4: Agriculture marketing and asset creation			
	<p>Numbers of FFW asset beneficiaries, disaggregated by gender.</p> <p>Numbers and types of sustainable and well-maintained community assets created.</p> <p>Number of training sessions on participatory approaches to FFW and food storage and handling undertaken.</p> <p>Number of new small farmers' groups included in programme.</p>		
Supplementary Activity 1: Support the fight against HIV/AIDS and TB			
	<p>Number of HIV/AIDS-infected or -affected women receiving food support.</p> <p>Number of orphans receiving food support.</p> <p>Numbers of mothers and children under PMTCT receiving food assistance.</p> <p>Number of TB patients receiving food assistance.</p>		

**ANNEX III: BUDGET SUMMARY FOR UGANDA COUNTRY PROGRAMME (2006–2010)
COMPONENTS**

	Component 1	Component 2	Component 3	Component 4	Component 5	Total
Food commodities (mt)	21 693	31 774	5 880	5 054		64 402
Food commodities (value) in US\$	7 589 965	13 821 450	2 114 661	1 525 185		25 051 262
External transport in US\$	1 006 872	1 474 777	272 964	234 579		2 989 192
LTSH (total) in US\$	2 864 850	4 104 265	550 950	588 239		8 108 304
LTSH (cost per mt) in US\$						
ODOC in US\$	595 000	695 000	370 000	366 000		2 026 000
Total direct operational costs						US\$38 174 758
DSC ¹						US\$3 505 000
ISC ²						US\$2 917 583
Total WFP costs						US\$44 597 341
Government contribution						

¹ The DSC amount is an indicative figure for information purposes. The annual DSC allotment for a country programme is reviewed and set annually following an assessment of requirements and resource availability.

² The ISC rate may be amended by the Board during the period covered by the country programme.





**ANNEX IV: BUDGET SUMMARY FOR UGANDA COUNTRY PROGRAMME (2006-2010)
SUPPLEMENTARY ACTIVITIES**

	Component 1	Component 2	Component 3	Component 4	Component 5	Total
Food commodities (mt)	40 859					40 859
Food commodities (value) in US\$	13 560 193					13 560 193
External transport in US\$	1 726 330					1 726 330
LTSH (total) in US\$	3 741 190					3 741 190
LTSH (cost per mt) in US\$						
ODOC in US\$	1 830 000					1 830 000
Total direct operational costs	US\$20 857 713					US\$20 857 713
DSC ¹	US\$2 119 000					US\$2 119 000
ISC ²	US\$1 608 370					US\$1 608 370
Total WFP costs	US\$24 585 083					US\$24 585 082
Government contribution						

¹ The DSC amount is an indicative figure for information purposes. The annual DSC allotment for a country programme is reviewed and set annually following an assessment of requirements and resource availability.

² The ISC rate may be amended by the Board during the period covered by the country programme.

ACRONYMS USED IN THE DOCUMENT

AIDS	acquired immune deficiency syndrome
ART	anti-retroviral therapy
ARV	anti-retroviral
CBO	community-based organization
CCA	Common Country Assessment
CDP	central delivery point
CP	country programme
CSB	corn-soya blend
CSOs	civil society organizations
DSC	direct support cost
ECW	Enhanced Commitments to Women
EDP	extended delivery point
FAO	Food and Agriculture Organization of the United Nations
FFA	food for assets
FFT	food for training
FFW	food for work
GDP	gross domestic product
IFPRI	International Food Policy Research Institute
ISC	indirect support costs
LTSH	landside transport, storage and handling
M&E	monitoring and evaluation
MCH	mother-and-child health
MCHN	mother-and-child health and nutrition
MDGs	Millennium Development Goals
NGOs	non-governmental organizations
ODOC	other direct operational costs
PEAP	Poverty Eradication Action Plan
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission of HIV/AIDS
RBM	results-based management
SP	strategic priority
TB	tuberculosis
UNDAF	United Nations Development Assistance Framework
UNDG-EXCOM	United Nations Development Group Executive Committee
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPE	universal primary education
USAID	United States Agency for International Development
VAM	vulnerability assessment and mapping
VCT	voluntary counselling and testing
WHO	World Health Organization

