

2022 UGANDA



DDEI

DEMOGRAPHIC DIVIDEND
EFFORT INDEX

Demographic Dividend Effort Index Report



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BLOOMBERG SCHOOL
of PUBLIC HEALTH

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Department of Population, Family
and Reproductive Health

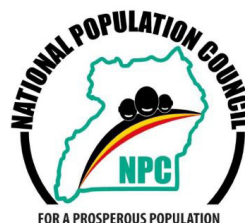


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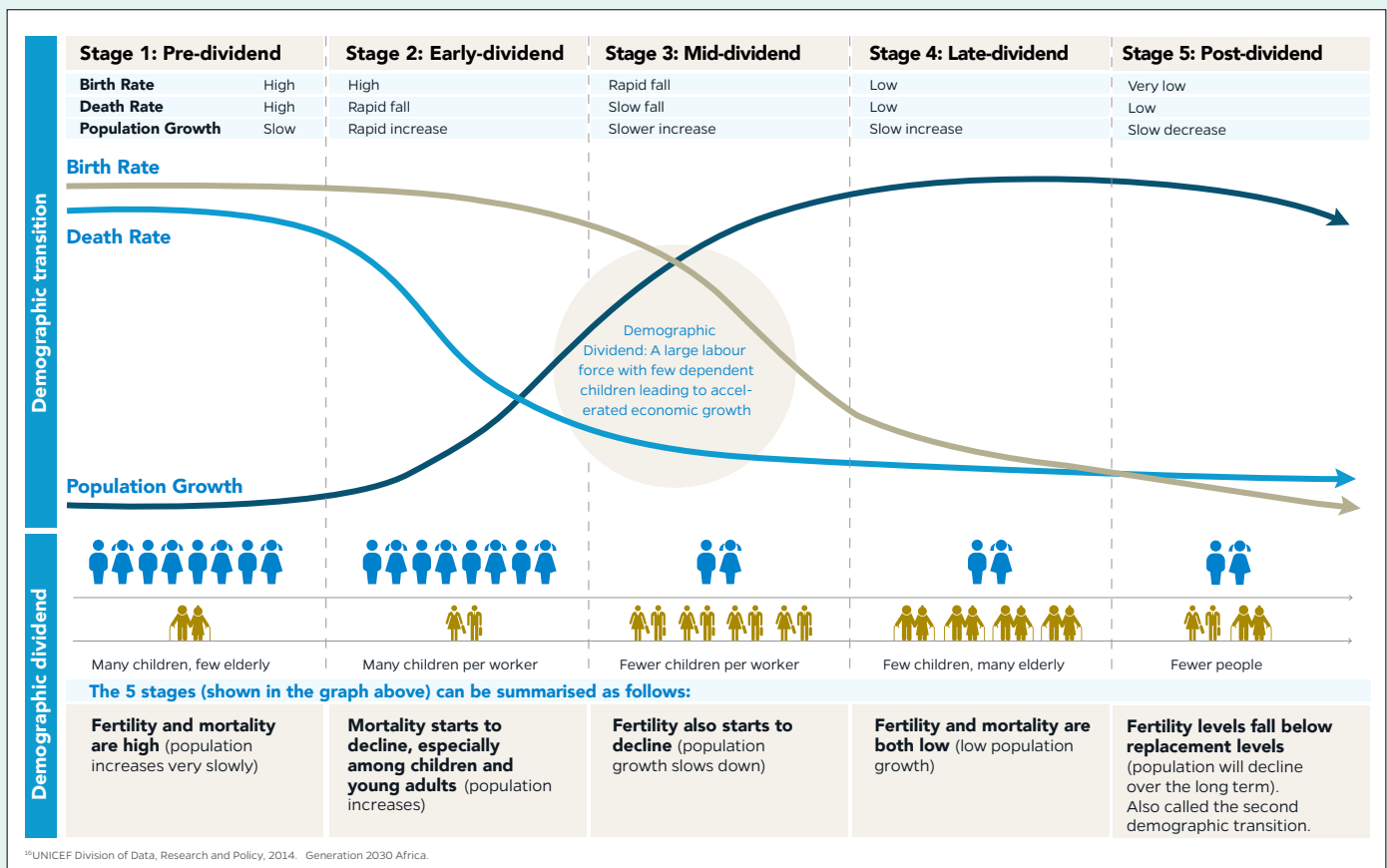
Background

A Demographic Dividend (DD) presents countries the opportunity to accelerate economic growth and achieve sustainable development and social change. It is the result of changes in the population age structure that occur from declines in both child mortality and fertility during the third stage of the demographic transition period. To fully harness the benefits produced by the DD, countries require targeted investments in human, social, and physical capital. The majority of Sub-Saharan African countries are in the first, second or third stage of their demographic transition, which positions them as pre- and early-dividend countries (Figure 1)ⁱⁱⁱ.

Evidence has shown that countries need to approach the DD as an interrelated system in which multiple sectors work together to create a favorable policy environment³. The demographic dividend effort index (DDEI) fulfills the need for a standard measure to quantify the extent of multisectoral national efforts in policies and programs

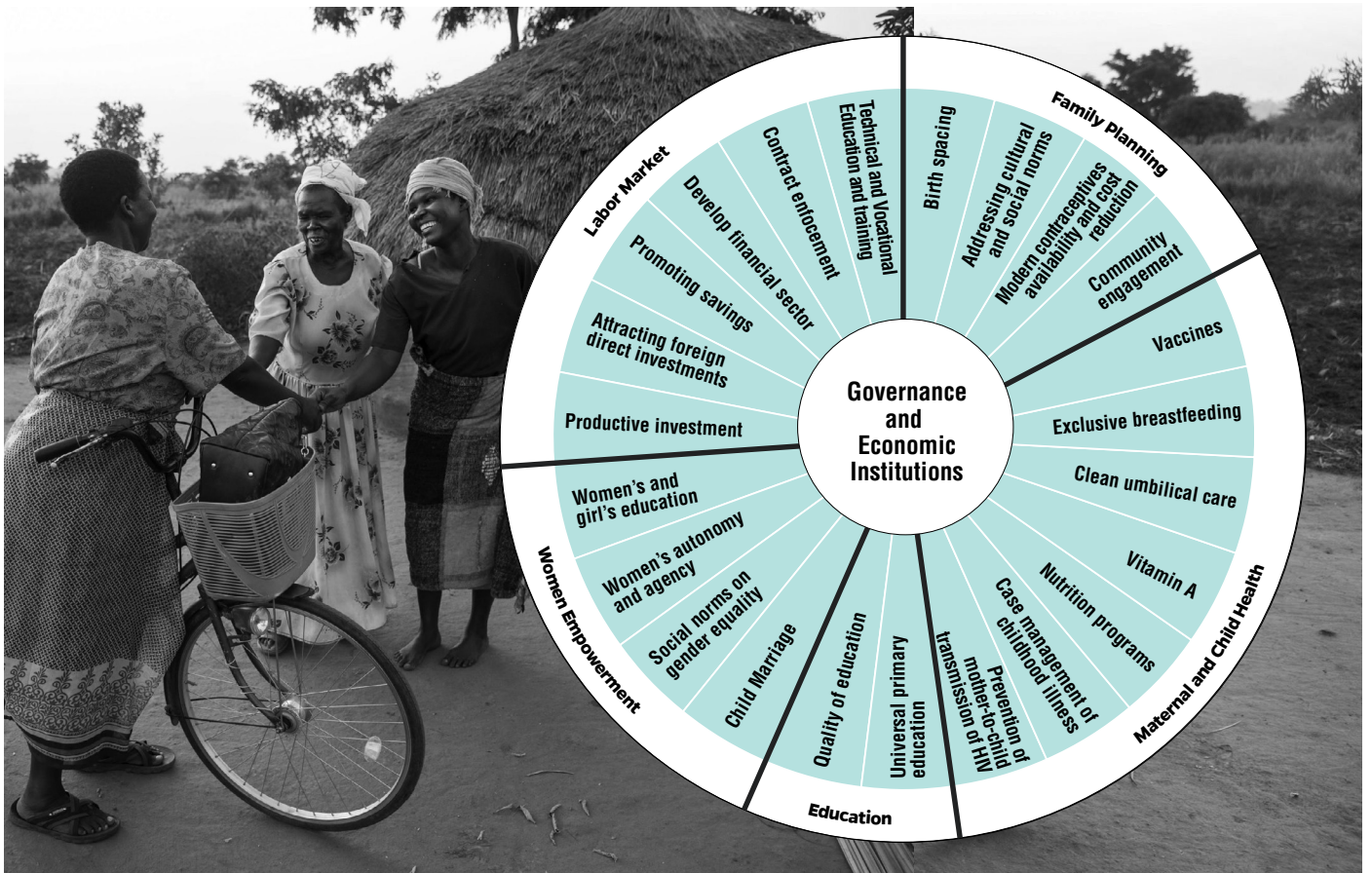
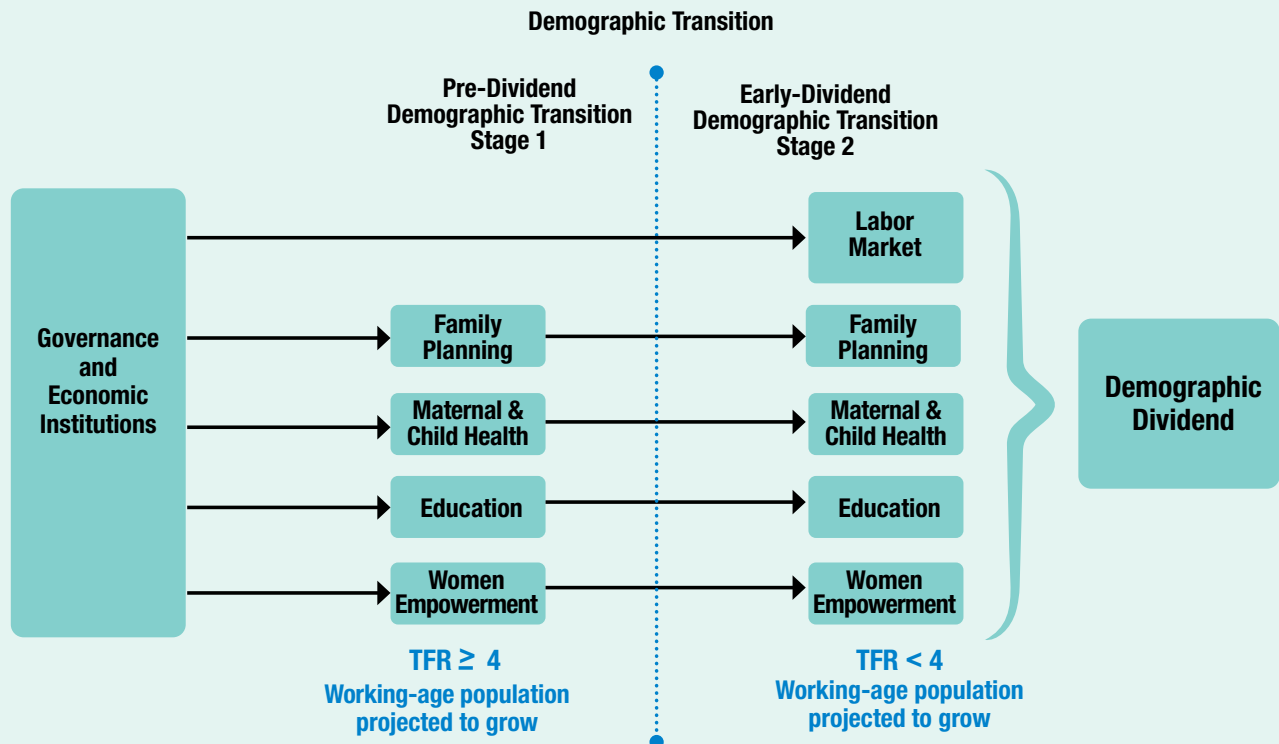
implemented to cultivate, realize and harness the benefits of a DD. Information was collected from sectoral experts across the six sectors identified as being integral to the creation of a favorable environment for the DD namely Family Planning (FP), Maternal and Child Health (MCH), Education (ED), Women's Empowerment (WE), Labor Market (LM) and Governance and Economic Institutions (GEI). The DDEI uses a Likert scale to measure efforts from 1 to 10, with 1 representing non-existing or weak effort, and 10 a very strong effort. Figure 2. "DD Framework and Wheel of Prosperity" illustrates sector-specific intervention areas that informed the DDEI survey questionnaires. Each sector-specific survey is divided into 5 selected dimensions: policymaking, services and programs, advocacy, research, and civil society, selected based on a review of the literature that demonstrates their influential placements throughout a society, and their potential for fostering a DD-favorable environment.

Figure 1. Demographic transition and demographic dividend



Source: UNICEF. "MENA Generation 2030: Investing in Children and Youth Today to Secure a Prosperous Region Tomorrow," 2019.

Figure 2. Demographic Dividend framework and wheel of prosperity that summarizes potential high impact sector-specific programs and interventions.



Demographic Transition Status in Uganda: Accelerating Progress

As of midyear 2020, Uganda had a population of 45.7 million^{iv}, annual population growth rate of 3.3%^v, and 46% of Uganda's population was under age 15^{vi}. The Total Fertility Rate, or the average number of children per woman over the course of her lifetime, has declined from 7.4 children in 1988 to 5.0 children per woman in 2018^{vii}. Uganda is on the path to a population age structure that may enable it to experience a demographic dividend.

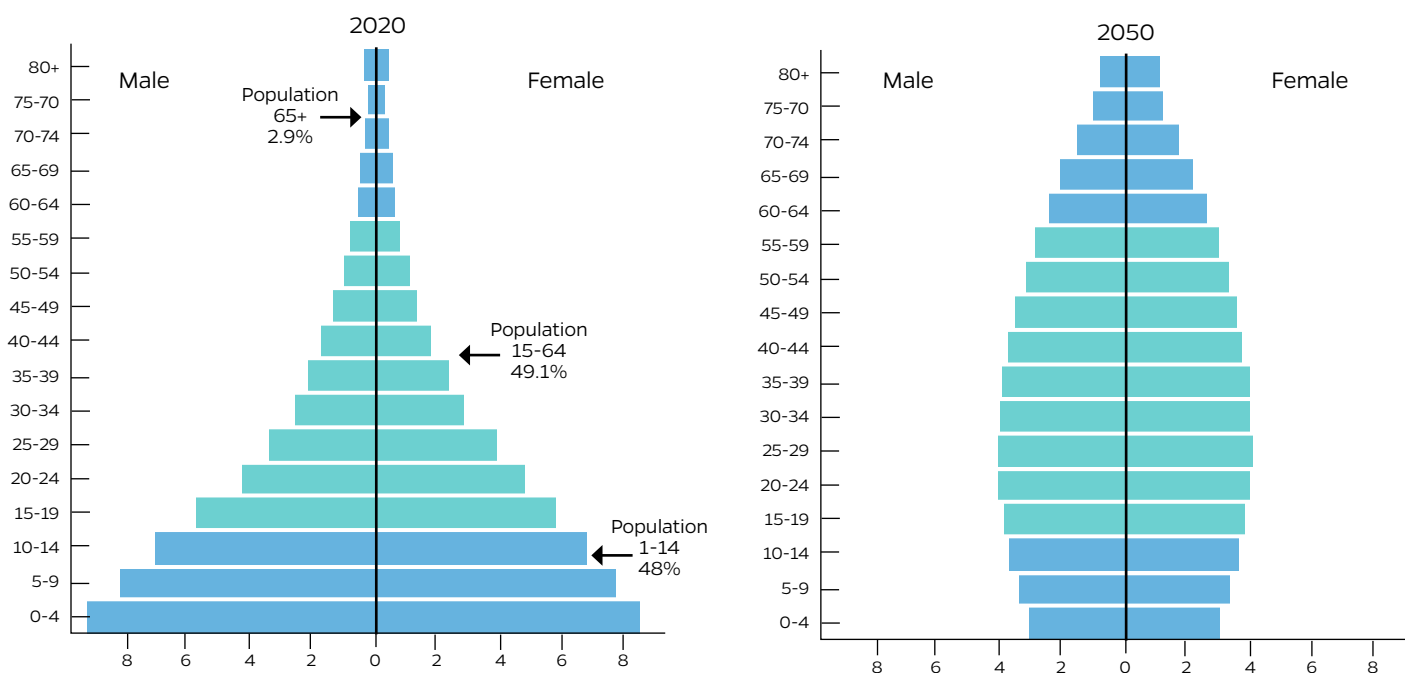
The broad base of Uganda's 2020 population pyramid (Figure 3) represents a large number of children in relation to the working age population. However, compared to past decades the base is beginning to narrow at the youngest ages while widening at the older ages, representing a fertility decline and an overall population shift to older ages.

United Nations projections based on assumptions of continued moderate fertility decline demonstrate that by 2025/30, fertility will decline to an average of 3.9 children per woman over her lifespan^{viii}. Further projections to 2045/50 show fertility to decline further to 2.7 children per woman^{ix}. In these 2030 and 2050 scenarios alike, Uganda would have a proportionately larger working age population compared to the number of dependent children and elders, creating a window of opportunity for rapid socio-economic growth.

As a pre-dividend country, trend data shows that Uganda has made substantial strides that are important to achieving a demographic dividend such as contraceptive use prevalence. Contraceptive use has increased among married women from 4.9% in 1988 to 39.0% in 2016^x. Taking this further, it is important to consider the demand for contraceptives that is satisfied by modern methods. In Uganda in 1995, 17.4% of demand for contraceptives was satisfied by modern methods, which increased to 51.6% in 2016^{xi}. Additionally, there are noted trends in desired family size over the past decades that likely impact trends in fertility and population size. The ideal number of children among (all) women was 6.5 children in 1988, which decreased to 4.8 in 2016^{xii}. As a result of the noted trends, as we can see from population pyramids, fertility is slowly declining and Uganda's age structure is beginning to shift.

To ensure a favorable environment is created for the DD to happen, Uganda will need to continue strengthening its efforts in supporting reproductive health, favorable women's health policy and family planning to allow mothers, children and the population as whole to achieve better levels of health. Further, with spurred investments in health and education and economic initiatives to facilitate human capital development and productive labor market, Uganda may be able to progress towards a DD. Ultimately, the FP, MCH, ED, WE, GEI and LM sectors in combination are essential for a DD and to set the stage for sustainable socio-economic development.

Figure 3. Uganda's population pyramid, 2020 and 2050



Source: United Nations, Department of Economic and Social Affairs, Population Division (2020). World Population Prospects: The 2019 Revision, custom data acquired via website.



DD Effort Index Summary Results in Uganda

Approach and Results

The Gates Institute partnered with the National Population Council Uganda to locate survey respondents across the societal dimensions of work related to 5 areas: policymaking, services/ programming, advocacy, research, and civil society. This resulted in **105** completed surveys across the six sectors: FP (19), MCH (18), ED (21), WE (23), LM (12) and GEI (12).

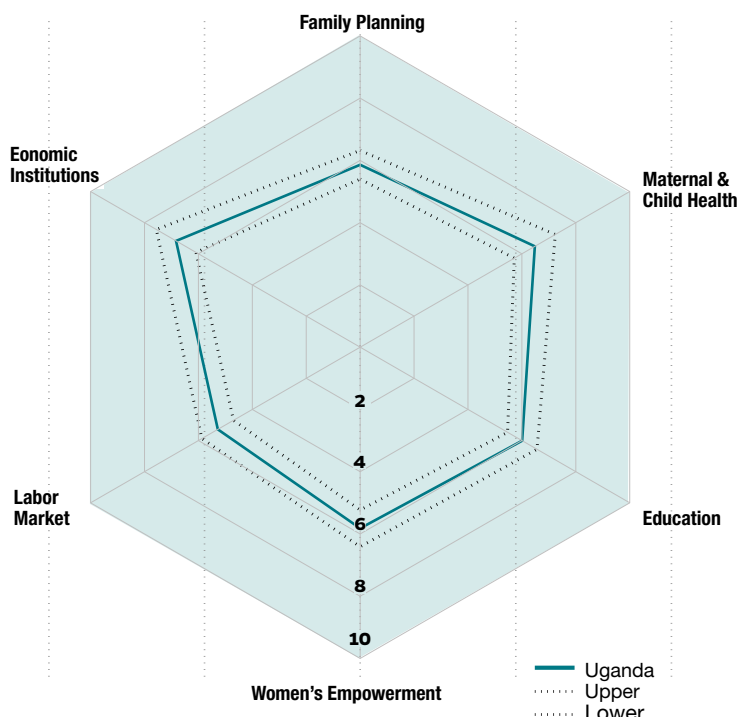
Summary results demonstrating perceived level of effort towards the DD within each sector are presented by Figure 4. The scores for each sector are as follows:

- | | |
|--------------------------------------|--------------------------------------|
| 1. FP: 5.9 (95% CI: 5.4-6.3) | 4. WE: 5.8 (95% CI: 5.2-6.4) |
| 2. MCH: 6.5 (95% CI: 5.7-7.2) | 5. LM: 5.3 (95% CI: 4.7-5.9) |
| 3. ED: 6.0 (95% CI: 5.5-6.7) | 6. GEI: 6.8 (95% CI: 6.1-7.6) |

Confidence intervals are presented in the dotted lines to show the upper and lower bounds.

The overall DDEI score of Uganda's six sectors is **6.0** (95% CI: 5.8-6.3).

Figure 4. Radar plot of DDEI results across all sectors in Uganda.



Key Family Planning Effort Levers

The summary results demonstrate that there is a moderate level of effort being devoted towards creating an enabling environment that would allow Uganda to harness the benefits of the DD. The moderately high levels of effort are being demonstrated in the GEI sector (6.8), followed by the MCH sector (6.5) and the ED sector (6.0). The moderate levels of effort are seen in the FP sector (5.9), followed by the WE sector (5.8) and then the LM sector (5.3).

To progress, country stakeholders should consider the following policies to improve efforts toward achievement of the DD:

1. There is need to include a financing model in the DDEI.
2. There is need to step up multi-sectoral collaboration to enhance efforts towards creating an enabling environment for harnessing the DD.
3. Ensure effective implementation of the National Population Policy which is aimed at transforming its population age structure from a dependent structure to one that is conducive for development

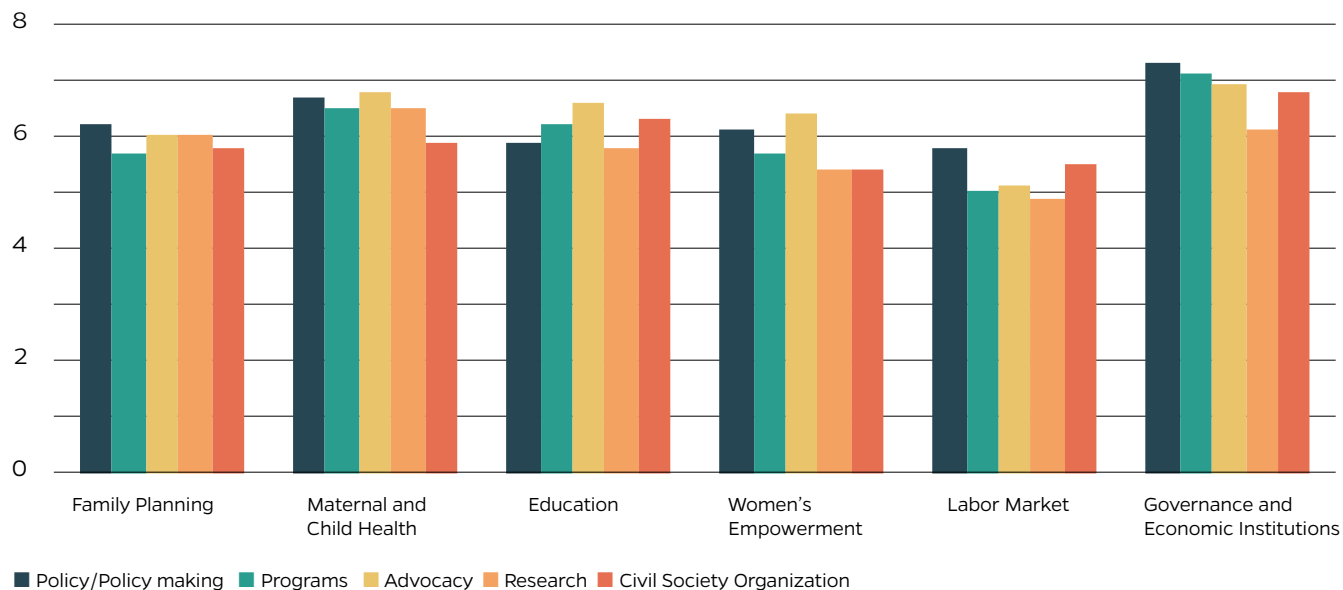
Ultimately, achieving progress will require multi-dimensional, multisectoral collaboration to ensure that all aspects of Ugandan society move forward together.

The DDEI should be used regularly in the future to provide timely assessment of successes and gaps and reveal best practices and areas of improvement. Country stakeholders may consider conducting the DDEI annually or bi-annually at the national level as well as utilizing the DDEI at the subnational level to facilitate performance and mutual learning within countries.

DDEI Results Across Sectors

The DDEI results across sectors, by societal dimension, are presented in Figure 5. This demonstrates the wide variations in scores within and across DDEI sectors.

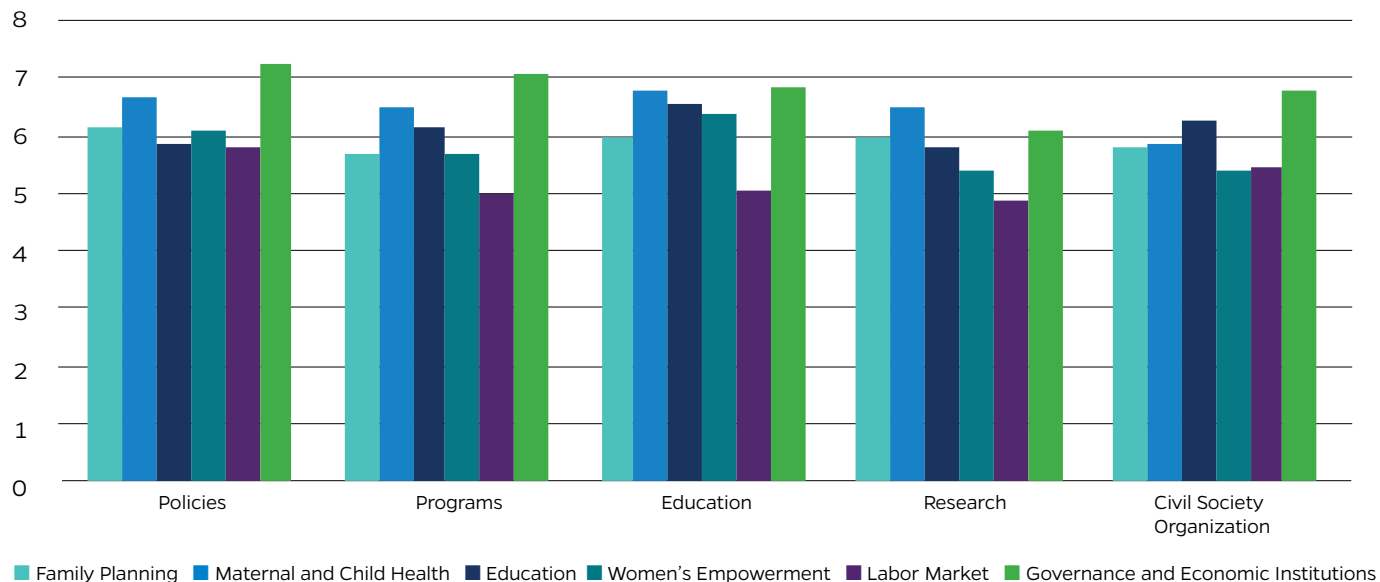
Figure 5: Bar chart of DDEI results across sectors, by societal dimensions in Uganda.



DDEI Results Across Dimensions

The resiliency module results across societal dimensions, by DDEI sector, are presented in Figure 6. This demonstrates the wide variations in scores within and across societal dimensions.

Figure 6: Bar chart of DDEI results across societal dimensions, by sector in Uganda.





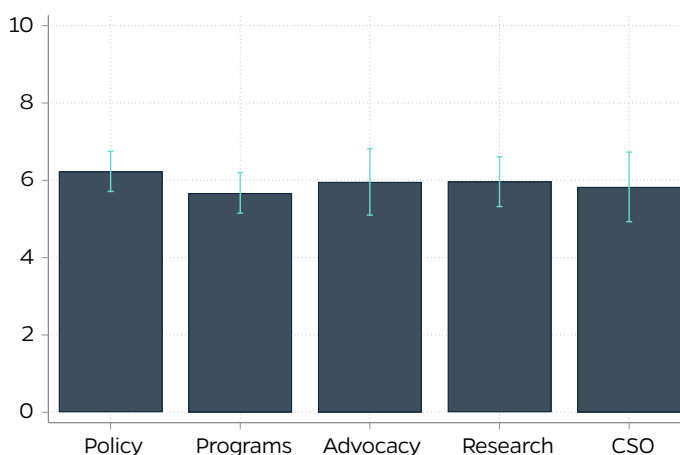
Family Planning Efforts Scores

The FP sector survey included questions ranging across the five societal dimensions: policies, services/programming, advocacy, research and civil society. Perceived levels of effort within the FP sector by dimension are presented in Figure 7. The FP sector results are based on 19 completed surveys. The scores for each dimension within FP are as follows:

1. Policies: **6.2** (95% CI: 5.7-6.8)
2. Programs: **5.7** (95% CI: 5.2-6.2)
3. Advocacy: **6.0** (95% CI: 5.1-6.8)
4. Research: **6.0** (95% CI: 5.3-6.6)
5. CSOs: **5.8** (95% CI: 4.9-6.7)

Based on weighted statistical analysis, the overall score for the level of effort towards an enabling environment to harness the benefits of the DD in the FP sector is **5.9** (95% CI: 5.4-6.3).

Figure 7. Bar chart of DDEI results in the FP sector in Uganda, by dimension.



Key Family Planning Effort Levers

Family planning programs are highly effective at managing fertility levels to allow couples to attain their desired family size. Focusing on fertility management, particularly in pre-dividend countries with a Total Fertility Rate greater than 4, can accelerate a shifting age structure and pave the path to harness greater gains from a demographic dividend. Noting the multisectoral nature of progress towards the DD, Higher socioeconomic status (SES) is positively associated with declining fertility. As families become smaller, household members have greater resource allocation per capita, which, for children, can be translated into higher educational investments and higher parental time per child. Furthermore, the pace of fertility decline is subject to contraceptive practices and women's demand for contraception; however, overall demand is greatly affected by the supply of quality services and methods. Finally, understanding the social context of a community and the local perceptions of family planning can help guide the development of successful family planning programs to reduce national fertility rates.ⁱⁱ

Survey results demonstrate that the policies dimension is perceived to be devoting the greatest level of effort towards improvements in the FP sector, closely followed by the dimensions of advocacy and research. The dimensions of civil society organizations and programs are demonstrating moderate levels of effort as well.

To progress, country stakeholders should consider the following policies to improve efforts toward achievement of the DD in the FP sector. These recommendations were developed by experts in the Family Planning Sector with support from experts in the other sectors:

1. **Advocacy for resources from Government / non-state actors, to do Mapping of FP services- providers / resources/ actual services being provided (Geographically and by sub populations) — Immediate**
2. **Advocacy with Development Partners to implement in areas/ sub populations with inequitable access to FP services — Midterm**
3. **Advocacy with health insurance providers to include Family Planning Services as part of the insurance package — Midterm**
4. **Advocacy for the operationalization of the National Health Insurance (FP services) — Long term**

It will be critical to participate in multi-dimensional, multisectoral collaboration in order to ensure that the FP sector can benefit from and complement the progress and efforts being made in other sectors.



Maternal and Child Health Efforts Scores

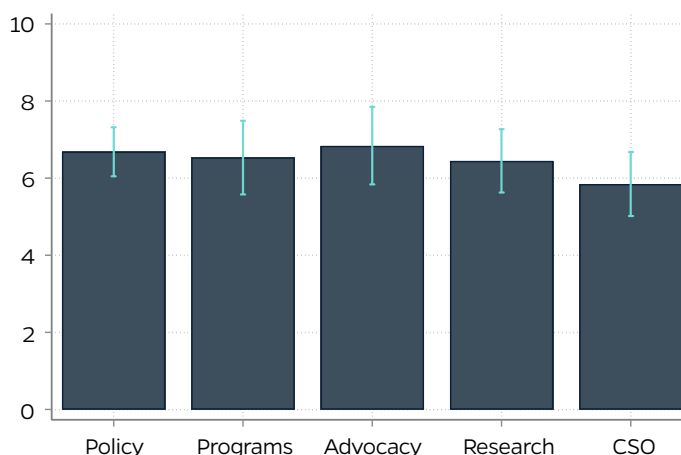
The MCH sector survey included questions ranging across the five societal dimensions: policies, services/programming, advocacy, research and civil society. Perceived levels of effort within the MCH sector by dimension are presented in Figure 8. The sectoral results are based on 18 completed surveys.

The scores for each dimension within MCH are as follows:

1. Policies: **6.7** (95% CI: 6.0-7.3)
2. Programs: **6.6** (95% CI: 5.6-7.5)
3. Advocacy: **6.8** (95% CI: 5.8-7.9)
4. Research: **6.5** (95% CI: 5.6-7.3)
5. CSOs: **5.9** (95% CI: 5.0-6.7)

The overall score for the level of effort towards an enabling environment to harness the benefits of the DD in the MCH sector is **6.5** (95% CI: 5.7-7.2).

Figure 8. Bar chart of DDEI results in the MCH sector in Uganda, by dimension.



Key Maternal and Child Health Effort Levers

Reducing infant and child mortality, along with maternal mortality, is a global goal that is part of the Sustainable Development Goals and included in the national plans and policies of developing countries. Although there is disagreement in the direction of the causal path, there is a consensus that the achievement of reduced child mortality, fertility decline, and lower maternal mortality are key to achieving fertility management and attaining a demographic dividend.ⁱⁱ

Survey results demonstrate that the advocacy dimension is perceived to be devoting the greatest level of effort, at the moderate-to-high range of effort, towards improvements in the MCH sector, closely followed by the dimensions of policies, programs and research. The dimension of civil society organizations is demonstrating a moderate level of effort as well.

To progress, country stakeholders should consider the following policies to improve efforts toward achievement of the DD in the MCH sector:

1. Government MDAs, the academia, and civil society should enhance research to generate evidence for maternal and child health advocacy.
2. The civil society should step up engagement in maternal and child health to compliment government.
3. Government should adopt E-health to increase access to maternal and child health care services.
4. Government should utilize m-health platforms and user-friendly knowledge management portal systems to improve MCH budget tracking and reporting.
5. Increase budgetary support and health financing for RMNCH interventions and support delivery of the Uganda National Minimum Health Care Package.

It will be critical to participate in multi-dimensional, multisectoral collaboration in order to ensure that the MCH sector can benefit from and complement the progress and efforts being made in other sectors.



Women Empowerment Efforts Scores

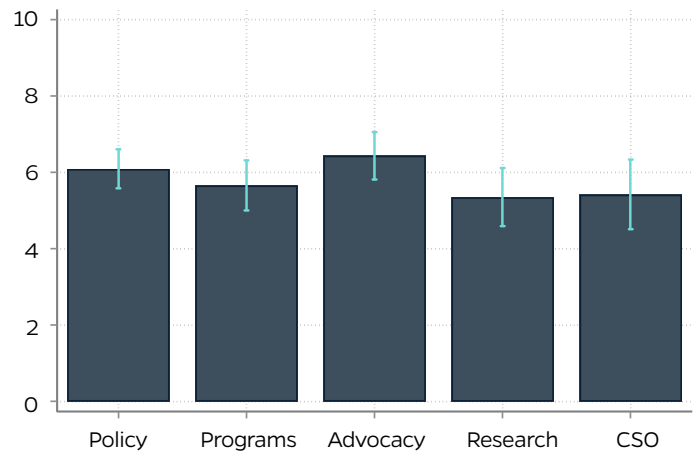
The WE sector survey included questions ranging across the five societal dimensions: policies, services/programming, advocacy, research and civil society. Perceived levels of effort within the WE sector by dimension are presented in Figure 9. The sectoral results are based on 23 completed surveys.

The scores for each dimension within WE are as follows:

1. Policies: **6.1** (95% CI: 5.6-6.6)
2. Programs: **5.7** (95% CI: 5.0-6.3)
3. Advocacy: **6.4** (95% CI: 5.8-7.1)
4. Research: **5.4** (95% CI: 4.6-6.1)
5. CSOs: **5.4** (95% CI: 4.5-6.4)

The overall score for the level of effort towards an enabling environment to harness the benefits of the DD in the WE sector is **5.8** (95% CI: 5.2-6.4).

Figure 9. Bar chart of DDEI results in the WE sector in Uganda, by dimension.



Key Women Empowerment Effort Levers

Women's and girls' empowerment will be required to create and capitalize on the benefits of a DD through improvements in health, education and decision-making power. Critically, empowered women have the potential to transform countries' economies from states of high fertility, low education and slow economic growth towards states of high education and rapid economic growth. Characteristics of empowered women include the autonomy to make their own reproductive health decisions, economic self-reliance and household decision-making, among components of increasing levels of education, which can all be reached through societal shifts in gender norms.ⁱⁱ

In the WE sector, survey results demonstrate that the advocacy and policies dimensions are perceived to be devoting the greatest levels of effort, in the high-moderate level, towards achievement of the DD. This is followed by the dimensions of programs, research and civil society organizations.

To progress, country stakeholders should consider the following policies to improve efforts toward achievement of the DD in the WE sector:

1. Dedicated funding for women programmes
2. Increase funding for research on women empowerment
3. Enhance gender responsive planning, programming and implementation of government programmes.

4. Implement programmes that expand opportunities for equity and equality to support women's empowerment.

It will be critical to participate in multi-dimensional, multisectoral collaboration in order to ensure that the WE sector can benefit from and complement the progress and efforts being made in other sectors.



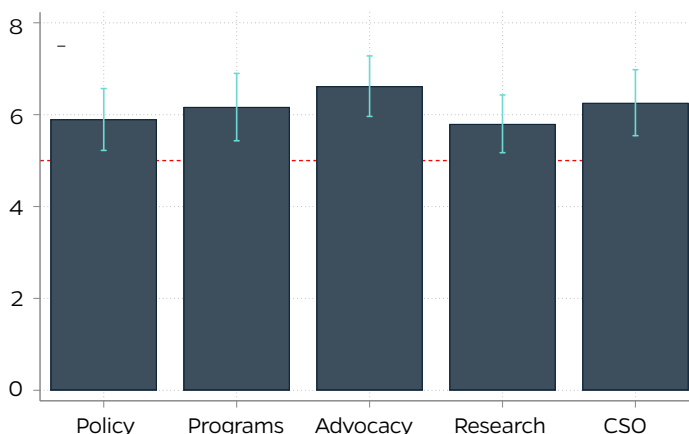
Education Efforts Scores

The ED sector survey included questions ranging across the five societal dimensions: policies, services/programming, advocacy, research and civil society. Perceived levels of effort within the ED sector by dimension are presented in Figure 10. The sectoral results are based on 21 completed surveys. The scores for each dimension within ED are as follows:

1. Policies: **5.9** (95% CI: 5.2-6.6)
2. Programs: **6.2** (95% CI: 5.4-6.9)
3. Advocacy: **6.6** (95% CI: 6.0-7.3)
4. Research: **5.8** (95% CI: 5.2-6.4)
5. CSOs: **6.3** (95% CI: 5.5-7.0)

The overall score for the level of effort towards an enabling environment to harness the benefits of the DD in the ED sector is **6.0** (95% CI: 5.-6.6).

Figure 10. Bar chart of DDEI results in the ED sector in Uganda, by dimension.



Key Education Effort Levers

Countries between the second and third stages of the demographic transition have the unique opportunity to boost their economies by taking advantage of the large “youth bulge” in their populations. Investing in education and tailoring education to the labor market can increase output per work, maximize productivity, and drive development. Critically, individuals with higher levels of education are more efficient producers of health, which in turn is translated into a healthier population with higher productivity levels. Issues around education will need to consider gender equality in the acquisition of education, as well as the quality of education that is provided.ⁱⁱ

In the ED sector, survey results demonstrate that the advocacy dimension is perceived to be devoting the greatest levels of effort, at the high-moderate level, towards achievement of the DD. This is followed closely by the civil society organizations and programs dimensions. In the moderate range of effort are the dimensions of policies and research.

To progress, country stakeholders should consider the following policies to improve efforts toward achievement of the DD in the ED sector:

Recommendations under education:

1. Promote and support Early Childhood Development Programmes (ECD). The Ministry of Education and Sports (MOES) needs to develop a research agenda as well as work with research institutions and academia to carry out research to inform the Demographic Dividend Efforts
2. Increase girl child education for the country to achieve Demographic transition
3. Strategic partnerships to mobilize resources for research and implementation of the research agenda
4. Support appropriate skilling and retooling
5. Early talent identification and development

Recommendations under effects of External Shocks- COVID-19:

1. Develop a framework to guide engagement and training during unforeseen lockdowns or pandemics
2. Develop targeted interventions to the most affected population and ensure continuity of educating and skilling the population

It will be critical to participate in multi-dimensional, multisectoral collaboration in order to ensure that the ED sector can benefit from and complement the progress and efforts being made in other sectors.



Labor Market Efforts Scores

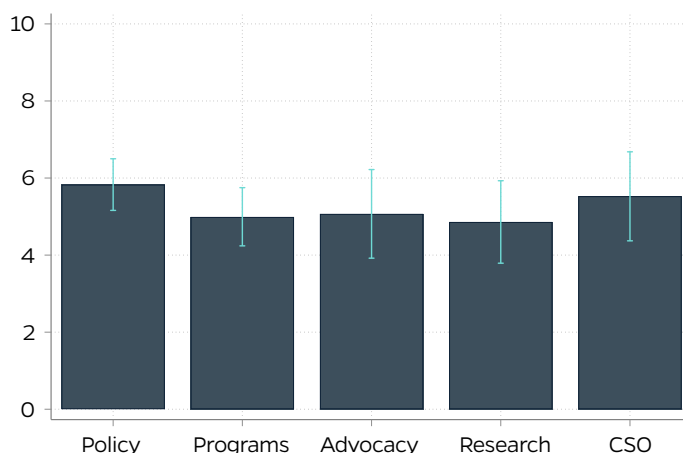
The LM sector survey included questions ranging across the five societal dimensions: policies, services/programming, advocacy, research and civil society. Perceived levels of effort within the LM sector by dimension are presented in Figure 11. The sectoral results are based on 12 completed surveys.

The scores for each dimension within LM are as follows:

1. Policies: **5.8** (95% CI: 5.2-6.5)
2. Programs: **5.0** (95% CI: 4.2-5.8)
3. Advocacy: **5.1** (95% CI: 3.9-6.2)
4. Research: **4.9** (95% CI: 3.8-5.9)
5. CSOs: **5.5** (95% CI: 4.4-6.7)

The overall score for the level of effort towards an enabling environment to harness the benefits of the DD in the LM sector is **5.3** (95% CI: 4.7-5.9).

Figure 11. Bar chart of DDEI results in the LM sector in Uganda, by dimension.



Key Labor Market Effort Levers

Countries need productive and supportive labor markets to optimize their production capacity to absorb the growing young population. With declining fertility, a “youth bulge” is anticipated, which will create a large proportion of working youth compared to lower numbers of dependent children. For countries at the early dividend stage, this “youth” bulge can maximize the benefits of a DD through employment. Thus, the labor market is a critical sector as the benefits of a DD can be greater if young adults are able to accumulate human capital for when they enter the labor force, and if the labor market is in fact able to offer productive jobs. It will be critical to consider the growth in formal labor areas, as well as women’s participation in labor.ⁱⁱ

Overall, scores in the LM sector are lower than all other sectors. By dimension, the survey results demonstrate that the policies dimension is perceived to be devoting the greatest levels of effort, at the moderate level, towards achievement of the DD, which is followed by the civil society organizations dimension. This is followed somewhat closely by the advocacy and programs dimensions. The lowest perceived level of effort is seen in the research dimension.

To progress, country stakeholders should consider the following policies to improve efforts toward achievement of the DD in the LM sector:

High level of youth unemployment:

1. Ministry of Education allocates funds for the rollout of the new secondary school curriculum promotes vocational and skill development training
2. Develop and implement an apprenticeship and job placement policy and programme
3. Enhance Youth capacities so that they fit in the communities; skilling and talent acquisition, apprenticeship and volunteer/internships

4. Promote access to financial resources for businesses

5. Promote innovation, mentorship and support to entrepreneurship opportunities.

Limited reliable data on the labor market:

1. Establish a functional labor market information system
2. Promote dissemination of labor market data

It will be critical to participate in multi-dimensional, multisectoral collaboration in order to ensure that the LM sector can benefit from and complement the progress and efforts being made in other sectors



Governance and Economic Institutions Effort Scores

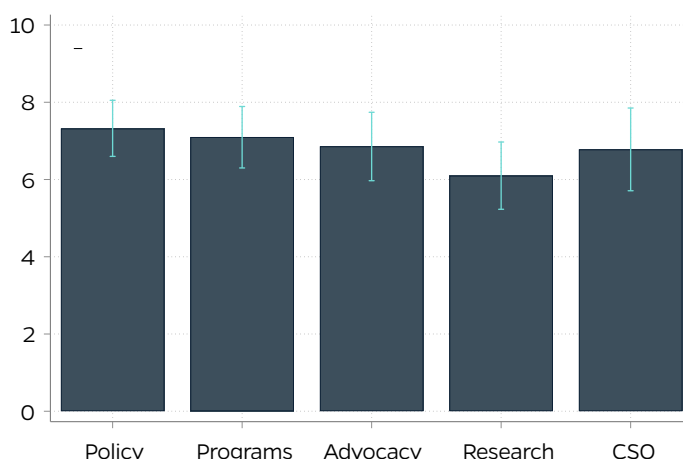
The GEI sector survey included questions ranging across the five societal dimensions: policies, services/programming, advocacy, research and civil society. Perceived levels of effort within the GEI sector by dimension are presented in Figure 12. The sectoral results are based on 12 completed surveys. The scores for each dimension within GEI are as follows:

The scores for each dimension within GEI are as follows:

1. Policies: **7.3** (95% CI: 6.6-8.1)
2. Programs: **7.1** (95% CI: 6.3-7.9)
3. Advocacy: **6.9** (95% CI: 6.0-7.7)
4. Research: **6.1** (95% CI: 5.2-7.0)
5. CSOs: **6.8** (95% CI: 5.7-7.9)

The overall score for the level of effort towards an enabling environment to harness the benefits of the DD in the GEI sector is **6.8** (95% CI: 6.1-7.6).

Figure 12. Bar chart of DDEI results in the GEI sector in Uganda, by dimension.



Key Effort Levers in Governance and Economic Institutions

The most cross-cutting sector in the DDEI framework is GEI, which undergirds an essential precondition to ensure that a favorable policy environment is in place for achievement of a DD. Changes within any other sector are not guaranteed without such an environment, so the significance of governance and economic institutions cannot be overstated.

Good governance and strong institutions can encourage civil participation and enable policies that will make a favorable policy environment across all economic sectors to benefit from the DD. The multi-sectoral complexity of the demographic dividend poses additional challenges to close the gap between policy design and policy implementation. Political commitment and strong leadership are needed to ensure coordination across all sectors and levels.ⁱⁱ

Overall, the scores in the GEI sector are higher than all other sectors. By dimension, the survey results show that the dimensions of policies and programs are perceived to be devoting the highest levels of effort. These are closely followed by the dimensions of advocacy and civil society organizations, which are followed further behind by research.

Country stakeholders should consider the following policies to improve efforts toward achievement of the DD in the GEI sector:

To strengthen measures aimed at enhancing good governance and accountability in the country, Uganda should:

- Strengthen the economic and corporate governance frameworks to instill confidence and trust among domestic and foreign investors
- Reinforce public sector management for efficient delivery of public goods and services
- Empower citizens, civil society, the media, and the private sector to fight and report corruption and strengthen anti-corruption institutions and systems

It will be critical to participate in multi-dimensional, multisectoral collaboration in order to ensure that the GEI sector can benefit from and complement the progress and efforts being made in other sectors.

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Resilience in the Face of COVID-19

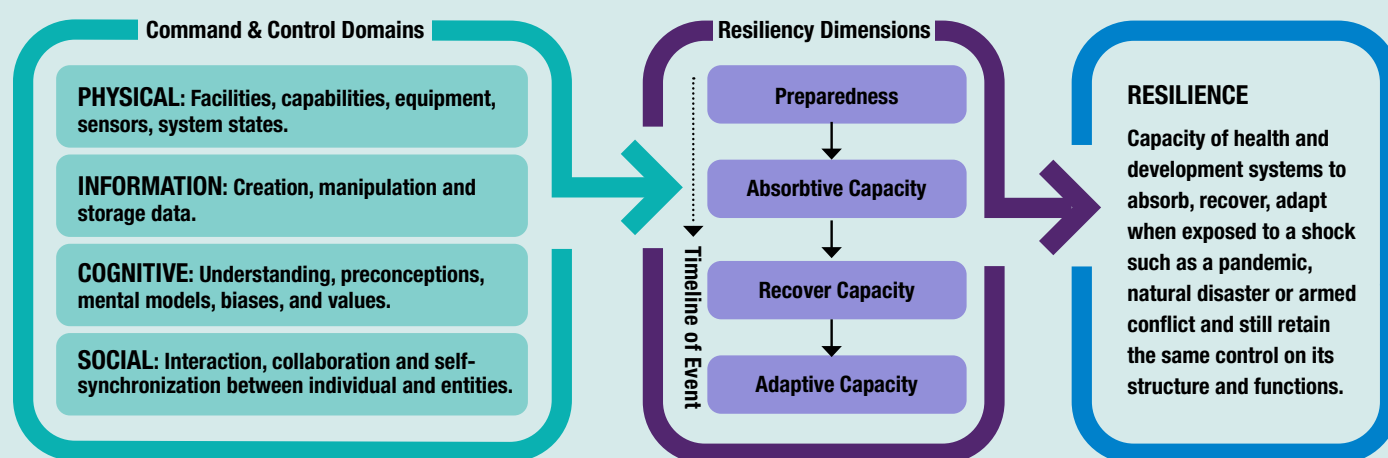




Health and Development Resilience in the Face of COVID-19

Considering the health and socioeconomic impacts of COVID-19, and its close relationship with policies that enable a DD-favorable policy environment, this DDEI has integrated a module to assess the resilience and sustainability of systems in each sector. The scoring follows existing frameworks and key principles of sustainable and resilient systems that can effectively respond to adverse events, security attacks, emerging infectious disease threats and other public health emergencies.

Figure 13. A conceptual framework: Health and Development Systems resilience domains.



Source: Adapted from Blanchet et al. (2017)^{xii} and Linkov et al. (2013)^x.



Approach and Results

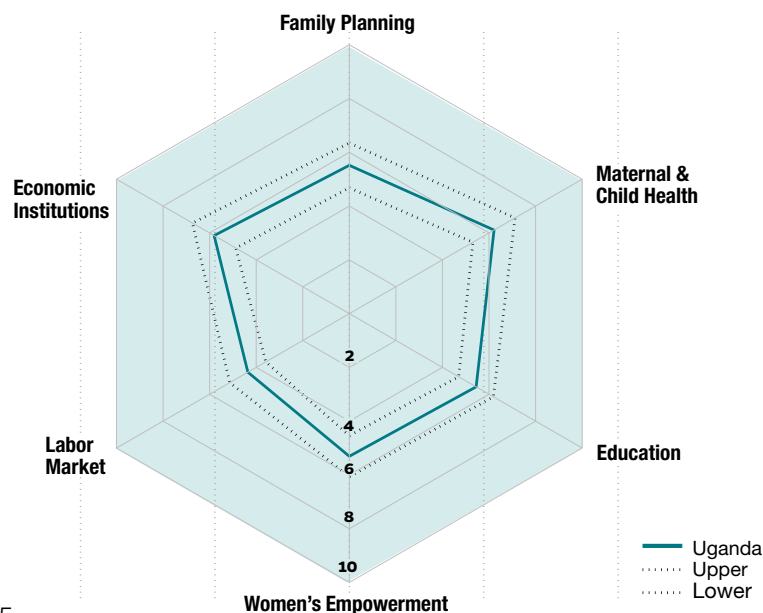
Up to 25 questions were asked over the 4 Command and Control Domains, pertaining to each of the Resiliency Dimensions. Responses were recorded on a Likert scale of 1 to 10, where 1 represents the lowest score (poor state/capability) and 10 represents the highest score (great state/capability). This resulted in a total of 102 surveys completed for the module across all sectors: FP (18), MCH (17), ED (21), WE (22), LM (12), GEI (12). Results by sector are presented in Figure 14. The score values are as follows:

- | | |
|--------------------------------------|--------------------------------------|
| 1. FP: 5.5 (95% CI: 4.7-6.4) | 4. WE: 5.3 (95% CI: 4.5-6.1) |
| 2. MCH: 6.2 (95% CI: 5.3-7.1) | 5. LM: 4.4 (95% CI: 3.6-5.1) |
| 3. ED: 5.5 (95% CI: 4.7-6.2) | 6. GEI: 5.8 (95% CI: 4.9-6.7) |

Confidence intervals are presented in the dotted lines to show the upper and lower bounds.

The overall resiliency score of the six sectors is **5.5** (95% CI: 5.1-5.8).

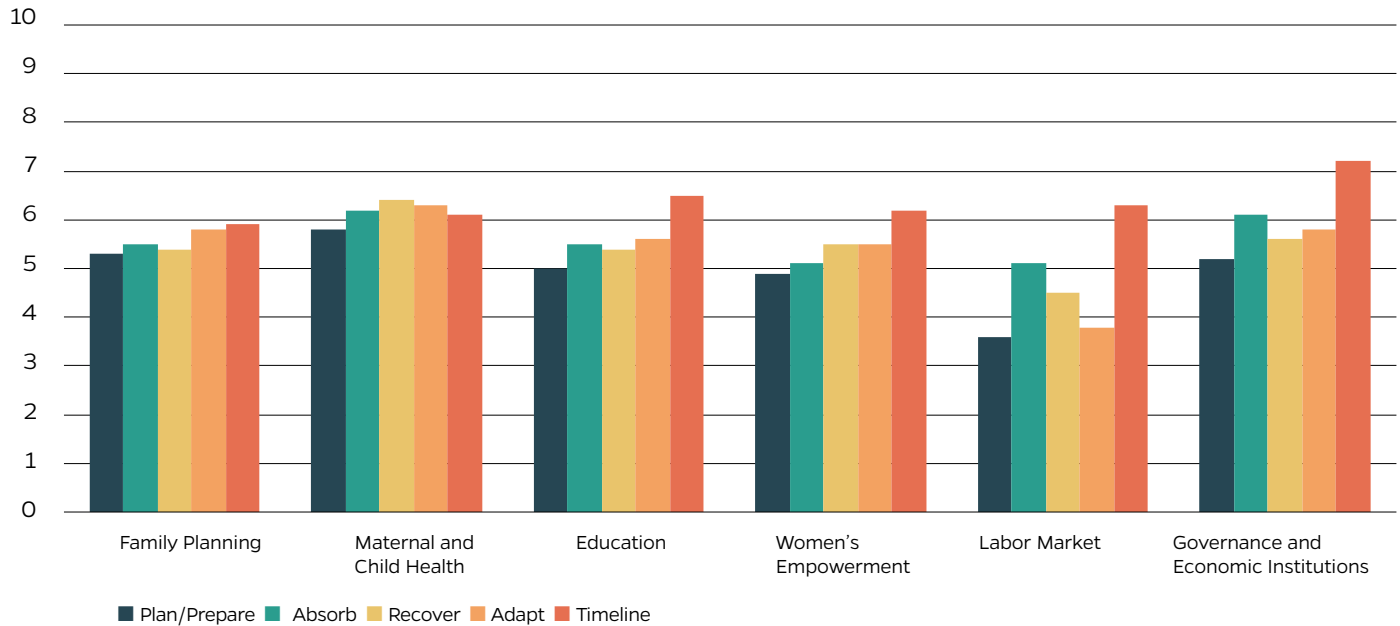
Figure 14: Radar plot of DDEI results across all sectors in Uganda.



Resiliency Module Results Across Sectors

The resiliency module results across sectors, by resilience dimension, are presented in Figure 15. This demonstrates the wide variations in scores within within and across DDEI sectors.

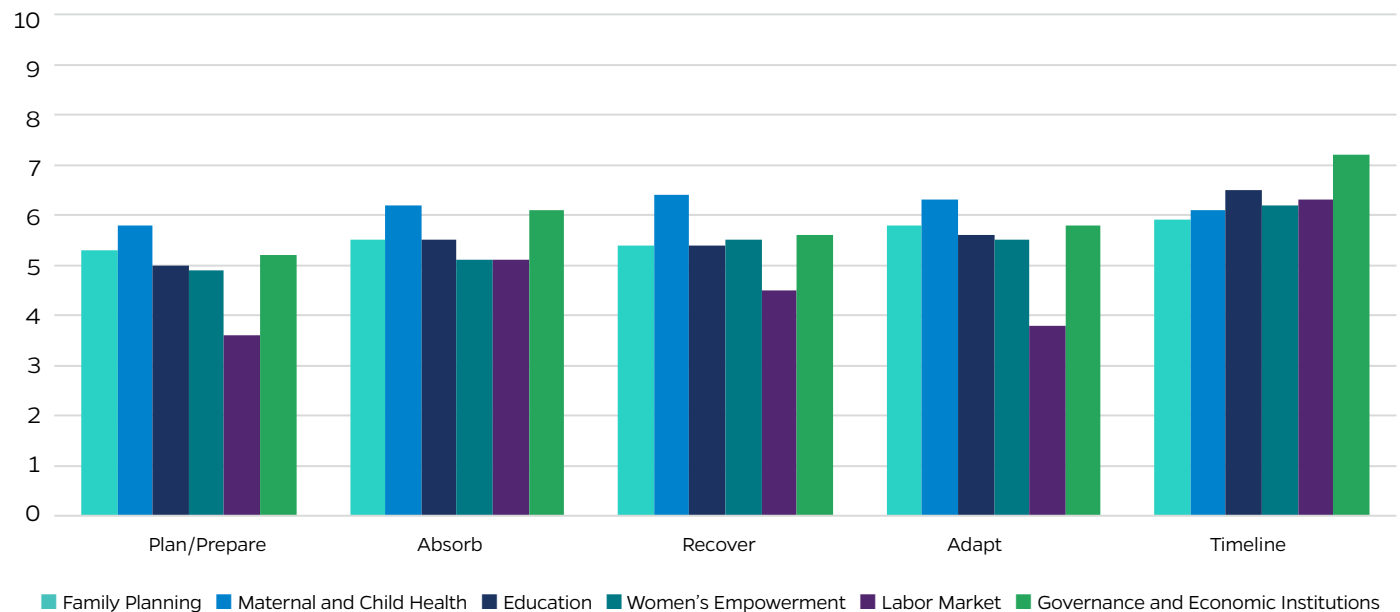
Figure 15: Bar chart of resilience module results across DDEI sectors, by resiliency dimensions in Uganda.



Resiliency Module Results Across Resiliency Dimensions

The resiliency module results across resiliency dimensions, by DDEI sector, are presented in Figure 16. This demonstrates the wide variations in scores within within and across resiliency dimensions.

Figure 16: Bar chart of resilience module results across resiliency dimensions, by DDEI sectors in Uganda.





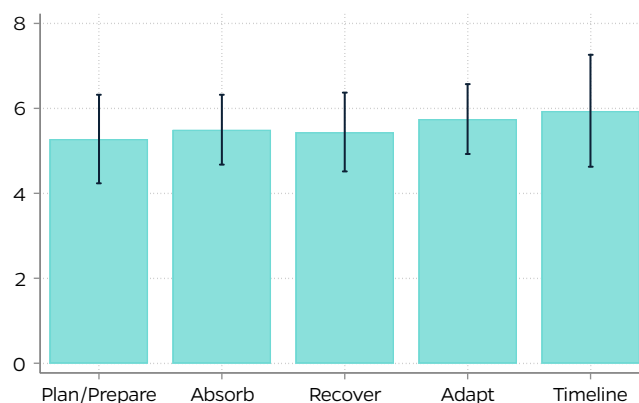
Family Planning Resiliency Scores

The FP sector survey included questions ranging across the four resiliency dimensions: preparedness, absorptive capacity, recovery capacity, and adaptive capacity, in addition to the timeline of responsiveness. Perceived resiliency scores are presented in Figure 17. The results are based on responses from 18 FP experts working in Uganda. The scores for each dimension within FP are as follows:

1. Preparedness: **5.3** (95% CI: 4.2-6.3)
2. Absorptive Capacity: **5.5** (95% CI: 4.7-6.3)
3. Recovery Capacity: **5.4** (95% CI: 4.5-6.4)
4. Adaptive Capacity: **5.8** (95% CI: 4.9-6.6)
5. Timeline: **5.9** (95% CI: 4.6-7.3)

Based on weighted statistical analysis, the overall score for the level of resiliency in the FP sector is **5.5** (95% CI: 4.7-6.4).

Figure 17. Bar chart of resiliency results in the FP sector in Uganda, by dimension.



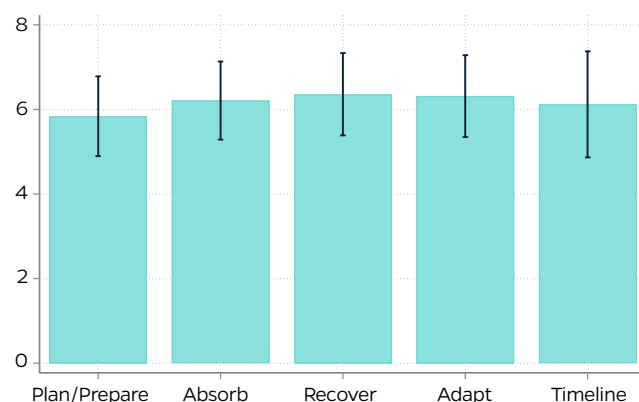
Maternal and Child Health Resiliency Scores

The MCH sector survey included questions ranging across the four resiliency dimensions: preparedness, absorptive capacity, recovery capacity, and adaptive capacity, in addition to the timeline of responsiveness. Perceived resiliency scores are presented in Figure 18. The results are based on responses from 17 MCH experts working in Uganda. The scores for each dimension within MCH are as follows:

1. Preparedness: **5.8** (95% CI: 4.9-6.8)
2. Absorptive Capacity: **6.2** (95% CI: 5.3-7.1)
3. Recovery Capacity: **6.4** (95% CI: 5.4-7.3)
4. Adaptive Capacity: **6.3** (95% CI: 5.3-7.3)
5. Timeline: **6.1** (95% CI: 4.9-7.4)

Based on weighted statistical analysis, the overall score for the level of resiliency in the MCH sector is **6.2** (95% CI: 5.3-7.1).

Figure 18. Bar chart of resiliency results in the MCH sector in Uganda, by dimension.



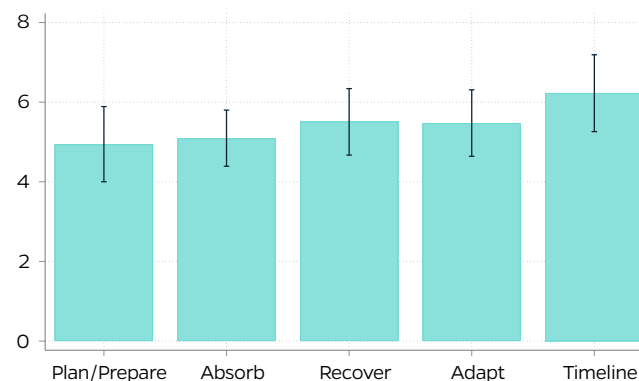
Women's Empowerment Resiliency Scores

The WE sector survey included questions ranging across the four resiliency dimensions: preparedness, absorptive capacity, recovery capacity, and adaptive capacity, in addition to the timeline of responsiveness. Perceived resiliency scores are presented in Figure 19. The results are based on responses from 22 WE experts working in Uganda. The scores for each dimension within WE are as follows:

1. Preparedness: **5.0** (95% CI: 4.0-5.9)
2. Absorptive Capacity: **5.1** (95% CI: 4.4-5.8)
3. Recovery Capacity: **5.5** (95% CI: 4.7-6.3)
4. Adaptive Capacity: **5.5** (95% CI: 4.6-6.3)
5. Timeline: **6.2** (95% CI: 5.3-7.2)

Based on weighted statistical analysis, the overall score for the level of resiliency in the WE sector is **5.3** (95% CI: 4.5-6.1).

Figure 19. Bar chart of resiliency results in the WE sector in Uganda, by dimension.





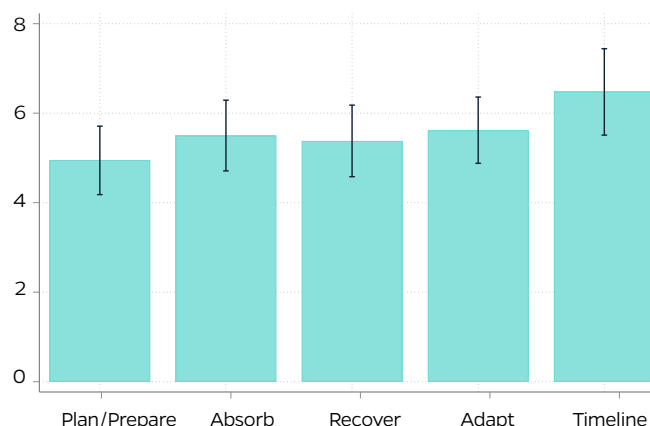
Education Resiliency Scores

The ED sector survey included questions ranging across the four resiliency dimensions: preparedness, absorptive capacity, recovery capacity, and adaptive capacity, in addition to the timeline of responsiveness. Perceived resiliency scores are presented in Figure 20. The results are based on responses from 21 ED experts working in Uganda. The scores for each dimension within ED are as follows:

1. Preparedness: **5.0** (95% CI: 4.2-5.7)
2. Absorptive Capacity: **5.5** (95% CI: 4.7-6.3)
3. Recovery Capacity: **5.4** (95% CI: 4.6-6.2)
4. Adaptive Capacity: **5.6** (95% CI: 4.9-6.4)
5. Timeline: **6.5** (95% CI: 5.5-7.2)

Based on weighted statistical analysis, the overall score for the level of resiliency in the ED sector is **5.5** (95% CI: 4.7-6.2).

Figure 20. Bar chart of resiliency results in the ED sector in Uganda, by dimension.



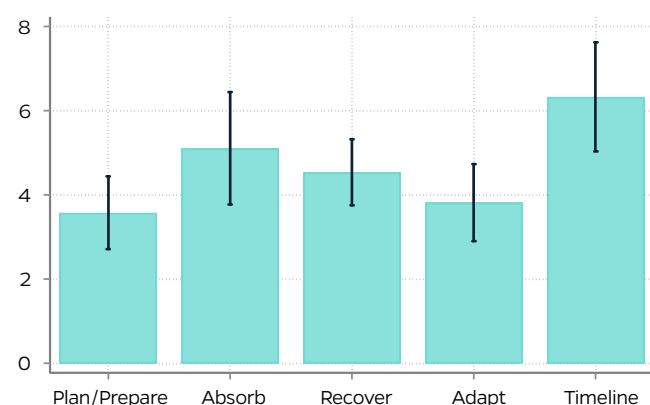
Labor Market Resiliency Scores

The LM sector survey included questions ranging across the four resiliency dimensions: preparedness, absorptive capacity, recovery capacity, and adaptive capacity, in addition to the timeline of responsiveness. Perceived resiliency scores are presented in Figure 21. The results are based on responses from 12 LM experts working in Uganda. The scores for each dimension within LM are as follows:

1. Preparedness: **3.6** (95% CI: 2.7-4.5)
2. Absorptive Capacity: **5.1** (95% CI: 3.8-6.5)
3. Recovery Capacity: **4.5** (95% CI: 3.7-5.3)
4. Adaptive Capacity: **3.8** (95% CI: 2.9-4.8)
5. Timeline: **6.3** (95% CI: 5.0-7.6)

Based on weighted statistical analysis, the overall score for the level of resiliency in the LM sector is **4.4** (95% CI: 3.6-5.1).

Figure 21. Bar chart of resiliency results in the LM sector in Uganda, by dimension.



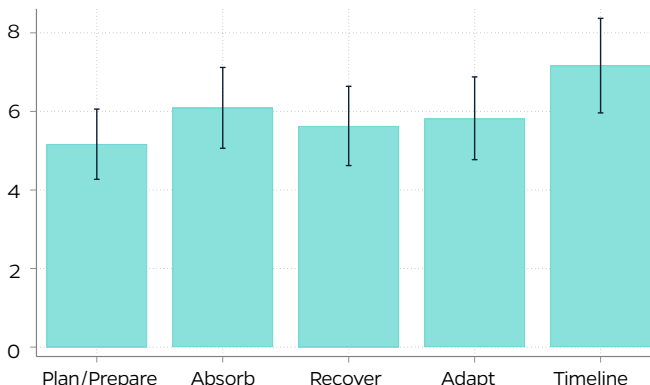
Governance and Economic Institutions Resiliency Scores

The GEI sector survey included questions ranging across the four resiliency dimensions: preparedness, absorptive capacity, recovery capacity, and adaptive capacity, in addition to the timeline of responsiveness. Perceived resiliency scores are presented in Figure 22. The results are based on responses from 12 GEI experts working in Uganda. The scores for each dimension within GEI are as follows:

1. Preparedness: **5.2** (95% CI: 4.3-6.1)
2. Absorptive Capacity: **6.1** (95% CI: 5.1-7.1)
3. Recovery Capacity: **5.6** (95% CI: 4.6-6.6)
4. Adaptive Capacity: **5.8** (95% CI: 4.8-6.9)
5. Timeline: **7.2** (95% CI: 6.0-8.4)

Based on weighted statistical analysis, the overall score for the level of resiliency in the GEI sector is **5.8** (95% CI: 4.9-6.7).

Figure 22. Bar chart of resiliency results in the GEI sector in Uganda, by dimension.



Key Effort Levers to Improve Health and Development Resilience

Family planning

- **Preparedness:** Integrate emergencies preparedness and responsiveness provisions into routine FP policies, guidelines and programming by 2022
- **Absorptive capacity:** Ensure targeted investments on continuous simulations and capacity building of staff and strengthen the capacity of social institutions in emergency preparedness
- **Recovery capacity:** Ensure continuity and access to services during emergencies and crises by developing standard operating procedures and adapting innovative approaches and technology at all levels by 2022
- **Adaptive capacity:** Accelerate the adaptation of technology to enhance service delivery and data management by 2022

Maternal and Child Health

- **Preparedness:** Develop long term disaster plans that give clear guidelines that keep women and children healthy in their community without exposing them to risk
- **Absorptive capacity:** Expand an integrated MCH package at the community and household level
- **Recovery capacity:** Strengthen real data from the MCH platform at community and facility level to inform response
- **Adaptive capacity:** Strengthen capacity to track to ensure real time use of data to progress of service delivery

Education

- **Preparedness:** Digitize curriculum at all levels of education and training by 2025
- **Preparedness:** Provide ICT infrastructure and equipment to all learning institutions by 2025
- **Absorptive capacity:** Capacity build teachers/trainers and lecturers on delivery of curriculum using new technologies by 2025.
- **Recovery capacity:** Develop a financing strategy to mobilize resources for recovery after emergencies by 2023
- **Adaptive capacity:** Continuous review of curriculum at all levels of education and training to incorporate emerging issues

Women Empowerment

- **Preparedness:** Develop and implement a National Preparedness Strategy on empowerment of women and girls to mitigate humanitarian and emergency crises by June 2024
- **Absorptive capacity:** Promote integration of women and girls empowerment programmes into development planning by June 2023
- **Recovery capacity:** Mobilize resources from domestic and development partners to mitigate the effects of humanitarian and emergency crises by June 2023
- **Adaptive capacity:** Build capacity of National and County leadership to put in place programmes to improve resilience for women empowerment by June 2024

Labour Market

- **Preparedness:** Implement Business Continuity Strategy at enterprise level and promote life-long learning opportunities that matches changing labour market skills needs
- **Preparedness:** Strengthen coordination among key labour market players and labour market systems in generation and use of labour market information
- **Absorptive capacity:** Strengthen the capacity of workers and systems to facilitate collection, analysis, storage, and real-time use of labour market data
- **Recovery capacity:** Improved tripartite social dialogue between government, workers' and employers' organizations in developing and implementing sustainable solutions to economic and labour shocks and strengthen social protection mechanism for unprotected workers
- **Adaptive capacity:** Modernize employment services, improve working conditions and digitize operations in organizations for enhanced service delivery

Governance and Economic Institutions

- **Preparedness:** All Governance and Economic Institutions to put in place Disaster Management and Recovery Plans by 2023
- **Absorptive capacity:** Train all procuring entities on financial and procurement regulations that apply during emergencies/disasters to enhance accountability
- **Recovery capacity:** Implement all program and projects in the Uganda Post COVID Recovery Strategy
- **Adaptive capacity:** All Governance and Economic Institutions to put in place Disaster Management and Recovery Plans by 2023

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