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An Assessment of Human Development in Uganda: The Capabilities Approach, Millennium Development Goals, and Human Development Index

An Assessment of Human Development in Uganda

THE CAPABILITIES APPROACH, MILLENNIUM DEVELOPMENT GOALS, AND HUMAN DEVELOPMENT INDEX

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The Millennium Development Goals, grounded in Martha Nussbaum and Amartya Sen's Capabilities Approach and manifested through the Human Development Index, represent the contemporary means aimed at improving the overall quality of life for the people of the world. Currently Uganda is making substantial progress to achieve poverty reduction, increase overall health and ensure universal primary education. This paper's argument is twofold. First, it argues that the best way to understand and further human development is through the Capabilities Approach. Second, this paper contends that many of Uganda's policies aimed at achieving the Millennium Development Goals are rooted within a capabilities framework, showing a firm commitment to creating a more equitable and just society. The article concludes with future implications of Uganda's success in achieving the Millennium Development Goals while using a global lens and capabilities approach framework to assess progress made.¹

Uganda, located in East Africa, shares borders with the Democratic Republic of the Congo, Sudan, Kenya, Tanzania and Rwanda.² Uganda has experienced rapid economic growth over the past two decades (Overseas Development Institute 2010)³ and has known peace for almost six years since the signing of the Cessation of Hostilities Agreement by the Government of Uganda and the Lord's Resistance Army (LRA). The LRA, discussed in further detail below, perpetuated a 20-year civil war in northern Uganda that displaced over 1.5 million people, impeded economic growth, and destroyed inter-country infrastructure (Dagne 2011). However, Uganda's transition to stability, aided by recent discoveries of natural resources, has allowed it to

¹ The author can be contacted at Farrarjordan86@gmail.com. This paper was created during an Independent Study (Social Development in Emerging Countries) under the guidance of Dr. John Jones. Dr. Jones provided considerable guidance throughout the process with the paper content developed by the author.

² See Appendix A, Figure 1 for a map of Uganda

³ See Appendix B, Figure 2

successfully achieve the United Nation's Millennium Development Goals.⁴ Additionally, in the face of globalization, Uganda is tasked with the challenge to become a model for other emerging countries as well as an arena for international business.

Currently the Millennium Development Goals (MDGs) represent a global attempt at social development, where ideas and goals that are transnational in formulation are implemented locally with the backing of each country's national policy. Broadly speaking, social development is the improvement of human outcomes through the utilization and implementation of policy and reforms (Lusk 2010, 165). The Millennium Development Goals mark the largest social development measures to date. Within a globalized framework, the ability of the MDGs to effect positive social development poses an immense task for all parties involved. Aside from the United Nations and Heads of State, these parties include local citizen groups, Non-Governmental Organizations (NGOs), private donors, and churches—to name a few (Jones and Kumssa 2008).

Both Lusk (2010) and Jones and Kumssa (2008) discuss barriers to social development, also known as counter-development. In Uganda, for example, civil war and political corruption have impeded social development progress. As the World Development Report elucidates, conflict has devastating effects on development. For each country affected by civil war, the average cost shouldered is equivalent to more than 30 years of Gross Domestic Product (GDP) growth for a medium size developing country (World Bank 2011b, 5-6). Conflict destroys infrastructure, limiting access to health services and education, which negatively affects civilians and creates problems that persist even once conflict has subsided.

Past social development agendas and measures failed to make connections between the needs and realities of the people targeted for assistance. This paper first argues that the capabilities approach is the most effective means of understanding how to enhance social and human development.⁵ In order to comprehend this approach, however, it is imperative to also dissect the Millennium Development Goals and Human Development Index. Therefore, the capabilities approach will be discussed as the core guiding theory of human development. The Human Development Index will then be examined as a quantifiable measurement of human development. The section will then conclude with a discussion of the Millennium Development

⁴ The Millennium Development Goals will be referred to as the Millennium Development Goals, MDGs or Goals throughout this manuscript.

⁵ See Appendix C, Table 1

Goals as a representation of the global community's pledge to furthering human development worldwide. The second argument, referring to the case of Uganda, is that current progress towards achieving the MDGs reveals a country-wide commitment to furthering the capabilities of all Ugandans. I conclude with implications on how the success and failure of countries like Uganda, while working towards achievement of the MDGs within the framework of globalization, will tremendously impact the rest of the world.

Understanding Human Development

The Capabilities Approach

The capabilities approach, based on an Aristotelian foundation and propagated by the economist Amartya Sen and philosopher Martha Nussbaum, provides a theoretical approach to development economics that provides a better understanding of quality of human life, something that does not always correlate with economic growth (Nussbaum 2009). In her book, *Creating Capabilities*, Martha Nussbaum (2011b) outlines the capabilities approach (CA) as a way to improve quality of life by shifting focus from economic progress as a determinant of growth to looking at available opportunities in order to explicate with what people are actually able to work. As a capacious normative framework, the CA acts not as a theory to explain inequality or well being, but rather provides a way to conceptualize and evaluate these phenomena (Robeyns 2006, 353).

The approach has several distinct features. First, the approach distinguishes between the means and ends related to development and personal wellbeing, as Robeyns argues, for example, "only the ends have intrinsic importance, whereas means are instrumental to reach the goal of increased well being, justice and development" (Robeyns 2005, 95). This transitions into the next distinct feature, "functionings" and capabilities. The ends of wellbeing, justice and development are externalized through opportunities available that allow one to "do what they want to do" in order to "be who or what they want to be." "Functionings" include the things a person may value doing or being and capabilities relate to the opportunities to realize one's values. As purported by Charusheela (2009), the distinction made between "functionings" and capabilities promotes social wellbeing while allowing individuals to freely choose how to use that good.

Nussbaum (2000; 2003; 2011b) offers a list of ten central human capabilities that must be met: life; bodily health; bodily integrity; senses, imagination and thought; emotions; practical reason; affiliation; other species; play; and, control over one's environment. These ten capabilities include the idea of a threshold, where a designated social minimum is set that maintains equality across capabilities. This boundary is nation-specific, requiring each government to set a bar that is neither too easily achievable nor too far out of reach. The creation of this list marks the major difference between Sen and Nussbaum.

Where Nussbaum argues the list provides a paradigm for thinking about the capabilities while providing for protection against the endorsement of negative capabilities, Sen contends the use of a predetermined list of capabilities is not up to the theorist and should be left to the government through democratic processes. Sen (1999b) argues there is a close connection between democracy and social justice where democracy contains intrinsic, instrumental, and constructive values that secure individual participation in social matters and public decision-making. Critics of both approaches argue that Sen fails to define how the democratic process should proceed when deciding what capabilities are appropriated and that Nussbaum's list is too general and lacks democratic legitimacy and authority when speaking on behalf of those to whom the list ultimately applies (Robeyns 2003; 2005; 2006). In response to the latter critique, Nussbaum stipulates the list is open-ended and therefore open to change depending on the needs and context (Robeyns 2006).

There is a wide array of empirical research, both qualitative and quantitative, assessing the application of the CA. According to Robeyns (2006) there are nine (at least) different types of capability applications: general assessment of a country's human development; the assessment of small-scale development projects; identification of the poor in emerging countries; poverty and well-being assessments in economically advanced countries; an analysis of deprivations of persons with disabilities; as an assessment of gender inequality; analysis of policies; a critique of social norms, practices, and discourse; and finally, the utilization of "functionings" and capabilities as concepts in non-normative research (361). These applications communicate the innovative facets of the framework as an approach, applicable across disciplines, that integrates theory and practice. Lastly, by utilizing a common theoretical framework with a range of applications, "the CA opens up a truly interdisciplinary space in the study of well-being, inequality, justice and public policies" (Robeyns 2006, 371).

Nussbaum and Sen's approach to development, where social justice and ethical considerations are made central, represents a break from traditional models of assessing human development. This divergence from other models, primarily nested in its departure from economic measures of growth, focuses on human development as a way to enlarge peoples' choices. Its theoretical format and philosophical complexity, however, create problems when a quantifiable measure of development is needed. Realizing this, Sen collaborated on a project to create an index to measure human development using the capabilities approach as a guiding force; thus was born the Human Development Index.

The Human Development Index

Due to the multi-faceted nature of the capabilities approach, specifically its many abstract and broad components, it does not lend itself well as something that can be easily measured. The Human Development Index (HDI), however, is a model that includes several quantifiable development components. The HDI was created in 1990 through the collaborative efforts of such notable thinkers as Mahbub ul Haq and the aforementioned Amartya Sen. The HDI created a way to measure development by utilizing a single statistic that focuses on three functionings: life expectancy, educational attainment, and income (UNDP 2011b). Furthermore, this approach sought to break away from the traditional model based on analyses of Gross Domestic Product (GDP) and economic growth. The creation of the Human Development Index marks a transition to development measurement centered on advocacy (Klugman, Rodriguez, and Choi 2011, 256). Critics of the HDI claimed its simplicity, choice of indicators, and methodology cause it to be an insufficient determinant of human development (Klugman, Rodriguez, and Choi 2011). However, additions made to the HDI sought to address these problems.

In 2010, the Commission on the Measurement of Economic Performance and Social Progress redefined the Human Development Index (Manning 2009).⁶ The current HDI utilizes three dimensions and four indices to measure human development. Health is measured by life expectancy at birth; education is measured by mean years of schooling and expected years of schooling (formerly measured by adult literacy rate and gross enrollment rate); and living standards are measured by gross national income per capita (formerly measured by GDP per

⁶ The Commission on the Measurement of Economic Performance and Social Progress was created by President Sarkozy in 2008 with Joseph Stiglitz as the Chair and Amartya Sen as the Advisor (Manning 2009).

capita) (UNDP 2011b). These new measures provide better coverage in relation to adequate representation of and within each dimension.

Another new addition to the Human Development Index has been the utilization of disaggregation. Through disaggregation, the HDI is able to expatiate the human development of separate groups within each country, which might have otherwise been inaccurately represented by the overall index of the country (UNDP 2011b). This marks a huge milestone for a country like Uganda where considerable disparities exist across genders, ethnic groups, and those living in rural and urban areas. The disaggregation of data is especially useful in determining the appropriate targets for Millennium Development Goals when designing and implementing development related policies.

The 2010 Human Development Report (HDR) also incorporated the Inequality-adjusted Human Development Index (IHDI). The IHDI shows the actual level of human development by accounting for inequality, whereas the HDI shows the potential human development assuming equal distribution of achievements (UNDP 2011b). The Human Development Index and Inequality-adjusted Human Development Index theoretically will be equal once inequalities cease to exist. The IHDI is important as it shows the loss in human development due to inequalities within the HDI (UNDP 2011b). This adjustment is notably important in regards to its ability to inform policies aimed at the reduction of inequalities, a goal and target represented by the Millennium Development Goals.

The Gender Inequality Index (GII) was also introduced in 2010. This index is a response to the 1995 addition of the Gender-related Development Index (GDI) and the Gender Empowerment Measure (GEM), which were criticized for their lack of data and frequent misrepresentation (Klugman, Rodriguez, and Choi 2011, 282) The GII uses three dimensions and five indicators. Reproductive Health is measured by maternal mortality and adolescent fertility; empowerment is measured by parliamentary representation and educational attainment; and labor market is determined by labor force participation (UNDP 2011b). The Gender Inequality Index exposes inequalities in gender by using the Human Development Index and Inequality-adjusted Human Index to further expound the inequalities between women and men.

Finally, the 2010 Human Development Report integrated the Multidimensional Poverty Index (MPI). The MPI "identifies multiple deprivations at the individual level in health, education and standard of living" (UNDP 2011b). The MPI has three dimensions and ten

indicators. Health is measured by nutrition and child mortality; education is measured by years of schooling and children enrolled; and living standards are measured by cooking fuel, toilet, water, electricity, flooring, and assets (UNDP 2011b). The Multidimensional Poverty Index, which replaced the previously used Human Poverty Index (HPI), departs from previous approaches to poverty by showing the incidence of disadvantage and revealing the levels of poverty people experience at any given time. Additionally, the MPI, extracting from the HDI and IHDI, is able to show how multidimensional poverty varies between and within groups. Like the Inequality-adjusted Human Index and Gender Inequality Index, the Multidimensional Poverty Index is able to illuminate pivotal policy implications.

When examining the Human Development Index, one may argue the HDI, like Sen (1999a), prioritizes certain capabilities over others. This, however, is for pragmatic reasons (Klugman, Rodriguez, and Choi 2011, 264). For one, the current components can be measured in a way that provides a comparable score that can be understood outside the complexities of each issue. Other proposed components like sustainability, for example, have yet to be clearly defined let alone measured. Additionally, the focus on freedoms and accountability, which were included in the 2010 Human Development Report, created political backlash and threatened the future of the Report (Klugman, Rodriguez, and Choi 2011, 265).

While the Human Development Index still incorporates an economic approach to human development, the addition of measures like the Inequality-adjusted Human Index, Gender Inequality Index, and Multidimensional Poverty Index—as well as the ability to disaggregate data—enables the HDI to take an important step towards explicating the realities of each country and the people who reside there.

The Millennium Development Goals

The creation of the Millennium Development Goals initiated an international push to further human development through social development policies and practices. Through these goals, countries like Uganda are tasked with creating a more equitable society with increased opportunity to realize individual capabilities. Therefore, while the HDI exposes the social and economic realities of each country, the MDGs map out a plan to achieving human development, with each country tasked with determining the best way to accomplish the components of the plan.

Adopted in the year 2000 at the United Nations Millennium Summit, the Millennium Development Goals represent the most comprehensive development goals ever created and agreed upon by 189 countries and 147 Heads of State (World Bank 2003, 7). The goals are both a global and local initiative where each country, with support from the international community, is tasked with utilizing resources in country to achieve the eight outlined goals. These goals are to: eradicate poverty and extreme hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria, and other diseases; ensure environmental sustainability; and develop a global partnership for development (United Nations Development Programme 2012; hereafter UNDP). All members of the United Nations are tasked with ensuring progress toward the achievement of all outlined goals and their targets.

The MDG Gap Task Force (hereafter the Task Force) was created in 2007 as a way to specifically monitor progress towards Millennium Development Goal Eight, the Global Partnership for Development.⁷ The Task Force works to track international commitments and identify any barriers to success at the international and country level (United Nations 2011). Despite the global economic crisis of 2008, the Task Force suggests that most countries working towards the MDGs will achieve all outlined targets by 2015.

In 2010, the United Nations (UN) reconvened at the MDG Summit (hereafter the Summit) in New York to assess progress made as well as to determine what steps need to be taken to achieve all eight goals by the target date of 2015. The most recent Task Force Report

⁷ The MDG Gap Task Force is represented by: Department of Economic and Social Affairs of the United Nations Secretariat (UN/DESA), Department of Public Information of the United Nations Secretariat (DPI), Economic and Social Commission for Asia and the Pacific (ESCAP), Economic and Social Commission for Western Asia (ESCWA), Economic Commission for Africa (ECA), Economic Commission for Europe (ECE), Economic Commission for Latin America and the Caribbean (ECLAC), International Labour Organization (ILO), International Monetary Fund (IMF), International Telecommunication Union (ITU), International Trade Centre (ITC), Joint United Nations Programme on HIV/AIDS (UNAIDS), Office of the United Nations High Commissioner for Human Rights (OHCHR), Organization for Economic Cooperation and Development (OECD), United Nations Children's Fund (UNICEF), United Nations Conference on Trade and Development (UNCTAD), United Nations Development Programme (UNDP), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Framework Convention on Climate Change (UNFCCC), United Nations Fund for International Partnerships (UNFIP), United Nations Industrial Development Organization (UNIDO), United Nations Institute for Training and Research (UNITAR), United Nations International Strategy for Disaster Reduction (UNISDR), United Nations Office for Project Services (UNOPS), United Nations Office on the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (UN-OHRLLS), United Nations Population Fund (UNFPA), United Nations Research Institute for Social Development (UNRISD), World Bank, World Food Programme (WFP), World Health Organization (WHO), World Institute for Development Economics Research of the United Nations University (UNU-WIDER), World Meteorological Organization (WMO), World Tourism Organization (UNWTO) and the World Trade Organization (WTO).

(2011) states that after the Summit, new commitments were made for each goal: increased funding for agriculture by the World Bank to eradicate hunger and poverty; technology initiatives to target education; a commitment of \$40 billion for Women's and Children's Health; an increase in clean-burning cook stoves; and a zero-tariff and debt cancellation policy in China on imports from the least developed countries. To help achieve these goals, the Task Force calls for increased transparency regarding donor aid and national development strategies, innovative sources for financing, a decrease in restrictive trade measures with an increase in trade capacities for the least developed countries, strengthened capacity for debt management, increased accessibility and affordability of essential medicines, and improved access to new technologies for development (MDG Gap Task Force Report 2011; hereafter Task Force Report).

Despite the aims of the MDGs, which many consider just, critics argue that the Goals seek only to establish a safety net for the world's poor, instead of a legitimate passageway out of poverty (Severino 2007). Furthermore, it is argued that the Goals fail to consider the complex dimensions of poverty and that targeting the social sector only could move a country away from already established paths of development towards unsustainable aid dependence (Manning 2009). Other notable academics argue the MDGs represent laudable humanitarian goals rather than development goals (Blattman 2008). This argument aligns with the former where development goals are typically pursued in a fashion that exudes long-term sustainability. Furthermore, while the MDGs measure collective progress, countries are judged on their performance individually, meaning less developed nations are essentially being set up for failure. Lastly, in stark contrast to the capabilities approach, MDG critics contend the Goals focus on ends without paying attention to the means (Nguyen 2010). This argument directly violates one of, if not the most, salient feature of the capabilities approach. With three years left on the project, arguments against the MDGs, while important to consider, ultimately remain premature; for, until 2015, such criticisms apply to the MDGs *intended* outcomes only.

Criticism aside, the UN made firm its obligation to ensuring each country takes primary responsibility in achieving the Goals with support from developmental institutions in regards to implementation and design of proposed strategies (United Nations 2010, 7-8). The MDGs acknowledge the reality of the transition into a globalized world, where social development is achieved through transnational partnerships, with a strong commitment by the international community to aid in the progress of the world's emerging countries. We will now consider the

case of Uganda to examine progress toward achievement of the MDGs related to health, poverty reduction, and universal primary education while illustrating if and how Uganda is working to further human development within the realm of the capabilities approach.

Case Study: Uganda

From Colonialism to Museveni

Due to the 1.5 million displaced people living in northern Uganda, former United Nations Secretary for Humanitarian Affairs, Jan Egeland, deemed the crisis one of the worst humanitarian disasters on the globe (Kisekka-Ntale 2007, 421). Uganda has a long history of violence and dictatorial rule since gaining independence in 1961 and conflict has deep roots going back to its colonization by Great Britain in 1888. To examine Uganda's conflict riddled past without placing it in the context of colonialism would be remiss.

As argued by Kisekka-Ntale (2007, 421), conflict in Uganda is not related to post-independence issues. Instead, it is proposed that Uganda's conflict is a crisis rooted in the post-colonial state where Uganda's colonial legacy transformed ethnic groups into political states, thereby creating ethnic-propelled wars, not only in Uganda, but in other parts of Africa as well. Britain capitalized on an already established "political order" within the Buganda group, Uganda's largest ethnic group, where British colonizers employed a decentralized form of colonization and the Buganda group was granted authority to utilize sub-imperialism to rule other tribes in Uganda (Kisekka-Ntale 2007, 425). This "divide and rule" technique greatly segregated northern and southern Uganda, creating a foundation for future conflicts (Kisekka-Ntale 2007, 428).

Britain granted independence to Uganda in 1961. From 1961 until 1986 Uganda faced constant political upheaval. During this period, Milton Obote suspended the constitution and declared Uganda a Republic (Bureau of African Affairs 2012). Through a military coup, Idi Amin (1971-1979) came to power and perpetrated grave human rights violations. From 1979 until 1986, these violations continued amid widespread political unrest. During this time the National Resistance Army (NRA), led by Yoweri Museveni, gained ground as it formed the National Resistance Movement (NRM) political party (Bureau of African Affairs 2012). Because Museveni's election was viewed as a victory for the south, many ethnic groups, namely the

Acholi, fled to the north and divided into rebel groups. Various northern-dominated rebel groups emerged during this time, most notably the Lord's Resistance Army (LRA).

The LRA, led by the self-proclaimed prophet Joseph Kony, formed in 1988. Between 1986 and 1988, the National Resistance Army defeated many rebel groups and the LRA was unable to maintain increased support by the Acholi (Annan, Brier, and Aryemo 2009, 641). The lack of support for the Acholi people, viewed as betrayal, caused the Acholi to become prime targets of the LRA. The LRA conflict created severe instability in northern Uganda, which has spilled over into other countries, inciting new waves of violence. Additionally, the ethnic-targeted crimes perpetuated by the LRA helped sow the seeds of ethnic tensions planted by colonial rule over 100 years ago.

Yoweri Museveni was re-elected in February 2011 and remains the current president of Uganda. While controversies still surround Museveni's government, undeniable strides have been made. World Bank figures estimate that between 1986 and 2008, economic growth averaged a 6.7% increase each year (Izama and Wilkerson 2011, 65). Museveni's 2011 campaign, characterized by increased spending and campaigning across all of Uganda, marked a turn away from ethnic divides created by British colonization (Izama and Wilkerson 2011). As the National Resistance Movement worked to oust the LRA from northern Uganda, support from the North for Museveni and the NRM increased, which resulted in a convergence of ethnic groups from the northern and southern parts of Uganda (Izama and Wilkerson 2011).

The foundations of colonial rule, as implemented by the British beginning in 1888, created great rifts among Uganda's many ethnic groups. These divisions led to instability, economic recession, and inter-country conflict. The most stable force in Uganda, entering its 26th year in power, is represented by the rule of Yoweri Museveni and his National Resistance Movement political party. While Museveni's rule may be characterized by corruption, he has helped bring peace and stability to a region with a long history of violence. Uganda is now working to achieve the Millennium Development Goals as outlined by the United Nations. Research shows that Uganda, like many African countries, will unfortunately not achieve many of the MDGs by the target date of 2015. It remains, however, that Uganda has made major strides in the areas of education, health, and gender equality. These areas will be explored further to demonstrate where progress has been made and highlight the challenges ahead.

The Current Capacity of Uganda

Most information detailing the status of many countries comes from the Human Development Index. The 2011 HDI paints a startling picture of many African countries. In 2011, the bottom 10 countries in the world were all located in sub-Saharan Africa (UNDP 2011a, 137-138). Despite recent progress, these countries suffer from inadequate income, decreased opportunities for education, and life expectancies far below the world's average. Many of these problems are compounded by conflict and widespread outbreaks of HIV/AIDS. While Uganda falls in the category of "low human development," it is one of the more progressive African states with a ranking of 161 out of 187 (UNDP 2011a, 137).

So what exactly does a country ranking 161 within the HDI numerically look like? According to the World Bank (2011b) 24.5% of the population of Uganda fell below the national poverty line, life expectancy at birth was 54.1 years, and adult literacy was 73%. These numbers, however, create only a partial picture of Uganda. Against the backdrop of the Millennium Development Goals and the capabilities approach, insight into education, health, and poverty eradication will show that Uganda has made substantial progress toward creating a more equitable society.

Extending the Reach of Education

The link between education, wellbeing, and social development is not a new phenomenon. In fact, in Resolution 57/254 the United Nations (2002) declared 2005-2014 as the Decade for Education for Sustainable Development. Education for Sustainable Development (ESD) has four components: improving access to basic education, reorienting pre-existing education programs, increasing awareness and public understanding regarding education, and providing training to those involved in education (Little and Green 2009, 171). ESD promotes community-based decision-making, social tolerance, and increases the overall quality of life by creating an adaptable work force. Regarding work force, education and the skills that go along with it aid in attracting foreign investment, which contributes to country development (Little and Green 2009, 172). Similarly, the skills gained through education determine the extent to which technologies can be transferred and the ability of more indigenous companies to compete in world markets (Little and Green 2009). It is not surprising that education, as a strategy for social development, represents an important step towards securing long-term gains.

In 1987 the Ugandan government convened the Education Policy Review Commission (EPRC), which recommended initiating universal primary education as soon as it was feasible to do so (Grogan 2008, 185). Six years later, in 1993, the Primary Education and Teacher Development Project was launched. This project targeted teacher education, called for a revision of curriculum for primary education as well as mandatory pupil examinations, sought to increase the provision of classroom materials, and improve the process of monitoring the quality and progress of education (Grogan 2008, 186). Finally, in January 1997 (coinciding with Museveni's re-election campaign) Uganda instituted Universal Primary Education (UPE).

With the abolition of associated school fees, enrollment increased 58% (Uganda Ministry of Education and Sports 1999, 11; hereafter UMES). Overall, from 1997 to 2004 primary enrollment increased from 3 million to 7.3 million with female enrollment increasing 156% (UMES 2005, 3-4). The elimination of school fees, however, did not coincide with an increase in school infrastructure, despite increased channeling of government funds for schools. Even after eight years the textbook to pupil ratio was 1:3, classroom to pupil ratio was 1:55, and desk to pupil ratio was 1:3 (UMES 2005, v). While universal primary education abolished school related fees, parents still had to provide school uniforms and transportation, as well as account for income lost from previously working children pursuing primary education.

Education in Uganda follows the British education system where students undergo seven years of primary school, four years of lower secondary school, two years of upper secondary school, and three years of university. Therefore, by 2004-2005, many pupils were near completion of primary school and left wondering if continuing their education was even feasible. The next step for Uganda, and a monumental one at that, would be to universalize secondary education as well.

In 2006, Uganda became the first country in sub-Saharan Africa to implement universal secondary education (USE). This implementation grew out of demand as many students completed primary school and the need for enhanced workforce skills increased (Chapman, Burton, and Werner 2010). Following the structure of universal primary education, parents were still expected to shoulder the costs of sending their children to school. Additionally, much like UPE, USE was implemented without any change to existing infrastructure. This lack of foresight in planning created an undue burden on teachers forced to handle more students with limited

resources. These factors have proven to negatively impact the quality of education, hindering the goal of Education for Sustainable Development.

With three years left, Uganda is on track to meet the target of achieving universal primary education, but is still showing slow progress towards primary school completion. Between 2004 and 2005, completion rates for boys fell from 72% to 54% and from 54% to 42% for girls (Ministry of Finance, Planning and Economic Development 2010, 17; hereafter MFPED). The drop in completion rates has been attributed to increased competition among pupils, causing stress and leading to drop out. It is important to note, however, the cohort assessed represents the first cohort within UPE, and substantial dropouts would naturally be expected. Another issue regarding UPE involves quality of education. In 2003, the Ministry of Education and Sports launched the National Assessment of Proficiency in Education (MFPED 2010, 17). This assessment, mirroring the Primary Education and Teacher Development Project of 1993, sought to examine quality of universal primary education in regards to literacy rates. These rates show a rise in literacy from approximately 78% to 87% for females and 86% to 90% for males from 2002 to 2008 (MFPED 2010, 18). Therefore, not only is Uganda working to ensure that access to education is expanded, it is going a step further by assessing the quality of education.

Within the framework of the capabilities approach, education represents a cornerstone in realizing capabilities and furthering human dignity. As Nussbaum (2011b, 152) contends, education helps people form existing capabilities into developed internal capabilities. Expanding on this, education is pivotal to the development and exercise of many other capabilities. As the literature shows, education is linked to an increase in employment options and political participation. Moreover it enhances one's ability to engage others in society, decreasing social isolation. It is important to note, however, a caveat pertaining to education relative to the capabilities approach.

While the approach focuses on freedoms, Nussbaum (2011b, 156) acknowledges that education is so pivotal in realizing one's capabilities that making it compulsory in childhood is justified by the increase in capabilities later in life. Within a capabilities framework, Uganda, both in current measures and with future policy initiatives, shows a commitment to many aspects of the CA. These initiatives include a revised curriculum that uses local language to teach literacy, numeracy, and life skills; performance targets for head teachers; and the introduction of Basic Requirement Minimum Standards (MFPED 2010, 17). While the previous implementation

of UPE and USE failed to consider the quality of education provided, these policy initiatives affirm a vow to ensuring the quality of education is enhanced in a way that aids in the realization of one's "functionings."

As many African countries are set to not meet the MDGs, Uganda faces an opportunity to create a successful model for the attainment and monitoring of universal education. Ability to attend school, however, depends on the health of the people. While health is a broad category to define, in relation to the MDGs, health refers to a reduction in child mortality and improved maternal health.

The Push to improve Health while Combating Poverty

Evidence from Uganda and other countries in Africa show that decreased health is directly linked to poverty (Yates, Cooper, and Holland 2006). As a response, the Ugandan government has attempted to improve access to basic health services. Beginning in the 1990s, for example, the poor received exemptions from user fees associated with health services.

Taking its cues from the Millennium Development Goals, the international community has thrown its support behind a new conceptualization of poverty reduction. This new stance is rooted in rights-based empowerment strategies that view poverty as a multidimensional problem structured around individual agency and institutional abilities (Yates, Cooper, and Holland 2006, 340). Therefore, poverty has transitioned from an individual problem to a *societal* problem where an investment in (healthy) human capital will lead to increased economic production and an overall reduction in poverty.

Studies on health and risk in Uganda found several important and overlapping themes. From 1992-1999 Lawson (2004, 211) found that sickness negatively impacted household income growth and households headed by a sick member were more likely to be impoverished. These findings, corroborated by Deinenger and Okidi (2003), show the negative effect illness has on upward economic mobility. Simply, illness keeps people out of work. Combating illness is made difficult, however, because of the user fees associated with health services that restrict access to medical care (MFPED 2002). Even though user fees were abolished for the most vulnerable, the World Bank (2001b) indicates that most developing countries have been unable to successfully implement guidelines aimed at increasing access to basic health services. The abolition of user fees is essentially futile if other entities are inhibiting access.

In March 2001 the Ugandan government abolished all health associated user fees. Data provided by the Ministry of Health (2003) show an 84% increase in new patients for outpatient care. This expansion, emulating the increase in enrollment experienced with the implementation of universal primary education and universal secondary education, exposes the impediment to care that user fees created. Concurrently, in order to sustain the increase in new patients, the government introduced additional health care reforms. The reforms included increased funding for medical supplies and improvements in drug supply (Yates, Cooper, and Holland 2006). These measures demonstrate a dual pledge by the Ugandan government to ensure greater access and increase overall quality, something it had failed to do when implementing UPE and USE.

Since poverty has been linked to health, the Millennium Development Goal to eradicate extreme poverty and hunger is of importance in achieving all health-related goals. According to the Uganda MDG Report (MFPED 2010), Uganda is on track to cut poverty in half by 2015, meaning poverty would be approximately 28%. The National Development Plan (NDP), however, has set an ambitious target of 25%. The poverty gap, or the measure of how far the poor are below the poverty line, has also been decreasing. Despite these significant achievements the level of rural poverty versus urban poverty is still far above the target at 34% (MFPED 2010, 13). Even more disturbing is the level of poverty among internally displaced persons (IDP), which in 2005/06 was estimated to be 78% (MFPED 2010, 14).

Despite these figures, which reveal the complexity of poverty, the rapid reduction of poverty in Uganda marks a huge achievement. The 2008 evaluation of the Poverty Eradication Action Plan (PEAP) showed that increased spending on security, UPE, and the abolition of health fees in 2001, coupled with economic growth, all contributed to poverty reduction (MFPED 2010). In order for poverty reduction to be sustained, however, Uganda must have a workforce composed of healthy citizens.

The health related aspects of the Millennium Development Goals include a reduction in child mortality and improvement in maternal health. As shown in the Uganda MDG Report, progress toward reducing child mortality is slow. Data from 2009 is unavailable, but figures show a decrease in under-five mortality (per 1,000 live births) from 156 in 1995 to 137 in 2005/06, and a decrease in overall infant mortality rate (per 1,000 live births) from 81 in 1995 to 76 in 2005/06 (MFPED 2010, 20).

Similar to poverty inequality between urban and rural residents and those living in IDP camps, infant mortality is also unevenly distributed. Data show that in regard to under-five mortality in 2005/06 the numbers were (per 1,000 live births) approximately 110 in urban areas, 150 in rural areas and 200 among those living in IDP camps (MFPED 2010, 21). In 2000/01, under-five mortality and infant mortality among the poorest 20% were 190 and 105 and by 2005/06 these numbers had dropped to 170 and 100 respectively (MFPED 2010, 21). For the wealthiest 20%, in 2000/01, under-five mortality was 105 and infant mortality was 60 and by 2005/06 under-five mortality was remaining constant at 105 and infant mortality had actually increased to about 110 (MFPED 2010, 20-21). Even though infant mortality among the wealthiest has remained steady, the gap between the lowest quintile and wealthiest is narrowing. Additionally, in reference to the lack of significant change in infant mortality among the wealthiest, it can be hypothesized that abolishing health related fees did not impact the wealthiest quintile, because they could afford care regardless of fees imposed.

Another facet of child health that garners attention is the rate of immunizations. Between 2001 and 2005 Uganda initiated the Immunization Revitalization Strategic Plan (IRSP) (MFPED 2010). This plan incorporated three policy objectives: to increase accessibility to immunization services, provide safe and "potent" vaccines, and create and sustain demand for immunization services (Ministry of Health 2003, 1). Immunizations represent a form of risk prevention where actions are taken to prevent communicable diseases, specifically in children (Yates, Cooper, and Holland 2006, 351). After the implementation of the IRSP, immunizations for measles and DPT3 (diphtheria, pertussis and tetanus) increased. Both vaccinations currently hover around 81%, just below the national target of 90% (MFPED 2010, 21). Uganda has also committed itself to eliminating maternal and neonatal Tetanus (MNT), and as of July 2011, it became the 20th country to do so since the year 2000 (United Nations Children's Fund 2011; hereafter UNICEF). As MNT can only be eliminated, not eradicated, it is up to the government to continue to provide quality health care services that can be accessed by all economic groups.

The commitment to expelling maternal and neonatal Tetanus in Uganda shows a pledge to another Millennium Development Goal, maternal health. The targets for this goal are to reduce the maternal mortality ratio by 75% and to achieve universal access to reproductive health. The lack of progress towards improving maternal health indicates that Uganda has a tough road ahead in achieving its 2015 target.

Between 1995 and 2005/06 the maternal mortality ratio (per 100,000 births) fell from 506 to 435 with a target of 131 by 2015 (MFPED 2010, 22). Another way Uganda is attempting to combat maternal mortality is by increasing the proportion of births attended by skilled health personnel. The goal for this target is to have all births in Uganda attended by skilled health personnel by 2015, but the most recent approximations show that in 2005/06 only 42% of births met this target (MFPED 2010, 22). Much like poverty distribution, the share of births attended by skilled health professionals varies widely depending on income bracket. The 2010 Uganda Millennium Development Goal Report reveals that among the poorest 20% only 29% of births were attended by a skilled health care professional in 2005/06 compared to 77% among the wealthiest 20% (MFPED 2010, 22-23).

The 2010 Uganda MGD Report shows that Uganda is currently not on track to meet its health targets by 2015. The Ugandan government has recognized the need to improve equality of economic growth in order to ensure its inclusiveness across groups. This inclusivity not only translates to maternal health, but to overall poverty reduction as well. Within a capabilities framework, Uganda's focus on poverty reduction and increased maternal and child health will hypothetically lead to healthy and economically stable individuals who are able to attend school and productively contribute to economic growth.

The goals of poverty reduction and increased health directly align with Nussbaum's capabilities as uplift from poverty and positive health outcomes will lead to increased overall human dignity. Furthermore, these initiatives show a government focus on the individual person, from those in the poorest to the wealthiest quintile, where the separate capabilities of each individual are prioritized within government policy initiatives. Stagnated progress toward aspects of infant maternal health, while not necessarily a violation of the tenets of the capabilities approach, does indicate that government monitoring and policy is failing to appropriately address these issues. As stated before, however, as poverty is reduced and the distribution of household incomes equalized, there is hope that the health-related targets will be achieved.

In relation to poverty reduction, through its National Development Plan (NDP), the Government has committed itself to increasing household incomes and ensuring equality of distribution, enhancing agricultural production, improving access to gainful employment, and strengthening Uganda's physical and economic infrastructure (MFPED 2010, 14). With regard to employment measures, the NDP has recognized that a combination of efforts is needed to

improve productivity and employment. The Government has asserted the need for national policies and guidelines regarding youth employment, pledged to establish a minimum wage, and seeks to provide skills development programs for women and youth (MFPED 2010, 15). These initiatives certify Government recognition of existing inequalities, specifically in relation to women and youth.

Future Implications of Uganda's Success

The most recent United Nations MDG Report (2011) shows that progress has been made across countries working to achieve the eight Millennium Development Goals. Overall, poverty is declining, access to education has increased, the accessibility of clean drinking water has improved, and diseases like malaria and HIV are better treated and prevented. Uganda is in line with the progress made. From the figures presented, Uganda is on target to reduce its poverty rate by more than half, has improved access to education, and has increased the amount of vaccinations and immunizations administered—successfully eliminating maternal and neonatal Tetanus.

Unfortunately Uganda, along with many countries of the world, will likely not meet targets aimed at maternal health and child and infant mortality. This fact, viewed through a CA lens, marks a failure by the Government of Uganda. However, while Uganda more than likely will not reach the target date of 2015, the importance of the MDGs in raising awareness of various health issues, specifically maternal health, should not be overlooked. In many openly patriarchal societies maternal health is not considered a necessity, causing many health-related issues that could otherwise be treated or even prevented. Therefore, any progress towards this goal is a success in itself. Additionally, the backing of this goal by the international community places significant importance on the needs of women worldwide.

The ability to achieve the outlined MDGs requires economic capital, something that has recently put Uganda at the forefront of world news. In recent years, Uganda has discovered a plethora of oil reserves along its Albertine Rift. Reports estimate that Uganda's oil reserves could make it one of the top African producers of oil (International Alert 2009, 4). Given the current battle for oil and the increasing price of oil worldwide, the potential for income generated from oil exports will greatly help Uganda as it works to alleviate poverty and increase social and economic development.

There is some hesitancy when looking at the future, however, as many emerging countries have historically fallen victim to the “resource curse,” where reliance on mineral wealth often leads to instability and civil war (International Alert 2009, 4). Uganda is provided with a unique opportunity, as its oil reserves are a shared resource with the Democratic Republic of the Congo (DRC), creating a cross-border partnership and increasing economic opportunities for more countries within the Great Lakes region of Africa.

As the world becomes more globalized it also becomes more connected. These connections are more than just those created by social media outlets, but are connections that are characterized by transnational partnerships and an increased movement of goods and ideas across borders. The creation of the United Nations in 1945 after the Second World War marks the commitment of the international community to securing international peace, furthering human rights and promoting social progress (United Nations 2012). Similarly, the implementation of the Millennium Development Goals by the UN marks an international recognition of worldwide globalization. With the discovery of oil reserves and progress already made towards the MDGs, Uganda is in an important position for becoming a strong contender within a newly globalized economy. Its success, however, must follow a commitment to social development, within a human rights framework that aligns with the capabilities approach. These approaches will aid Uganda in the creation of a healthy and educated work force that is able to adapt to and maintain a strong presence in a globalized world.

Conclusion

In her book, *Creating Capabilities*, Nussbaum focuses on the “capabilities approach” as a way to improve quality of life by shifting focus from economic progress as a determinant of growth to looking at available opportunities in order to elucidate what persons in country are actually able to work with. This approach marks a conversion in thinking where economic growth is considered in terms of the opportunities available and the ability of the people to perform at their highest capacity. Additionally, the heterogeneity of the capabilities pushes the government, through policies and other initiatives, to secure all capabilities in order to aid in the flourishing of internal capabilities. With the backing of the Millennium Development Goals, Uganda and all UN member states have made firm their commitment to realizing the capabilities of all individuals. While there is still a long way to go, Uganda’s progress in the realm of

education and poverty reduction demonstrate its dedication to putting the needs of the people at the forefront of national policy as a way to secure economic development. Nussbaum's main point of the capabilities approach, however, is that economic growth is only a part of government policy. In the end, "it is people who matter ultimately; profits are only instrumental means to human lives" (2011b, 185).

Appendix A

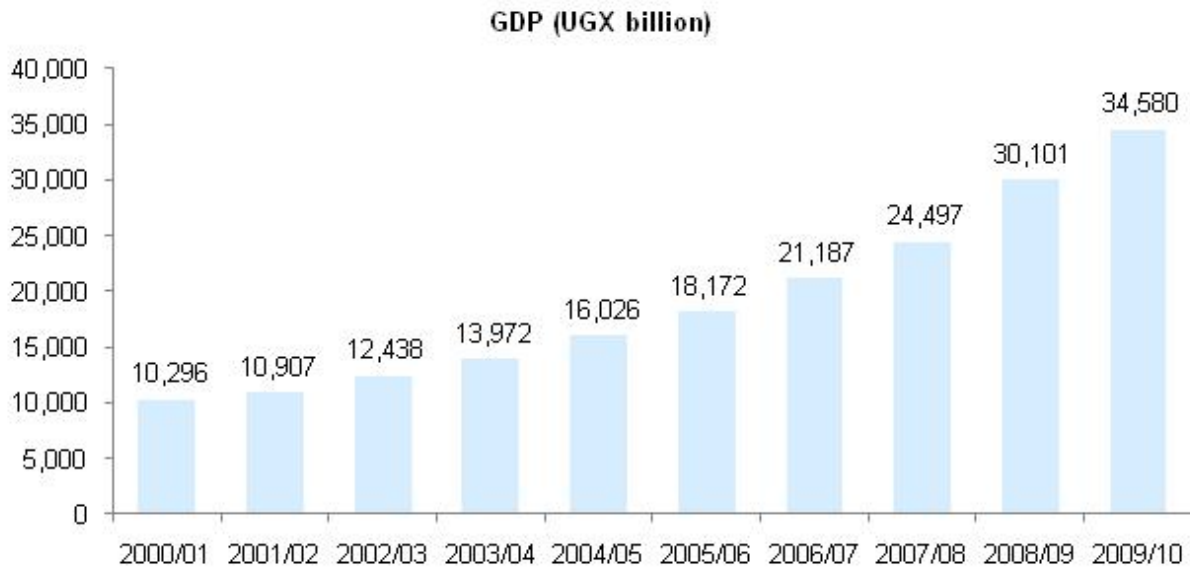
Figure 1: Map of Uganda



Source: Infoplease

Appendix B

Figure 1: Economic Growth of Uganda Since 2000



Source: Euromoney Country Risk

Appendix C

Table 1.

Millennium Development Goals	2010 Human Development Index	Capabilities Approach
Eradicate Poverty and Hunger	Living Standards (HDI, MPI)	Life Bodily health Bodily integrity Play Control over environment
Universal Primary Education	Education (HDI, MPI)	Senses, imagination, thought Affiliation Play Control over environment Practical Reason
Gender Equality	Reproductive Health (GII) Empowerment (GII) Labor Market (GII)	Life Bodily integrity Senses, imagination, thought Affiliation Control over environment Practical reason
Decrease Child Mortality	Health (HDI, MPI) Reproductive Health (GII) Living Standards (HDI, MPI)	Life Bodily health
Increase Maternal Health	Health (HDI, MPI) Reproductive Health (GII) Living Standards (HDI, MPI)	Life Bodily health Bodily integrity
Combat HIV/AIDS and other communicable diseases	Health (HDI, MPI) Education (HDI, MPI) Living Standards (HDI, MPI)	Life Bodily health Bodily integrity
Environmental Sustainability	Living Standards (MPI) Education (HDI, MPI)	Control over environment Other species
Global Partnership for Development	Health (MPI) Living Standards (MPI) Labor Market (GII)	Affiliation Control over environment Bodily health

Note: Conceptual Framework explicating the Intersection of the Millennium Development Goals, 2010 Human Development Index and Capabilities Approach

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