

Many Ugandan women give birth at a time they do not intend to. In the third and last part of series on population, Carol Natukunda examines how far Uganda has gone to meet the FP2020 target as the country joins the rest of the world to commemorate World Population Day today. The global theme for the day is *Family Planning is a human right*.



The structures where pupils in Bwaise-Nabweru slum access education. Photos by Godfrey Kimono

Will Uganda achieve its 2020

GRAPHICS BY BRIAN SSEKAMATTE

In the heart of Bwaise-Nabweru slum in Kampala, 29-year-old Syryll Kizza is determined to make a difference. He built two wooden shacks where he seeks to ensure that children born in the slums access basic education.

Kizza uses social media to raise funds to buy scholastic materials and food for the children. There are 60 children in the school that was started in 2012.

Growing up in this slum, Kizza saw first-hand stories of commercial sex in this slum.

"Women are selling their bodies. Children don't know their fathers and some mothers are dying in childbirth," he says.

"Once you have children under your care, it is easy to get to their mothers. I work with volunteers. We call reproductive health organisations to talk to the mothers about family planning," he says.

"We also raise money to ensure that the mothers are skilled in craftwork or start businesses rather than depend on sex for a living," says Kizza.

The bigger picture

Call it shooting two birds with one stone. Through educating children and empowering women with life skills, Kizza hopes that this will be a form of contraception to stop unwanted pregnancies, while building a self-reliant community.

Uganda's fertility, teenage pregnancy and maternal mortality rates remain among the highest globally. During the 2012 London summit on Family Planning 2020, Uganda is one of the countries that committed to increase funding to address barriers to reaching the most vulnerable women who need contraception services.

The goal is to reach 120 million women who needed contraceptives in 69 focus countries, one of which is Uganda, by the year 2020.

Consequently, in 2014 the health ministry launched a Costed Implementation Plan (CIP), which seeks to reduce the unmet need for family planning to 10% from 26% in 2011.

The plan also seeks to increase prevalence rate of modern contraception among married and women in union to 50% by 2020 from 34% in 2011.

It is hoped that this will increase the number of women in Uganda using modern contraception from about 1.7 million users in 2014 to 3.7

Family Planning 2020 (FP2020)

Enacted: At 2012 London summit

Goal: Reach **120** million women who need contraceptives in **69** focus countries, including **Uganda** by **2020**.

Implementation

In 2014, Ministry of Health launched a costed implementation plan to:

- Reduce unmet need for family planning to **10%** from **26%** in 2011.
- Increase prevalence rate of modern contraceptive amongst married and women in union to **50%** from **34%** in 2011.



Anticipated results

3.7 million users of modern contraceptive by 2020 from **1.7 million** users in 2014.

Save the country **\$126.7m** which would be spent on needless maternal and infant health care costs.

Avert **4, 067,731** unintended pregnancies, **579,550** abortions, **6, 072** maternal deaths, **118,700** child deaths by 2020.

million by 2020.

If the CIP is fully implemented and contraceptive use embraced, by 2020, Uganda will avert 4, 067,731 unintended pregnancies, 579,550 abortions, 6, 072 maternal deaths, 118,700 child deaths.

According to Sarah Opendi, the health state minister in charge of general duties, this would save the country \$126.7m which would otherwise have been spent on needless maternal and infant health care costs.

The minister argues the move will help Uganda to focus on creating a more sustainable age structure, improving the quality of the population.

"Family planning would translate into smaller child cohorts and greatly reduce the dependency ratio. No country has ever attained economic development without tackling its fertility rate," says Opendi.

"Under this plan, family planning commodities must be available at all times. When a woman visits the health facility, it must have a qualified health worker to administer the method. The high unmet need of contraception is evidence that the women are having children at a time

when they either want to limit or space child births," Opendi adds.

The CIP goals are in line with the Sustainable Development Goal 5 which calls for universal access to reproductive health and rights.

Where are we?

The cost of the total plan is sh622b or \$235m between 2015 and 2020. Of this amount, 49% was budgeted for the overall costs to procure family planning supplies. Considering that we have just about two years to the FP2020 target, will we be able to achieve it?

Opendi is upbeat. "If we maintain the momentum, we will," she says. However, she quickly adds: "We might not exactly achieve 100%, but we will be close."

She boasts about the introduction of the Sayana Press, a self-injection contraceptive method which the Government rolled out in 2016. Unlike the traditional hormonal injectable, which is injected into the muscle, Sayana is injected just under the

skin, making it easier for the lower-level health worker or even women themselves to administer.

"Women especially in rural areas love Sayana because it can be used discreetly. This will give us mileage. If you compare the demographic surveys between 2011 and 2016, you can see we are making progress," says Opendi.

However, *New Vision* has seen a Performance Monitoring and Accountability report 2020 (PMA) which casts doubt on whether Uganda will be able to meet the set target with only two years to the deadline.

It shows that as of May 2017, the modern contraceptive rate among married women was at 33.9%, lower than the 35% rate indicated in the demographic survey in 2016.

The unmet need for family planning had slightly increased to 29.6%, compared to the 28% rate indicated in the demographic survey.

Meanwhile, the women having the first birth by age 18 were found to be 27.3%, compared to the 28% teenage pregnancy rate in the demographic survey.

The PMA data further shows that the number of recent unintended pregnancies stood at 40.3%.

Data also reveals that the median age at first sex for girls in Uganda is 16 years. However, they begin using contraceptives at the age of 22.9. At this age, an average Uganda girl has already had an average of 2.3 children.

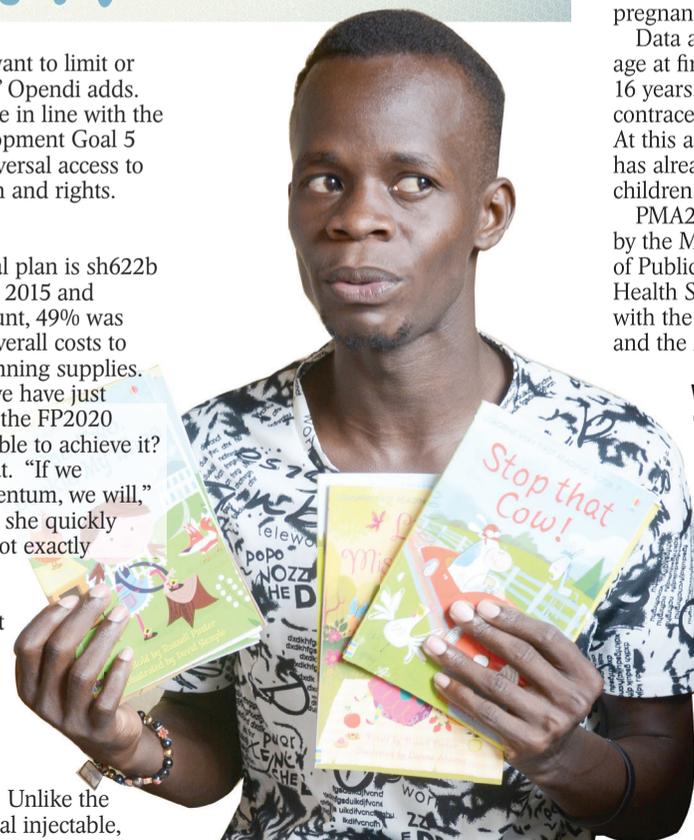
PMA2020 surveys are conducted by the Makerere University's School of Public Health at the College of Health Sciences, in collaboration with the Uganda Bureau of Statistics and the Ministry of Health.

Where is the gap?

Critics feel there is not much being done on the ground.

"We all know that people will have sex. However, they will not come to the health centre to pick the contraceptives. So why not take the initiative to look for them from the slums, the bodaboda stages, or hangout places where they spend most of the time," says Victoria Nabbosa, a community health worker in Wakiso district.

Prof. Anthony Mbonye, the former director general of services in the health



Kizza holding learning materials



Kizza with some of his pupils at the school. Kizza reaches out to mothers about family planning through their children

family planning target?

ministry, says there is need to reactivate community education programmes.

“Everybody must take good health for individual and community as a personal responsibility not the role of the sector alone,” he says

He is, however, also worried about corruption and abuse of office that is rampant in the public service which might affect some well-intended maternal and infant health programmes.

“We cannot achieve maternal and infant health goals if the leadership in the health sector is not made accountable,” he says.

Mbonye’s fears are not far-fetched. In 2013, the government launched a plan worth \$682m to prevent child and maternal deaths in four years (2013-2017). The plan aimed at reducing maternal mortality rate from 438 deaths per 100,000 live births in 2011 to 211 deaths per 100,000 live births in 2017.

The Government also hoped that under-five mortality rate would fall from 90 deaths per 1,000 live births in 2011 to 53 deaths per 1,000 live births in 2017.

Fast forward to today, the maternal mortality is at 336 per 100,000 live births, while the under-five mortality is at 64 deaths per 1,000 live births.

Expenditure

Officials are tight-lipped on the family planning expenditures. This makes it difficult to understand the funding trends and assess whether it might be a limiting factor in access to contraception.

By press time, senior experts in the health ministry Dr Livingstone Makanga and Dr Placid Mihayo had not responded to questions put to them.

However, *New Vision* has established through independent sources that, for instance, in the financial year 2015/16, up to sh8b was allocated to family planning. Half of the budget was used for the procurement of contraceptives, especially Depo provera, while the other half was for the procurement of maternal delivery kits.

In an earlier interview with *New Vision*, National Medical Stores (NMS) spokesperson Dan Kimosho revealed that some health facilities were not placing orders on time hence suffering stock outs. Kimosho intimated that most of the reproductive health commodities have low stock levels at NMS except for Depo provera (injection) that is



The pupils in class. The school which started in 2012 has 60 pupils

Performance Review on FP 2020

According to the Performance Monitoring and Accountability report 2020 (PMA 2020)

As of May 2017:

33.9%
Modern contraceptive rate among married women (35% in the 2016 demographic survey).

29.6%
Unmet need for family planning. (28% in the demographic survey).

27.3%
Women having the first birth by age 18 (28% in the demographic survey).

40.3%
Unintended pregnancies.

16
Median age at first sex for girls in Uganda.

22.9
Age at which they begin using contraceptives. At this age, an average Uganda girl has already had an average of 2.3 children.

well-stocked.

“This is based on studies that have shown that women prefer the injection,” said Kimosho.

The PMA2020 data shows that the most commonly used contraceptive method among all women using modern methods was the injection, implants, male condom, pills and female sterilisation. The just introduced Sayana Press comes sixth.

EXPERT OPINION: Healthy women, healthy families

Dr Jotham Musinguzi, the director general of the National Population

Interventions

Sarah Opendi, the health state minister in charge of general duties, says there is a deliberate effort to increase the number of health workers at the lower health facilities; as well as have community health workers traverse villages and educate families about family planning.

“We want to bring services much closer to people.”

She adds: “We are supported by development partners. Contraceptive services are free. Even the private sector gives them at almost free-of-charge.”

Asked about why Uganda failed to meet its target as indicated in the maternal/infant health plan, Opendi blames the mothers who report to health centres when it is late.

“We try to do our part, but ultimately, families we need to support and encourage our mothers to go to health facilities. An expectant legislator died and when we followed through, she had not attended antenatal care (half way through her pregnancy), what does that show you?” she asks.

“The uptake of contraceptives if embraced will remove needless deaths. 25% of women are dying because of unwanted pregnancies. Imagine the difference it would make on our statistics if we removed these unwanted pregnancies.”



Minister Sarah Opendi

Council, says reducing fertility rate is one the game changers for an economy, besides investment in education, health and good governance.

“When family size is smaller,

more resources are available to benefit all members of the family, especially children,” Musinguzi says.

“You have more food, hence better nutrition, clothing and school achievements. Mothers benefit as

FACTFILE: Indicators from the Uganda Demographic Health Survey

Total fertility rate:	2016	5.4	▲
	2011	6.2	
Teenage pregnancy rate:	2016	25%	▲
	2011	24%	
Modern CPR:	2016	35%	▲
	2011	26%	
Unmet needs:	2011	34%	▼
	2016	28%	
Infant mortality (/1000 live births):	2011	54	▼
	2016	43	
Under-five mortality (/1000 live births):	2011	90	▼
	2016	64	
Maternal mortality ratio (/100,000 live births):	2011	438	▼
	2016	336	
Births:	2016	73%	▲
	2011	57%	
Women using injectables:	2016	18.5%	▲
	2011	14%	

well, maternal health improves and they have more time to manage the household and time to join the labour force,” he adds.

Patrick Oyet, a father of two, agrees. He decided he would have only two children.

“I decided to be kind to her body, but also ensure she is healthy enough to look after our children. Our children are now in high school. We are concentrating on improving our lives rather than worrying about maternity costs that would come with another child,” says Oyet.

These individual choices, when added together, have profound effects on a country, Musinguzi stresses.

One such benefit is called the demographic dividend — an opportunity for economic growth and development, that arises as a result of changes in population age structure.

“When fertility rates decline significantly, the share of the working-age population increases in relation to previous years. A larger working-age population enables the country to increase its GDP and raise incomes. Families are able to save and invest rather than spend on supporting a large non-working (young) population,” explains Musinguzi.

However, he quickly cautions that the demographic dividend is not automatic.

“It requires sustained, well-focused policies and investments in primary and secondary education especially for the girls; investment in health; a sound labour market and economic policies as well as good governance,” says Musinguzi.