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.

**Will Uganda achieve its 2020 Family Planning 2020 (FP2020)**

**Implemented**: At 2012 London Summit Goal: Reach 120 million women who need contraceptives in 69 focus countries, including Uganda by 2020.

**Anticipated results**

- 3.7 million users of modern contraceptive by 2020 from 1.7 million users in 2014.
- Reduce unmet need for family planning to 10% from 26% in 2011.
- Increase prevalence rate of modern contraceptive among married and women in union to 50% from 34% in 2011.
- 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.

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**Implementation**

In 2014, Ministry of Health 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 contraceptive 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 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 sh682b or $235m between 2015 and 2020. Of this amount, 49% was for family planning supplies. The CIP is designed to deliver 71% of this amount, with the remaining 29% to be sourced from other partners. 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.

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The PMA data further shows 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 Ugandan 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 stone. Through educating children and empowering women with craftwork or start businesses rather than depend on sex for a living," says Victoria Nabwosa, a community health worker in Wakiso district.

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

Mbonny’s fears are not far-fetched. In 2015, the government channelled a plan worth $682 million to prevent child and maternal deaths in four years (2015-2017). 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 Paciel 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 sh6 billion was allocated to family planning.

In an earlier interview with New Vision, National Medical Stores (NMS) spokesperson Dan Kimosho revealed that most of the 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 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.

**Performance Review on FP 2020**

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

- **As of May 2017:**
  - **33.9%** Modern contraceptive uptake among married women (50% in the 2016 demographic survey).
  - **29.6%** Unmet need for family planning (20% in the demographic survey).
  - 27.3% Women having the first birth by age 16.

- **40.3%** Unintended pregnancies.
- **69.7%** Modern contraceptive uptake among married women.
- 22.9% of women living apart from their partners.

- **Minister Sarah Opendi**
  - 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.

- **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.

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**Expert Opinion:**

Healthy women, healthy families

Dr Jotham Musinguzi, the director general of the National Population 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 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, which 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 large 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.

“Demographic dividend 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.