



**ICPD25: Accelerating the promise  
25 Uganda's Change Hero(ines)**

**VOICES OF CHANGE**



**ICPD25**  
International Conference on  
Population and Development



**UNFPA**



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# Foreword

The year 2019 marks the 25th anniversary of the International Conference on Population and Development (ICPD) held in Cairo in 1994. It is also the 50th anniversary of the founding of the United Nations Population Fund (UNFPA).

**Alain Sibenaler**  
Representative, UNFPA Uganda

We celebrate the progress made since 1994 with key milestones in the field of sexual and reproductive health and rights, having made strides in advancing issues of population, women and youth. In Uganda, maternal mortality has reduced tremendously from 506 deaths per 100,000 live births in 1995 to 336 deaths per 100,000 live births in 2016 (UDHS 1995, UDHS 2016); fertility rate has dropped from 6.9 percent in 1995 to 5.4 percent in 2016 (UDHS 1995 and UDHS 2016), overall life expectancy at birth in Uganda has increased from 46.5 in 1969 to 63.7 years (Census, 2014).

We also bring attention to the fact that millions of women and girls still cannot access sexual and reproductive health and rights, and show that the costs of inaction are dramatic. Unmet need for family planning is at 28 percent; one in four teenage girls age 15-19 are pregnant with their first child or have already had a baby; 76.5 percent of Uganda's population are 30 years and below – the big proportion of youth has also manifested in an urban unemployment rate of 19.9 percent. On the road to the Nairobi Summit on ICPD 25, UNFPA Uganda launched a signature initiative where we featured 25

ICPD Change Hero(ines) every week for 25 weeks until the Nairobi Summit. The Change Hero(ines) are notable Ugandans who were impacted by ICPD and/or who influenced lives of others through one of UNFPA's three goals - ending preventable maternal deaths; ending unmet need for family planning; and ending gender-based violence and harmful practices. The Change Hero(ines) not only shared their experience, but also they shared ideas on how to reinvigorate the sexual and reproductive health and rights movement, suggesting fresh solutions, and new partners to bring on board.



The Change Heroes - notable Ugandans who were impacted by ICPD and/or who influenced lives of others through one of UNFPA's three goals - ending preventable maternal deaths; ending unmet need for family planning; and ending gender-based violence and harmful practices.

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# His Excellency Yoweri Kaguta Museveni

President of the Republic of Uganda



**H**.E Yoweri Kaguta Museveni has been President of the Republic of Uganda since 29 January 1986. Of recent, the President of Uganda has been supportive of family planning for the health of the mother and the baby as well as for a quality population. On several occasions, including on World Population Day in 2017, he emphasized the need for Uganda to have a quality population, the need to end teenage pregnancies, and the need to allow girls to stay in school and complete education.

President Museveni signed on Uganda's Report: Harnessing the Demographic Dividend to Accelerate Socioeconomic Transformation in Uganda (2014); he signed on Uganda's Commitment to The UN Secretary General's Global Strategy on Women's and Children's Health in 2011; as well as the Roadmap for Accelerated Reduction of Maternal and Neonatal Morbidity and Mortality in Uganda in 2005. President Museveni made a high level national commitment to invest more in family planning at the 2012 Family Planning Summit (FP2020) in London.

**ABOVE:** President Museveni delivering remarks at the World Population Day commemoration in 2015.

**TOP LEFT:** President Museveni (third right) with UNFPA Staff at World Population Day in 2017.

# Rt. Hon. Rebecca Alitwala Kadaga

## Speaker of Parliament of the Republic of Uganda



L-R: H.E. Rt. Hon. Kadaga (Center) at the launch of 'Live Your Dream,' a UNFPA Uganda campaign aimed at facilitating the delivery of an integrated package of sexual and reproductive health and rights.

Starting with Female Genital Mutilation (FGM), for a long time it was really a matter left to the NGOs especially UNFPA, I believe. So a time came in 2008 when they were threatening to pull out because they did not see the government visibility in the campaign. So I took it upon myself to champion that cause because I have been going for almost 20 years to the Sebei and Karamoja region to campaign against FGM. I brought a number of people from the Sebei region, together with the victims of FGM, some of them were in wheel chairs together with the instruments that are

used, crude instruments that are used to mutilate them. I got an appointment with the President and I took them and told him that something bad is happening to the women and the children of this country and we want you to speak now, to speak out as the Head of State. At that time the President was due to go to Libya for a meeting but after we had that discussion and he talked to the victims, he agreed to go to Amudat district to launch the campaign himself, at the Kenya-Uganda border. In addition, as the Women's Caucus of Parliament we sat down and decided to enact the Law

prohibiting FGM and that time we used one of our male champions Hon. Chris Baryomusi to be the mover of the Bill. But it was actually our Bill. So I made sure that it was passed and then the President assented to it. I used my position as Speaker of Parliament to make sure the law was passed. FGM should no longer be an issue of women advocacy. I would want to hear the Heads of State of the African Union speak about that issue. I want to hear them speak about it and commit themselves to champion the cause and ensure that in their countries FGM is eradicated.



# Hon. Dr. Chris Baryomunsi

Minister of State for Lands,  
Housing and Urban Development

I remember one time, my family and I were woken up at 3:00am to escort a young girl who was pregnant. She had complicated labor and we had to carry her on a local stretcher unfortunately, this young woman died on the way because she was bleeding.

This incident plus other similar situations challenged me to pursue a career in medicine so that I can be able to deal with these situations.

The 1994 ICPD conference in Cairo was a landmark because it included political leaders especially the delegation from Africa opened their eyes to the need to address the question of quality of life of our people, issues of family planning, rights of women and the comprehensive agenda of the conference.

This was a turning point in terms of appreciating the need to work together as governments, UN agencies, Civil Societies, private sector and all of us to get committed to this cause of addressing issues of sexual and reproductive health rights and services, addressing the issues of women and young girls.

In the early 1990's you could hardly get a political leader to talk about issues of reproductive health. However, since the ICPD 1994 there has been a change.

We have had robust debates on the floor of Parliament in Uganda. It is no longer a taboo to speak about family planning.

The exposure I got from UNFPA enabled me to use my influence in Parliament to form a team with several civil societies against female genital mutilation (FGM). We drafted this bill and now it is a law and has enabled the reduction in FGM in districts of Kapchorwa, Kween, Bukwo and Karamoja in Uganda.



# The Nnaabagereka of the Kingdom of Buganda

Her Royal Highness  
Queen Sylvia Nagginda Luswata



The Nnaabagereka of Buganda administering a polio vaccine to babies during one of her public rallies in Masaka district, Southern Uganda in 2015



When I was invited by UNFPA in 2000 to be the goodwill ambassador in Uganda, I saw it as an opportunity to contribute the way that I wanted to. The agenda was to improve the lives of women and girls through adolescent reproductive health and rights. We wanted girls to stay in school and we wanted women to be economically empowered. So, we carried out advocacy campaigns to promote

family planning, maternal health, creating awareness of and prevention of HIV/AIDS, promoting girl child education and economic empowerment for women. Our call was to emphasize the need for the people to have quality life. I suggested to UNFPA that I would like to go out there and organize big public rallies to reach people in the rural areas, and so that is what we started doing.

As the Nnaabagereka of Buganda, I commit to use my position and influence to continue promoting the girl child especially as far as the girl child education is concerned, for girls to go to school and stay in school. I will also continue promoting sexual and reproductive health issues including maternal health, as well as economic empowerment for women.



# Dr. Jotham Musinguzi

## Director General of Uganda's National Population Council (NPC)

I was part of the Ugandan delegation that attended the ICPD in Cairo 1994. I became passionate about sexual and reproductive health because as a young obstetrician. I used to see women dying of childbirth and pregnancy-related illness especially from preventable causes. The ICPD Conference of Cairo 1994 had that characteristic of building consensus to convince other people that these issues being discussed in the conference were very important. Issues of sexual and reproductive health were important in terms of future

and sustainable development of all nations, especially developing countries. The Cairo Agenda was important in showing developing countries that by prioritizing and investing in reproductive health, we can ensure that countries achieve sustainable development and make sure that we put humans at the center of development. By investing in young people, countries can harness the demographic dividend. The economic benefit of investing in the health, education and job creation of young people who will drive the economic well-being of their countries.

The issues of sexual and reproductive health have sometimes come under fierce attack by different groups of people. However, the important thing is that if we use evidence in our advocacy work and policy formulation we can make a big difference.

My heroine has been Dr. Nafis Sadik the then Executive Director of UNFPA and also the Under Secretary of UN, and Dr. Fred Sai a Ghanaian who by then was chairing the ICPD negotiations. These were inspirational people to me since the ICPD in Cairo in 1994.



Dr. Musinguzi (L) at a panel during the launch of State of the World Population Report 2019 in Kampala, (R) is Sr. Akello Jenneth, a midwife who was born in 1994, the year the ICPD took place in Cairo.



# Dr. Kisamba Mugerwa

## Chairperson, National Planning Authority (2008-2018)

**M**y entire career I have been in research and development planning for improving the welfare of our communities. I took charge of writing the Uganda Vision 2040 during which we had to develop the development plans to implement it. That is when I realized we had to handle the demographic issues. With the assistance of UNFPA we carried out several studies and we voted on advocating for family planning as one of the interventions. Through the different studies I realized that besides the number, what was important was the quality of the population and its purchasing power. Hence, I became convinced that I would not succeed until we have worked with

the leadership of the country and policymakers. It took us time but it worked out well. I remember, at one time we made a presentation to President Yoweri Museveni and he was happy that we were talking about family planning as a measure to improve quality but not just a way to control the population. That became the basis of our development agenda in Uganda.

I think the challenge now is to ensure that this issue is not only for the elites. We need to go down to districts, sub-counties and villages because these issues are more effective when implemented at the grass-root level.



During the National Family Planning Conference in 2014, Dr. Kisamba Mugerwa (L) presented the Uganda Report on Harnessing the Demographic Dividend to President Yoweri Kaguta Museveni (c) for endorsement, (R) is Dr. Jotham Musinguzi, the Director General, National Population Council.



# Ms. Jamila Mayanja

## Founder of Smart Girls Foundation Uganda

When I was young I was bullied so much that I did not access the right resources that I need as a girl. Besides, I have lived in an environment where young women and girls are de-empowered and have low self-esteem. There is one of my girls who is a single mother and left school when she was young, she was unemployed and had lost hope. Joyce is the kind of person who gave me a push to think about and to know that all women no matter the situation, when empowered they can change the world and change the nation. My heroines have been Mrs. Barack Obama, the former First Lady of

the United States of America, she started a campaign 'let girls learn.' My other heroines are Oprah Winfrey, Winnie Byanyima, now the UNAIDS Executive Director, and of course myself, working to empower girls and women. The major breakthrough that I have seen and appreciate mostly is the young people who have come out to create innovations to empower girls and women. I have innovated a smart bag to help keep girls in school. When it comes to girls' empowerment we have seen, the young people themselves come up to try to bring solutions facing young people.

The most challenging thing has been teenage pregnancies and girls staying out of school because of their menses. It is very sad that even in the rural areas girls are forced into marriage because they have shown signs of starting menstruation, which results in teenage pregnancies.

The society believes that hands-on skills is meant for boys but when we also equip our girls with hands-on skills we give them the capability to try to adventure and sustain themselves and the generation they are going to give birth to. Then they live happier lives.





# Prof. Anthony Mbonye

## Specialist in Malaria and Infectious Disease Control

The first time I interacted with Sexual Reproductive Health was when I was posted as a young medical officer to the department of maternal child health in 1990. During this time, there was high maternal mortality and adolescents were not accessing contraception and having high pregnancy rates about 43% of adolescents getting pregnant. This inspired me to work hand in hand with different partners in the government, United Nations and NGOs. The ICPD of Cairo was a movement that redefined reproductive health putting the woman, men and young people together. Initially people were looking at women and children. ICPD involved gender issues to involve women, men, young people and looking at a continuum of care. It was a very significant moment for the world especially developing countries it involved community care, health care units, politicians and Community based

organized. ICPD brought all these into one package to improve reproductive health.

My heroes have been Dr. Florence Mirembe, Dr. Florence Abanyait and Mrs. Janet Museveni who was the patron of safe motherhood. Major breakthroughs in SRHR the fact that women got the freedom to access a method of contraception whenever they wanted it was within their rights. One of the best policies we had was the involvement of parliament especially the women parliamentary group and health committee of parliament there was a lot of advocacy for increased funding for reproductive health. We still have a high adolescent pregnancy in Uganda 24% and we need to improve the quality of care in both the public and private sectors so that women can access these services. They should be an integration of high quality and should be very conducive for women, men and young people.





# Dr. Sekamate John Sebuliba

## Consultant, National Planning Authority

A lot has changed in the 25 years since ICPD Cairo, family planning was still a controversial concept in Uganda at that time and less than 5% of the women were using a modern family planning method.

After Cairo, we set out to demystify the concept of empowering women to make choices about their bodies. It became more and more acceptable in that we emphasized the aspect of empowering women to make decisions that affect their health. There was emphasis that family planning is not a population control measure but a tool that empowers women and couples to take charge of their lives. This made family planning less controversial hence making it get the support of government ministries and the communities. The critical game-changer that has tied in the family planning move is the rationalization by the

Ministry of Health that individual women and married women must not seek their spouses' consent to seek family planning services. Family planning was incorporated as one of the key components in the Primary Health Care package so Family Planning was routinely provided as part of all health services. Before ICPD it was almost a taboo for young boys and girls to seek family planning services if they needed these services they would have to go with an adult either parent or a guardian so this was a big barrier for them to access these services. After ICPD, the Ministry of Health changed its guidelines that young people would access information

on SRH as they needed and those who were sexually active could freely access services through the youth-friendly services. When we changed the access protocol to sexual and reproductive health services we could see that a lot changed in that many more young boys came to access those services. We discovered that girls with relatively higher education attainment like secondary school and university education. They can freely access these services and can say no to premature marriages unlike their colleagues who have not attained this education.



Dr. John Sekamate (third left) at a panel during a dialogue on harnessing the demographic dividend in Uganda



# Dr. Olive Sentumbwe

## Family Health and Population Advisor, WHO

I opted to do a Post Graduate in Mulago Obstetrics and Gynecology and that is where my story of understanding women's health and managing women's health began, since then I took it to a higher level and have never looked back. The pre-workshops before ICPD Cairo in 1994 required that there were many preparations involving different types of people to come together to discuss an area as professionals. The major breakthrough was that governments and civil society

organizations and funders convened over sexual and reproductive health for young people. Moving forward, increasing the number of health service providers doing the real job to save women and their newborn, coupled with infrastructural development, including efficient electricity and water supply would be a game-changer. Besides, adolescent health is still a big problem in Uganda. Imagine that for every 100 girls you see

25 percent have already had their first child or are pregnant means that is huge. They are not in school meaning they have not been provided with the opportunity to develop their skills. Hence the cycle of poverty and young mothers will continue to be in our population. We cannot think Vision 2040 if we still have a big population in Uganda that is unskilled and uneducated, just because they dropped out of school due to adolescent related problems of pregnancy.





# Ms. Noel Aryanyijuka

## CEO, Ecosmart Uganda Limited

In 2016, I was just a young biomedical engineer I was very interested in building solutions that could impact the community. Along my journey during a needs assessment as a student, I discovered that young women in my community could not afford sanitary pads so for me as a young woman I resonated with the challenge because I go through my menstruation every month so I was very disturbed that some women cannot afford sanitary pads.

I came together with my team and realized that we could make a difference and make something affordable to help these young girls, so we developed a product called Eco Smart Pads. Eco Smart Pads is a unique it is a product that is made for women like myself and any other woman who cannot afford sanitary products in the market. The product is disposable and environmentally friendly, we make this product out of sugar cane residue that is got from sugar manufacturing

companies who regard this as a waste. We are taking and recycling that residue to make these pads. With the girls that we are targeting with the Eco Smart pads, we want to be able to see a new generation where there is no shame clouding menstruation. It is very natural and no one should be ashamed of it.

We want to support these young women to be confident and happy about menstruation because it is a normal process.



Noella (in red dress) met UNFPA's Executive Director, Doctor Natalia Kanem (second right) at the Unleashing the Power of Women and Girls in Africa symposium that took place at the sidelines of the Seventh Tokyo International Conference on African Development (TICAD7)



# Ms. Mcclean Kyoma

Executive Director of Alliance of Women  
Advocating for Change.

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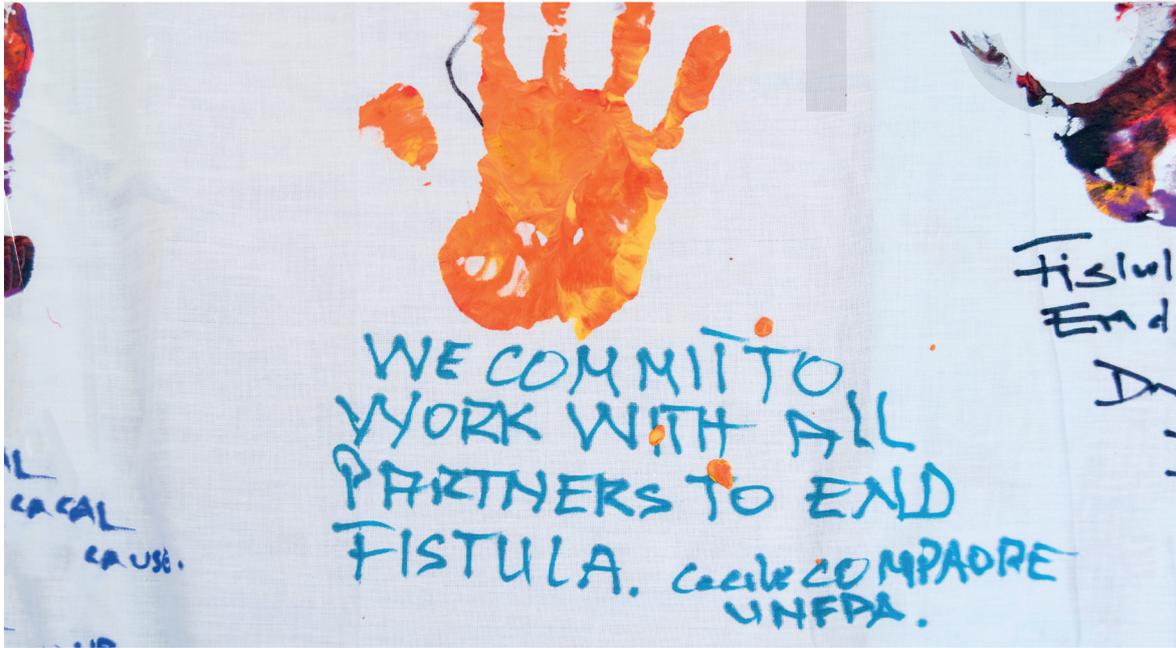
I joined sex work at the age of 17 years. However, back in 2008 when I chose to start the first sex work led organization it was a hard experience because the stigma was a lot. There were arrests by the police and nobody wanted to talk about it. Luckily enough we organized one national conference and we invited the Ministry of Health and Uganda AIDS commission to present our ideas to the National Strategic Plan.

For the first time, we had the media report about the good where sex workers can come as stakeholders to discuss issues and prevent the fight against HIV. The issue of stigma many people in our cultures in our society the mere fact that they know that someone is a sex worker they do not want to associate with you. Probably can we revisit our policies and laws to see if we need to regulate or decriminalize them.

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## Dr. Fred Kirya

Consulting Surgeon, Soroti Hospital

Obstetric fistula is not a health care problem it is a social-economic development. One of the major breakthroughs is that awareness has been created both at the community level and at health care level now women freely come to the hospital to seek services that used to be a one-off and when they come to seek these services, they are offered the services instantly by the hospital.

The integration of management of obstetric fistula into the general health care system is one of the major breakthroughs. We need to do a lot of self-reflection to ask ourselves who has been funding the agenda to eliminate obstetric fistula. The ministry of health has done a great job the development partners have also done a tremendous job but these development partners will not be here forever we have to own our problem and put it in our budget.





# Ms. Agnes Kyotalengerire

## Journalist, The New Vision Uganda

I was inspired to dedicate my life to reporting about women's health the scenarios that I have written about are the real health issues affecting women and young people especially the teenagers and adolescents. The biggest issue is to do with teenage pregnancy Uganda we are at 25% that means 1/4 girls aged 19 are either carrying a

baby or is carrying a pregnancy. In 2017, I won population media awards I emerged as a winner print category because at the end of the day journalist we are a voice for the voiceless. Most important the government needs to provide education, they need to act very quickly about the sexuality education framework.



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## Sheikh Mohammad Ali Waiswa

Second Deputy Mufti, Uganda Muslim Supreme Council

As we reflect on the ICPD journey, the major breakthrough from the religious perspective has been the creation of the consensus of all religious leaders. There is some agreement on certain common issues there have been some hesitation from some groups but we have a consensus of working together. The issues of family planning, health and family life and we have come out with publications helping our clerics to be able to address these issues uniformly. I think as religious leaders we need to strengthen our capacity building in regards to these issues. We need continuous support from different stakeholders and partners so that we are able to create awareness for all the religious clerics and be able to produce the materials we need to base on our campaign towards the advancement of the ICPD agenda.



Representing the Moslem clergy, Sheikh Waiswa at a panel with religious leaders during the 3rd National Family Planning Conference in September 2019.



# Ms. Shamim Nakibogo

## Girls Advocate, Buyende District

I am a survivor of gender-based violence. My father was almost giving me off for marriage when I was 16 years and I survived by running away from home. Because of what I feel about the community that I live in where child marriage, economic exclusion, commercial sexual exploitation and child labor is rampant, I developed a passion for helping some other girls so that they can speak out. This passion has helped me because I reach one on one.

I go to the community and we have community dialogues with the girls in my area. I consult people that are above me and consult the local leaders. I think the top emerging issue is child marriage and it can be addressed through the economic empowerment of the young girls. For my case, my father wanted to give me off because I did not have scholastic materials. At least if someone is trained and they gain some skills I believe, they will be able to fight child marriage in their societies.





# Rev. Moses Ssemugooma

Health Officer & Chairperson Clergy  
Mityana Diocese, Church of Uganda



**B**eing a religious leader we have the biblical mandate to go out and preach to the world and reach the unreached. So when I see many girls struggling with reproductive health services in my community, I find it very important to stand in that gap and become a voice for the voiceless who are denied services that they should be getting from health facility level.

At every event organized by the church or outside the church I make it a point that we use that opportunity to integrate our health messages specifically family planning because if the mothers and the fathers are able to plan for their families then what we preach will make sense. However if the mothers are dying and the fathers are struggling in their homes then we cannot move forward as a church.



# Mr. Humphrey Nabimanya

Founder / Team Leader,  
Reach A Hand Uganda

When you talk about HIV/AIDS which is the biggest calamity especially in Africa, I come from a background having been raised by parents who are HIV/AIDS positive and I have been able to meet different barriers and break them by living a positive life. In terms of family planning I come from a very big family. So, given my background, there is need for information on sexual and reproductive health and it is us as young people to take the forefront in terms of speaking the language that young people understand. Young people need to generate ideas on how they can live productive lives in their societies.

Since 1994 we have seen a big shift and one of them has been putting young women and girls at the forefront of the family planning agenda in terms of ending child marriage, teenage pregnancies and increasing accessibility to family planning services. Being at the forefront of a leading youth organization like Reach A Hand Uganda is something I celebrate because it has created more opportunities for young people to advocate for their needs from the grass root level. We work with over 2,000 young people in about 37 districts in Uganda and they are sitting on the district boards and monitoring how the reproductive health services are put into place and how they can demand for more services from different stake holders. My recommendation to government is to pass the draft policies that we have in place that are going to support the young people live a strong reproductive health life.



Young people during a street bash on preventing teenage pregnancy



# Ms. Phyllis Kyomuhendo

## Social Entrepreneur & Innovator

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**A**t M-Scan we develop low-cost mobile ultra-sound devices that connect to a phone, laptop or tablet and they enable us to provide ultra-sound services to mothers in low resource settings that cannot afford to access the bigger ultra sound machines.

What inspired me to start M-scan was the fact that when we were in medical school we realised that many mothers in rural areas were dying due to conditions that could have been scanned and prevented, and we had to do something about it.

As M-Scan we have so far been able to scan over 700 mothers and detected over 60 complications and for me that gives me so much pleasure to know that we have saved 60 mothers and 60 babies. The one thing I am proud of is to see that we have been able to actually detect complications that have put these mothers' lives at risk. These complications have been detected early and these mothers have actually gotten help and we have managed to actually meet the healthy babies and the healthy mothers after

doing the scans and after they have delivered. So for me that gives me great pleasure.

At the end of the day, it all goes back to maternal health because if mothers are not thriving then the nation is dying. Mothers are at the centre of the entire nation; they give birth to the nation. So I feel like maternal health should be at the top of the government's list and at the top of everyone's list in terms of priorities





# Hon. Dora Christine Kanabahita Byamukama

Member of the East African  
Legislative Assembly, 2012 - June 2017



Hon. Dora Byamukama signed a statement to advance the ICPD agenda during the civil society meeting on ICPD in September 2019.

Around 1994, I was engaged as one of the researchers under the Ministry of Gender, whose work would feed into the Uganda Constitution of 1995 making process. We collected views from communities of the Kigezi region. I remember vividly meeting some women from Rukiga, in a place called Bukinda where my ancestors originated from. I had a good rapport with them and when we asked them about their views on bride price, their response shocked me. The women insisted that bride price must continue to be paid because it security and 'ties down a woman' in marriage. I asked them as to whether a

woman needed to be secured and tied (like one ties a goat) in order for them to stay in a marriage. They insisted that if bride price was not paid, the woman would not be respected by the family where she is married or the community. I asked them whether a woman's respect was only tied to bride price, and they affirmed that "a woman should not go for nothing" and that the family which brought her up should at least enjoy what they invested in her. I once again asked them whether a woman is a commodity and whether marriage meant that she would never support her own family, they

affirmed that once one is married, she is expected to build her husband's family and that her place in the family where she was born no longer exists. I then asked them, what would happen if the marriage did not work, they insisted that she must make it work by all means. And that if this failed she would be at the mercy of either her brothers or her in-laws.

This experience left me speechless, it clearly showed that women had been brain washed to accept and believe in practices which reduced them into a commodity. Several years later, when the Constitutional Court of Uganda was petitioned on the issue of bride price, the majority of the judges ruled that bride price should be optional and that bride price should not be refunded. This clearly showed that the perception that 'women are property' has not changed.

The discussion on bride price with rural women in my home area was a moment, a powerful experience that re-ignited my passion and keeps me going until women reclaim their dignity, self - esteem, and human rights.



# Ms. Shakira Nabakooza

## Advocate for sexual and reproductive health rights for people with disabilities

I was born just like any other baby, a beautiful little girl, strong and healthy. Four years later, however, I became ill with a terrible fever which got me admitted for a long period of time. When I was discharged from the hospital, I gradually started losing my capability to hear. By my 5th birthday, I couldn't hear anymore. Eventually, I had to accept that I was deaf and that it was my new life's path. My parents enrolled me at the school of the deaf. At the school, I learnt sign language and I also got the chance to meet other deaf children.

When I hit puberty, my friends and I struggled to deal with growth and body changes such as menstruation, breast development, intense emotions, among other issues that adolescents face. The first time I had my periods, I woke up in the morning to a pool of blood on my bed. I got so scared, as I thought that perhaps a demon raped me in the middle of the night. Another close friend of mine who was also deaf got a recurring illness that both of us had no idea what it was.



Shakira making a point during a UNFPA organized Generation for Generation Dialogue that took place at Serena Hotel in Kampala in December 2018. ©Jonathan/UNFPA Uganda.

When I advised her to go to the clinic, she accepted and I accompanied her. The health worker available didn't know sign language but nevertheless, he gave her a prescription. A few days later, she started bleeding terribly with a lot of abdominal pain. When she was checked by the school Nurse, it found that she had had a miscarriage, none of us knew she was pregnant.

Having experienced such horror at a tender age, I pledged not to let any of my friends and I go through such pain again. I then decided to join the Peer Education

Club and the Youth Alive Club at school. At the clubs, I learnt a lot about sexual and reproductive health and rights, knowledge that I also shared with my peers who have disabilities and have limited access to such vital information. My passion is to ensure that women with disabilities access sexual and reproductive health information and services. I would like to see them acquire education, get employment opportunity, get socially and economically empowered in order to have a good life.



# Sr. Kellen Sanyu

## Midwife at Rwamwanja Refugee Settlement in Western Uganda

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I like serving, monitoring a mother having a safe delivery and a healthy baby makes me happy. On average I deliver 6 babies a day. Every moment is special, but of course there are those moments that are more memorable than others. There was a time when I was alone on night duty. A mother came in to the Facility, it was a referral from another Unit. On examination, I found the baby was already coming, but in the wrong position. The baby was bringing out the buttocks first, instead of the head. It would be very difficult for the head to come out, and the mother was in pain.

Then I remembered a tactic we had learned in a workshop sometime back and decided to try it out. I pushed my hand inside and pressed the shoulder of the baby. It came out. Since the baby was already tired, I had to put it on oxygen. Both mother and baby recovered well after some days. I was very happy.

I find my work fulfilling because Midwifery was my dream profession. As a teenager, I took care of her sick mother in Rubaga Hospital in Kampala, until she passed away. I nursed my mother for a longtime, and always watched the nurses who took care of her.

It was then that she found her calling – I wanted to become a Nurse. By then, I did not know the difference between a Nurse and Midwife. It was not until I had enrolled for midwifery course that I went through an orientation and understood the difference. I opted for midwifery.

My Facility hardly registers any maternal death since most mothers come for antenatal visits, and when it is time to deliver, they come to the Facility. My message to all midwives out there is that you should be self-motivated. Midwifery is such a noble profession because we save lives!



Midwife, Kellen Sanyu delivers on average 5 babies everyday.



# Dr. Alfred Yayi

## The District Health Officer, Yumbe District, West Nile of Uganda

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In Yumbe district, only half of the population lives within a 5-kilometre walking distance to a health facility, as recommended by the Ministry of Health. For this reason, access to health services including reproductive health services is a challenge. The district decided that one of the ways to address the problem of limited access to services was by having a functional ambulance system. In 2013, the district leadership set up Ambulance Committees

to manage the operations of the eight ambulances in the district, including four provided by UNFPA.

The Ambulance Committees meet quarterly to discuss ambulance service delivery issues. They ensure that the ambulances are correctly used, as well as sensitize the community on how to make use of the ambulance. Having functional ambulance services is helping to save lives of mothers and babies

by easing access to quality health care services available within and outside the district. For instance, Midigo Health Centre IV is expected to manage complications including performing caesarean sections. However, since the health centre did not have a doctor.



# Prof. Fred Wabwire Mungen

Chairperson of the National Population Council (NPC) Board

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**P**rof. Fred Wabwire Mungen is an Associate Professor of Epidemiology at the School of Public Health, Makerere University and Chairperson of the National Population Council Board. He trains professionals to design and manage programmes that treat people with HIV/

AIDS as well as educational programmes to prevent infection. In this field he has carried out research to examine how male circumcision, pregnancy, hormonal contraceptive use, age difference between sexual partners and cultural attitudes affect the spread of the disease.

His research has been published in journals such as Nature, Lancet and the New England Journal of Medicine. When the national Population Council was established through an Act of Parliament in 2014, Prof. Wabwire was nominated as the first Chairperson.



Prof. Wabwire congratulates Ms. Carol Natukunda, a journalist from the New Vision newspaper, upon winning the Journalists Population Award, 2019. This annual award is sponsored by the National Population Council & UNFPA.



# Ms. Christine Musuya

## Executive Director, Center for Domestic Violence Prevention (CEDOVIP)

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**W**hen I left university I started promoting the female condom. We were doing HIV prevention work and that is where I got the most shocking details of women lives. Out there, the women were telling us that they could not negotiate for safe sex, for example, even when Uganda has a high HIV prevalence rate. The women were fearing to take back the condoms we gave them home, or even talk about contraceptives.

When I asked them why, they said that they could not raise that kind of conversation with their partners simply because they could not make decisions. Some of them could have many babies even though their lives were deteriorating. I found out that the gender inequalities were directly affecting women. Over the years, we have had a lot of success, very significant success in the fight of violence against women.

We now have laws, for example the Domestic Violence Act 2010, the Prohibition of Female Genital Mutilation Act 2010, and the Prevention of Trafficking in Persons Act 2010.

However, one thing I recommend Government of Uganda to invest in more is transforming social norms that define what is acceptable and what is not acceptable.





## **ICPD25:** Accelerating the promise 25 Uganda's Change Hero(ines)

### **VOICES OF CHANGE**

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