

Family planning: the right investment to drive Uganda's socio-economic transformation

Benefits of Family Planning

Family planning can reduce maternal deaths by one-third

1/3



Family planning allows spacing of pregnancies and can delay pregnancies in young women.



When families are able to plan and space their pregnancies, they can invest more in each family member.



Women who have fewer children have more time to earn wages outside the home, which boosts family income and quality of life and reduces poverty.



Family planning saves money. For every additional dollar spent providing family planning services in Uganda, more than three dollars would be saved in pregnancy related medical care.



Family planning promotes accelerated demographic transition through rapid fertility decline.



Access to safe, affordable and voluntary Family Planning is a fundamental human right.

Family Planning is central to gender equality and women's empowerment and is a key driver of all 17 Sustainable Development Goals. Equally, it is one of the most cost-effective health interventions in the developing world. Research shows that for a relatively modest investment, family planning saves lives and improves maternal and child health outcomes and lifts families out of poverty by helping women have fewer children and freeing them to participate in the labour-force. Family planning remains the low cost, high dividend investment option for addressing Uganda's high Total Fertility Rate (TFR), high school drop-out rates as a result of teenage pregnancy and high Maternal Mortality Ratio (MMR), as well as improving the health and welfare of women and girls, families, and ultimately the achievement of sustainable development as envisioned in Vision 2040.

The Uganda National Development Plan (NDP) II positions family planning as an integral strategy to reduce poverty. The NDP illustrates the possibility of the country reaping a Demographic Dividend from its youthful population and attaining a middle-income country status if this "smart" investment is prioritised. Similarly, the 2014 Demographic Dividend Report demonstrates that investing in family planning will accelerate fertility decline; coupled with mortality decline, the ratio of working-age adults would significantly increase relative to young dependents, thus propelling Uganda towards economic growth.

Why invest in Family Planning?

It has health benefits

Uganda's Maternal Mortality Ratio, though reducing, is still very high at 336/100,000 live births, driven by low modern contraceptive use which stands at only 35%. It is estimated that one-third of maternal deaths and 20% of child deaths can be averted by use of modern contraception, and that women who wait at least two years before becoming pregnant again are more likely to avoid anemia and survive childbirth. A study by Michael Vlassoff (2012) estimates that Ugandan taxpayers would be saved \$13.9 million annually on post abortion care if unwanted pregnancies were avoided in the first place.

Prevents adolescent pregnancy

Many individuals in Uganda initiate sexual activity during their adolescent years. Age at first sexual intercourse is 16 years and by age 18, more than 30% of adolescents are married (Census report, 2016). Adolescents in Uganda, both unmarried and married, face many sexual and reproductive health risks stemming from early, unprotected, and unwanted sexual activity. Key factors underlying this issue are inadequate access to sexuality education, and to accessible, affordable, and appropriate contraception. As a result, twenty-five percent of pregnancies are among adolescents (UDHS, 2016). One-third of Uganda's maternal deaths occur among adolescent mothers: Maternal death rates among women aged 15 to 19 years are twice as high as for older women, and five times higher among girls aged 10 to 14 years. On the social front, teenage mothers are more likely to get divorced, and girls born to teenage mothers are likely to become teen mothers themselves; while boys born to teenage mothers are more likely to be arrested and jailed. Access to contraceptive information and services by sexually active adolescents would help reduce maternal, neonatal morbidity and mortality as well as the social consequences of adolescent motherhood. It is therefore urgent to implement programmes that meet the contraception needs of adolescents while dismantling barriers that hinder adolescents from accessing services.

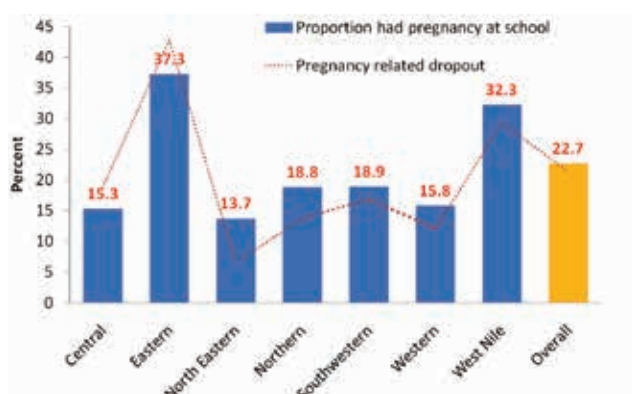
It's a Human right

As stipulated in many human rights treaties and covenants including the International Covenant on Economic, Social, and Cultural Rights, access to safe, affordable and voluntary family planning is a fundamental human right. This sets forth the government's obligation to ensure that health care services are: available in sufficient quantity; accessible in ways that are non-discriminatory and ensure that services can be accessed physically and financially; acceptable in the sense of being respectful of the culture of individuals; and of good quality. These elements are critical components for ensuring provision of family planning services that are respectful of human rights. Where these services are available, women and couples are empowered to make full, free and informed choices about whether and when to have children. Yet continued stock-outs of methods and limited choices, limited services for adolescents and young people and restrictive social and cultural norms on the part of both clients and service providers continue to infringe on this fundamental human right.

Promotes economic empowerment

Uganda aspires to become a middle-income country by 2040, raising its Gross Domestic Product (GDP) to USD 9500. Though the country has moved from a state of recovery and reconstruction in the 1980's towards steady economic growth (at an average of 4%), there have only been modest declines in poverty levels from 24.3% in 2010 to 19.7% in 2015. The situation is further compounded by high unemployment and underemployment rates amidst a rapidly growing and young population. For Uganda to attain its vision of a middle-income economy, it must pursue investment in family planning to support households to have fewer children and subsequently reduce child dependency ratio and increase the number of working-age adults. It is undisputable that education contributes to poverty eradication by building literacy and skilling youth for better-paid jobs. Yet, Uganda continues to witness one of the highest school drop-out rates due to teenage pregnancy. A 2017 study by the Ministry of Education and Sports puts the school dropout rate due to pregnancy at about 23 percent, the main contributing factor being household poverty. It's also intuitive and a fact that, to lift families out of poverty, gender equality and women empowerment must be pursued through education and keeping girls in school. Studies have shown that women with fewer and well-spaced births are able to participate in the labour-force and economic growth processes of a country, as well as support the education of their children. Family planning is therefore the starting point to support women attend school, participate in the labour-force, pursue their career aspirations and live their dreams.

Figure 1: Percentage school drop-out rate due to teenage pregnancy in Uganda



Source: Ministry of Education and Sports (2017).

Promotes environmental preservation

Uganda's growing population has been cited as a contributing driving environmental degradation and encroachment into wetlands and forests. The high population growth rate (3 percent), coupled with a growing urbanization rate of 6.6 percent (UBOS, 2016), have exerted enormous pressure on wetlands and forests. Of Uganda's 3,627,000 hectares of forested land, 86,500 hectares of forest cover is lost annually to agriculture, encroachers, building materials and wood fuel. It is estimated that, between 2000 and 2005, forests outside the protected areas reduced by 35% from 3.45 million hectares to 2.3 million hectares. Lakesides have not been spared either; siltation as a result of human activity is having multiple impacts including shrinkage in the lake area and declining quality of water. This interferes with fish breeding and affects other aquatic biodiversity, ultimately impacting the productivity of the lakes. Fish output has for instance, reduced from 5,600 tonnes in 2010 to 4,590 tonnes in 2014 (UBOS, 2015).

Walking the talk: Uganda's progress in family planning

As the country becomes more aware of the health and economic benefits of family planning, there have been concrete steps towards ensuring universal access to family planning. These include:

- **Budget allocation:** In 2012, the Government committed to increase its budget for family planning by 30 percent and increased its allocation for family planning supplies from US \$3.3 million to US \$5 million over the next five years. In the Financial Year 2013/2014, government allocated USD 6.9 million, thereby surpassing the 5 million pledge during the London summit on Family Planning. Total expenditure on Family Planning in 2015 by Government and Development Partners was estimated at \$18.0 million.
- **Development of Costed Implementation Plan (CIP):** The Ministry of Health developed the Family Planning Costed Implementation Plan (CIP) to enhance fundraising efforts using the gap analysis. The CIP lays out the government's proposed strategies to increase access to services; reduce unmet need from 34% to 10% and increase the Modern Contraceptive Prevalence rate from 26% to 50% by 2020.
- **Alternative Distribution Strategy (ADS):** The country has also made changes in the National Reproductive Health Commodity Distribution Strategy, opening up the private sector window to distribute free family planning commodities through the Alternative Distribution Mechanism. This has increased availability of commodities in rural and hard-to-reach areas.
- **Innovative approaches in services delivery:** Through the voucher system, community outreaches, community-based distribution strategies, social marketing and social franchising stakeholders have been able to expand access to remote and hard to reach areas.



Returns on investment

- Modern Contraceptive Prevalence Rate (mCPR) has increased from 18 percent in 2006, to 35 percent in 2016, while MMR has reduced from 438/100,000 live births in 2011 to 336/100,000 live births in 2016. Uganda targets to increase mCPR to 50 percent in 2020.
- Unmet need for Family Planning has reduced from 34 percent in 2011 to 28 percent in 2016, and is targeted to reduce further to 10 percent by 2020.
- TFR declined from 6.2 in 2011 to 5.4 in 2016
- Over a five year period (2012- 2017), it is estimated that family Planning commodities have averted up to 6,242,280 unplanned pregnancies, 1,540,358 unsafe abortions and 23,465 maternal deaths (Ministry of Health RHCS report, 2017).
- Paradigm shift to recognize family planning as a strategy for socio-economic transformation as encapsulated in NDP II and Vision 2040.

Figure 2: Trends in modern contraceptive use in Uganda (UDHS 2016).

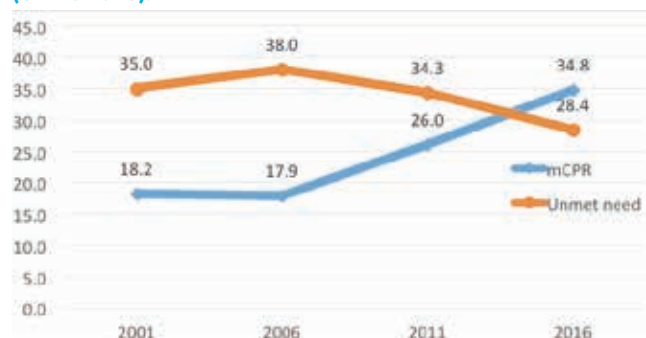
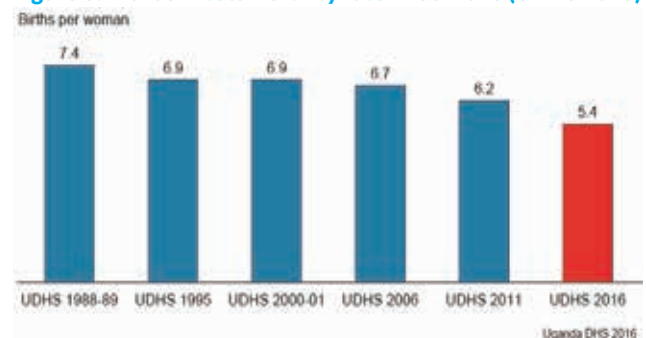


Figure 3: Trends in total fertility rate 1988-2016 (UDHS 2016)



Recommendations:

In spite of the significant progress made, Uganda still needs to do more in order to reduce the unmet need for Family Planning, which at 28% is still high and drive up the Modern Contraceptive Prevalence rate, which stands at 35%.

Uganda stands the chance to make quick gains and meet its CIP and FP2020 targets if additional steps are taken to address factors contributing to the unmet need for family planning. These include:

- Increasing access to family planning services through community-based distribution of contraception
- Roll out of the Total Market Approach (TMA) with population segmentation based on clients' capacity to pay for family planning services and providing free services for those that cannot afford.
- Expanding the Alternative Distribution Mechanism to avail family planning commodities to the private and private-not-for-profit service points.
- Scaling up youth-friendly family planning information and services that are accessible, non-discriminatory, confidential and non-judgmental.
- Ensuring that there are no stock-outs of family planning commodities in all public health facilities through increased financing, accurate commodity forecasting/quantification, and an effective supply chain management system.
- Provision of a wide range of family planning commodities (method-mix) at all service points.
- Targeting vulnerable populations, including refugees and poor communities to ensure that they have access to free family planning services.
- Integrating family planning in all health services especially maternal and child health services, and social services such as Gender-Based Violence prevention programmes.
- Enhancing community mobilization and involvement in increasing demand for and provision of family planning services. Key stakeholders include Community Health Extension Workers; Village Health Teams; Community-Based Distribution Agents; Community, Cultural, Religious, and Political Leaders, Male Action Groups and Family Planning Champions.
- Fostering youth-led innovations to increase access to family planning information, and services; facilitating feedback mechanisms to allow for input from family planning users and tracking uptake.
- Including the measurement of unmet need for family planning among younger adolescents in data generating and estimating systems including DHIS II to enhance appropriate service delivery to younger adolescents.
- Conducting operational research on family planning to identify and document good practices that can be replicated; and define their implementation modalities, highlighting the key actors and their respective comparative advantages.

Conclusion:

Although modern contraceptive prevalence rate (mCPR) is improving, it is still too low to cause “magical” effects in the Total Fertility Rate (which at 5.4 is one of the highest in Africa) and the age-structure and to support the economic attainment of Vision 2040. For Uganda to realize the vision 2040, Total Fertility Rate must reduce to 2.2 children per woman and mCPR should increase to at least 67 percent. Uganda needs to unlock the bottlenecks around supply to ensure universal coverage and attain a method mix that guarantees choice and continue to create demand by addressing negative social and cultural norms around family planning. It is also vital to create awareness on the social and economic benefits, as well as improving financing and accountability mechanisms to ensure accessibility of family planning commodities.



For Uganda to realize the vision 2040, Total Fertility Rate must reduce to 2.2 children per woman and mCPR should increase to at least 67 percent.

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