



MAIN STORY

A happy couple with their baby. Increasing access to sexual and reproductive health services like family planning will enable more couples have children by choice, not chance. © UNFPA

FP2030:
Government of
Uganda fulfills
commitment to
increase domestic
resources for
sexual and
reproductive health
commodities to
ensure no woman
is left behind

No Woman Left Behind

The Government of Uganda has agreed to annually ring-fence 50 percent of domestic resources allocated for procurement, warehousing and distribution of the reproductive health (RH) commodities budget to Family Planning commodities by 2025. This follows the commitments made by Uganda during the launch of Family Planning (FP2030), the new global partnership for family planning in November 2021.

In a communication to the General Manager of the National Medical Stores, Dr. Diana Atwine Permanent Secretary, Ministry of Health requested for the apportioning of 25 percent of the funds (UGX 22 billion) allocated to Reproductive Health Commodities to the procurement of different types Family Planning commodities.

“This was committed in the spirit of ensuring sustainable family planning commodities security,” the Permanent Secretary said. Based on the FP 2030 commitments, the allocated budgets will be used for the procurement of the following family planning commodities; Implanon, Injectables (Depo Provera), Injectables (Sayana Press), Misoprostol and



Mama Kits. Among the commitments made by Uganda launch of the FP2030 are: Increase equitable access and voluntary use of modern contraceptive methods for all women and couples; increase funding for adolescent sexual and reproductive health programs; ensure contraceptive commodity security; strengthen the policy and enabling environment for family planning; strengthening Family Planning data use at all levels; and addressing family planning myths and misconceptions through evidence based SBCC and advocacy.

“This is significant gain for the various partners including UNFPA that has been consistently engaged in the advocacy efforts. It is also a positive step as we move to implement the UNFPA Supplies Partnership and the Compact,” said UNFPA Uganda Representative, Dr



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Stakeholders and partners at the launch of the FP2030 commitments in Uganda in November 2021. **Courtesy photo**

said.

The first FP2020 partnership was first launched at the 2012 London Summit on family planning where The UK Government and the Bill & Melinda Gates Foundation, in partnership with UNFPA, national governments, development partners, civil society, private sector, and other stakeholders from across the world came together to support the rights of women and girls to decide, freely and for themselves, whether, when and how many children they should have. The Summit called for unprecedented global political commitments and resources that will enable an additional 120 million women and girls to use contraceptives by 2020.

MESSAGE FROM THE UNFPA UGANDA REPRESENTATIVE, **DR. MARY OTIENO**
Welcome to the 3rd quarterly newsletter for the UNFPA Uganda Country Office. This issue is particularly important because it comes at a time when the global population is projected to reach 8 billion on 15 November this year.



Healthy families are created by choice, not by chance.

In a world of 8 billion possibilities, it will take all our efforts, every day, in every household, every village and every community, to ensure we achieve UNFPA’s three transformative results; ending unmet need for family planning, ending preventable maternal deaths; and ending gender-based violence HIV transmission and other harmful practices.

Let’s work together to improve awareness and access to safe, effective, and affordable contraceptive choices for young people and clients of reproductive age.

Let’s continue to empower young people to be the agents for change and part of the solution in ensuring universal access to sexual and reproductive health and rights. Humanity truly begins when rights and choices are guaranteed.

Let me reiterate UNFPA’s commitment to continue promoting universal access to sexual and reproductive health and rights for all.

Enjoy the reading!

This “Day of 8 billion” presents a vital opportunity to draw the world’s attention to the infinite possibilities of humanity, and to build the world we want, with sexual and reproductive health and rights for all at its core. This milestone draws humanity’s attention to the continued importance of sexual and reproductive health and rights for all, and the ability of men and women to be able to plan their families.

The mission of UNFPA, the United Nations sexual and reproductive health agency is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled. I am delighted to say that the stories of change featured in this edition illustrate how possible it is, with concerted efforts, to achieve this goal by 2030.

UNFPA appreciates the Government’s efforts to commit more domestic resources towards family planning, commodity security, warehousing and facilitating their last mile distribution across the country. This is a milestone and critical step in the right direction towards fulfilling Uganda’s FP2030 Commitments.

Uganda has made significant progress to improve the health care system and this has contributed to the improvement of maternal

health outcomes and other sexual reproductive health services in Uganda. However, 336 of every 100,000 mothers continue to die at child birth due to preventable causes. A single death of a mother is one too many! The global sustainable development agenda highlights maternal mortality among key and persistent development challenges to be tackled by 2030. According to the recent MPDSR data, four mothers are dying daily in health facilities during childbirth. About half of these maternal deaths (48%) are due to postpartum hemorrhage and pregnancy-related hypertensive disorders. In partnership with the Government of Uganda and support from development partners, UNFPA is working to prevent maternal deaths due to severe anemia and postpartum hemorrhage.

Uganda has one of the highest rates of teenage pregnancy in sub-Saharan Africa. One in four adolescent women aged 15-19 are already mothers or pregnant with their first child. Teenage pregnancy in Uganda contributes to 20 percent of the infant deaths and 28 percent of the maternal deaths.

Evidence shows, we can prevent thousands of maternal and child deaths if we invest in family planning. We can protect women’s rights and choices, without which there is no sustainable development.

Blood is Life

UNFPA-supported blood collection and distribution centre improves obstetric care in Nebbi, West Nile sub-Region.



A midwife helping Ayorwoth to breastfeed her baby at Nebbi Hospital.
© UNFPA Uganda/Samuel Okiror

NEBBI, Uganda

Fosca Ayorwoth gave birth to a bouncing baby girl by cesarean section at St. Luke Hospital, Angal in her local district of Nebbi in northwestern Uganda. Ten days after giving birth, the 25-year-old mother of six nearly died from severe bleeding known as postpartum haemorrhage (PPH), a condition that can occur within 24 hours to 12 weeks after delivery.

“I was discharged from hospital and went home. But three days later, I started bleeding heavily and was rushed back to the hospital. The doctors then referred me here (Nebbi General Hospital) for blood transfusion,” says Ayorwoth who delivered on June 29 2022.

Initially, Ayorwoth was transfused with two units of blood and the bleeding stopped briefly, but later continued. She was then rushed to the theatre for an emergency operation.

The doctors removed her uterus in order to stop the bleeding and save her life. Ayorwoth was transfused with seven units of blood. But this could not have been possible at this same hospital one year ago due to a shortage of blood products and lack of equipment to collect and store blood.

Post-partum haemorrhage is the leading cause of maternal deaths in Uganda. According to hospital statistics, eight out of 13 maternal deaths that occurred in Nebbi Hospital between July 2020 and June 2021, were due to postpartum hemorrhage and lack of blood for transfusion.

However, ensuring full availability of these supplies is still a challenge, due to several factors including long distance to collection centres, frequent stock outs of blood screening reagents and lack of appropriate equipment to collect and store blood and blood products.

Nebbi Hospital was no different. Health workers from the hospital previously had to make the long journey to Arua (70 kilometres) and Gulu regional referral hospitals (248 kilometres) to access blood products. Given that the two regional hospitals serve several health facilities, stock-out of blood products was frequent, according to Dr. Jackline Akello, Nebbi Hospital medical superintendent.

With funding from The Royal Embassy of the Netherlands, UNFPA, under the Advancing Sexual and Reproductive Health and Rights (ANSWER) Programme, procured a refrigerator, a freezer and cold boxes to strengthen the capacity of Nebbi Hospital to collect, process and distribute blood as one of the strategies to save mothers’ lives.

The availability of blood and other products at the hospital has helped improve capacity to provide maternal health services including provision of safe blood transfusion services.

“I am so grateful the doctors managed to save my life. I thank God that the blood for transfusion was readily available. Otherwise I would have died,” said Ayorwoth from her High Dependency Unit bed.

“The availability of this equipment has improved blood collection, storage and transportation in the greater Nebbi area,” says Dr. Dorothy Kyeyune Byabazaire, director of Uganda Blood Transfusion Service.

Meanwhile Dr. Akello notes, the blood bank has had tremendous impact on the community; improving service delivery and reducing cases of maternal deaths due to severe anemia and postpartum hemorrhage.

“We have ably managed our cases of PPH. In terms of maternal child health, we haven’t lost a mother due to lack of blood or shortage of blood

products since December 2021 when our blood bank was revamped,” says Akello.

“We used to refer patients to Arua Regional Hospital and when we did that, some opted to go home and die. Very few would accept the referral. Now we don’t refer patients in need of blood transfusion. We offer all services here,” she says.

“I am so grateful the doctors managed to save my life. I thank God that the blood for transfusion was readily available. Otherwise I would have died,”

said Ayorwoth from her High Dependency Unit bed.

Nebbi Hospital now supplies blood to three health Center IVs of Warr, Pakwach and Madi-Okollo, as well as Nyapea and Angal Hospitals. The Hospital also serves as a referral point for the districts of Zombo, Madi-Okollo, Pakwach and Buliisa that have no blood collection and distribution centres or blood banks.

Supporting availability of blood and blood products is only one of several ongoing interventions that UNFPA – under the leadership of the Government of Uganda – is undertaking to ensure provision of quality maternal health services to save women’s lives.

“Women in Uganda still die during pregnancy and childbirth due to preventable causes,” said Dr. Mary Otieno, UNFPA Uganda Representative.

“We will continue to support high-impact interventions to ensure the provision of quality maternal and new-born health care, from pre-pregnancy, antenatal, labour and delivery, as well as postpartum and neonatal periods,” she said.

A laboratory technician labeling blood at Nebbi Hospital blood centre. © UNFPA Uganda/Samuel Okiror



Empowering Girls in Practice

“I have to concentrate on my studies”:
Addressing teenage pregnancy, child marriages.



Leofrida Amto (left) with her classmates with sexuality education leaflets on teenage pregnancy at Padibe primary school.
Photo: UNFPA Uganda/Samuel Okiror

UNFPA, through funding from The Embassy of Netherlands in Uganda.

The sessions were aimed to support young people to make informed decisions regarding their bodies and sexual relationships, and be more informed on sexual reproductive health and rights (SRHR), gender-based violence prevention and response including child marriage.

The sessions were conducted by 832 trained teachers in 216 selected schools in six districts in West Nile and two in Acholi, reaching 54,972 young people, some 28,174 females and 26,798 males.

The trained teachers mobilized young adolescents and people through the community family initiatives to attend the sexuality education sessions with a focus on early pregnancy, puberty, sexually

LAMWO, Uganda

Fifteen year-old Leofrida Amto has gained self-esteem to say no to early sex to prevent teenage pregnancy and child marriage because of the knowledge she gained through sexuality education.

“This programme helped me to learn a lot about life skills and empowered me to make decisions. It has taught me to say no to early sex, teenage pregnancy and child marriage,” says Amto, a primary seven pupil of Padibe Girls primary school in her home district of Lamwo in Northern Uganda.

“I have to concentrate on my studies to achieve my future aspirations. My dream is to become a nurse and work in a hospital to attend to mothers and offer sexual reproductive health services,” she said.

The teenager is a beneficiary of the community-based delivery of sexuality education sessions delivered to young people forced out of school due COVID-19 pandemic lockdown in 2021. Under Advancing Sexual Reproductive Health and Rights (ANSWER) programme in West Nile and Acholi sub regions, the initiative is implemented by Save the Children International with support from



Amto (left) and her classmates attending a lesson at Padibe primary school.
Photo: UNFPA Uganda/Samuel Okiror

transmitted infections, healthy relationships, life skills, menstrual hygiene management and GBV prevention and response held in various community locations.

“I learnt a lot of life skills, knowing about my body changes and menstrual hygiene and making reusable sanitary pads,” says Amto.

A total of 2,450 families were mobilized and 98,256 young people, including 2,892 refugees and 671 people with disabilities engaged in Sexuality Education sessions.



I learnt a lot of life skills, knowing about my body changes and menstrual hygiene and making reusable sanitary pads. I now know how to keep myself clean during menstruation periods,” says Amto.

Mr. Vincent Ouma, the chairperson of Padibe Girl Primary School Management Committee hailed the programme:

“In the villages, parents have little time with their children and sex education is very minimal. Parents feel guilty to teach their children about sex due to traditions and see it as promoting immorality. Sometimes even children fear talking with parents about it,” says Ouma.

“If schools take this sexuality education seriously, it will help to curb the rampant rates of teenage pregnancies, early marriages and spread of HIV, pupils dropping out of school due to pregnancy and improving standard of education,” he said.

Mr. Barnabas Langoya, the Lamwo District Education Officer says sexuality education has played a crucial role in addressing the negative gender and social norms.

“Through the sessions, the girls were empowered to take care, defend themselves and say no to anybody trying to engage them in sexual activity and child marriages,” says Langoya.

“As a result of this intervention, there has been a drastic decline in teenage pregnancy and reduction in child marriages in the district. The girls now know the value of concentrating and completing their studies,” Mr. Langoya said.

UNFPA and Save the Children International re-purposed an existing curriculum, based on the Presidential Initiative on AIDS Strategy for Communication to Youth to deliver sexuality education sessions to young people.



First Lady and Minister of Education and Sports is joined by UN Resident Coordinator Ms. Susanne Namondo (5th from right) and UNFPA Uganda Deputy Representative Ms. Abbigail Msemburi (2nd left) and other dignitaries at the dialogue.

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Only Together we can Protect our Girls

First lady hosts high level dialogue as UNFPA-supported campaign highlights need to double efforts against teenage pregnancy.

JINJA, Uganda

Fifteen-year-old Hope (not real names) was a student in a boarding school in Hoima district at the time Uganda went into lockdown in June 2021, as a measure to help contain the COVID-19 pandemic. Then at 14, she met a boda boda rider who started giving her free lifts without her parent's knowledge. They started a relationship; months later Hope was pregnant. The man responsible cut off any contact with her.

"Right now I am at home and cannot go to school because I have to look after my baby. I face a lot of challenges including having to take

the child for treatment because he falls sick all the time," she says.

Stories such as Hope's are not unusual in Uganda. Pre-pandemic, one out of every four girls aged 15 to 19 was pregnant or had a child. COVID-induced lockdowns kept young people out of school, leaving them vulnerable to sexual exploitation and abuse, resulting in increasing rates of teenage pregnancy. Information from the District Health Information System 2 (DHIS2) shows that between 2020-2021 Uganda recorded 31,565 pregnancies every month or 1,052 pregnancies following the lockdowns.

In response to this crisis, the Government of Uganda, with



UNFPA Uganda Deputy Representative Ms Abbigail Msemburi signs a commitment board at the dialogue in Jinja.

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support from UNFPA and UNICEF launched 'Protect the Girl, Save the Nation', a campaign to mobilise society against the escalating cases of teenage pregnancy. The First Lady and Minister of Education and Sports, H.E. Janet Kataaha Museveni; Vice President, H.E. Jessica Alupo and Prime Minister, Rt. Hon. Robinah Nabbanja are the campaign champions, using their voices as the three topmost women leaders, to rally Ugandans to protect girls.

As one of the campaign activities, the Office of the First Lady on September 29 held a high level dialogue at Wanyange girls School, Jinja district. The dialogue was the culmination of a one-day engagement held the day before, with over 2,000 students from Busoga Region, to sensitise them on the dangers of teenage pregnancy and discuss ways that young people can protect themselves.

In attendance at the dialogue were religious and cultural leaders, Members of Parliament, district leaders, civil society, and members of the community. Ms. Susan Ngongi Namondo, UN Resident Coordinator led the UN in Uganda team which included UNFPA Uganda Deputy Representative Ms Abbigail Msemburi.

Speaking at the event Hon. Janet Museveni noted that the Ministry of Education is focusing on life skills training for young people as one of the ways to help protect them from teenage pregnancy.

"As a mother, I encourage you to embrace these life skills to guide you as you navigate adolescence in these challenging times," she said. She noted that the future of the country and its potential to grow and transform into a great nation

depends on young people. "For this to happen, the differentiating factor lies in the life choices you make today at this critical stage in your lives," she noted.

UN Resident Coordinator Ms. Namondo noted that the cost of a teenage pregnancy takes a toll on girls, their families and communities and that prevention is key to tackling the issue. "It is imperative that we find much better ways of helping our girls avoid pregnancy. We need to look at it as an urgent act of investing in our own future," she noted.

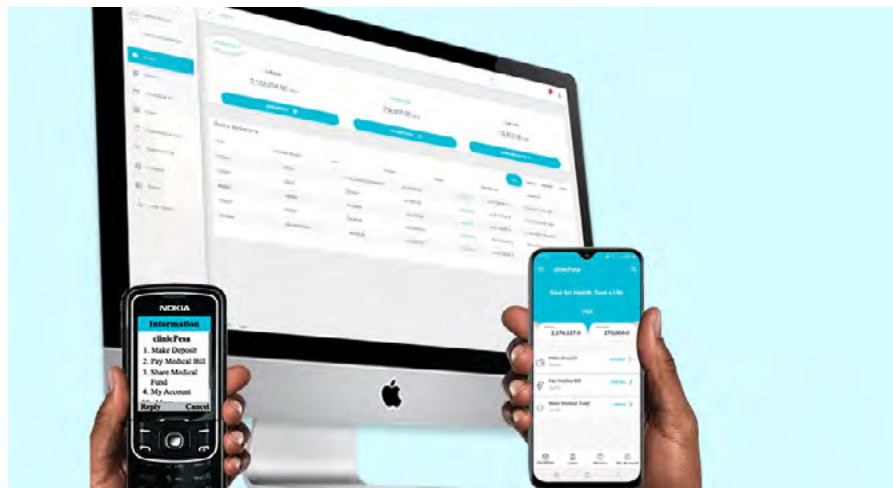
She called for society-wide approaches to teenage pregnancy prevention that focus on supporting rather than blaming girls. "When one or two get pregnant, the families have failed in their protection role but when so many children get pregnant, then we have collectively failed," Ms. Namondo said.

She urged parents and duty bearers including teachers and health workers to talk to young people about sexuality and adolescence. "We owe our children better access to knowledge and guidance. We need to become a lot braver and competent to talk to them so that they can better protect themselves. Because if we don't, they will have only their equally clueless friends, social media, and people who deliberately want to take advantage of them," she said.

Ms. Namondo thanked the three champions of the campaign, led by The First Lady and Minister of Education and Sports for taking action, noting that the dialogue was a strong demonstration of the joint commitment of the Government and partners to address the challenges adolescent girls face.

Ensuring every child birth is safe

UNFPA Uganda launches the Strategic Investment Facility funding to improve access to maternal healthcare services



UNFPA will work with ClinicPesaUganda Limited to scale up the mobile money savings service for mothers and teenage girls. Courtesy Photo

UNFPA Uganda is among the few countries selected globally to receive the Strategic Investment Facility (SIF) funds for the first year of implementation in 2022. The proposed project is a mobile money maternal health savings solution, that will empower over 150,000 poor and vulnerable expectant mothers and teenage girls to afford quality and timely maternal healthcare services.

UNFPA will work with a private sector partner (ClinicPesaUganda Limited) to scale up the mobile money savings service for mothers and teenage girls, covering eleven district including the three pilot districts of Kampala, Mukono, Wakiso and eight newly created cities of Jinja, Arua, Gulu, Mbale, Soroti, Fort Portal, Mbarara, and Masaka.

“The project will address limited financial preparedness by pregnant mothers and teenage girls through promoting savings towards healthy pregnancies and safe child births using a mobile money account platform.

“With the mobile medical bank, someone is able to save on their mobile phones, with or without internet access so that they are able to use this money at their time of need,” said Onyancha Chrispinus, the Founder of Clinic Pesa Mama programme.

“We have also targeted a special group which is the maternal unit to ensure expectant mothers are able to meet the cost of delivery, transportation to the health care facility, as well as purchase of the birth preparedness kits and also some money for upkeep,” he says.

According to Onyancha, about 400 maternal units have participated in this programme and over 1,000 expectant mothers served.

“In partnership with UNFPA, we intend to scale up this model to reach 150,000 expectant mothers so that we bring a wider coverage and reduce maternal mortality,” he said.

The Strategic Investment Facility (SIF) is UNFPA’s concerted move to

support programme countries shift from a development “funding” model to a “financing” model. The SIF is a mechanism that provides modest amounts of regular resources catalytically, bringing projects to scale by leveraging far greater sums of domestic government resources, IFIs, aligned external financing, in-country donor contributions, and investments from the private sector.

In Uganda, the maternal mortality ratio (MMR) has reduced by 28 percent over the last 15 years (to 336 deaths per 100,000 live births). However, the MMR is still unacceptably high and off-the-mark of the SDG-3 target. The delay to seek health care, delay to reach point of care, and delay to receive care, are the 3 categories of causes of preventable maternal deaths. The first delay is partly due to lack of birth planning, financial or geographic barriers, unfamiliarity with pregnancy danger signs, and poor perception of facility care.

Antenatal care (ANC) provides mothers an opportunity to receive health education, and assessment for risks of pregnancy complications. However, most women attend first ANC late (20 weeks), and seldom complete the required visits. Only 3 in 5 women attend ANC for four or more times. The women who attend ANC more than once, are more likely to prepare for birth compared to those who do not. Evidence also indicates that low income, male partner control of finances, lack of knowledge on saving for health are barriers to financial preparedness.