

## The Journey towards Achieving Zero Unmet Need for Modern Family Planning: Re-evaluating Uganda's efforts

### Uganda's Situation

28%



married women have an unmet need for family planning

30.4%

the unmet need for family planning among adolescents

4,032



number of mothers lost due to pregnancy and child birth related complications annually

25%



adolescents aged 15-19 who have already begun childbearing (UDHS, 2016)

### Introduction



The concept of unmet need for family planning points to the gap between women's reproductive intentions and their contraceptive behaviour. Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child<sup>1</sup>.

Many women in Uganda would like to limit or delay getting pregnant, but do not have access to consistent use of modern contraceptive methods. In 2016, 28% of the married women had an unmet need for family planning services<sup>2</sup>. One in every three women who would like to space or stop childbirth, are not accessing contraception. Unmet need for family planning has implications for women and their families, such as unwanted pregnancies, with associated health risks for mothers and children. Unmet need for family planning accounts for 20% of maternal deaths. Increasing access

to quality, rights-based contraceptive care is essential in empowering women to make informed decisions about their sexual and reproductive health, and has a direct impact on the reduction of maternal mortality.

The International Conference on Population and Development (ICPD) Programme of Action in 1994 called for all countries to provide universal access to a full range of safe and reliable family-planning methods by the year 2015. The United Nations General Assembly 2014 extended the ICPD Programme of Action in order to continue galvanising commitment to complete the unfinished business to meet fully the Programme's goals and objectives. The United Nations General Assembly reaffirmed these commitments when it adopted the 2030 Agenda for Sustainable Development<sup>3</sup>. Following the London Summit on family planning in 2012 that reinvigorated the global commitment to family planning; Uganda committed to universal access to family planning; and to reduce unmet need for family planning from 40 percent to 10 percent in 2022. It also committed to increase the annual government allocation for family planning supplies from US \$3.3 million to US \$5 million annually for five consecutive years. In 2017, the Government of Uganda revised its targets to reduce unmet need for family planning to 10 percent and increase the modern contraceptive prevalence rate among all women to 50 percent by 2020. Specifically, the government committed to leveraging annually \$20 million from its development partners, the domestic and international private sectors to bridge the family planning funding gap; and allocating \$5 million annually for procurement and distribution of RH/FP supplies and commodities<sup>4</sup>.

### Socio-demographic Characteristics of Unmet Need for Family Planning: Factors associated with Unfulfilled Need for Contraception

Uganda still has high unmet need for family planning. Disparities in unmet need for family planning exist by age, education, socioeconomic status, and rural-urban geographic location. According to Uganda Demographic Health Survey 2016, 32% of the sexually active unmarried women have an unmet need for family planning. The highest unmet need for family planning is observed among married women and sexually active unmarried women age 15-19 years (30.4%) and 30-39 years (30.3%). The unmet need is also highest among the women with no education (31.1%) and primary education (30.5%) compared to 20.7% among those with more than secondary education. Women living in rural areas have a higher unmet need of 30.1% compared to urban dwellers at 22.8%. The unmet need for family planning is not uniform across the country. There are regions in the

country with a much higher unmet need than the national average of 28%: West Nile (43.2%), Acholi (39.0%), Busoga (36.5%) and Teso (36.3%)<sup>1</sup>

An assessment of health service coverage in refugee and host communities in Northern Uganda in the districts of Arua and Yumbe in October 2019 showed a high unmet need for family planning among refugee mothers in both districts (40.8% Arua; 43.6% Yumbe) compared to the national average (28.4%). However, this indicator paralleled the regional average for unmet need (43.2%). West Nile has the highest unmet need for family planning of any region in Uganda<sup>5</sup>. What stands out is that almost half of women report they have a need for family planning methods and are not receiving them.

### Reasons for unmet need for FP

Since unmet need is context specific and responsive to changing cultural norms, high levels of unmet need do not necessarily mean that family planning efforts are not working. The improvement in family planning programmes may result into an increase in the unmet need in response to more knowledge about family planning and changing norms. In Uganda, contraceptive use is relatively low, but increasingly, women want fewer children, thus leading to a higher level of unmet need<sup>6</sup>.

<sup>1</sup>[https://www.who.int/reproductivehealth/topics/family\\_planning/unmet\\_need\\_fp/en/](https://www.who.int/reproductivehealth/topics/family_planning/unmet_need_fp/en/). Accessed 17 March 2020.

<sup>2</sup>Uganda Bureau of Statistics (UBOS) and ICF. 2017. Uganda Demographic and Health Survey 2016. Key Indicators Report. Kampala, Uganda: UBOS, and Rockville, Maryland, USA: UBOS and ICF.

<sup>3</sup>United Nations General Assembly, 2015

<sup>4</sup><http://www.familyplanning2020.org/uganda>

Evidence generated advances many reasons why women do not use contraceptives. The most frequently cited reason for not currently using a method is fear of side effects (29%), woman is breastfeeding (20%), or the woman is having infrequent or no sex (14%). A considerable proportion of women (13%) are not using a method because their husband or partner is opposed to the use of a method.<sup>7</sup> Lack of access to family planning services and information is often a barrier—rural women with unmet need for contraception are more than twice as likely as their urban counterparts to cite lack of access as a reason for not using contraceptives<sup>8</sup>. These reasons suggest that many women lack accurate information about family planning, including its mechanisms of action, safety, side effects, efficacy and ease of use.

In a study conducted among men in rural central Uganda in 2018 on their knowledge and use of family planning, men were most familiar with male condoms (72%), but many also named injectable hormonal contraception (54%) and birth control pills (52%). There was little familiarity with the most effective contraceptive methods, especially long-acting reversible methods like IUDs and implants.<sup>9</sup> The fact that men are partially or completely responsible for the contraceptive decisions made by the majority of married Ugandan women underscores the central role that men play in family planning decisions in this culture and suggest that increasing knowledge and acceptability of these methods among men could be one avenue for increasing use of these very effective methods. One qualitative study on community perceptions and experiences of domestic violence and induced abortion in central Uganda in 2006 found that some men believed that contraceptives can cause health problems, such as infertility and cancer, while others felt that contraceptive use might cause women to have

### How has unmet need changed over time?

The proportion of married women with unmet need for family planning in Uganda has changed over time, reaching a peak of 38% in 2006, decreasing to 34 percent in 2011, and continued to decrease to 28% in 2016<sup>1</sup>. However, even after the development and roll out of the Uganda National Family Planning Costed Implementation Plan (FP CIP 2015-2020), the unmet need for family planning still remains high. The total unmet need among the married women has been steadily but slowly declining from 30.5% in 2016 to 26.0% in 2018<sup>14</sup>. Yet, this was only a 4.5% reduction in unmet need for family planning over a period of three years. This is much higher than the FP CIP (2015-2020) target of 10%. The slow reduction in unmet need for family planning is in line with the slow increase in modern contraceptive prevalence from 32.2% in 2016 to 36.3% in 2018<sup>15</sup>. This therefore implies that if the country is to achieve a significant reduction in unmet need for family planning, it needs to re-evaluate its current efforts.

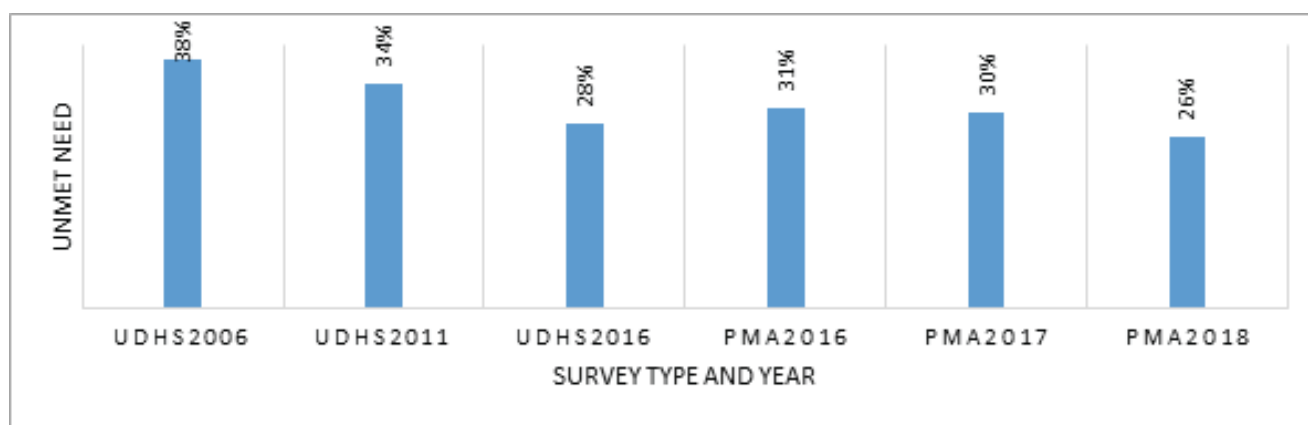


Figure 1: Trends of unmet need for family planning over the years (UDHS and PMA surveys)

### Should Government and other stakeholders be concerned about the unmet need?

The Uganda National Development Plan (NDP) III recognized increased access to Sexual Reproductive Health and Rights (SRHR) with special focus on family planning services and harmonized information as one of the key strategic interventions to improve population health, safety and management; and realization of demographic dividend. The state of Uganda's population report 2014 on harnessing Uganda's demographic dividend for socio-economic transformation also identifies investment in family planning as catalyst to fertility decline. Together with a reduction in maternal mortality, this would increase the ratio of working-age adults relative to young dependents, thus boosting the country's economic growth. Unmet need for contraception can lead to unintended pregnancies, which pose risks for women, their families, and societies. In Uganda, about one-third of pregnancies are unintended—that is, either unwanted or mistimed. One particularly harmful consequence of unintended pregnancies is unsafe abortion that contributes to high rates of maternal death and injury. Uganda loses about 4,032 mothers each year due to pregnancy and birth related complications. Unintended pregnancies and post-abortion care are

extramarital affairs<sup>10</sup>.

Data from the Uganda Demographic and Health Survey (UDHS) 2016 showed that the contraceptive use among adolescents is low, with only 9.4% among young people aged 15-19 reporting use of a modern method despite the evidence of early onset of sexual intercourse them. The unmet need for family planning among adolescents is as high as 30.4%. There is limited cultural space to discuss sexuality between parents/guardians and children, which means that young people are often left to seek information on sexuality matters on their own or to experiment with sex, and hence, engage in risky sexual behaviour. Lack of, or limited access by adolescent girls to FP, including contraceptive information, education, and services, is a major factor contributing to unwanted teenage pregnancy and maternal death<sup>11</sup>.

The reasons for low uptake and demand for FP services among the refugee settlements in Uganda include: myths and misconceptions associated with use of FP methods, religious opposition to the use of FP and the idea that a large family is a form of wealth<sup>12</sup>. The facility-level barriers are also significant hurdles to FP services access with heavy caseload of deliveries and antenatal and postnatal care consultations, limited space to offer a range of maternal health and FP services and lower level health facilities limiting FP services to only temporary methods. Coupled with the absence of a functional referral system for the provision of long-term and permanent methods, this drastically reduces the choices available to women when they visited the health centres<sup>13</sup>.

also costly with an estimated \$13.9 million spent annually<sup>16</sup>.

Despite the evidence of early onset of sexual intercourse among adolescents, contraceptive use is low, with only 9.4% among young people aged 15-19 reporting use of a modern method. This contributes to unplanned/unwanted pregnancies, unsafe abortions and related complications, resulting in disproportionately high maternal mortality and morbidity rates. Teenage pregnancy in Uganda is very high, as 25% of adolescents age 15-19 have already begun childbearing and is a major cause of school dropout<sup>17</sup>. With Uganda's population growth rate of 3.2% and the current population projection of those below the age of 15 years at 45%, if the unmet need remains unchecked, Uganda will continue to have a largely youthful population, high teenage pregnancy rates and high maternal mortality rates but could also fail to realize the Vision 2040. The country, therefore, needs to continue expanding the family planning programme to harness the demographic dividend.

<sup>1</sup>Professor Joseph J Valdez and Nancy Vollmer. An Assessment of Health Service Coverage in Refugee and Host Communities in Northern Uganda: Key Findings and Policy Implications from a two-district household survey. Liverpool School of Tropical Medicine (LSTM) October 2019

<sup>2</sup>Washington, DC: Population Reference Bureau, Family Planning and Reproductive Health July 2012

<sup>3</sup>Washington, DC: Population Reference Bureau, Family Planning and Reproductive Health July 2012

<sup>4</sup>Uganda Bureau of Statistics (UBOS) and ICF International. Uganda Demographic and Health Survey 2011, Kampala, Uganda: UBOS; and Calverton, MD, USA: ICF International, 2012.

<sup>5</sup>Dougherty, A., Kayongo, A., Deans, S. et al. Knowledge and use of family planning among men in rural Uganda. BMC Public Health 18, 1294 (2018). <https://doi.org/10.1186/s12889-018-6173-3>

<sup>6</sup>Kaye DK. Community perceptions and experiences of domestic violence and induced abortion in Wakiso District, Uganda. Qualitative Health Research, 2006, 16(8):1120-1128.

<sup>7</sup>Asingwire, N, Muhangi, D, Kyomuhendo, D and Leight, J. 2019. Impact evaluation of youth-friendly family planning services in Uganda, 3ie Grantee Final Report. New Delhi: International Initiative for Impact Evaluation (3ie)

<sup>8</sup>Baseline Study: Documenting Knowledge, Attitudes and Practices of refugees and the status of family planning services in UNHCR's operation in Nakivale Refugee Settlement, Uganda. <http://www.womensrefugeecommission.org/reports>

<sup>9</sup>Baseline Study: Documenting Knowledge, Attitudes and Practices of refugees and the status of family planning services in UNHCR's operation in Nakivale Refugee Settlement, Uganda. <http://www.womensrefugeecommission.org/reports>

<sup>10</sup>Performance Monitoring and Accountability (PMA2020). <http://www.pma2020.org>

<sup>11</sup>Performance Monitoring and Accountability (PMA2020). <http://www.pma2020.org>

## What has been done so far with success towards increasing access to family planning services

**Family Planning Costed Implementation Plans:** One unified country strategy for family planning; the Uganda Family Planning Costed Implementation Plan, 2015–2020 (FP-CIP), is in place and under review that articulates Uganda’s consensus-driven priorities for family planning and gives critical direction to Uganda’s FP programme. Forty-six districts have respective District Family Planning Costed Implementation Plans to guide family planning mainstreaming in district planning and budgeting processes.

**Contraceptive security:** The availability of a reliable supply of high-quality contraceptives is essential to ensuring that FP demand is met at all levels. To increase availability of, access to, and use of FP commodities, the Ministry of Health developed the Alternative Distribution Channel Strategy (ADS) to make available free public sector commodities in the private not-for-profit (PNFP) sector and private for-profit (PFP) sector that is fully functional and institutionalized. This has resulted into increased availability of contraceptive methods for both private and public sector with over 87% of the Service Delivery Points (SDPs) having at least one modern contraceptive method in stock; and 82.6% SDPs offering at least three modern contraceptives in line with national protocols<sup>18</sup>. The major central warehouses of National Medical Stores (NMS) that serves the public health

## Decentralization of family planning services and introduction of new FP technologies

Uganda has a health structure from national to community level that has been expanding over the years in terms of capacity to ensure access to health services including family planning. In the calendar year of 2019, 73% of the 2.8 million women that received the various methods of contraception accessed services at the lower level health facilities (HCIIIs and HCIs). Of the 4,131 registered HCIIIs and 1,435 HCIs in District Health Information System (DHIS2), 66% and 87% provided family planning services to clients respectively. This demonstrates the Government efforts to decentralize family planning services since over 76% of the Uganda population resides in rural areas<sup>19</sup>. Uganda has developed Village Health Team (VHT) Strategy with operational guidelines for the national structure for health service delivery and primary health care at the lowest level. This approach has been instrumental in increasing demand for and provision of some FP services especially at the community level.

The MOH together with its partners introduced the new contraceptive method; Subcutaneous Depot Medroxy Progesterone Acetate (DMPA SC) including self-injection, that was successfully piloted and strengthened capacity for its delivery to Ugandans in both general and humanitarian settings. This was implemented using health facility and community-based delivery approaches through partnerships with implementing partners and district health teams. DMPA-SC (Sayana Press) has brought a new dimension with regard to access and utilization of FP services especially among those without contraceptive experience and young people. The pilot of DMPA-SC conducted in humanitarian settings in Lamwo and Kiryangongo districts, showed the following results: 43% of all users were new users while 49% of the all self-injectors were young people under 25 years<sup>20</sup>.

## Remaining Challenges:

Despite the progress made in reducing the unmet need for family planning and increasing modern contraceptive prevalence, the country is still far from achieving the National FP CIP 2020 targets of 10% for unmet need for FP and 50% for modern contraceptive prevalence. Family planning is yet to be concretely embedded in broader development issues and addressing family planning on a multi-sectoral level across line ministries remains a challenge. The leadership responsibility and authority that is essential for repositioning family planning in the multi-sectoral environment especially at subnational level is suboptimal. There is lack of consistent leadership that spearheads messaging around family planning in a multi-sectoral dimension and ensures that the various targeted audiences including the rural/urban women, adolescents in and out of school settings, men, people living with HIV and key populations at risk, people with disabilities, and faith-based organisations among others are actively involved.

Significant efforts are still required to mitigate rural-urban disparity; lack of accurate information among women about family planning, including its mechanisms of action, safety, side effects, efficacy and ease of use; partner opposition to use; disparities in humanitarian settings, adolescents and women with low education; and community provision to increase community engagement.

Another major concern for FP programme is a narrow range of services for young people, mostly short-acting FP products and, therefore, limited options open to young clients in most public facilities offering FP services.

Currently, there is still overreliance on unsustainable and unpredictable donor funding for reproductive health including family planning. The international organizations remained the main source of financing for family planning activities in Uganda accounting for 72.7% (UGX 76 billion) of the total income received (UGX 106 Billion) in 2017. Of the resources (UGX 29 billion) mobilized locally for FP activities, 17.7% were domestic Government sources while 9.6% were out of pocket. The Government of

facilities and Joint Medical Stores (JMS) that serves the private not-for-profit and private for-profit health facilities have been instrumental in executing the various supply chain management processes including: procurement, storage and last mile distribution of family planning commodities. The effective collaboration between two agencies and regular monitoring of stock of FP commodities under the supervision and leadership of MOH has ensured constant availability reproductive health commodities through effecting timely inter-warehouse transfers of commodities.

**Financing:** Government committed to increase its budget for family planning by 30% and increased its allocation for family planning supplies from US \$3.3 million to US \$5 million annually over the subsequent five years from 2012. Government committed to raise \$20 million annually through continued partnership with development agencies and the private sector. The 2018 Resource Flows Survey by Uganda Bureau of Statistics (UBOS) on family planning in Uganda revealed a progressive increase in the overall resources allocated towards family planning over the years from \$21M in 2016 to \$40M in 2018; reflecting an 89% increment over 3 years.

Uganda allocation towards FP commodities dwindled in 2019 and 2020<sup>21</sup>. Of the UGX 16 billion allocated towards reproductive health commodities, over 95% of these resources were to cater for procurement of mama kits and about 5% towards family planning commodities. Although FP has received attention and increased political support at the national level, the same has not trickled down to district and community levels.

## What can be done differently?



**Figure 2: Key areas of focus to attain and sustained zero FP unmet need**  
**Enabling Environments for Human Rights-based Family Planning**

- Government and its partners should renew commitment towards implementation of National FP-CIP and District FP CIPs as a tool towards socio-economic transformation among the various stakeholders including line ministries, members of parliament, local governments, development partners, civil society, implementing partners, young people and academia.
- Sustain advocacy at subnational level to ensure prioritization of FP during the budgeting processes at district level.
- Integration with other sectors: Integrate family planning services with other health services such as HIV prevention and treatment, child immunization, and development priorities such as environmental protection.

<sup>18</sup>Family planning investment case for Uganda

<sup>19</sup>UBOS (2016). National Population and Housing Census 2014. Main Report. Uganda Bureau of Statistics (UBOS), Kampala, Uganda.

<sup>20</sup>Global Programme for Reproductive Health Commodities Security (GPRHCS). Facility assessment for reproductive health commodities and services report for Uganda, 2018

<sup>21</sup><https://www.statista.com/statistics/447899/urbanization-in-uganda/>

<sup>22</sup>CIFF Sayana Press Scale-Up. End of Project Report

<sup>23</sup>Uganda Bureau of Statistics (UBOS) 2019. 2018 Resource Flows Survey on Family Planning in Uganda- Main Report, Kampala, Uganda

## Financing

- Government should strive to fulfil its commitment to increase the domestic funding towards family planning commodities with at least \$ 5M annually.
- Strengthen the multi-sectoral approaches engaging key stakeholders and the private sector at all levels including the national and subnational levels to ensure optimal funding and delivery of family planning services and supplies; provision of information and services to communities and individuals, especially the marginalized and most vulnerable. Deliberate effort should be made to increase compliance of District Local Governments to mainstream family planning in sectoral plans and budgets, district budget framework papers and development plans and ensure that resources are set aside to promote family planning in respective sectors.
- Government should fully support the implementation of the FP Advocacy strategy, FP Financing Strategy and the Total Market Approach (TMA) to increase available resources for FP and create an efficiently segmented market that provides women access to a full range of family planning products and services.
- Government should Expedite passing of National Health Insurance Bill (2019) to increase health financing, which is critical in ensuring the availability, affordability and accessibility of quality and equitable health care services; and enable Uganda to achieve universal health coverage.

## Availability of Good Quality, Human Rights-based Family Planning Services

The country's family planning program needs to take some important steps to reduce the barriers that women face in their efforts to obtain contraceptive methods and services:

- Strengthen the implementation of a comprehensive family planning programme where women have access to the full range of available contraceptive methods with correct information on contraceptive methods given, especially on side effects and how to manage them. Roll out the total market approaches that includes all service modalities— public, private, and nongovernmental organizations; and innovative financing schemes like voucher schemes for vulnerable populations like adolescents to access services in the private sector.
- Roll out self-care interventions to deliver family planning services to successfully reach the underserved populations including adolescents and youth, HIV positive clients and women in humanitarian settings. Scale up community-based distribution of various methods using community health workers targeting the underserved pockets of the population to ensure wide access for full national implementation. This should be coupled with an increase in the frequency of mobile services to extend access to long-acting and permanent contraceptive methods to remote populations using trained providers targeting districts with high unmet need and access challenges.
- Adopt a broader view on generating demand for family planning to ensure gender equality and human rights that includes addressing resistance to FP; using diverse and reinforcing types of demand generation platforms and tools applicable and acceptable to the targeted audience; positioning FP beyond the health sector, and identifying and making more investments in effective demand generation interventions to end unmet need.
- Strengthen service provider capacity for counselling and service delivery both in clinical and community settings through skilled-based training and performance improvement mechanisms including self-assessments to increase rights literacy, and strengthen knowledge and skills to support clients to make informed decisions about contraceptive use. Roll out effective interventions including mentoring on quality standards and ethics that counter provider bias, reduce judgmental attitudes and create conducive atmospheres of privacy, confidentiality and respect that are needed so that young people are empowered to access services.
- Strengthen engagement with men as well as other family members to create an environment where men can discuss family planning with their wives. Attract male clients by establishing separate male-only clinics or by taking information and supplies to the places where men gather, including the workplace, bars, and sporting events. Introduce approaches that view men as partners and encourages men and women to discuss and make joint decisions regarding contraception and other reproductive health issues. This should be coupled with another approach of viewing men as agents of positive change and seeks to transform gender relations by questioning men's attitudes and values regarding gender. Design behavior change communication for men that seeks to change gender norms and shows men playing a positive role in their family's well-being.

- Deliberately target women in rural areas where high levels of unmet need persist with focus on the Northern and Western regions of the country where levels of unmet need remain high and have continued to increase throughout the past decade.
- In humanitarian settings, strengthen the supply chain to guarantee availability of a wide range of contraceptive methods; address the shortage of human resource; and strengthen the roles of midwives and nurses to provide family planning counselling and a wide range of contraceptive methods to ensure free, full and informed choice.

## Eliminating barriers to family planning services among the adolescents and youth to reduce unmet need for contraception.

- Quality of care for adolescents and youth: Strengthen adolescent and youth-responsive contraceptive service provision including understanding the clients' needs and fertility goals; and offer contraceptive counselling including comprehensive information of different method options. Health care providers must be supported in acquiring the right skills and be supervised in order to provide quality counselling and care to adolescents and youth.
- Expand the method mix for adolescents and youth: A rights-based approach in the context of contraceptive service provision to adolescents and youth that includes offering method choice, respectful counselling around the full range of options, and tailoring the order of options presented based on the young person's goals and needs regardless of age, gender, marital status and other social categories.
- An integrated approach to services responsive to adolescents and youth: Scale up the most effective service delivery approaches using a combination of: Training of health service providers in both public and private sector; respectful care and counseling; offering health service delivery through flexible opening hours; reduced cost or free services; and information dissemination through the community, schools and mass media
- Promoting access to comprehensive sexuality education: Roll out contraceptive services in a context of age-appropriate gender-responsive sexuality education for adolescents to equip them with knowledge, skills, attitudes and values to realize their health, well-being and dignity.

**Create innovative technologies to bring more contraceptive products, tools and methods to the market that respond to current needs and anticipate those of the future.**

The country and its partners need to continue testing and scaling up innovative approaches to broaden the method mix. Develop creative ways to monitor contraceptive stock and facilitate the last mile delivery. Expand and prioritize the evidence base for safe and effective family planning and turning high-quality evidence into policy and practice at all levels. Expand the access to new self-administered delivery systems including DMPA SC self-injection to reach out to more new users and adolescents.

**Routinely identify inequities in access to services and information: Improve the availability of quality-disaggregated data on priority populations and sexual and reproductive health. To strengthen information systems, MOH and district health managers should:**

- Work to develop a data culture, in which staff members at every level appreciate the importance of accurately collecting and analyzing data and consistently apply data to decision-making through monthly performance reviews.
- Train staff in the technical skills needed to control data quality, analyze data, create graphs, and interpret the results.
- Adopt a systematic, data-based approach to resolving problems, such as quality assurance or clinical audits.
- Conduct market segmentation and targeting, which identify and direct public resources to the poor and disadvantaged to improve the quality of services that poor clients receive by investing in facilities that serve poor communities, shifting from clinic to community-based services, and engage in aligning the activities of implementing partners to the underserved communities.

Better data will make it possible to advocate for, design and implement more targeted and effective policies and programming.



United Nations Population Fund

Plot 12A Baskerville Avenue, Kololo  
Kampala, Uganda  
Tel: +256-4177-44500  
<https://uganda.unfpa.org/>

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