REPORT ON THE PROCEEDINGS
OF THE
ADVOCACY TO ACTION FOR FAMILY PLANNING MEETING

14th JUNE 2017
KAMPALA SERENA HOTEL
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EXECUTIVE SUMMARY

The 2012 London Summit on Family Planning began to put family planning higher on the global agenda with several initiatives to improve access to high-quality contraception information, services and supplies. Countries and international organizations pledged to provide contraception to an additional 120 million women and girls in the poorest countries by 2020. Programs would offer contraception without coercion or discrimination against access, with the longer-term goal of universal access to voluntary Family Planning (FP) around the world.

In Uganda, since 2012, the number of additional users for modern FP grew by 904,000 making the total users of modern methods at approximately 2,570,000. With the current modern Contraceptive Prevalence Rate (mCPR) of 35% among MWRA, the country is not on track to meeting the FP goal of 50%.

Against this background, the National Population Council (NPC) in partnership with Ministry of Health (MOH) organized a half-day, high-level advocacy meeting with FP advocates on 14th of June 2017, at the Serena Hotel in Kampala, Uganda. The meeting aimed at presenting the important rationales for family planning investments, including evidence that shows that increases in contraceptive prevalence have a positive impact on Uganda’s health and economic development overall.

The goal of the meeting was to present fresh data and evidence of multi-sectoral benefits from increases in family planning use. In the meeting, political decision-makers and civil society stakeholders learned of the strategic implications for adequate and sustained investments in contraceptives and reproductive health services.

Participants represented the Ministry of Health, Ministry of Education and Sports, Ministry of Gender, Labor and Social Development and the Parliament of Uganda. Other participants included representatives of development partners, non-governmental organizations, religious groups and civil society and implementers of FP and reproductive health programs.

By the end of the meeting, this diverse group supported Uganda’s FP program and renewed their commitment to advance the country’s FP2020 commitment. A resolution (Call to Action), adopted by the representatives, added specifics to the national commitment to address a number of issues regarding FP/RH. These included the following:

- Increase the mCPR at annual rate of at least 2%
- Establish and monitor a National FP budget line
- Integrate population and sexual and reproductive health and rights (SRHR) issues in national plans and sectoral strategies beyond health
- Improve distribution of FP commodities, especially at lowest levels of the health system (“last mile/kilometer”)
- Improve demand creation through mass media and interpersonal communication
- Ensure male involvement
- Improve FP accountability through monitoring and evaluation of FP programmes

1.0 INTRODUCTORY REMARKS

Mr. Musana Charles, Senior National Program Officer, National Population Council (NPC) opened the meeting with introductory remarks. Mr. Charles introduced the goals of the meeting and the meeting organizers (NPC in conjunction with the MOH, and supported by EngenderHealth (EH) and funded by the Bill & Melinda Gates Foundation). He thanked participants for honoring the invitation and their commitment to Uganda’s FP program and FP2020 goals. He reminded the group that FP2020 is a global partnership that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have.

Mr. Musana then invited the different representatives to take up their seats on the Panel. Mr. John Ampeire from NPC opened with a prayer and followed by self-introductions from the participants.

1.1 Objectives of the Meeting

Dr. Moses Muwonge, Director of Samasha Medical Foundation (SMF) shared the main objectives of the meeting as:

- Share information with stakeholders on what Uganda has achieved at mid-point in reaching FP2020 goals
- Present different scenarios of annual growth of mCPR and their resulting health and development impacts
- Discuss how to involve sectors beyond health in reaching FP goals

Expected outputs:

By the end of the day, the participants would:

- Become more convinced about the importance of FP
- Become better advocates and champions of FP programming
- Be equipped to advocate for increased investment for FP to accelerate Uganda’s programme to improve access to FP information and services to the vulnerable and needy
- Develop a Call to Action to move the FP program forward even further
1.2 Participation

The meeting participants were from the Family Planning community and included representatives of development partners, Members of Parliament, Ministries (Ministry of Health, Ministry of Education and Sports, Ministry of Gender, Labor and Social Development) NGOs, religious groups, civil society and FP programme implementers.

1.3 Agenda

The half-day workshop Agenda is in Annex 1.

2.0 SESSION ONE

Dr. Jotham Musinguzi, the Director General of National Population Council (NPC), welcomed participants to the half-day meeting and appreciated their support of FP issues and programmes. He highlighted the issues of Uganda’s demographic dividend and the effect of a young population on the country’s development.

2.1 Remarks by Country Representative, UNFPA Uganda

Alain Sibenaler, Country Representative, UNFPA Uganda thanked the NPC, MOH and EngenderHealth for organizing the meeting. He noted that this platform brings together advocates for reproductive health and family planning, with a focus on issues of budget allocation, passing supportive legislation and providing oversight of overall resource allocation. He agreed that policy and advocacy initiatives and mobilizing the population for maternal and child health services and other development programmes is important. Multi-sectoral collaboration, policy and government accountability are all-essential to ensure the FP meets its goals.

He emphasized that we need to place FP as a central component of socio-economic development. The 2016 DHS shows a great return on investment for FP in Uganda overall and in relation to reducing the maternal mortality to 438 in 5 years – although this is still too high. Political leadership is now in the forefront to promote FP. To harness the demographic dividend, FP must be a strategy in multisectoral roadmaps.

Mr. Sibenaler asked the following questions to provoke discussion

- Are we preaching to the converted?
- For whom are we advocating and to whom are we advocating?
- How many more RMNCAH investment cases do we need to push to FP?
Mr. Sibenaler concluded by calling on the persons present to address the critical FP issues especially contraceptive distribution, addressing the disconnecting between what is available at the National Medical Stores (NMS) and what gets to the end users (i.e. last mile/last kilometer). He urged the participants to advocate for FP and have user-friendly, crisp, clear business-case type materials prioritizing FP in national development to reflect the key issues in the National Development Plan (NDP).

2.2 Opening remarks by Ministry of Health

**Dr. Mihayo Placid**, FP Focal Person, Ministry of Health opened the meeting by focusing on current investments and government commitments. He noted the 5 years of progress since the President of Uganda made commitments at the 2012 London Summit on Family Planning where the mCPR stood at 25% and currently stands at 35%.

The Government of Uganda in the 2016 RMNCAH Investment case prioritized FP and earmarked USD $211.6 million of the total USD $ 1,875 million costed. This is roughly 11% of the total cost. In addition, the Government of Uganda will soon open a state of the art maternal health unit in Mulago hospital that will cater for FP and maternal health related needs.

Dr. Mihayo stressed that the government continues to improve the policy environment through review and updating FP/RH related policies and guidelines. Examples include the SRHR Policy Guidelines and Service Standards and Adolescent Health Policy to mention two. Despite the government’s efforts, the country still grapples with high teenage pregnancy rates, unsafe abortions, low availability and access to contraceptives and FP services.

The Government of Uganda encourages continued partnership with all stakeholders to address the prevailing situation in order to improve the health of the population through provision of quality family planning services. Dr. Mihayo stressed that the FP programme will reduce inequities between rich and poor thus fostering economic growth across economic strata.

Dr. Mihayo continued by stating that the Advocacy to Action for Family Planning Meeting is timely, as it will forge a positive course for the country. A well-coordinated, robust multisectoral FP program will enable the country to achieve her development goals. He assured the participants of the government’s commitment to FP2020 and the Sustainable Development Goals (SDGs) while empowering women and girls and improving access to safe family planning.

Dr. Mihayo expressed his gratitude to the development partners for their continuous support, staff of NPC for organizing and participants for dedication to improving FP as FP empowers not just the individual but also the nation.
Dr. Mihayo concluded by thanking the National Population Council, EngenderHealth and the Bill & Melinda Gates Foundation for the technical and financial support for the Advocacy to Action for FP Meeting. He pledged that the Government of Uganda would continue to give priority to FP issues and work to realizing the FP2020 commitments. He then declared the meeting officially open.

### 3.0 PANEL SESSION

#### 3.1 Demographic Dividend and rationale for FP Investments

Dr. Jotham Musinguzi, Director General of the National Population Council (NPC) made a presentation on the demographic dividend and rationales for FP investments at the macroeconomic and social level. He highlighted the summary trends, using all women of reproductive age, where Total Fertility Rate is 5.4 children per woman in 2016 and the teenage pregnancy rate is still high at 25%.

Jane Wickstrom, Project Director, ExpandFP/EngenderHealth co-presented this section of the program. Giving an international perspective, she noted Thailand’s age pyramid in 1960 looked very similar to Uganda’s today. Close to half the population was under the age of 15, and women were having about six children per woman. In the 1960s and following decades, mortality fell, desired family size fell, and Thailand began to invest in all aspects of FP programming. As a result, the age structure began to change, with a smaller number of young children and a larger number of people in the workforce. By 2010, Thailand’s age structure was completely different from 50 years prior, with dependent people under the age of 15 making up a much smaller portion of the population. This created a window of opportunity to boost the economy with a higher number of working age adults than dependents. Thailand moved into middle-income status during the same period.

Ms. Wickstrom continued with the analysis showing that decline in birth rates and resulting change in age structure offers Uganda the opportunity to reap the demographic dividend of accelerated economic growth - as was accomplished in Thailand. Uganda is at the beginning of a demographic transformation, and has the chance to harness the demographic dividend with investments in FP, maternal and child health, and girls’ education.
Using the GapFinder visualization chart, the meeting participants took note of changes in TFR and GDP per capita (1800-2015) demonstrating the inverse relationship between GDP per capita and fertility rates. Ms. Wickstrom explained the relationship between GDP per capita and fertility rates by region and specific countries over time. Specifically, as GDP per capita increases there often is a decrease in total fertility rates – as seen in the interactive graph. The group noted the position of Uganda in 2015 at the higher end of TFR for African countries and in low-to-middle per capita income as compared to other African countries.

Dr. Jotham returned to emphasize that the demographic dividend is an opportunity for economic growth and development that arises with changes in the population age structure. When the fertility rates decline significantly, the shares of the working-age population increase in relation to previous years. This larger working-age population in relation to dependents can enable a country to increase GDP and raise incomes.

He concluded by highlighting the different “game changers” critical in realizing the demographic dividend. The game changers were specific to health, education, the national economy and the positive impact of FP on gender equality and the environment.

3.2 Meeting Uganda’s FP2020 goals: Where are we?

Dr. Dinah Nakiganda, the Assistant Commissioner, Reproductive Health Division, Ministry of Health presented evidence of Uganda’s commitment to improving maternal and child health (MCH). Since the 2012 London Summit on Family Planning, government leaders have accelerated our commitments and policies so that programs can continue to improve access to quality contraceptives and services in the public and private sectors, all geared to improving the health and welfare of our citizens.

She shared that Uganda is committed to two ambitious FP goals, that is, grow mCPR among married women of reproductive age to 50% by 2020, and reduce unmet need among married women of reproductive age to 10% by 2020. The UDHS 2016 key indicator report showed that for the first time in history in Uganda, more married women (34.8%) are using a modern method of FP than have an unmet need for FP. This is wonderful progress and shows Uganda’s continued commitment to FP.

In addition, injectables still dominate the method mix, and most of the method mix is short-acting methods. The long-acting reversible contraception (LARC), the hormonal implant, is the fastest growing method and is the second most popular.

LARCs and permanent methods (PMs) are very important methods and have many advantages for both for the user and for the health system. LARCs have a lower discontinuation rate than short acting methods – meaning that on average, women use the method for longer before
switching methods or stopping altogether. LARCs and PMs require fewer visits to the health facility. Whereas a woman who obtains an implant needs to only visit once in three years, a woman who uses injectables has to visit 12 times in that time period. This puts a much higher drain on the health system over time, even if the initial cost of an implant or IUD in terms of staff time is higher than for one injection.

### 3.3 Uganda’s CPR goal: Program Impact and Requirements

Jane Wickstrom, Project Director, EngenderHealth described the tool Reality Check, which uses CPR and population data (MWRA) to project outputs. She presented different CPR growth and/or method mix scenarios to provide data for planning and advocacy. Showing Reality Check information for Uganda, she noted that while mCPR increased steadily over the last decade, and a strong 1.76% annual percentage points since 2011, meeting the national mCPR goal of 50% among MWRA by 2020 requires much faster growth – 3.8% points each year for four years (2016-2020). The conclusion is that Uganda will fall slightly below the 50% goal.

Ms. Wickstrom stressed that international experiences show that a national growth of 1.5% to 2.0% per year is strong. She then showed Reality Check estimates and the health related impact of each of mCPR growth scenario. The first scenario focused on the health impact of Uganda’s national CPR continued grow at the rate it has in the past decade. The second scenario shows the impact of accelerating this growth to 2% per year, bringing the CPR to almost 42% by 2020, while the third scenario showed what would happen if the CPR among MWRA reached 50% in 2020.

She stressed that even slight acceleration of growth and the shift toward LARCs and PMs, makes a big difference nationwide. However, there needs to be increased and sustained support for contraceptives. Ms. Wickstrom showed the data, for example, if CPR growth accelerated to 2% per year, and shifts more toward LARCs and PMs. The number of contraceptives needed at the national level would also increase. The estimates made account for all users – new and continuing, and discontinuation rates.

Ms. Wickstrom concluded by stating that to reach the method mix goal and keep up with increasing demand for family planning, solid investments in reproductive health are required, including: provider
training; systems strengthening of the supply chain; community dialogues and mobilization; mobile outreach services to reach underserved populations, and youth programming to name a few critical areas.

3.4 Meeting Uganda FP2020 goal: Budget requirements

Dr. Betty Kyaddondo, Head of Family Health Department, NPC in her presentation stated that the overall funding for FP/RH commodities decreased over the last 3 years. However, the Government of Uganda’s share for FP/RH commodity funding increased. Funding for FP/RH commodities grew tremendously from 2007 to 2013. In 2014, the portion allocated by the GOU increased, but the portion provided by donors dropped (USAID, UNFPA, and DFID). By 2015, both had dropped.

Continued steady growth of the budget is required if Uganda is going to meet its mCPR goals. Given that there is already momentum behind the goals, now is the time to increase investments as Uganda has more capacity than ever to meet the growing need for contraception.

Dr. Kyaddondo presented the different FP contraceptive requirements needed to meet the annual mCPR increases through 2019 at the PMA2020 projected growth rate of 1.3% for all women of reproductive age. This represented a slight increase from historical growth seen between UDHS surveys (2006, 2011) and PMA2020 data in 2014 and 2015.

She concluded that the current financial gap is $9,829,295, despite in-year commitments from UNFPA, the Global Fund, Global Financing Facility and the Government of Uganda. She cautioned the participants to reflect about how to bring this to forefront in advocating with donors and Parliament so that Uganda closes this financial investment gap.
4.0 DISCUSSION

1. How do we stop talking to ourselves, or what advocacy strategy do we use and take this good information to the communities? We need to take advocacy to the grassroots, engaging the Community Development Officers (CDOs) and integrating FP in other fora e.g. education and nutrition.

2. Ms. Wickstrom’s presentation showed a target to meet 2% CPR annual goal and the health facility monthly caseload and other items. Can modeling show the CYP goal per month caseload instead? Yes, Reality Check calculates annual CYP based on a particular method or method mix or CPR, but not to the level of CYP per month or per facility. Future presentations will add this dimension. One could use Reality Check data outputs to calculate CYP per month or per facility outside Reality Check.

3. We need to strengthen the multi-sectoral collaboration to improving FP investments to meet our FP2020 goals. This is just the beginning of an ongoing discussion with other sectors for instance, Ministry of Education and Sports, Ministry of Gender, Labour and Social Development, Ministry of Finance and Economic Development, to mention but a few. The Multi-sectoral approach is good and if we are looking at prioritizing FP, we need to form a multi-sectoral taskforce to deliberate on strategies and workplans to scale up the integration of FP in other sectors.

4. We are intrigued by the Reality check modelling of 2% annual growth for CPR. This looks very realistic and achievable. This is actually doable especially with support of the implementing partners. In addition, with training and community engagement, MoH and partners can work together and scale up FP programs by the year 2020.

5. We need to explore the existing opportunities in the RMNCAH Investment case. As FP advocates, we should continue our efforts and make sure that FP gets the attention it deserves (across sectors and within the health sector).

6. We appreciate that numerous health worker trainings were conducted. What is being done about management of the FP side effects? During health worker training, we re-equip them with new information on the different FP technologies and this includes information on management of FP side effects.

7. How much have we recognized the private sector providers in FP investment? It is imperative that we bring the private sector on board and have an entry point to tracking them in the procurement and use of FP contraceptives.
5.0 CALL TO ACTION

We, the **FP2020 stakeholders** gathered here at Serena Hotel Kampala, Uganda, on the **14th day of June 2017**, having noted that Uganda has reached an acceleration phase in the modern contraceptive prevalence rate (mCPR), and having noted that the policy environment is conducive for continued growth of reproductive health programs, commit to the following:

I. Work to increase mCPR at an annual rate of not less than 2% by increasing utilization and uptake of contraception by more women and girls.

II. Support the establishment and monitoring of a national family planning budget line for the ever-increasing need and demand for contraceptives and services; and continue the GOU contribution to FP commodities as committed at FP2020 from 2017 to 2020.

III. Support the integration of population and sexual/ reproductive health and rights (SRHR) issues into National Development Plans and strategies.

IV. Support the National Medical Stores in procuring and distributing to the last mile all contraceptives including related equipment and supplies to increase access and use of long-acting reversible and permanent methods of contraception; and strengthen the implementation of the Alternative Distribution System.

V. Educate the people with correct and culturally appropriate interpersonal information and mass media messages on population and development and SRHR issues.

VI. Promote data capture and use for accountability and improved monitoring & evaluation of the family planning programme.

VII. Foster innovative approaches to solving family planning challenges.

VIII. Enhance the involvement of boys and men in family planning by their promoting, supporting and using contraceptives.

We recommit to support the right of women and girls to decide, freely and for themselves, whether, when and how many children they have and with these commitments, we shall work to attain our FP2020 goals.
6.0 CONCLUDING REMARKS

Hon. Micheal Bukenya, MP and Chair of Health Committee, Parliament of Uganda started by sharing the privileged to be part of the highly educative session. As MPs, having data and persuasive arguments helps us to advocate better as we strive for middle-income status that includes preventive health care. It is important to note that to increase FP access and mCPR, we need a multisectoral approach, and to sustain our momentum, we as legislators can do a lot more such as pledging for better polices on youth friendly services and using the Call to Action to advocate for more funding to National Medical Stores (NMS). The ongoing debate whether the health insurance system will cater to the poor is important. The health package to the poor should include FP.

In terms of appropriation, we must engage MoFPED early enough to emphasize the importance of family planning in community development. We must address some of the demand challenges such as creating FP awareness and finding ways of promoting the LARCs. With oversight, we can make sure that FP appropriations are well used and has value for money. We must engage NMS with the Alternative Distribution System (ADS) to improve and increase access to commodities.

He thanked the National Population Council, EngenderHealth, the Bill & Melinda Gates Foundation and all participants for making the meeting a great success. He took the opportunity to declare the meeting closed at 13.35pm with lunch and administrative announcements.
Annex 1: Agenda of Workshop

Advocacy to Action for Family Planning
Ugandan National Stakeholders Meeting

June 14 2017  Serena Hotel, Kampala Uganda,

09:00 Opening
Master of Ceremonies - Introduction of the Meeting Chair
Charles Musana – Senior National Program Officer, NPC

09:15 Meeting Objectives
Moses Muwonge – Executive Director, Samasha Medical Foundation

09:30 Remarks in Support of the Program
- Maryjane Lacoste, Senior Officer, Bill & Melinda Gates Foundation
- Jennie Barugh, UK Department for International Development Health
- Alain Sibenaler, UNFPA Representative

Video: Increasing family planning use leads to poverty reduction & economic growth

10:30 Official opening
Hon. Sarah Opendi, Minister of State for Health (General Duties)

11:00 Group Photo and Tea Break

11:30 Panel Presentations:

Demographic Dividend and Rationale for FP Investments
Dr. Jotham Musinguzi, Director General, NPC

FP 2020 Commitments - Mid-point Status Update
Dr. Dinah Nakiganda-Busiku, Asst. Commissioner, Reproductive Health, MOH

Uganda’s CPR Goal: Program Impact and Requirements
Jane Wickstrom, Project Director, EngenderHealth

What Financial Resources are needed to meet the mCPR Goal?
Betty Kyaddondo, Head Family Health Department, NPC

12:30 Way Forward – Plenary Discussion and Call to Action
Moderated by: Dr. Jotham Musinguzi, D.G NPC

13:00 Official closing remarks
Hon. Dr. Michael Bukenya, Member of Parliament, Parliament of Uganda, Health Committee Chair

13:30 Lunch

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Annex 2: List of Participants

**ADVOCACY TO ACTION FAMILY PLANNING STAKEHOLDERS’ MEETING HELD**  
**JUNE 14, 2017 AT SERENA HOTEL, KAMPALA**

**ATTENDANCE LIST**

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