

Improved reproductive health the Uganda



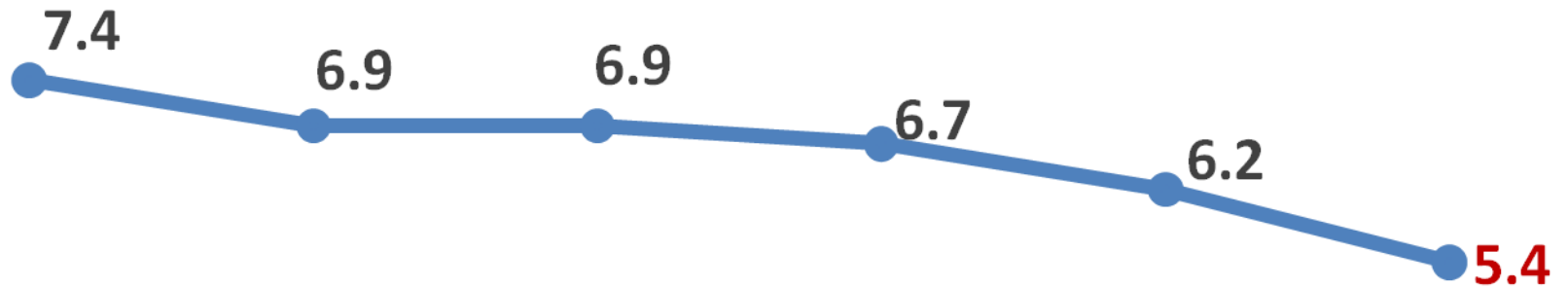
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PPD Country Coordinator/EARHN Focal person Uganda

March 23, 2017

Fertility Trends

Births per woman for the three-year period before the survey



1988-89

1995

2000-01

2006

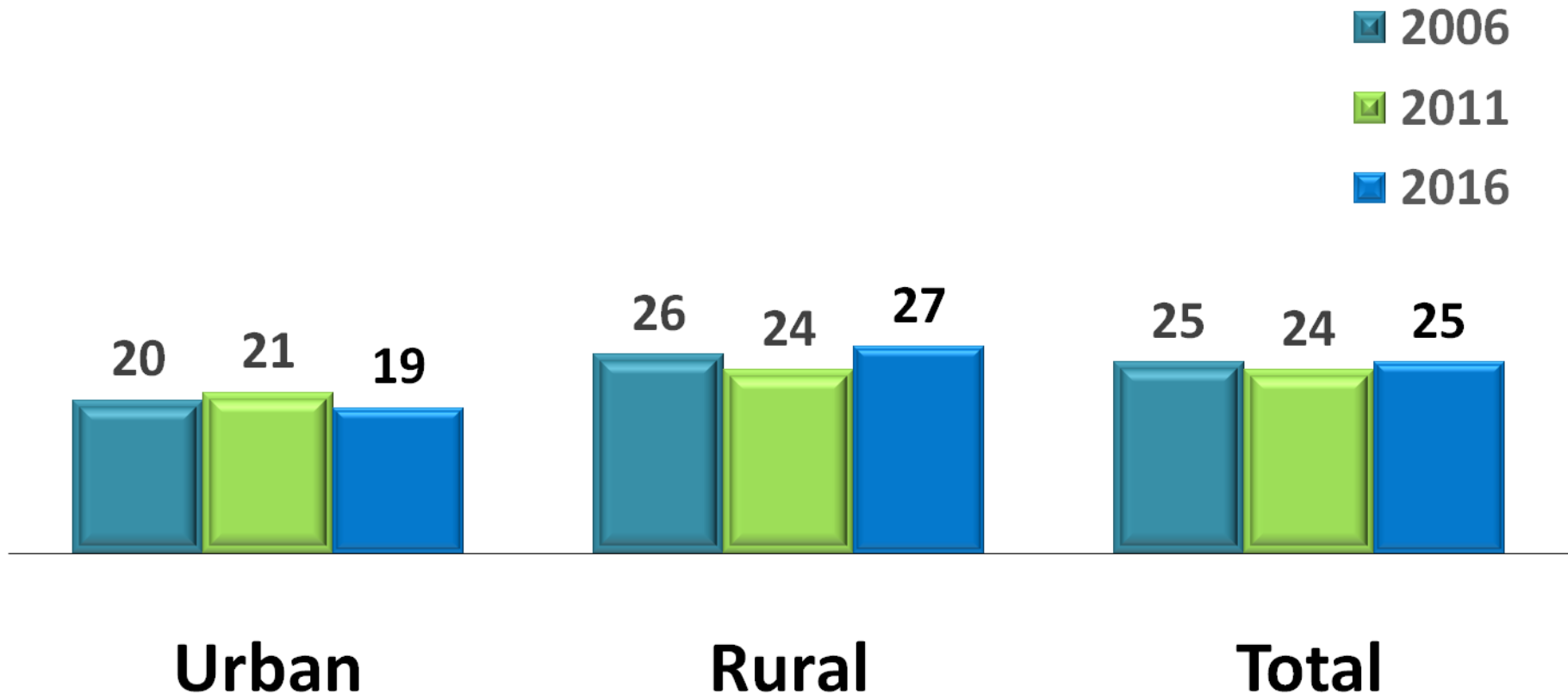
2011

2016

UDHS

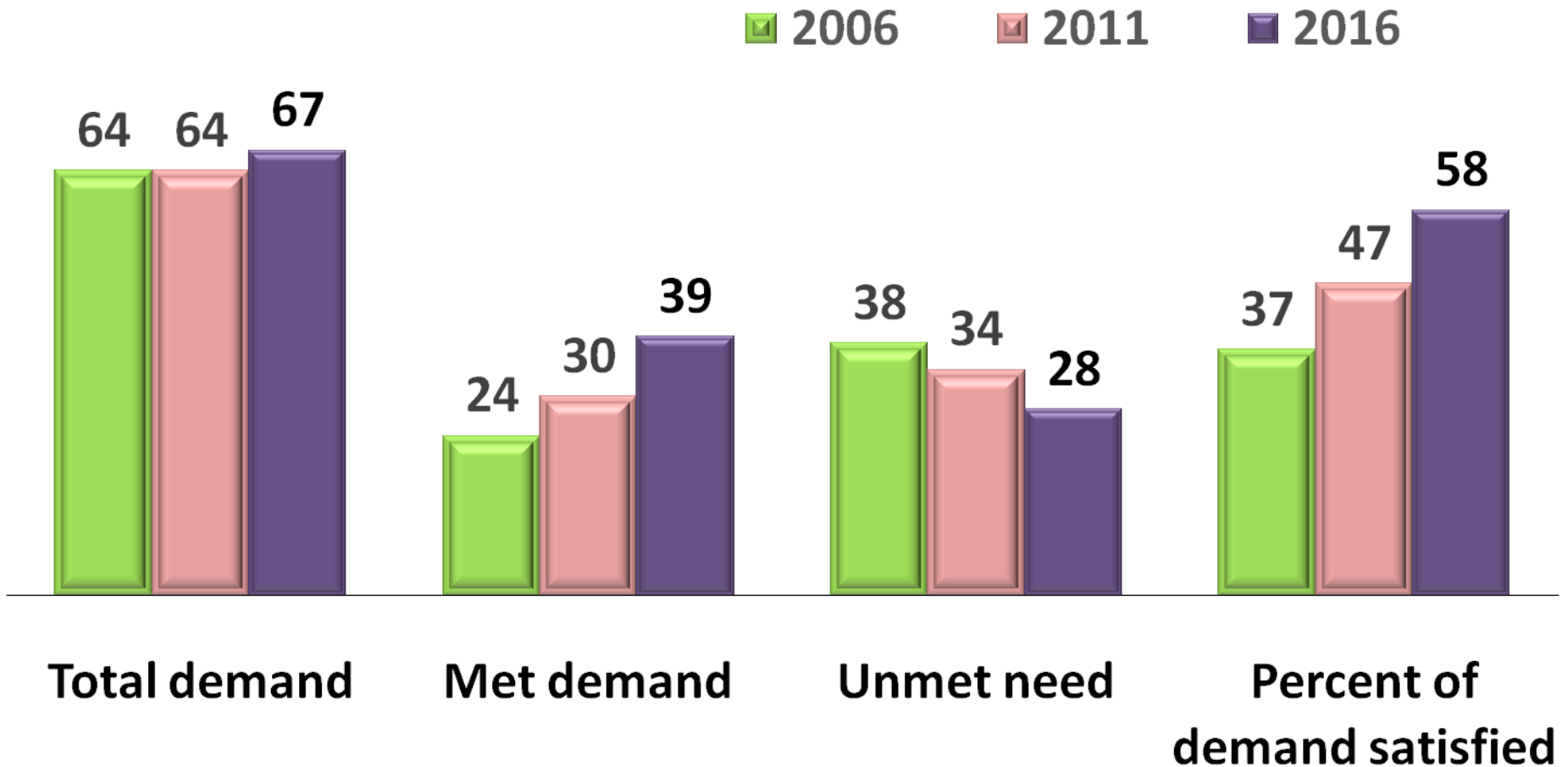
Teenage Childbearing by Residence

Percent of women age 15-19 who are mothers or pregnant with their first child



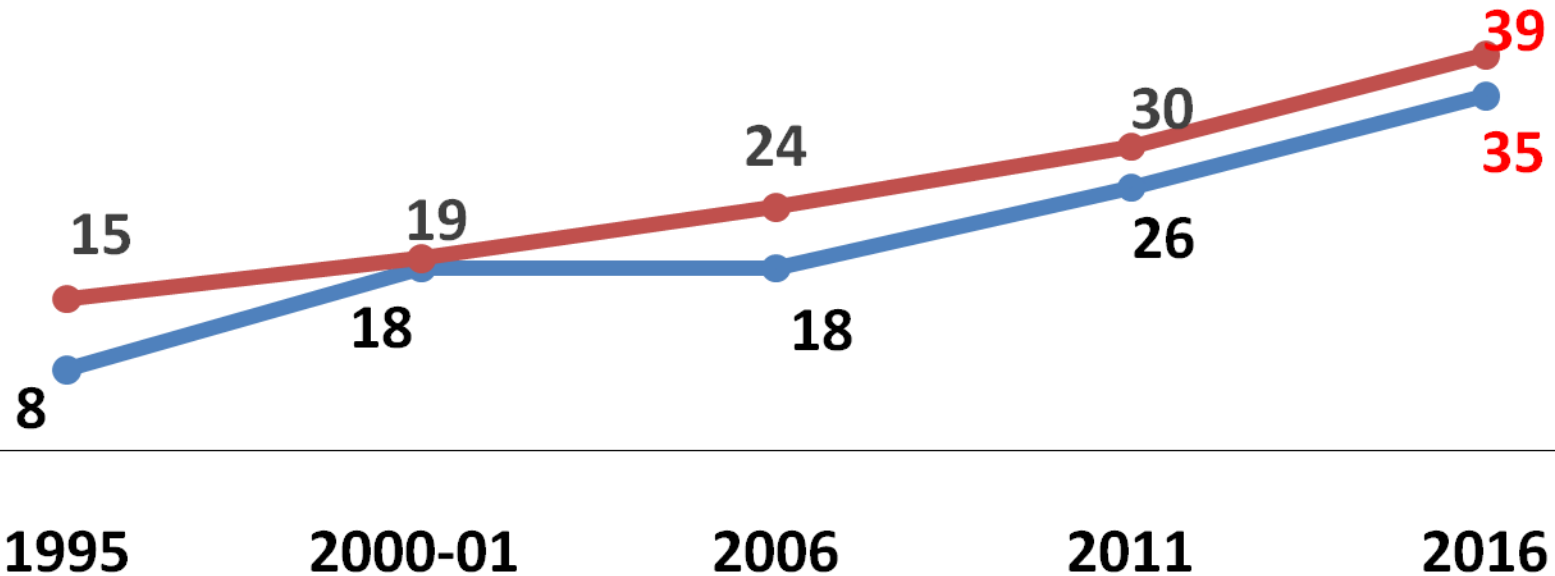
Trends of Unmet need for FP

Percent of currently married women age 15-49



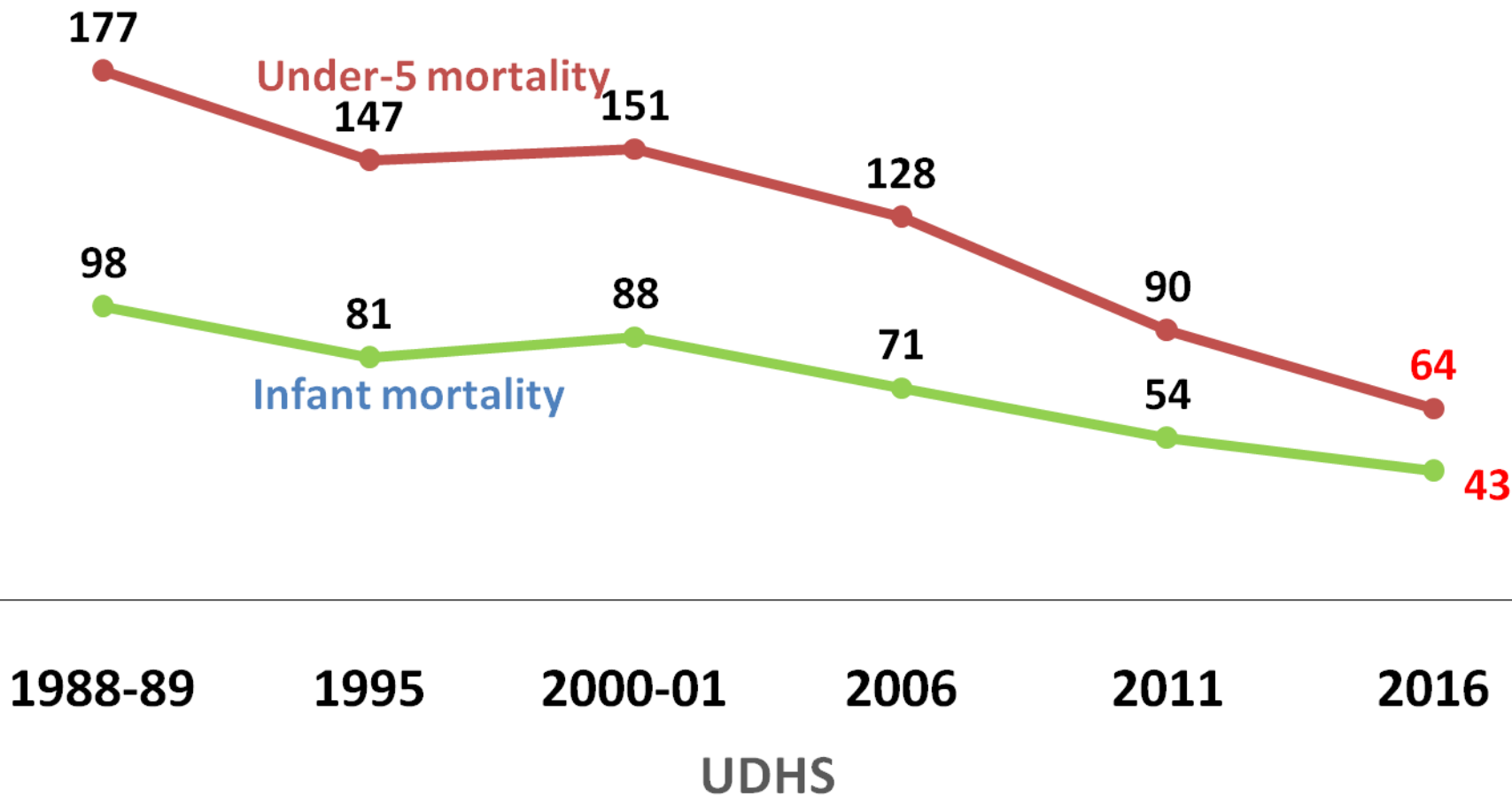
Trends in Contraceptive use

Percent of currently married women age 15-49 who were using any method and those using a modern method of family planning



Trends in Childhood Mortality

Deaths per 1,000 live births for the five-year period before the survey

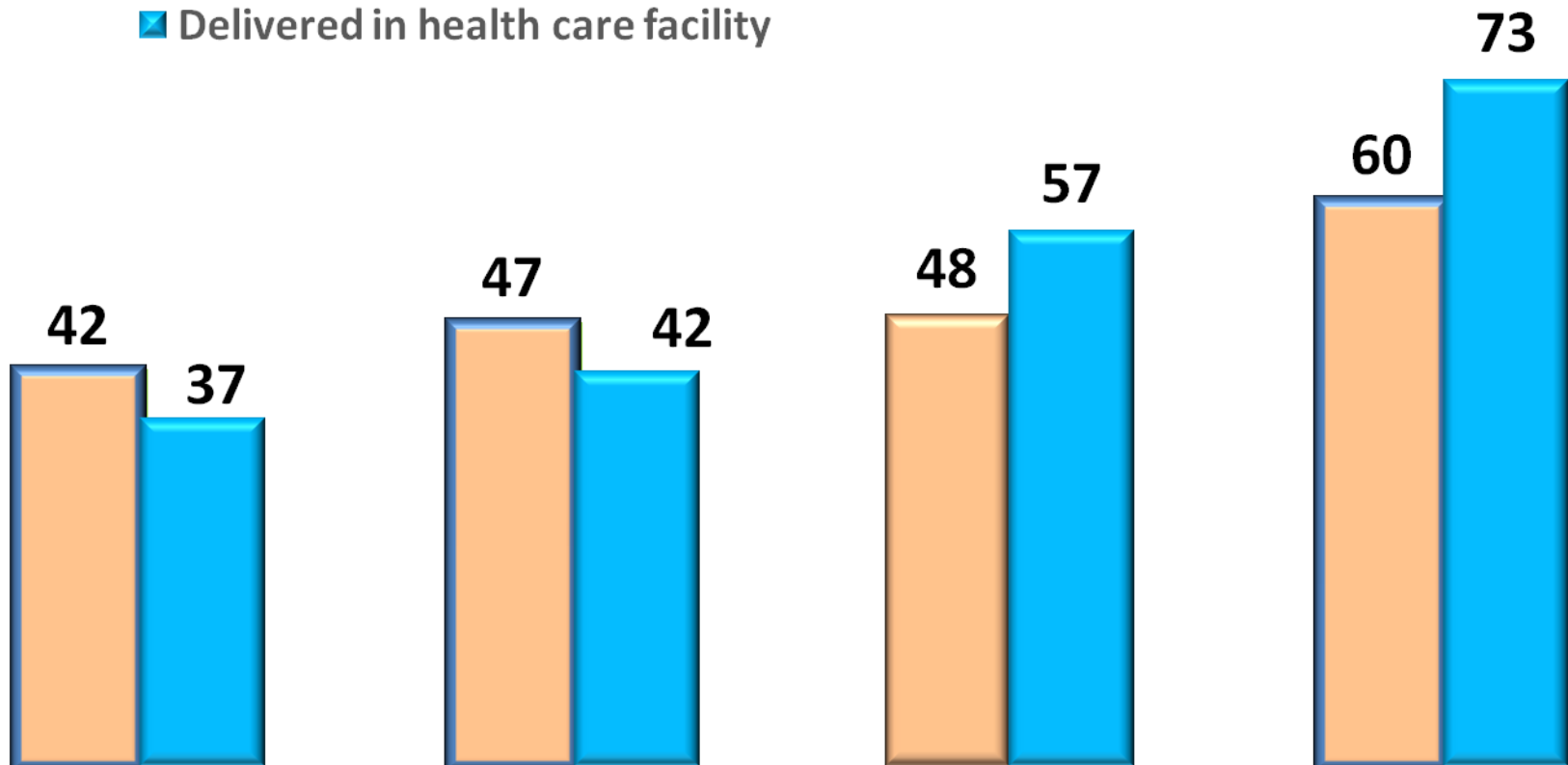


Trends in Maternal Health

Percent of live births in the five-year period before the survey

■ 4+ ANC visits

■ Delivered in health care facility



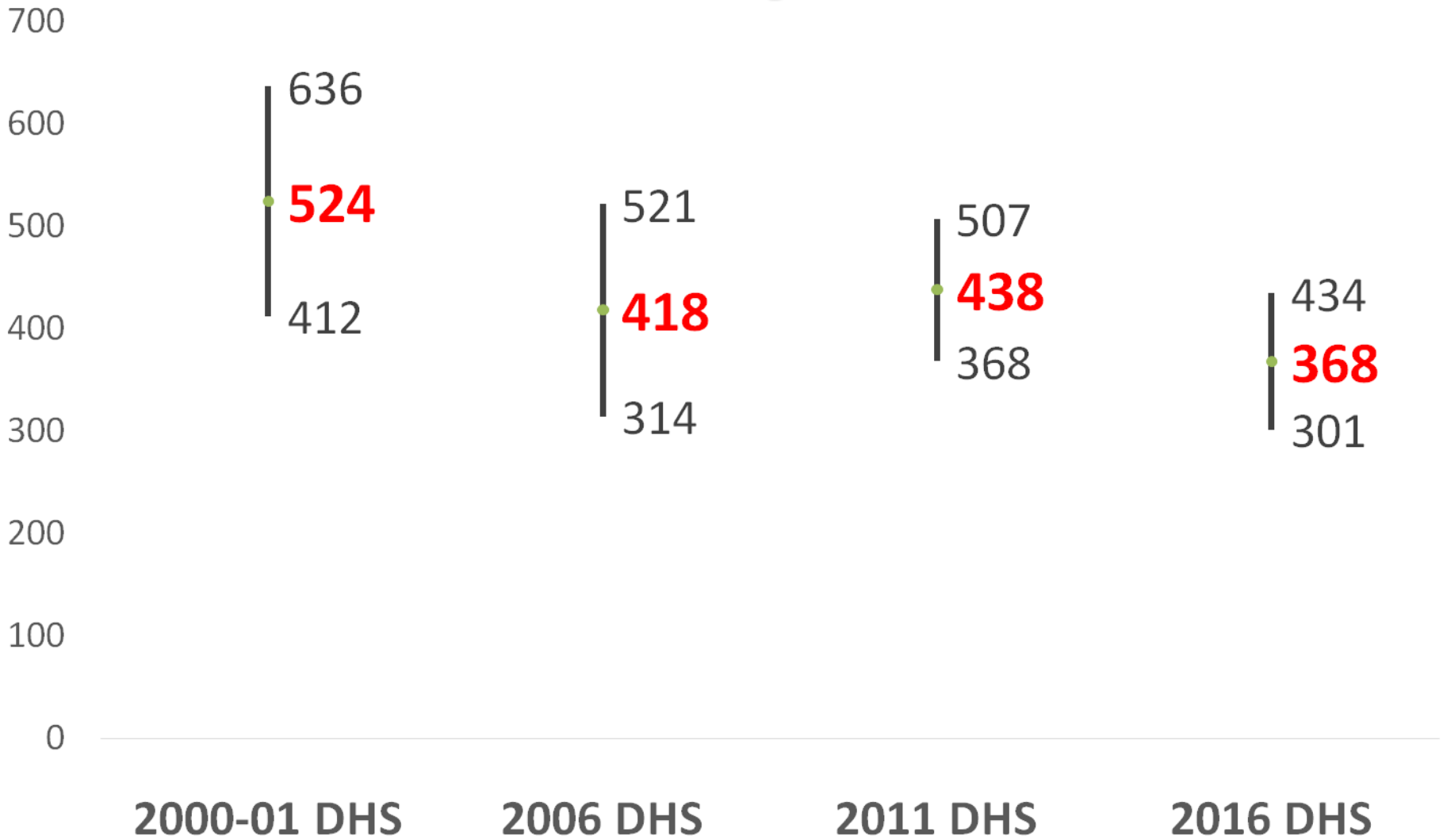
2000-01 DHS

2006 DHS

2011 DHS

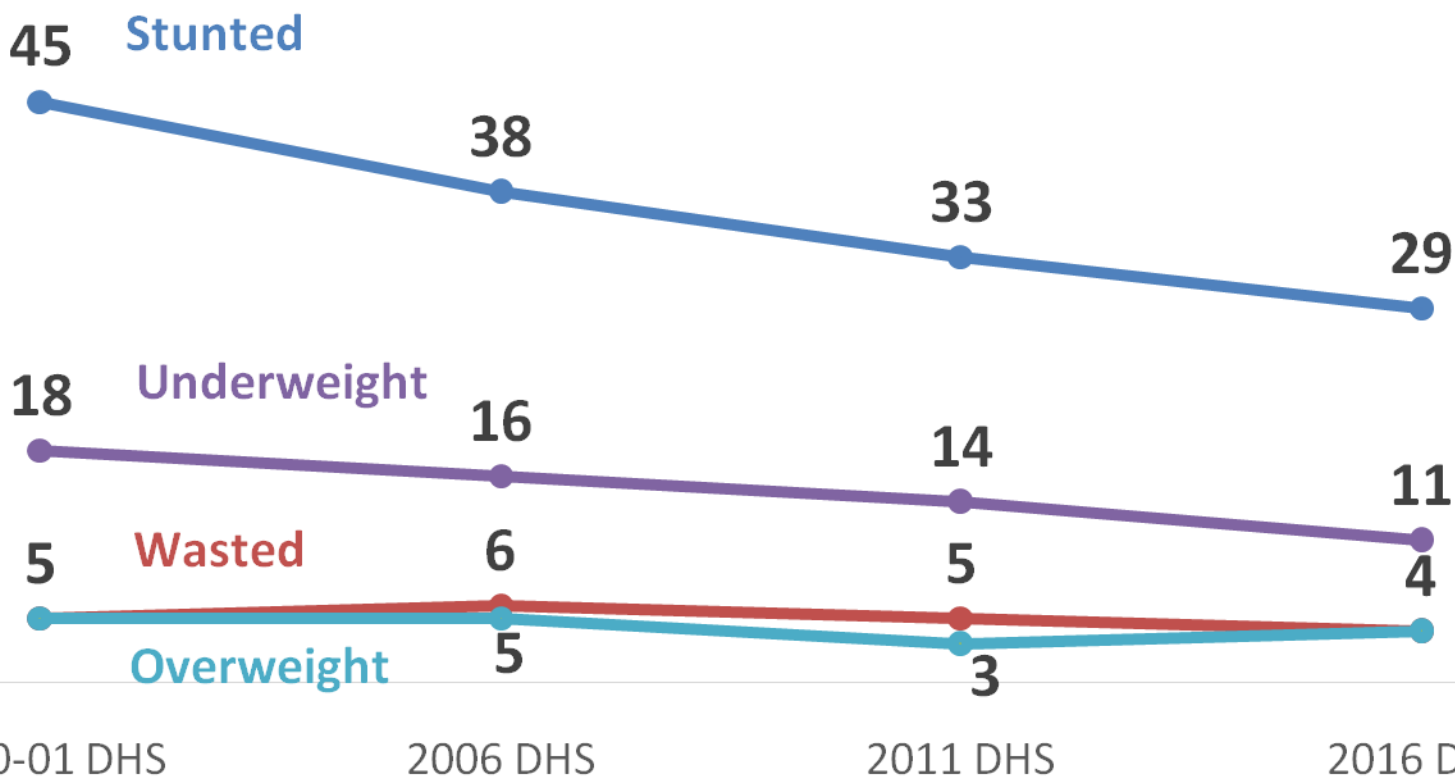
2016 DHS

Trends in Pregnancy-Related Mortality Ratio



Trends in Nutritional Status of Children

Percent of children under 5



WHY THE TRENDS?



THE REPUBLIC OF UGANDA

**Committing to
Maternal
& Child
Survival**

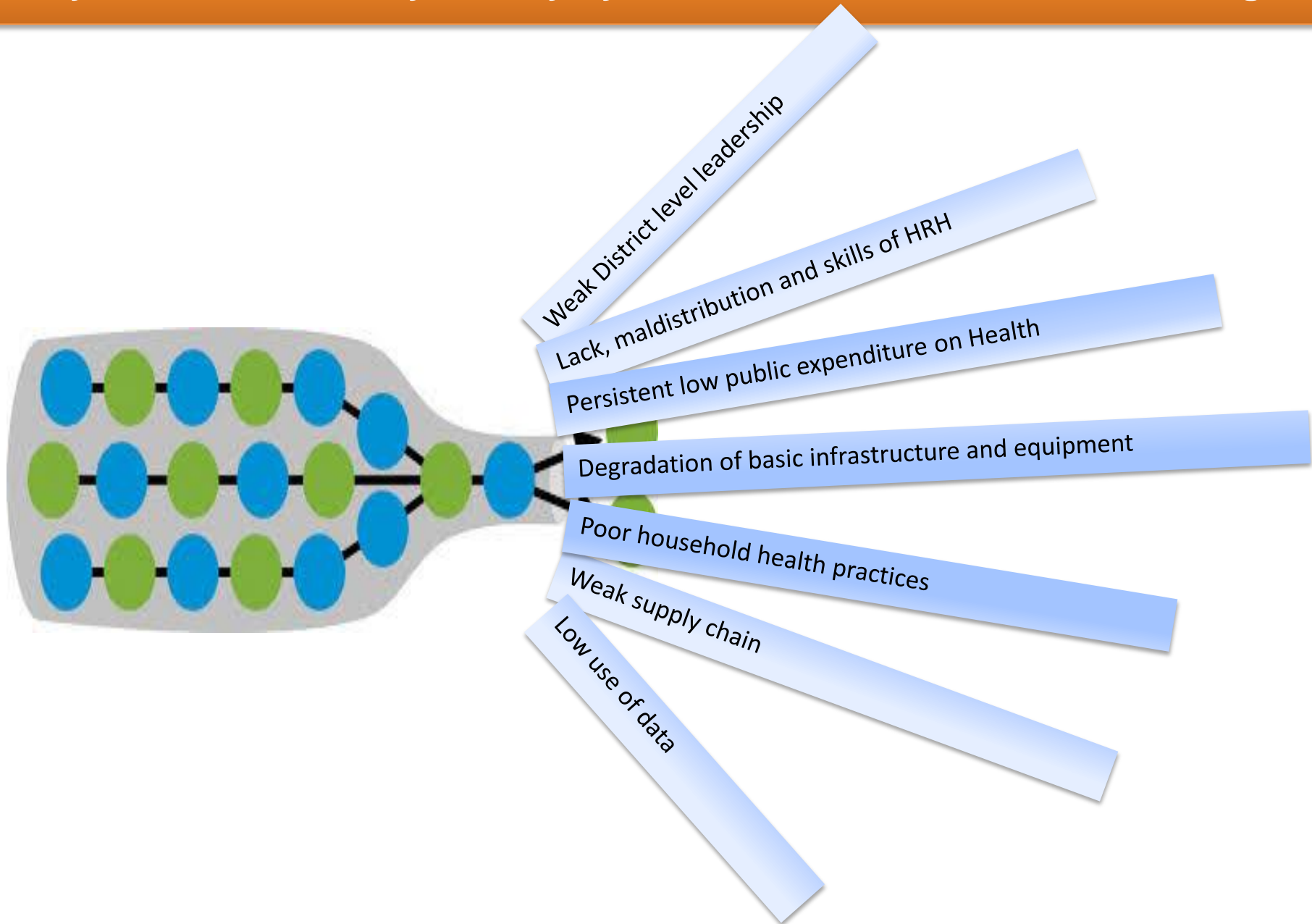


Investment Case

REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT (RMNCAH) HEALTH
SHARPENED PLAN FOR UGANDA

March 2016

Why are we not there yet? Key system bottlenecks effective coverage



Family Planning Costed Implementation Plan: 2015-2020

The GOAL of the FP-CIP

- Reduce unmet need for FP to 10%
- Increase modern contraceptive prevalence rate (mCPR) amongst the married and those in union to 50%

Programme implementation

1. Advocacy with parliamentarians, officials from MOH and MOFPED, CSOs, Women MPs, FP/RH Champions and partners at national and district level has generated significant increase in the health budget.
2. Participation in regional and global meetings IFPCs, African Union meetings especially for moving forward the regional commitments such as Maputo PoA, etc...
3. Discussions on the importance of integrating human rights into maternal health.
4. Strategic Public-Private Partnership & engagement in RH/FP.
5. Better coordination at national and sub national levels (MCH Cluster, RH Commodity Security Coordination, tracking global commitments etc).
6. Tracking financial resources for RH
7. Bringing politicians, religious and cultural leaders and the media on board.
8. Better communication and production of policy briefs and IEC materials.

Lessons learnt “Best practices”

1. The Champions sustain the political commitment that is fundamental in the success of POPDEV and RH program.
2. Multi-sectoral approach involving other ministries and sector at national and lower local government levels is essential for promotion of MCH.
3. Pro-active role of the mass media stimulates and sustains public debates.
4. Advocacy program for religious and cultural leaders is paramount for the promotion of family Planning and other RH interventions.

Lessons learnt cont...

- Active Government –NGO collaboration increases the strength of the government to bring success in programs.
- Contraceptive Commodity Security must be given due priority if family planning programme targets are to be met.
- Targeting grassroots' communities with champions is key in eliminating poverty.
- Women empowerment through micro credit, skill development and Functional Adult Literacy.

Conclusion

- There are strong economic and social benefits in investing in RMNCAH and family planning.
- These benefits derive from
 - Lives saved
 - Morbidity averted
 - Demographic dividend from reducing unwanted pregnancies
- Countries to optimize investment in women and children's health in the next two decades
 - **THE COSTS ARE AFFORDABLE.**
 - **THE RETURNS ARE HIGH. THE TIME IS NOW**

**Sex is not only a sexy thing to speak about
but it is a matter of life and death**

Together we can make a difference

“Yes we can”

THANK YOU

