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Youth Reproductive Health Policy *Country Brief Series* No. 5

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Uganda:

Networking for Policy Change

In October 2004, Uganda approved its first comprehensive National Adolescent Health Policy. In a country where more than 50 percent of women are sexually active by age 17, the approval and implementation of such a policy was critical to improving the reproductive health (RH) of young people. A vital player in this achievement was the Uganda Reproductive Health Advocacy Network (URHAN), which labored for three years to gain approval for the policy. This brief describes the status of youth in Uganda and the policy environment within which the multisectoral network undertook its work.

Status of Youth in Uganda

The role of young people in Uganda's successful efforts to fight HIV/AIDS is well known. Characterized by behavior changes among youth, including a delay of sexual debut, increase in condom use, and reduction in number of partners, HIV prevalence has fallen by more than half since the early 1990s. However, despite progress in preventing HIV and in improving youth reproductive health, 9 million young people ages 10–24 face enormous challenges. Young people account for almost half of all new HIV infections, and the virus infects more than twice as many young women as young men. Rates of teen pregnancy are still high. Thirty-one percent of adolescents, ages 15–19, are already mothers or pregnant with their first child. In addition, society expects Ugandan girls to marry at very young ages. Although primary school enrollment rates have improved in recent years under universal primary education (UPE), rates of secondary school enrollment for both boys and girls remain under 20 percent. Uganda's economy has also improved in recent years, but meaningful employment opportunities remain out of reach for the majority of young people, many of whom live in rural areas. Poverty levels are high and many young people who work are exploited. Political violence remains a problem in northern Uganda, exposing young people to rape, abductions, family separation, displacement, and even death. The burdens associated with their refugee status limit their access to services and add to their existing RH problems.

Youth in Uganda

Total population, all ages	26.9 million
Population ages 10-24	33.7%
Gross national income in purchasing power parity (GNI PPP) per person	\$1,520
Human Development Index rank	146
Average births per woman	6.9
Teen birth rate	211 per 1,000
Infant death rate	88 per 1,000
Secondary school enrollment (M/F)	19/15%
Women 15-49 using any contraception	23%
Married women 15-19 using contraception	12%
HIV/AIDS youth prevalence (M/F)	2.0/4.7%
Median age at first intercourse (M/F)	18.8/16.7
Median age at first marriage (M/F)	22.3/17.8

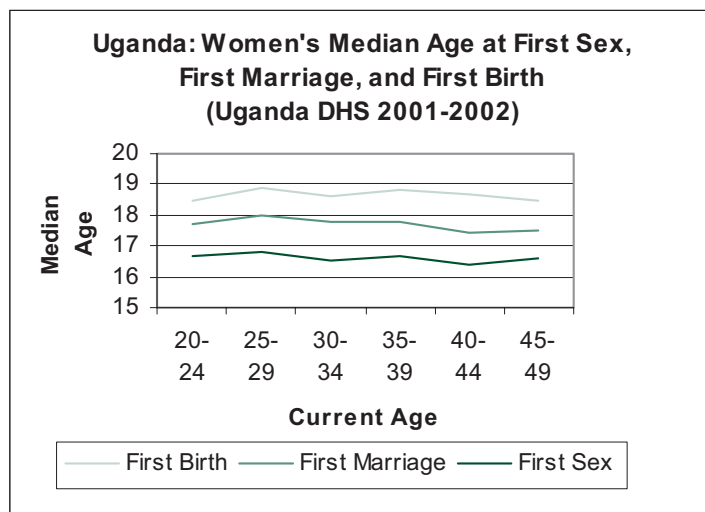
Based on data currently available (data period 2001–2005)
Sources provided on request from the POLICY Project

Policy and Program Environment

The government of Uganda has established an array of policies that support youth RH issues. In addition to the 2001 National Youth Policy, which encourages youth-friendly health services, other policies promote universal primary education, integration of gender into all aspects of development, and the rights of youth to HIV counseling and testing. The government's emphasis on HIV prevention has reduced cultural taboos and improved efforts to provide comprehensive family life education in the schools.

Within this generally supportive policy environment, NGOs have taken the lead in providing RH information and care for young people. This effort has included media campaigns, advocacy, training of health workers, and provision of condoms and other methods of pregnancy prevention. Nonetheless, gaps remain, particularly in the response of the public sector and in rural and poorer areas of the country. The decentralization of authority

and responsibility for health service delivery has presented new challenges to carrying out policies and securing resources at the district level and below, where existing capacity is weak. In addition, harmful traditional practices, such as restrictions on wife inheritance and gender discrimination, hinder the implementation of key policies.



Recent Advances in Policy Formulation and Implementation

The October 2004 approval of the National Adolescent Health Policy signifies an important recognition by the government of the remaining gaps and challenges. The policy's overall goal is to mainstream adolescent health concerns in the national development process to improve the quality of life and standard of living of young people. URHAN's participation in the policy approval process included the actions described below.

Forming an advocacy network. With assistance from the POLICY Project, civil society organizations involved in reproductive health began meeting in 2000 and subsequently formed URHAN at the end of 2001. The network, the first-ever formal alliance, currently includes members from the health, education, and youth development sectors and from the major religious groups in Uganda. As one of its first activities, the network identified the inadequacy of youth-friendly RH services as a major problem and created an action plan to position youth reproductive health as a priority issue for Uganda's Ministry of Health. Its specific objective was to ensure the approval of an adolescent health policy that was drafted in 1999.

Working with government officials. The decision to focus on the policy resulted in a multiyear effort to put youth reproductive health on the public agenda. URHAN members met continuously with health officials and maintained pressure through many face-to-face advocacy efforts. URHAN found a key ally in a high-ranking official of the ministry's RH unit, who successfully pushed for including an adolescent focus in the

ministry's RH strategy. In January 2004, the official formed a committee, which included representatives from URHAN, to review the draft policy and revise it as necessary.

Conducting research to support policy approval. To strengthen its advocacy efforts, URHAN surveyed middle managers in key ministries to determine how the lack of an approved national adolescent health policy was affecting the public sector's ability to carry out youth-focused programs. Those surveyed included staff from the Ministry of Gender and the Ministry of Labor and Social Development, adolescent and RH program officials from the Ministry of Health, and officials from the Ministry of Education and Sports. The results revealed numerous gaps in the implementation of government programs directly tied to the lack of an approved policy. To address these gaps, URHAN called for the rapid approval of the draft policy.

Focusing internally on advocacy. URHAN network members also used their advocacy skills to enhance the policies of their own organizations. For example, the Church of Uganda implemented an advocacy strategy for adolescent reproductive health in 16 districts and formed and trained advocacy teams to sensitize bishops and local church officials. The church also revised its policy to raise the age of church-sanctioned marriage from 16 to 18 years. Another URHAN member, the Uganda Muslim Supreme Council, with the assistance of an Islamic legal scholar, has initiated a systematic review of its internal policies on marriage and reproductive health.

A Faith-Based Perspective

"As a result of the formulation of the [National] Adolescent Health Policy, many dioceses in the Anglican Church of Uganda have committed themselves to ensuring an annual budgetary allocation for adolescent reproductive health [ARH] activities. In Sebei Diocese, for instance, youths have formed a group that communicates ARH issues through drama and music to schools and parishes. They do this using the funds allocated to them in the annual diocesan budget. As a result, many folks have changed their attitude towards female genital mutilation, a cultural practice that demeans girls."

-Rev. Mwesigwa Simon, Diocesan Youth Worker of the Anglican Church of Uganda

As a logical and needed next step, URHAN is now working at the district level, where advocacy has taken on greater importance because of the decentralization of authority and responsibility for healthcare policy, planning, and resource allocation. For example, URHAN formed a chapter in Hoima District, and in March 2004, members participated in a workshop to build their capacity to implement an advocacy action plan addressing early marriage.

Lessons Learned

The process is time-consuming. The advocacy effort lasted three years, as garnering political support for the policy and finding a public sector partner to champion it required a considerable amount of network members' time. Networking provided continuity to the multiyear process; members became professional friends and supported each other to keep the momentum going.

Very little happens without a policy champion. In this case, the POLICY champion was URHAN's ally in the Ministry of Health's RH unit, who included URHAN on the committee to review and revise the draft policy and was open to outside input.

Networks formed around specific national advocacy goals can also benefit individual members and subnational efforts. URHAN representatives used their networking and advocacy skills to push for important changes within their own organizations. The experience at the national level also set the stage for continuing efforts at the regional and district levels.

Sources

Sections on the status of youth and on the policy and program environment draw principally on

- *Uganda: Youth Reproductive Health and HIV Policy Environment*. May 2004. YouthNet.
- *Adolescent Sexual and Reproductive Health in Uganda: A Synthesis of Research Evidence*. December 2004. Alan Guttmacher Institute. <http://www.agi-usa.org/pubs/2004/12/20/or14.pdf>.
- *Reproductive Health of Young Adults in Uganda*. July 2002. Macro International. <http://www.measuredhs.com/pubs/pdf/OD23/OD23.pdf>.

Danielle Grant of the POLICY Project provided invaluable insight on the process of forming the advocacy network and formulating the national policy. For more information, contact Uganda Country Director John B. Kabera at policyproj@utlonline.co.ug or the POLICY Project at yrh@policyproject.com. Visit www.youth-policy.com for the full text of youth RH policies from over 45 countries and for related tools and information.

About the *Country Brief Series*

This series highlights experiences in advancing youth reproductive health policy in developing countries, specifically in those countries where the POLICY Project has been an active partner in policy change. James E. Rosen prepared this brief under the direction of Nancy Murray, head of the POLICY Project's Adolescent Working Group. We are grateful to the reviewers of earlier versions. To see other briefs in this series, go to www.policyproject.com.

About the POLICY Project

The POLICY Project works with developing country governments and civil society organizations to promote a more supportive policy environment for family planning/reproductive health, HIV/AIDS, and maternal health programs and services. The POLICY Project is funded by USAID under Contract No. HRN-C-00-00-00006-00. It is implemented by Futures Group in collaboration with The Centre for Development and Population Activities (CEDPA) and Research Triangle Institute (RTI).

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