

# Investing in Sexual and Reproductive Health Is a Pathway to Better Health in Kalangala District



Healthy people are critical to Kalangala district's future growth and prosperity. Sustainable Development Goal 3 calls for universal access to sexual and reproductive health (SRH) care services. Providing access to contraception and other SRH services is a cost-effective intervention with far-reaching benefits for the health and well-being of Kalangala district.

## Providing access to contraception and SRH services can:

- Save lives
- Prevent sexually transmitted infections
- Strengthen families
- Increase productivity
- Save money

## Kalangala district has important SRH needs that warrant immediate action.

**90%**  
of people are most-at-risk populations for HIV.<sup>1</sup>

**18%**  
of adults have HIV. That's three times more than the rest of the country.<sup>2</sup>

**48%**  
of teenage girls are mothers, which is nearly twice as high as the national average.<sup>3</sup>

## Contraceptive needs in Kalangala district are not adequately being met.



66% of married women desire contraception, but **31% are not using any method of contraception.**<sup>4</sup>



**Women are having one more child on average than they desire:** Women would like to have five children, but the average family size is six children per woman.<sup>5</sup>

## The most popular methods for married women are:



Injectables (20%)



Implants (6%)

## Uganda's Policies Support Local Action for Better Health in Kalangala District

Uganda has made national commitments and developed strategies to improve SRH information and services to foster economic growth and development. Kalangala district can implement these policies to improve SRH outcomes and the overall health of its people.

### Uganda Family Planning Costed Implementation Plan (FP-CIP), 2015-2020



#### GOAL

Reduce unmet need to 10% and increase the modern contraceptive prevalence rate to 50% by 2020.

#### PRIORITIES

- Increase age-appropriate information, access to, and use of FP among young people, ages 10 to 24 years.
- Promote and nurture change in social and individual behaviour to address myths, misconceptions, and side effects associated with FP.
- Improve acceptance and continued use of FP to prevent unintended pregnancies.

### National HIV/AIDS Strategic Plan 2015/16-2019/20



#### GOAL

Reduce new youth and adult HIV infections by 70% and new paediatric HIV infections by 95% by 2020.

#### PRIORITIES

- Increase adoption of safer sexual behaviours and reduction in risky behaviors.
- Scale up coverage and use of clinical and medical approaches to prevent HIV transmission.
- Mitigate underlying sociocultural, gender, and other factors that drive the HIV epidemic.

Kalangala district has committed to improving SRH by creating the **Kalangala District Strategic Plan for HIV and AIDS Activities, 2015/16–2019/20**, which provides clear strategic action for district health officials and policymakers to:

- Increase **knowledge about HIV** and promote **safe sexual behaviour** among the general population.
- Scale up comprehensive **SRH/HIV programmes targeted to adolescents**.
- Promote **male involvement in HIV prevention** for individual, couple, and family health.
- Strengthen efforts to **prevent stigma and discrimination**.

The next step in ensuring SRH progress is to **create a Kalangala district FP strategic plan**. The Uganda FP-CIP places responsibility on district local government and health officials to translate national priorities into district-specific plans of action and oversee their implementation.

## What can Kalangala district government and health officials do?

# 1

**Develop a strategic plan** that outlines priorities for FP and aligns with the national FP-CIP.

# 2

**Increase the variety of SRH services** and offer a full range of contraceptive methods to meet the needs of every user.

# 3

**Increase budget allocation** for SRH services and commodities in health facilities, especially injectables, implants, and pills.

# 4

**Ensure that all women can access** their preferred method of contraception, even in hard-to-reach places.

# 5

**Engage with communities** through outreach and campaigns that inform of the importance of FP and HIV prevention.

Note: All percentages in this fact sheet are rounded to the nearest whole number.

#### Sources

<sup>1</sup> Muwanga Edward, "District HIV & AIDS Status Report"; presentation delivered at the AIDS Partnership Forum 2017, Kalangala, Uganda, June 29, 2016.

<sup>2</sup> Muwanga Edward, "District HIV & AIDS Status Report"; Uganda Ministry of Health, *Uganda Population-Based HIV Impact Assessment, 2016-2017* (Kampala, Uganda: Ministry of Health, 2017).

<sup>3</sup> Uganda Bureau of Statistics (UBOS) and ICF, *Uganda Demographic and Health Survey (DHS) 2016* (Kampala, Uganda and Rockville, MD: UBOS and ICF, 2018).

<sup>4</sup> UBOS and ICF, Uganda DHS 2016.

<sup>5</sup> UBOS and ICF, Uganda DHS 2016.

