

# UGANDA

---

## Accredited Parliamentary Assistants STUDY TOUR REPORT

14-18 April 2025

## Contents

INTRODUCTION .....	3
Participants .....	4
Day 1 – 14 April 2025 .....	5-6
Setting the Scene - Kampala .....	5
Day 2 – 15 April 2025 .....	7-8
Rural Outreach in Tororo District .....	7
Day 3 – 16 April 2025 .....	9-10
Youth Engagement and Community Dialogue .....	9
Day 4 – 17 April 2025 .....	11-12
Leadership, Maternal Health & Reflections .....	11
Key Findings.....	13-14
1. SRHR Gains are Fragile and Reversible:.....	13
2. Uganda's Youth Demographics Demand Urgency:.....	13
3. Donor Retraction is Widening Gaps:.....	13
4. Western Anti-Gender Movements are Fueling Backlash: .....	13
5. Youth-Led Innovation is Driving Access:.....	14
6. Male Involvement is Key: .....	14
Suggestions for Follow-Up Actions.....	14
Conclusion.....	15
Annex I: Programme.....	16
Annex II Concept Note .....	19

## INTRODUCTION

From 14–18 April 2025, the European Parliamentary Forum for Sexual and Reproductive Rights (EPF) conducted a study tour to Uganda for Accredited Parliamentary Assistants (APAs) to Members of the European Parliament. The tour was co-organised with Reproductive Health



Uganda (RHU) and aimed to deepen understanding of the political, financial, and cultural factors influencing sexual and reproductive health and rights (SRHR) in Uganda.

Uganda presents a complex and dynamic SRHR landscape. While maternal mortality has declined from 524 to 336 deaths per 100,000 live births over the past two decades, access to reproductive health services remains uneven — particularly for rural and adolescent populations. The country has one of the highest adolescent pregnancy rates in the world: 25% of girls aged 15–19 are mothers or pregnant with their first child. Fertility remains high at 4.7 births per woman, and unmet need for family planning among married women stands at 22%.

Uganda's SRHR landscape is shaped by a rapidly evolving political, social, and economic context. The tour took place at a time when funding pressures, ideological pushback, and shrinking civic space increasingly challenge progress on SRHR. These dynamics have had a direct impact on local organisations and service delivery, prompting urgent discussions on how to sustain progress and protect gains made over the past two decades.

Against this backdrop, the EPF study tour aimed to explore how local actors are responding to shifting political and funding landscapes — and how EU engagement can be strengthened. Participants met with frontline providers, government officials, young people, and civil society leaders to better understand implementation realities and advocate for rights-based, well-funded SRHR approaches in EU foreign policy.

Through direct engagement with local actors, the delegation gained a deeper understanding of the challenges and opportunities for advancing SRHR in a changing political and funding landscape — insights that can help inform EU-level advocacy and parliamentary action on global health and rights.

This study tour was designed specifically for Accredited Parliamentary Assistants (APAs), recognising their pivotal role in shaping policy advice, drafting parliamentary initiatives, and ensuring continuity of advocacy within MEPs offices. The delegation was composed of eight APAs from the European Parliament, representing MEPs from the Netherlands, Germany, Sweden, and Poland. Their work spans across key committees such as FEMM, DEVE, DROI, and LIBE, with a shared focus on advancing human rights, gender equality, and access to SRHR. By engaging APAs directly, the programme sought to strengthen long-term institutional knowledge and enhance the effectiveness of SRHR advocacy within the European Parliament.

*Refer to the attached concept note and the info kit.*

### *Duration of the study tour*

The study tour took place from 14-18 April 2025 with the delegates arriving on 13<sup>th</sup> April 2025.

### *Participants*

#### *APAs*

Murielle Postuma (APA to MEP Marit Maij, Netherlands)  
Jakub Ratajczak (APA to MEP Krzysztof Śmiszek, Poland)  
Margot Vrijhoeven (APA to MEP Raquel García Hermida, Netherlands)  
Bernard Krzyżowski (APA to MEP Joanna Scheuring-Wielgus, Poland)  
Sara Marie Stäender (APA to MEP Erik Marquardt, Germany)  
Tamar Khatchadourian (APA to MEP Heléne Fritzon, Sweden)  
Katarzyna Ozon (APA to MEP Robert Biedroń, Poland)

#### *RHU*

Jackson Chekweko, RHU Executive Director  
Richard S. Mugenyi, Advocacy and Communications Manager  
Annet Kyarimpa, Director of Programmes  
Aidah Nakanjako, RHU Communication Officer

#### *EPF*

Saskia Pfeyffer, EU Policy Officer  
Yuliya Chervona, EU Policy Officer

## Day 1 – 14 April 2025

### *Setting the scene in Kampala*

The study tour kicked off with a breakfast briefing at the Protea Hotel Kampala Skyz. RHU's leadership welcomed the delegation and reviewed the week's programme, clarifying the objectives, expected outcomes, and the strategic framing of each visit.

This was followed by a stakeholder dialogue hosted by Reproductive Health Uganda (RHU), bringing together government officials, Members of Parliament, civil society representatives, international partners: UNFPA, Spotlight Initiative, GFF, and development agencies. The discussion explored the main political, financial, and implementation challenges shaping SRHR policy in Uganda.

Dr. Richard Mugahi, Commissioner for Maternal and Child Health, provided a policy overview, highlighting government strategies aimed at addressing maternal health and teenage pregnancy. Hon. Milton Muhuma, MP for Kigulu South, offered insights into parliamentary advocacy and the potential for legal reform.



The Embassies of Denmark and the Netherlands attended the session in their capacity as development partners and long-standing supporters of SRHR programming in Uganda, while the EU Delegation delivered a short presentation outlining Team Europe priorities in the health sector and reaffirming their commitment to supporting SRHR in Uganda through long-term development cooperation.



In the afternoon, the delegation travelled to the RHU Moonlight Star Outreach Clinic in Bwaise, one of Kampala's most densely populated informal settlements. Here, participants witnessed first-hand how RHU delivers comprehensive SRHR services to marginalised groups, including sex workers and LGBTQI+ persons. Services are funded through the Danish-supported PROMISE II programme, which addresses SRHR, gender-based violence, and climate resilience in an integrated model.

The visit included interactive dialogue with community health workers, youth volunteers and beneficiaries. Participants heard about the persistent stigma faced in healthcare settings and the clinic's role as a rare safe space for marginalised communities.

The day concluded with a welcome dinner with representatives from the EU Delegation and implementing partners.



## Day 2 – 15 April 2025

### *Rural Outreach in Tororo District*

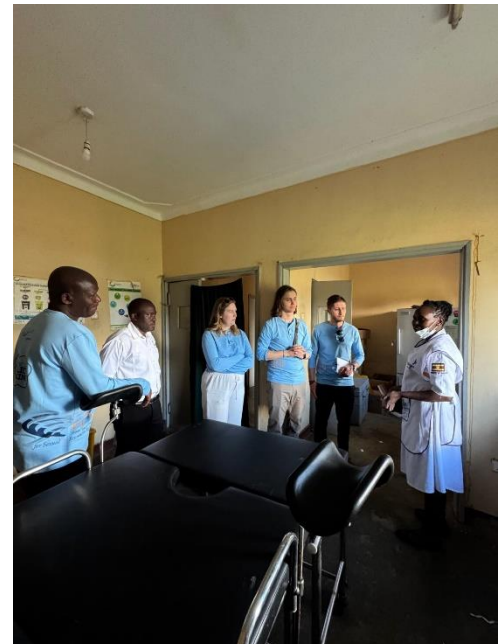


The second day of the study tour focused on exploring rural SRHR service delivery in eastern Uganda. The delegation departed early for Tororo District, a predominantly agricultural region with one of the country's highest fertility rates and limited access to contraceptive services.

Upon arrival, participants were welcomed at Mudakor Health Centre III, an outreach site supported by the "Breaking Barriers" project. Funded by the Bergstrom Foundation and implemented by RHU, this initiative operates across several districts in the Bukedi region. It aims to increase access to modern contraception and reduce barriers to SRHR services among underserved populations.

The visit began with welcoming remarks from the district leadership, followed by an overview of local SRHR indicators presented by the District Health Officer. Participants then toured the facility's outreach setup, which had been temporarily expanded to include various SRHR service points — from counselling stations to mobile contraceptive distribution.

The health workers described how the project had improved not only access but also attitudes toward family planning within the community. Emphasis was placed on capacity-building efforts and logistical improvements made possible through project funding.



One of the most memorable moments was an open conversation with a vasectomy client, who shared his personal journey. He spoke candidly about societal expectations around masculinity, the initial opposition he faced from peers, and the sense of empowerment he experienced by taking control of his family's reproductive decisions. His testimony challenged persistent myths around male contraception and served as a powerful entry point for discussing male involvement in SRHR.

Equally impactful was a discussion with a female client who, after accessing RHU's services, became an outspoken advocate for family planning in her community. She now takes part in local radio talk shows to promote SRHR awareness and dispel myths around contraception. Her story illustrated how accessible, community-based services can empower individuals to become champions of change.



The visit concluded with a debrief session that underlined both the successes and sustainability challenges of donor-supported outreach work. The need for government budget allocation, health workforce investment, and stronger supply chains was repeatedly emphasised.

Dinner at the hotel in Tororo provided an informal setting to reflect on the day's experiences and connect them to broader policy and budgetary considerations within EU development cooperation.



## Day 3 – 16 April 2025

### *Youth Engagement and Community Dialogue*

On the third day of the EPF study tour to Uganda, the delegation travelled to Uganda's eastern border region to explore SRHR programming focused on youth engagement and male involvement. The day's programme began in Busia District with a meeting involving local district leadership, SRHR service providers, youth advocates, and cross-border networks. As part of the session, participants took part in a speed-dating activity, which offered the opportunity for one-on-one conversations with local stakeholders. The discussion provided an overview of the challenges faced by young people in accessing reproductive health services in rural and cross-border contexts, including high rates of adolescent pregnancy and school dropouts. The youth champions at the clinic outlined their efforts to expand access to contraception and to provide community-based education and support for youth participation.



In the afternoon, the group then travelled to Namayingo District for a field visit to Bumooli Health Centre III, where an SRHR outreach activity was taking place with a focus on male involvement. Participants joined in an interactive session using a card-based game designed to spark conversations around family planning and relationships. Known as "Together We Decide," the game challenges household power dynamics and encourages men to reflect on shared responsibility, communication, and the socio-economic implications of large family

sizes. Delegates played the game together with community members and youth leaders in a relaxed, open setting. Led by young peer educators, the activity brought humour, clarity, and a sense of energy to discussions around contraception, family planning and gender roles. It served as both an icebreaker and an advocacy tool, helping to normalise conversations around male involvement in SRHR.



Throughout the day, the delegation was able to hear directly from young advocates, health workers, and community members about the barriers they face and the local solutions they are building—from male champions working with fathers and boys, to youth networks advocating for better access to care. The visits provided a clear view of how community-driven approaches, when combined with local leadership and development support, are helping to shift perceptions and open up space for more inclusive SRHR programming in hard-to-reach areas.



## Day 4 – 17 April 2025

### *Leadership, Maternal Health and Reflections*

The delegation returned to Kampala in the morning, where the programme resumed with a visit to a maternal health clinic that is part of the SafeBirth Africa (SBA) project—a collaborative initiative by UNFPA and Unitaid, supported by the European Union under the Team Europe Initiative on Sexual and Reproductive Health and Rights (TEI on SRHR) in Africa. The project was launched in Uganda in July 2023 at Kawempe National Referral Hospital in Kampala.

SafeBirth Africa is a flagship three-year initiative of the TEI on SRHR, implemented in five African countries, focusing on the prevention and management of postpartum haemorrhage (PPH)—a leading cause of maternal mortality.

The visit provided a sobering insight into the scale of the issue: in Kampala, haemorrhage accounts for roughly 40% of maternal deaths—twice the African average of 20%. Thanks to targeted interventions, new medicines, and a strong focus on provider training and clinical education, the clinic has seen maternal deaths from PPH drop to nearly zero. The group toured the facility and heard directly from a woman who survived a severe haemorrhage, as well as the midwife who provided her care. Their testimonies underscored the importance of timely intervention, the training of health providers, and access to essential supplies.





In the afternoon, the delegation visited RHU headquarters for an exchange with youth activists leading SRHR initiatives across Uganda. The session highlighted the organisation's focus on digital access and youth engagement as a cornerstone of its strategy. Participants learned about RHU's national call centres and WhatsApp-based counselling services, which provide confidential SRHR support to thousands of young people each month—many of whom have limited access to clinics or face stigma in their communities.

RHU also showcased how they are using online platforms and school-based initiatives to engage peers and expand access to accurate SRHR information. The delegation visited RHU's on-site youth-led radio studio, where volunteers regularly host programmes that tackle topics such as contraception and Family Planning.

The day ended with a short debrief and a farewell dinner in Kampala.



## Key Findings

### *Factual Context: Uganda's SRHR Landscape*

**Population:** 75% of Uganda's population is under 30, creating a highly fertile demographic profile. The population is projected to double within the next 10 years.

Source: *UNICEF Uganda – Youth Engagement (2023)*, [unicef.org/uganda](https://unicef.org/uganda)

**Teenage Pregnancy:** 1 in 4 girls aged 15 has had a child or is pregnant; in rural areas (home to 85% of youth), the figure rises to 1 in 3.

Source: *Uganda Demographic and Health Survey (UDHS) 2016, via UNFPA Uganda Factsheet (2022)*, [uganda.unfpa.org](https://uganda.unfpa.org)

**Fertility Rate:** The average number of children per woman in Uganda is approximately 5.

Source: *World Bank Gender Data Portal, Total Fertility Rate for Uganda (2022)*, [genderdata.worldbank.org](https://genderdata.worldbank.org)

**Maternal Mortality:** The maternal mortality rate is 336 per 100,000 live births, with haemorrhage and sepsis being the leading causes. In Kampala, 40% of maternal deaths are due to postpartum haemorrhage.

Source: *Ministry of Health Uganda – National MPDSR Annual Report (2023)*, [library.health.go.ug](https://library.health.go.ug)

### *1. SRHR Gains Are Fragile and Reversible:*

Progress made on sexual and reproductive health and rights over the past decade is highly vulnerable. Existing networks are fragile, and when aid is cut off, those networks collapse. A one-year funding gap can lead to several years of setbacks in SRHR outcomes. Outreach-based services, especially those serving rural youth and marginalized groups, are often the first to be affected.

### *2. Uganda's Youth Demographics Demand Urgency:*

With 75% of the population under 30 and projections of population doubling in the next decade, Uganda's SRHR needs are immense. One in three 15-year-old girls in rural areas is already pregnant or has a child. Adolescent access to contraception remains inconsistent, and provider bias, stigma, and legal ambiguity further restrict access.

### *3. Donor Retraction is Widening Gaps:*

USAID's withdrawal has already disrupted service delivery—particularly for adolescent girls and women, who are disproportionately affected by reductions in access to contraception, maternal health services, and youth outreach. While EU Member States have traditionally

helped fill some of these gaps, they are now showing increased hesitation to commit long-term support. The result is growing uncertainty across Uganda's SRHR ecosystem, especially in rural and underserved regions.

#### *4. Anti-Gender Movements Are Fuelling Backlash:*

Conservative actors in Uganda are drawing strength from global anti-rights narratives, including those originating in Europe and the United States. The legacy of the Trump-era Global Gag Rule continues to shape domestic discourse, reinforcing abstinence-based approaches and distrust of comprehensive SRHR. Uganda's endorsement of the Geneva Consensus Declaration further signals alignment with restrictive interpretations of reproductive rights. This international posture is increasingly used to legitimise efforts that limit access to contraception, block sexuality education, and stigmatise marginalised groups.

#### *5. Youth-Led Innovation is Driving Access:*

RHU's youth-led programming—such as its national helpline, WhatsApp SRHR counselling, and in-house radio studio—are reaching thousands of young people with accurate, judgment-free information. These initiatives are impactful but remain underfunded.

#### *6. Male Involvement is Key:*

Community-led efforts to engage men in family planning are helping to shift entrenched gender norms. Peer educators, male champions, and local health providers are working to promote shared responsibility in reproductive health, yet male-focused SRHR programming remains minimal and often excluded from national strategies.

## Suggestions for Follow-Up Actions

As Accredited Parliamentary Assistants (APAs), participants can use their strategic advisory roles to help shape their MEPs' engagement on SRHR within the European Parliament. The following actions are tailored to their capacities and influence:

*Raise parliamentary questions and contributions to reports:* Encourage MEPs to raise oral or written questions on the EU's response to Official Development Assistance (ODA) cuts and support for SRHR, particularly in the FEMM, DEVE, LIBE and SANT committees. Contribute to FEMM and DEVE Opinions on the next long-term budget of the EU, relevant Self-Initiative Reports and legislation on women's rights.

*Promote adolescent-focused funding in EU programming:* Advocate for future EU budget lines and programming cycles to prioritise adolescent SRHR, including through the next Multiannual Financial Framework (MFF), with particular emphasis on youth-led and rights-based approaches.

*Push for gender targets a dedicated SRHR budget line under external policy instruments:*

Recommend the creation of a specific EU external action budget lines for women's rights and SRHR, distinct from broader gender or health categories. This would help counterbalance reductions in global funding.

*Support parliamentary debates:* on aligning EU external funding with SRHR priorities.

## Conclusion

The Uganda study tour offered a grounded and multifaceted view of the current SRHR landscape in a country navigating both opportunity and constraint. Through site visits, engagement with frontline health workers and youth leaders, policy dialogue, and peer exchange, the delegation gained a clearer understanding of what it takes to sustain progress on reproductive rights under complex conditions.

## ANNEX I: Programme



### EPF Study Tour for Accredited Parliamentary Assistants to Uganda Programme April 13<sup>th</sup> – 18<sup>th</sup> 2025

Date	Time	Activity	Venue	Notes
<b>Sunday 13th</b>	Evening	Arrival	Airport	Airport pick-up <a href="#">Protea Hotel by Marriott Kampala Skyz - Guest Reservations</a>  1 Water Lane Naguru, Kampala, Uganda
<b>Monday 14th</b>	9:00 – 10:00 am	Breakfast briefing and welcome with RHU	Protea Hotel Kampala Skyz	Participants will be welcomed by RHU and EPF
	10:00 – 12:00 pm	Setting the scene and dialogue with key SRHR stakeholders	Protea Hotel Kampala Skyz	Participants: <b>UNFPA- 1 Country representative,</b>  <b>Ministry of Health officials- Dr. Mugahi, UAC- Executive Director- Dr. Nelson Musoba,</b>  <b>Representative of the Embassy of the Netherlands</b>  <b>Representative of the Embassy of Denmark</b>  <b>EU DEL – 2 (TBC)</b>  <b>Parliamentary staff of 2 MPs from NAWMP- Milton Muhuma), Hajj Musa, Lillian,</b>  <b>PA -Legal &amp; parliamentary affairs and civil society representatives- Plan International</b>  <b>Spotlight Initiative,</b>  <b>GFF,</b>  <b>CEHURD,</b>



				<p>HRAPF,</p> <p>EASSI,</p> <p>UYAHF, Dr. Jotham Musinguzi (RHU Board Member)</p> <p>APAs+ 2 EPF,</p> <p>RHU 4 PAX- Ed, DOP, Adv &amp; Com Mgr, &amp; Aidah (Comms officer)</p>
	12:30 – 1:30 pm	Lunch	Protea Hotel Kampala Skyz	
	2:00 – 4:00 pm	Visit to RHU Moonlight Star service delivery outreach	Bwaise community	This visit aims to provide insight into SRHR service delivery and includes interaction with vulnerable populations, as well as meetings and discussions with beneficiaries
	7:00-8:00 pm	Welcome Dinner with EU Delegation		
<b>Tuesday 15th</b>	8:00 – 11:30 am	Travel to Tororo and hotel check-in	Rock Classic Hotel, Tororo	<a href="https://rockclassic.com-hotel.website/">https://rockclassic.com-hotel.website/</a>  Plot 70 Osukuru Road Tororo, Ukanda, Malaba-Kamlala Highway, Tororo, Uganda
	12:00 – 1:00 pm	Lunch	Rock Classic Hotel, Tororo	
	2:00 – 4:30 pm	Visit to outreach site	Outreach site	Experience SRHR service outreach and engage in dialogue with community members, beneficiaries, community resource persons, and health workers
	19.00	Dinner	Rock Classic hotel, Torono	
<b>Wednesday 16th</b>	9.00-10.00am	Travel to Busia from Tororo		

	10:00 – 12:00 pm	Meeting with District TWG, male champions, Cross border women and youth advocates	Busia	Includes meeting with key stakeholders in Busia and a speed dating session. (This is to cover a project PTY funded by Netherlands MOFA)
	12.30-13.30	Lunch	Restaurant tbc	
	2.00-4.00pm	SRHR/FP Outreach with male involvement activity (Together we decide game)	Namayingo	Male involvement groups and engaging with young people through an interactive SRHR card game
		hotel check-in at Jinja		<a href="https://livingwatersresort.org/">https://livingwatersresort.org/</a> Speke Monument Road, Jinja, Uganda
	19.00	Dinner		Stay River resort
<b>Thursday 17th</b>	9:30 – 10:30 am	Visit to the Source of the Nile	Jinja	Includes a boat cruise
	11:30 – 12:30 pm	Travel back to Kampala		
	1:00 – 2:00 pm	Lunch	RHU HQ	
	2:00 – 3:30 pm	Engagement with youth activists	RHU HQ	Discussions with youth activists on the ongoing SRHR projects they lead
	4:00-5:30	Safe Birth Africa Visit - at Kawempe Referral National Hospital (Kampala)	EU-UNFPA – EPF responsible	
	17.00-18.00	Debriefing	RHU HQ / TBD	Summary of key takeaways, experiences, and challenges
	19.00-2100	Goodbye Dinner	Torino Resaturant	
<b>Friday 18th</b>	3:00 – 5:00 pm	Site seeing in Kampala		
<b>Saturday 19th</b>	All day	Departures	Protea Hotel Kampala Skyz	Transportation is organised