

# Applying the Demographic Dividend Effort Index in Uganda

A CASE STUDY FOR USE OF THE SMART ADVOCACY APPROACH

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DEMOGRAPHIC  
DIVIDEND



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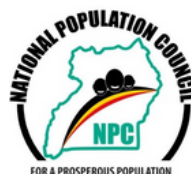
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## About This Resource

This document is intended to serve National Population Councils across sub-Saharan Africa. It is based on the [Demographic Dividend Effort Index](#) (DDEI), a research tool developed by the the [Bill & Melinda Gates Institute for Population and Reproductive Health](#) (Gates Institute) at the Johns Hopkins Bloomberg School of Public Health (BSPH) in collaboration with National Population Councils in **Uganda, Senegal, Nigeria, Kenya, Tanzania, Ethiopia, and Rwanda**. This guide carries the tool forward and demonstrates how country-specific DDEI results can illuminate policy advocacy opportunities to harness the demographic dividend (DD). Using the [SMART Advocacy approach](#) adapted by Advance Family Planning (AFP), this guide illustrates how National Population Councils may apply the framework to refine and advance advocacy objectives across multiple sectors to drive action.

**The guide features Uganda as the country case study**, and walks through three example policy recommendations from a DDEI results policy workshop the [Ugandan National Population Council](#) conducted in April 2022, where colleagues from the family planning, maternal and child health, education, women empowerment, labor market, and governance and economic sectors came together to review DDEI results, walk through the SMART Advocacy approach, and determine DD policy priorities from the 6 sectors. This guide illustrates how three multisectoral policy priorities derived from that workshop can be refined as advocacy objectives using the SMART Advocacy approach framework.

## Introduction on the SMART Advocacy Approach

Beginning in 2009, the **Advance Family Planning** initiative, based within the Gates Institute at BSPH, adapted the SMART Advocacy approach to increase funding and political commitment to quality, voluntary family planning. The process consists of **nine steps divided into three phases**. The SMART Advocacy approach provides a framework to **achieve the near-term advocacy wins** needed to reach broad, long-term goals. Applying a SMART approach breaks down the advocacy process into manageable steps that accommodate both seasoned advocates and beginners. Taken together, the steps **provide a comprehensive roadmap to develop, implement, and evaluate a focused advocacy strategy from start to finish**.

Although the SMART Advocacy approach was refined focusing on family planning, it is **designed for easy adaptation to any health or development issue**. In its 13 years of successful operation, AFP oversaw thousands of advocacy wins in Africa, Asia, and Latin America through the use of SMART Advocacy. The SMART Advocacy approach is easily adapted to any topic, location, or advocacy need.



## PART 1

# THE DEMOGRAPHIC DIVIDEND AND THE DEMOGRAPHIC DIVIDEND EFFORT INDEX IN UGANDA

## THE DEMOGRAPHIC DIVIDEND

The demographic dividend refers to the potential for **accelerated economic growth** in a country that begins with changes in the age structure of a country's population as it transitions from high to low birth and death rates [1]. The DD is an increasingly recognized concept among policymakers in developing countries as it can accelerate their economic growth and socioeconomic development [2-5].

Most nations in **sub-Saharan Africa (SSA)** have already embarked on a population transition, but given the slow fertility decline, **they are not expected to achieve an age structure favorable to harness a DD before 2050** [6]. In sub-Saharan Africa, fertility levels began to decline in the mid-1970s from an average of 6.8 children per woman to 4.8 children by the mid-2010s [7]. As evidenced by recent fertility declines (e.g. in Ghana, Kenya, and South Africa), nations in the region have great potential to experience an increase in the working-age population over the coming decades. These countries have the unique opportunity to grow their economies and capitalize on the benefits of the DD because of changes in the population age-structure.

Despite this potential, the accelerated economic growth that results from a **DD is not automatically obtained just from changes in a country's age structure** [6]. To fully harness the benefits produced by the DD, countries require targeted investments in human, social, and physical capital and, correspondingly, across multiple sectors [5, 8-11]. Sustained **progress requires multi-sectoral collaboration** with colleagues working together to secure a favorable policy environment.

## THE DEMOGRAPHIC DIVIDEND EFFORT INDEX (DDEI)

Born out of the premise that countries must approach the DD as an interrelated system in which multiple sectors work simultaneously to create an opportune policy environment [6], The Bill & Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins University developed the Demographic Dividend Effort Index. The DDEI is a **robust tool** that takes researchers, policymakers, advocates, service providers, and program implementers **through a process of assessing local efforts in high-impact policies and programs** [12].

The Index measures the perception of experts in sub-Saharan African countries about the level of national efforts in setting a favorable policy environment to harness a DD across six sectors:

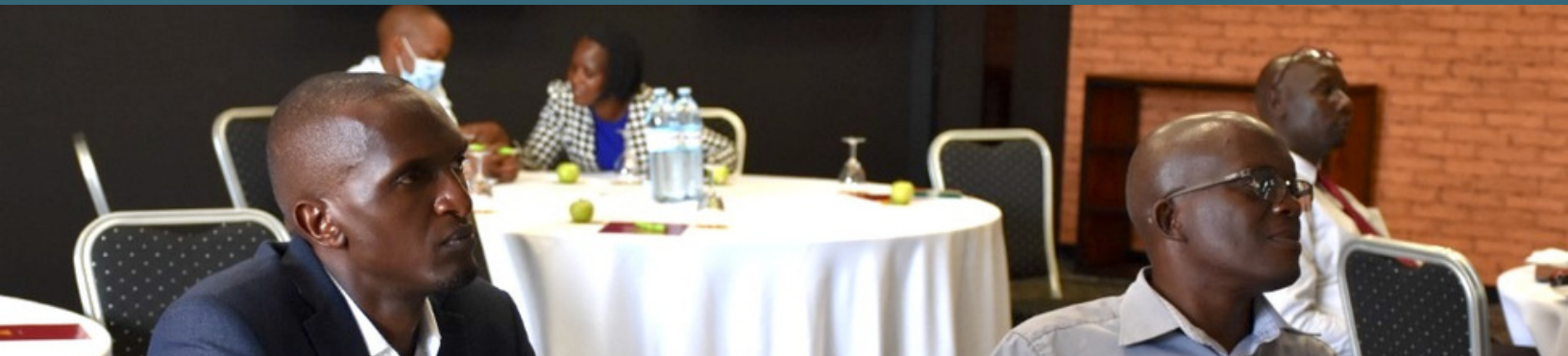
- 1. Family Planning**
- 2. Maternal and Child Health**
- 3. Education**
- 4. Women's Empowerment**
- 5. Labor Market**
- 6. Governance and Economic Institutions**

The measures across the six sectors allow users to **measure the strength of national efforts** towards reaping the demographic dividend benefits for inclusive and sustainable development and facilitate the learning process across sub-Saharan Africa.

The Index builds upon a long history of tools [13, 14], but adds unique value by being the only tool to deviate from measuring efforts in silos. Taking into account the interconnectedness and catalytic synergy between sectors, the DDEI examines the full picture of what is needed collectively to achieve a DD. DDEI fulfills the need for a standard measure to quantify the extent of multi-sectoral national efforts in policies and programs implemented to cultivate, realize, and harness the benefits of a DD.

The DDEI is developed and used within individual countries and engages a range of knowledgeable stakeholders. The goal was to understand the perception of national experts about the level of efforts across five dimensions including policymaking, services and programs, advocacy, research, and civil society, and how the efforts can translate into outcomes.

In addition to measuring the perception of national experts across different sectors, the DDEI **includes a module to develop policy recommendations**. Recommendations were developed by country experts during an in-person policy workshop. In the workshop, the findings from the DDEI tool were first presented, and then a facilitator trained in SMART Advocacy guided the discussion with the participants to set priorities and develop policy recommendations that were attainable, with results that could be measured over time.



The DDEI project took place first in Ethiopia, Kenya, Nigeria, Rwanda, Senegal, and Tanzania. A local institution partnered with Gates Institute in each country to implement the project. Phase 2 of the DDEI project expanded to Uganda and the Philippines. In Uganda, the work was led by the National Population Council. Uganda completed data collection in February 2022, and the policy workshop took place on April 19th, 2022.

**For more information, please visit: [DemographicDividend.org/DDEI](https://DemographicDividend.org/DDEI).**

## UGANDA DDEI POLICY WORKSHOP

In Uganda, the National Population Council hosted a **policy workshop based on the country's DDEI results**. Experts from each of the six sectors, including Family Planning, Maternal and Child Health, Women's Empowerment, Education, Labor Market, and Governance and Economic Institutions, attended to review findings, discuss the current nature of national multi-sectoral efforts to harness the DD, and develop sector-specific policy recommendations to move the needle forward. The **diverse set of over 30 stakeholders** included academia, government officials, civil society, youth organizations, and development partners.

The DDEI summary results **demonstrated a moderate level of effort being devoted toward creating an enabling environment that would allow Uganda to harness the benefits of the DD**. The findings in the sectors of Family Planning, Maternal and Child Health, and the Labor Market suggest that Uganda has policies in place to address issues in these sectors. However, these policies do not seem to translate into actions, given that they reported the lowest index in the provision of services or programs. The estimates reported by Labor Market experts reflect the economic downturn the country experienced due to the COVID-19 pandemic and should be utilized to improve the resilience of the labor market for any future shocks.

While all sectors in combination are essential for a DD and to set the stage for sustainable socioeconomic development, **experts discussed family planning and labor market as two key areas of improvement.** During the policy workshop, the experts indicated that the country needed to improve current family planning programs through advocacy campaigns with national and subnational policymakers, given the inadequate coverage of family planning services and inequitable access to family planning information and access and limited resources. As for maternal and child health, they suggested the country should consider adopting digital platforms to expand access to maternal and child healthcare services. Finally, they recommended that a functional labor market information system should be implemented to promote the dissemination of job opportunities.

Experts developed a shortlist of policy recommendations related to strengthening efforts in support reproductive health and opportunities to shore up the labor market.

## **TWO OF THE POLICY RECOMMENDATIONS INCLUDED:**

### **1. Family Planning**

Advocacy with health insurance providers to include family planning services as part of the insurance package

### **2. Labor Market**

Ministry of Education allocates funds for the rollout of the new secondary school curriculum that promotes skilling

The next section will illustrate how the example policy recommendations can be applied against the SMART Advocacy Approach framework.



## PART 2

# APPLYING THE SMART ADVOCACY APPROACH TO DDEI POLICY PRIORITIES

## SMART ADVOCACY APPROACH BACKGROUND

Beginning in 2009 the Advance Family Planning initiative, based in the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, adapted the SMART approach to increase funding and political commitment to quality, voluntary family planning [15].

The SMART Advocacy approach **focuses on what can be achieved in a short time**—setting a SMART, near-term objective and determining how best to achieve an “advocacy win.”

The approach is designed for a group of like-minded advocates, whether in a small, informal group or in a larger, more formal coalition.

The SMART Advocacy approach provides a framework to achieve the near-term advocacy wins needed to reach broad, long-term goals. The SMART Advocacy Cycle consists of nine steps **across three phases**:

**1. Build Consensus**

**2. Focus Efforts**

**3. Achieve Change**





Taken together, **the steps provide a comprehensive roadmap to develop, implement,** and evaluate a focused advocacy strategy from start to finish. Used separately, they can refocus a working group or inject life into an initiative that has lost momentum. For the purposes of this illustration, the case study will focus on the first two phases.

Although the SMART Advocacy approach was refined focusing on family planning, it is designed for easy adaptation to any health or development issue to build momentum and progress toward large-scale efforts, such as the demographic dividend.



**PHASE 1**  
**BUILD**  
**CONSENSUS**



**STEP 1. UNDERSTAND THE LANDSCAPE**

Review the internal and external factors that may affect the ability to succeed. Assess opportunities and challenges in the environment. Identify the evidence you will use to focus on a specific health or development need and monitor the success of advocacy.

**STEP 2. DECIDE WHO TO INVOLVE**

Ensure that all relevant players are at the table: those with influence, expertise, resources, and/or skills in facilitation.

**STEP 3. SET A SMART OBJECTIVE**

Be clear on a shared long-term goal. Set a SMART objective to achieve incremental progress or an advocacy win that contributes to accomplishing your goal.

**PHASE 2**  
**FOCUS**  
**EFFORTS**



**STEP 4. KNOW THE DECISION-MAKER**

Identify the specific decision-maker(s) with the power to achieve your objective. Use knowledge about the decision-maker(s) as you develop a strategy.

**STEP 5. DETERMINE THE ASK**

Consider evidence-based, emotional, and ethical arguments to support your advocacy ask and align with your decision-maker's interests and priorities. Develop a targeted message and identify the right messenger.

**STEP 6. CREATE A WORK PLAN**

Select specific advocacy activities to progress toward your SMART objective. Create a detailed timeline with assignments and financial resources.

**PHASE 3**  
**ACHIEVE**  
**CHANGE**



**STEP 7. PRESENT THE CASE**

Prepare to meet with your decision-maker: Create supportive communication products. Execute your work plan.

**STEP 8. MONITOR THE PLAN**

Create a plan to monitor your progress. Identify and use benchmarks to assess progress and ensure that you are on track. Be flexible enough to adapt to new developments, add activities, revise messages, and/or know when to re-strategize

**STEP 9. CAPTURE RESULTS**

When you achieve an advocacy win, celebrate and thank your decision-maker, document the process, and learn from your win. Decide the next steps to restart the advocacy cycle and achieve the next advocacy win toward your goal.

## SELECTED PRIORITIES FROM POLICY WORKSHOP

### TWO POLICY RECOMMENDATIONS TO BE USED FOR THE SMART ADVOCACY APPROACH:

#### Family Planning

- **Policy Recommendation from Workshop:** Engage in advocacy efforts to ensure national health insurance includes family planning services as part of the insurance package.
- **Refined advocacy objective:** Advocate for family planning commodities and services to be included in new bill for the national health insurance scheme.

#### Labor Market

- **Policy Recommendation from Workshop:** The Ministry of Education (MoE) should allocate funds for the rollout of the new secondary school curriculum that promotes skilling.
- **Refine advocacy objective:** The MoE should allocate additional funding for FY 23/24 to buy additional supportive materials and conduct teacher training to effectively implement the new secondary school competency-based skilling curriculum.

#### Education

- **Policy Recommendation from Workshop:** The MoE should implement national sexuality education framework.
- **Refined advocacy objective:** Mainstream the implementation of the National Sexuality Education framework in the delivery of the curricula, extra-curricular, and co-curricular activities for FY 23/24.



**Table 1: An illustration of Advocacy asks using the SMART approach for Uganda**

| SMART Approach Framework                       | Family Planning  | Labor Market  | Education  |
|--|--|---|--|
| <b>PHASE 1: BUILD CONSENSUS</b>                |  |   |  |
| <p><b>STEP 1: UNDERSTAND THE LANDSCAPE</b></p> | <p>In 2021, the Parliament of Uganda passed the National Health Insurance Bill, but the President ultimately did not assent to the bill. Now, there is a second iteration underway as Parliament develops a new bill to launch a National Health Insurance Scheme in Uganda. The first bill included family planning in a schedule of services —there is now an opportunity to ensure the latest bill includes family planning commodities and services.</p> | <p>Uganda developed a new curriculum to promote skilling in secondary schools. Implementation began in 2021, but it has not been fully actualized across the country. Schools, particularly in rural areas, cite inadequate funding and insufficient materials, and as a result, teachers not being oriented to adopt and teach the new curriculum. As the third year of implementation nears, schools need adequate funding and supportive materials to fully implement the skilling curriculum.</p> | <p>The Ministry of Education recently developed and passed a National Sexuality Education Framework to address high rates of teenage pregnancy, child marriage and resulting school dropouts. The MoE developed the curricula and framework in close consultation with health, faith-based, and civil society leaders. Implementation halted after concerns raised by faith-based groups, but the Ministry of Education worked closely to fill gaps. Since successfully addressing these concerns, however, implementation of the National Sexuality Education framework has been slow and disparate. There is the opportunity to ensure full implementation of the framework to provide age-appropriate sexuality education in schools.</p> |
| <p><b>STEP 2: DECIDE WHO TO INVOLVE</b></p>    | <p>Members of Parliament, civil society organizations, faith-based organizations</p>   | <p>Ministry of Education, schoolteachers, civil society organizations</p>   | <p>Ministries of Education and Health, civil society organizations, faith-based leaders</p>  |
| <p><b>STEP 3: SET A SMART OBJECTIVE</b></p>    | <p>Parliament includes family planning commodities and services in the benefits package schedule of the new bill introducing the national health insurance scheme</p>  | <p>Ministry of Education allocates additional funding for FY 23/24 to buy additional supportive materials, conduct teacher training to effectively implement the new secondary school competency-based skilling curriculum</p>  | <p>Ministry of Education mainstreams the implementation of the National Sexuality Education framework in the delivery of the curricula, extra-curricular, and co-curricular activities for FY 23/24</p>  |



| <b>SMART Approach Framework</b>        | <b>Family Planning</b>  | <b>Labor Market</b>   | <b>Education</b>      |
|--|---|-----------------------|-----------------------|
| <b>PHASE 2 - FOCUS EFFORTS</b>         |   |                       |                       |
| <b>STEP 4: KNOW THE DECISION-MAKER</b> | Parliament of Uganda, Committee of Health   | Ministry of Education | Ministry of Education |
| <b>STEP 5: DETERMINE THE ASK</b>       | Utilizing respective results from the Demographic Dividend Effort Index underscores a strong, evidence-based ask to decision-makers across the priorities. Too, utilizing the data across the three disciplines simultaneously illustrates to decision-makers the interconnected opportunities to harness the demographic dividend. |                       |                       |
| <b>PHASE 3 - ACHIEVE CHANGE</b>        |   |                       |                       |
| <b>STEP 7: PRESENT THE CASE</b>        | When meeting with decision-makers, advocates may create tailored resources based on the DDEI results to help clearly communicate the data and rationale to achieve the advocacy objective.  |                       |                       |



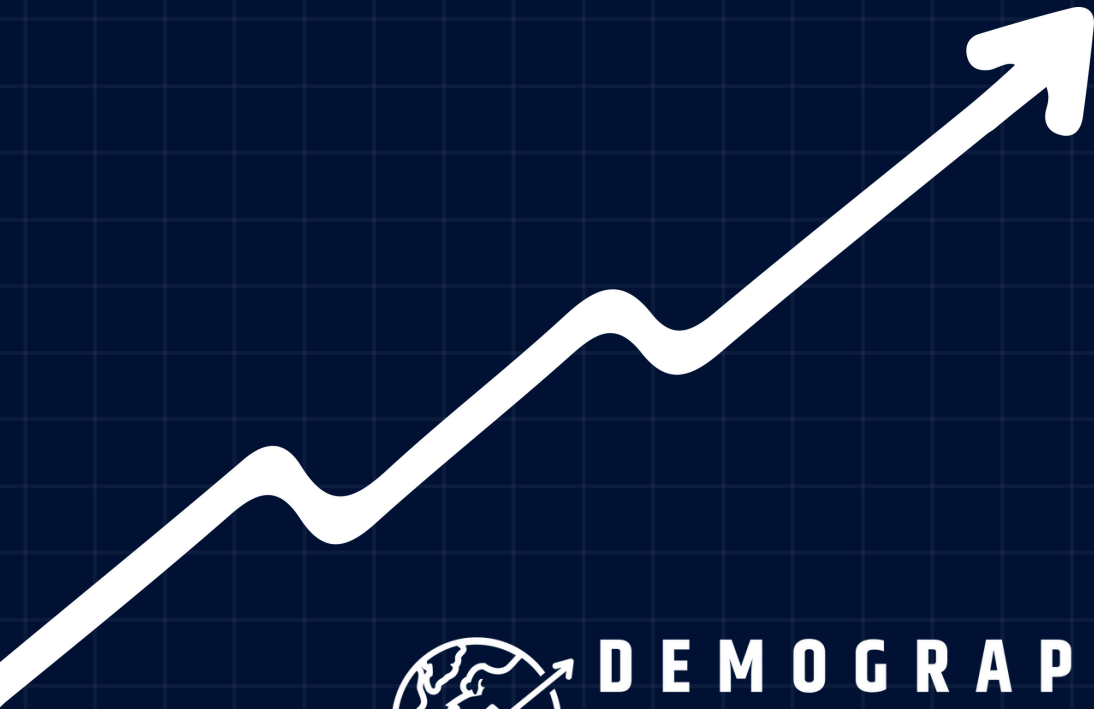
## THE WAY FORWARD

This illustration in Table 1 demonstrates how key in-country stakeholders can leverage the SMART Approach to Advocacy to carry forward DDEI results and policy recommendations. Multi-sectoral policy workshops create a foundation for experts to devise a path forward. The SMART Approach to Advocacy framework provides a follow-on pathway to capitalize on momentum.

With sustained support, National Population Councils and key partners can undertake the SMART Approach to fully develop and implement an advocacy strategy across sectors and utilize DDEI results for evidence-based action. Likewise, the cross-country DDEI approach means a built-in network for exchanging future strategies, tactics, and incremental wins for catalyzing and harnessing the DD.

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