



The Government of Uganda



FAMILY PLANNING INVESTMENT CASE FOR UGANDA



Introduction

The ability to decide freely the number, spacing and timing of children is a fundamental human right. Access to safe, affordable and voluntary family planning is central to gender equality and women's empowerment and is a key driver of all the 17 sustainable development goals. Equally, one of the most cost-effective health interventions in the developing world, with proven benefits for the health of women and children. Reducing unmet need for contraception would prevent around 30% of maternal deaths, reduce child mortality by up to 20%, and avert over one million abortions in Uganda. Additionally, family planning contributes to universal education, women's empowerment, prevention of HIV, poverty reduction, and environmental sustainability, making it one of the most cost-effective health and development interventions needed to achieve vision 2040.

in poverty reduction, by supporting realization of a Demographic Dividend - a necessary factor for Uganda to attain a middle income country status by 2040. The Demographic Dividend Report, (2014) illustrates that investing in family planning would accelerate fertility decline; this coupled with mortality decline, the ratio of working-age adults would significantly increase relative to young dependents, thus propelling the country to economic growth. Despite these imperatives, progress towards universal access to family planning in Uganda is still slow and inequitable. Though progress in financing is notable, a gap of \$9.8 million USD million is required to ensure equitable and universal access to family planning. Notable is that Uganda re-committed to allocate annually, USD 5 million from domestic resources, and to work closely with partners to raise an additional \$20 million annually for family planning.

The Uganda National Development Plan (NDP) II recognizes family planning as a key and integral factor

Rationale for investing in family planning (Why invest in family planning?)

Uganda has registered significant progress in family planning over the years, with Modern Contraceptive Prevalence (mCPR) increasing from 18.2 percent in 2001 to 34.8 percent in 2016. Though decreasing, unmet need for family planning is still very high at 28% (UDHS 2016), as compared to neighboring countries in Sub-Saharan Africa. One in every three women who would like to space or stop childbirth, are not accessing contraception, this is more pronounced among young women and girls, who have the highest unmet need at 30.4%. If this remains the case, Uganda will continue to have a largely youthful population; current estimates put the population of those below the age of 15 years at 48 percent being (Census 2014).

Although mCPR has equally improved over the years, the change is not significant enough to affect reduction of Total Fertility Rate (TFR), which now stands at 5.4 children per woman, one of the highest in sub-Saharan Africa (Cleland J. et al, (2015)). Consequently, the population of Uganda will continue to grow at a high rate of 3.0, per annum, thus undermining gains in economic growth, because of the pressures the population puts on social service provision, scarce natural resources, and the attendant high dependency burden strongly associated with poverty. Investment in family planning is critical in reversing this trend and accelerating a demographic transition much required for Uganda to harness a Demographic Dividend.

On-going efforts to promote sexual and reproductive health including family planning

The Government of Uganda has made steadfast progress in improving access to family planning:

- **Budget allocation:** In 2012, the Government committed to increase its budget for family planning by 30 percent and increased its allocation for family planning supplies from US \$3.3 million to US \$5 million over the next five years. In the FY 2013/2014, government lived up to its promise and allocated USD 6.9 million to surpassing the 5 million pledge during the London summit on Family Planning. Total expenditure on Family Planning in 2015 by Government and Development Partners was estimated at \$18.0 million.

- **Development of Costed Implementation Plan (CIP):** The Ministry of Health developed the Family Planning Costed Implementation Plan (CIP) that enhanced fundraising using the gap analysis.

The CIP lays out the government's proposed strategies to increase access to Family Planning, reduce unmet need from 34% to 10% and increase the Modern Contraceptive Prevalence from 26% to 50% by 2020.

- **Alternative Distribution Strategy (ADS):** The country has also made changes in the National Reproductive Health Commodity Distribution Strategy opening up the private sector window to

distribute free family planning commodities through the Alternative Distribution Mechanism. This has increased availability of commodities in rural and hard to reach areas.

- **Innovative approaches in services delivery:** Through the voucher system, community outreaches, community-based distribution strategies, social marketing and social franchising, stakeholders have been able to expand access to remote and hard to reach areas.



Trends in modern contraceptive use in Uganda (UDHS 2016).

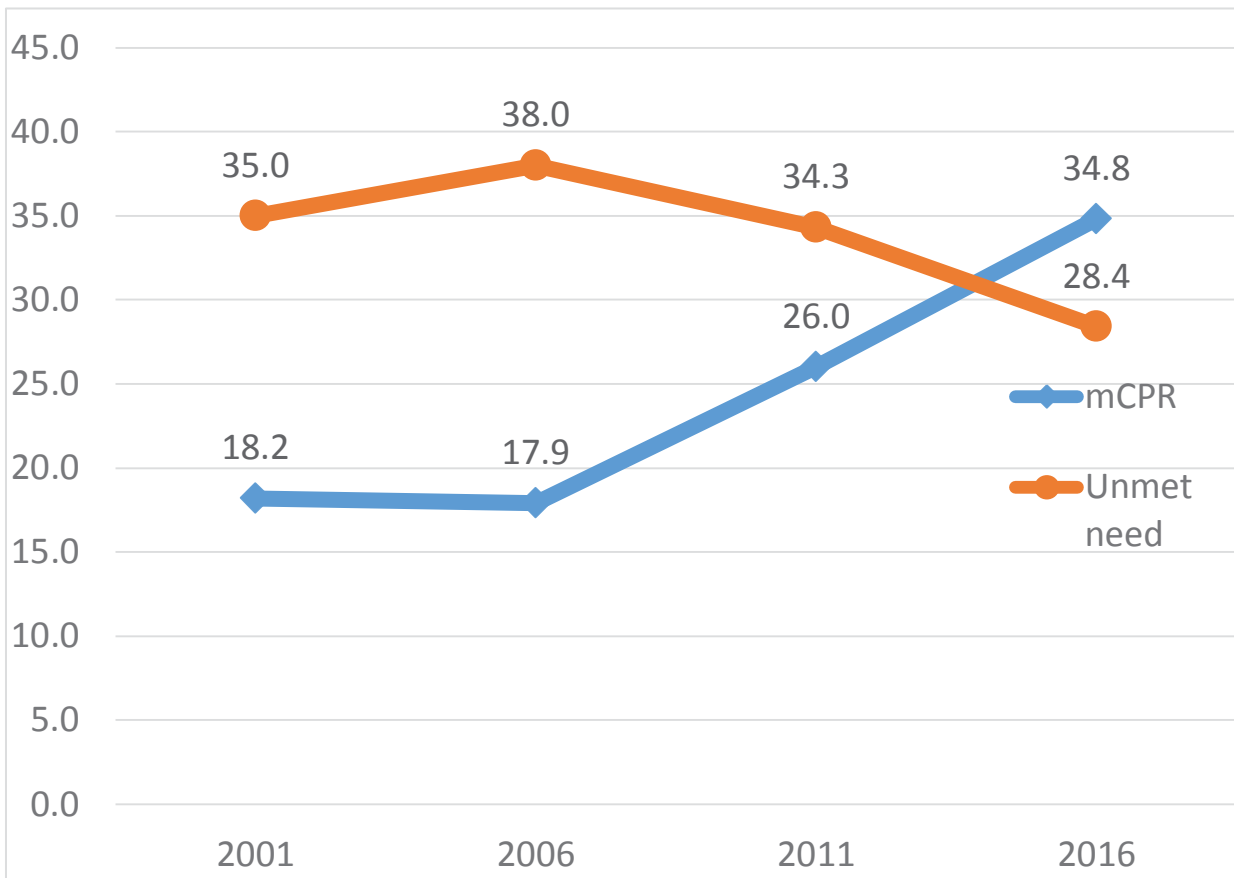
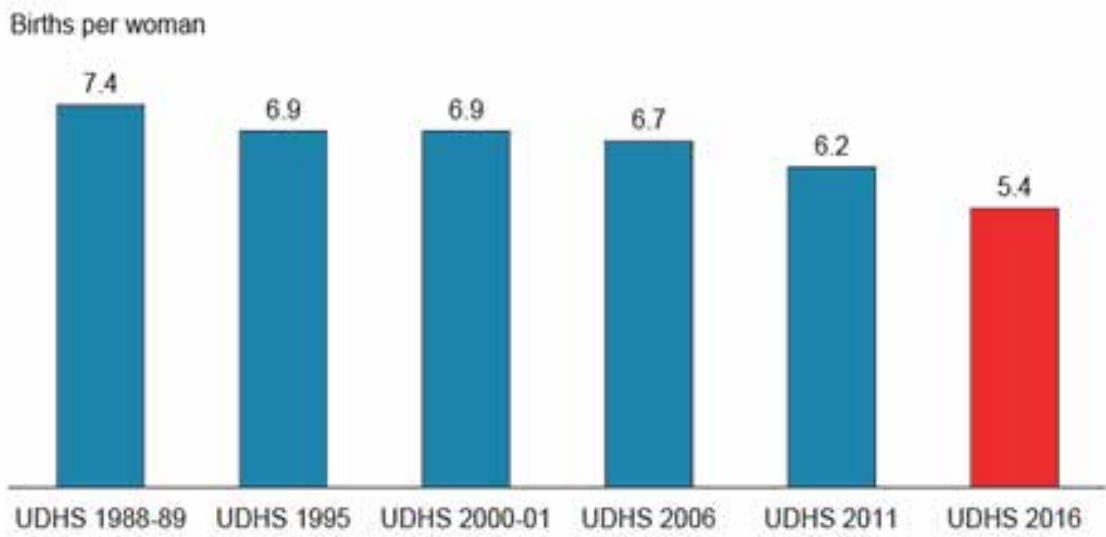


Figure 1 Trends in total fertility rate, 1988-89–2016



Uganda DHS 2016

Persistent factors affecting family planning uptake

Socio-demographic factors such as religion, age, marital status, educational level influence knowledge and use of contraception among women in the reproductive age group (UDHS, 2016). Knowledge of family planning is over 90 percent yet utilization is low at only 35 percent. Significant factors according to UDHS, (2016) for this trend include: education level - use increased with increasing levels of education and those out of school are less likely to use any modern family planning method. Ethnicity was also found to be a significant factor, as results showed that, people from Karamoja, West Nile, Bunyoro, Acholi, Busoga and Teso were less likely to use family

planning – with CPR below the national average. Other factors limiting access and utilization range from limited sexuality education among young people, cost and poor appreciation of the benefits of family planning. To increase utilization, government needs to resolve issues of access including the right method mix to permit choice, undertake community mobilization on benefits of family planning and address myths and misconceptions, as well as promote services that target the youth and young people. Ethnic considerations should be looked at critically especially in regions where family planning use is very low.

Effective models for increasing family planning access and uptake; the evidence

UNFPA in partnership with the Ministry of Health, the National Population Council and Partners in Population and Development used the IMPACT-NOW tool, developed by the Health Policy Project supported by USAID, to demonstrate and illustrate the potential impact benefits of investing in family planning. Data from the Uganda Demographic and Health Surveys (UDHS), associated costs for treatment for various health services for Uganda were used to derive the various scenario outcomes. The model considered three development scenarios below:

- 1. Conservative or Business as Usual scenario:** where the UDHS 2011 and 2016 incremental percentages for modern family planning methods were used to determine the method mix;
- 2. Moderate scenario;** where the method mix remained as in scenario one but with the mCPR of

50% as per target set in the family planning Costed Implementation Plan (CIP);

3. Ambitious scenario:

- Maintained mCPR at 50% CIP target
- Reduced the median age for LARC (IUD from 34 to 30 years and implants from 30 -25 years)
- Increased the share of LARC in the total method mix (IUD from 6.72% to 9.13% and implants from 25.90% to 33.7%); and
- Reduced the share of short term methods in the total method mix (Injectables from 51.9% to 41.11%, oral contraceptives from 5.57% to 4.46%).

Inputs to the Model

Policy Scenario	Year	mCPR	Method Mix										Median Age for selected methods			
			Male Condom	Injectable	Pill	MS	FS	IUD	Implant	SDM	Other Methods	Total	FS	IUD	IMP	SDM
Baseline	2015	34.8%	6.90%	53.16%	5.46%	0.29%	7.76%	4.31%	18.10%	0.00%	4.02%	100%	44	34	30	30
Business as Usual	2020	44%	3.50%	51.90%	5.57%	0.18%	4.42%	6.72%	25.90%	0.00%	1.81%	100%	44	34	30	30
Moderate	2020	50%	3.50%	51.90%	5.57%	0.18%	4.42%	6.72%	25.90%	0.00%	1.81%	100%	44	34	30	30
Ambitious	2020	50%	2.50%	41.11%	4.46%	0.50%	8%	9.13%	33.7%	0.00%	0.60%	100%	44	30	25	30

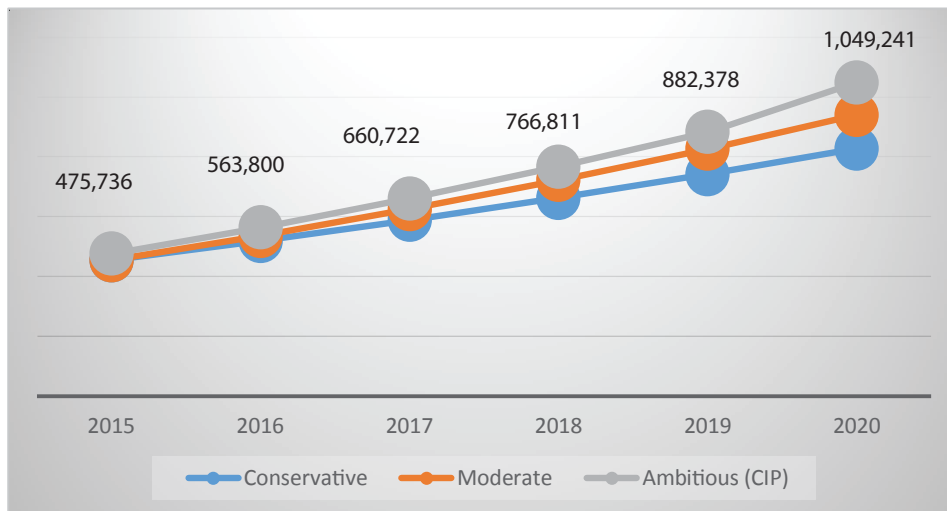
MS–Male Sterilization, FS–Female Sterilization, IUD–Intra Uterine Device, IMP- Implant, SDM–Safe Day Method.

Discussion of results

Family planning protects women from unintended pregnancies and unsafe abortion:

It is estimated that, by the age of 23 years, most Ugandan women in the rural areas will have had three children on average and with the first age at birth being 16 years (Census report, 2016). Fifty Four percent 54% of these pregnancies are unintended - resulting into unsafe abortions, medical complications and interrupted schooling. The cost of post abortion care in Uganda is estimated at USD 13.9 million annually (Vlassoff, 2012), and 23% of all school drop-out rates are a result of teenage pregnancy. The model indicates that, If Uganda chooses the family planning "Ambitious scenario", it will not only move its mCPR to meet the CIP and FP2020 target of 50%, BUT, it would, would avert about 3,359,152 unwanted pregnancies and over one million unsafe abortions by 2020.

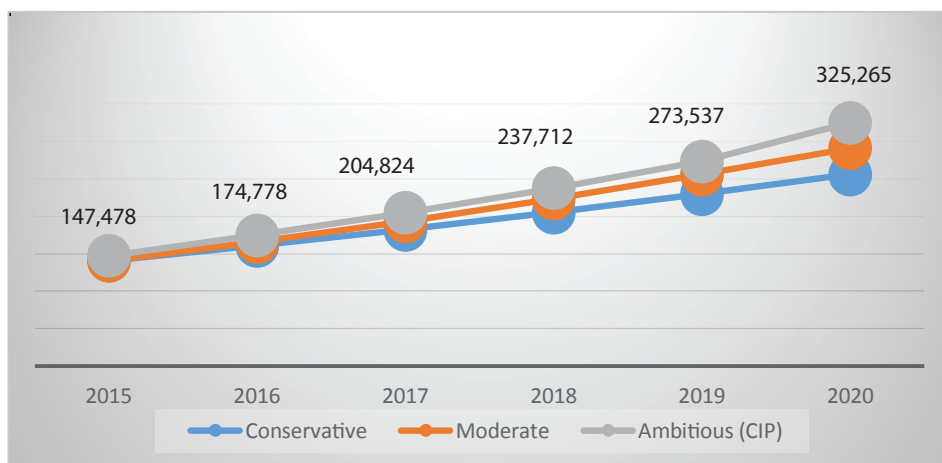
Figure 1: Number of unintended pregnancies averted



Total unintended pregnancies averted (2017-2020):

- **Conservative Scenario = 2,819,410**
- **Moderate Scenario = 3,112,480**
- **Ambitious scenario = 3,359,152**

Figure2: Number of abortions averted



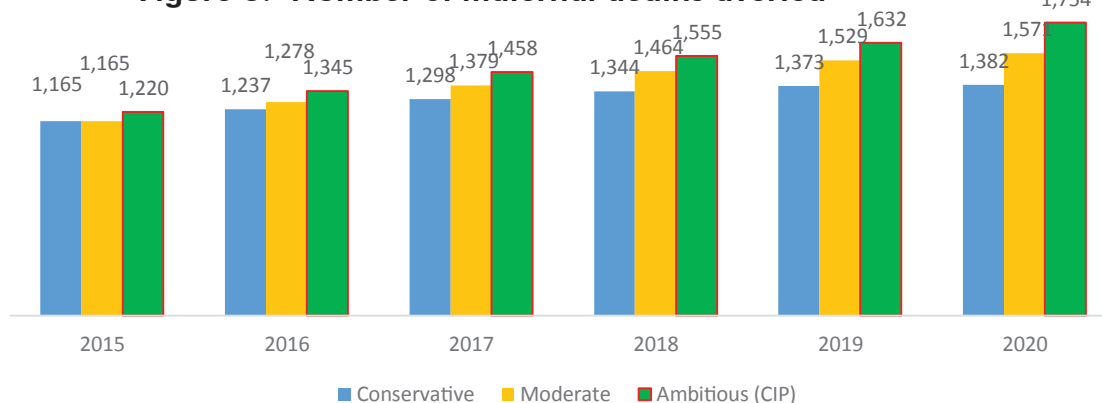
Total number of unsafe abortions averted (2017-2020):

- **Conservative Scenario = 874,017**
- **Moderate Scenario = 964,869**
- **Ambitious scenario = 1,041,337**

Family planning saves mothers' lives:

Uganda loses about 4,032 mothers each year due to pregnancy and birth related complications. It is proven that, one-third of maternal deaths and 20% of child deaths can be averted by use of modern contraception, and women who wait at least two years before becoming pregnant again are more likely to avoid anemia and survive childbirth. So, if government chooses to invest in the family planning Ambitious scenario, a total of 6,400 mothers' lives will have been saved by the year 2020.

Figure 3: Number of maternal deaths averted



Total number of maternal death averted (2017-2020):

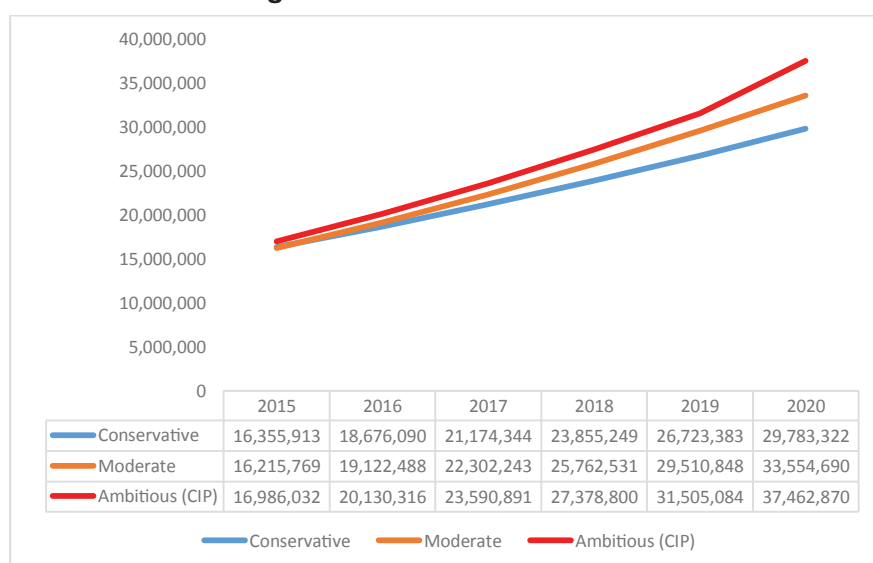
- **Conservative Scenario = 5,396**
- **Moderate Scenario = 5,942**
- **Ambitious scenario = 6,400**

Family planning is cost effective and saves money

Unintended pregnancies and post abortion care carry associated economic costs. The costs of post abortion care in Uganda are estimated at USD: 13.9 million (Vlassoff, 2012). Results from the model demonstrate that, by choosing the Ambitious Model, government would require to invest a total sum of USD: 109,809,542 to achieve a 50 percent mCPR as compared to spending USD: 113,712,985 under the moderate scenario; and USD: 105, 172,751 under the conservative scenario to achieve only a 44 percent mCPR. Notable in the Ambitious scenario is that, if

Uganda achieved the mCPR target of 50% as per the CIP, (2015-20 20); reduced the share of short term methods in the total method mix and increased LARC and reduced the median age of use of LARC (from 30 to 25 years for IUD; and from 34 to 30 years); the country would save another USD 4 million over the next three years (2017-2020) which can provide family planning to an additional 340,000 women of reproductive age. The country needs to wean off more women from short term to LARC, for it to be able to meet the FP2020 target and at a lower cost investment.

Figure 4: Maternal and infant healthcare related costs saved (USD)



Total Maternal and Infant healthcare costs saved (USD) - 2017-2020

- **Conservative Scenario = USD 101, 536,298**
- **Moderate Scenario = USD 111,130,312**
- **Ambitious scenario = USD 119,937,644**

Table: 1. Total number of family planning users by scenario

	2015	2016	2017	2018	2019	2020
Conservative	1,717, 866	1,937, 571	2,170, 221	2,415, 814	2,674, 351	2,945,832
Moderate	1,717, 866	2,001, 029	2,305, 578	2,631, 512	2,978, 831	3,347, 536
Ambitious (CIP)	1,717,866	2,001, 029	2,305, 578	2,631, 512	2,978, 831	3,347, 536

(I). Conservative scenario:

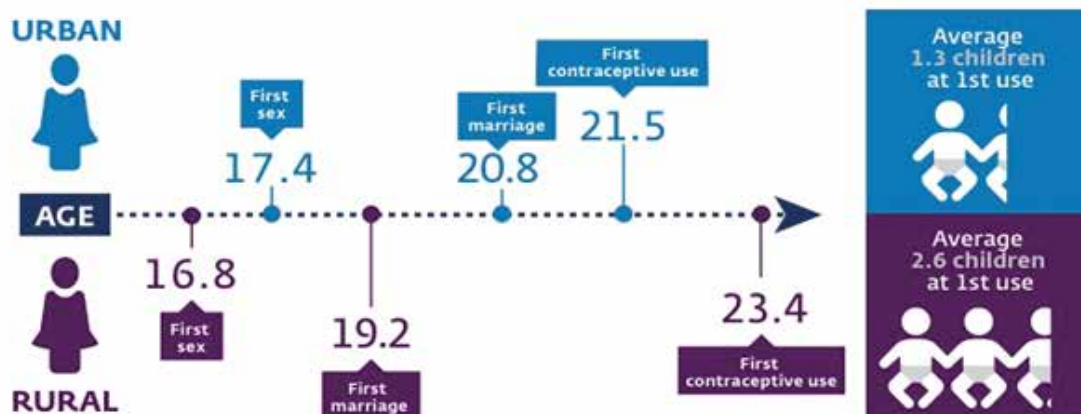
- Modern Contraceptive Prevalence Rate (mCPR) among married women is projected to increase to 44 percent by 2020.
- The total number of users is estimated to increase from 1,717,866 (2015 Baseline) to 2,945,832 by 2020.
- Unmet need FP would reduce from 28 percent to 19 percent.
- To achieve a CPR of 44%, the total cost for family planning would increase from USD: 12, 864,541 (baseline, 2015) to USD: 22,577,410 in 2020 and, over the five-year period, government would require to invest USD: 105, 172,751.

(II). Moderate scenario:

- Modern Contraceptive Prevalence Rate (mCPR) among married women is projected at 50% (CIP) target by 2020.
- The total number of users would increase from 1,717,866 (baseline, 2015) to 3,347,536
- Unmet need would reduce from 28% to 13%
- To achieve a CPR of 50%, the total cost for family planning would increase from USD: 12, 864,541 (baseline, 2015) to USD: 25,656,147 in 2020. Over the five-year period, government would require to invest USD: 113,712,985.

(III). Ambitious scenario:

- Modern Contraceptive Prevalence Rate (mCPR) among married women is projected at 50% (CIP) target by 2020.
- The total number of users would increase from 1,717,866 (2015 Baseline) to 3,347,536 by 2020
- The Unmet need would reduce from 28% to 13%, a 15 percent reduction.
- To achieve a CPR of 50%, the total cost for family planning would increase from USD: 12, 864,541 (baseline, 2015) to USD: 24,142,361 in 2020. Over the five-year period, government would require to invest USD: 109,809,542.



Source: PMA 2020: PMA2017/Uganda-R5

Policy Implications

Empowering women to choose the number, timing, and spacing of their pregnancies is not only a matter of health and human rights but also touches on many multisectoral determinants vital to sustainable development, including women's education and status in society. Without universal access to family planning and reproductive health, the impact and effectiveness of other interventions will be less, will cost more, and will take longer to achieve.

The government of Uganda must make modern family planning an even higher priority to expand women's method choice and uptake. Emphasis should be on long acting reversible methods which are more effective and less expensive and will save more mothers and children in a more cost effective way.

1. Deliberate efforts to reduce investments in short acting methods and increase investments in long acting reversible methods is cost effective for the country.

2. Ensure availability, acceptability and affordability of long acting reversible methods with no stock outs.

3. Demand creation to increase uptake of LARC and lower the median age from the current levels to as early as 25 years for women in rural areas who have already had three children

4. Need for a strategy to ensure sustained access to long acting reversible methods as a cost effective method in terms of reduction on health workers time spent to deliver services in terms of man hours saved, cost implications and maternal and child health benefits.

5. Scale up recruitment, training and retention of service providers for LARC (IUDs and Implants).

6. Track spending on family planning commodities and influence budget allocation for reproductive health commodities to focus more on the cost effective method mix.

Key message

Family planning saves lives, **improves the health of the mother and baby**; family planning averts maternal and child deaths by one third.

Investment in LARC is time saving to both client and service provider. With LARC, visits to health facility are fewer, a woman who obtains an implant needs to only visit once in three years compared to 12 times of a woman who uses injectables.

Investment in LARC will contribute to economic growth as well achievement of the 17 sustainable development goals. Promotion of the use of LARC will enable the country to save over USD4million that can provide family planning to additional 340,000 women of reproductive age.

Conclusion

The results demonstrate an optimistic picture for Uganda to achieve the FP2020 targets. However, there must be a deliberate and sustained effort by government to make more investments in family planning as illustrated in the Ambitious scenario, create more demand and ensure universal access to long acting reversible methods. This will also political will and the mobilization of stakeholders towards the vision articulated by this model as well as living up to the financing commitments made by government in the recent London family planning summit. At the programme level, increasing awareness and mobilization of communities as well as fostering youth led innovations on benefits of LARC especially among women who have already had more than three children will go a long way in achieving the FP2020 target of 50% by 2020.

References

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