Family Planning Funds Are Not Sufficient in:

- Fear of side effects
- Opposition from their partners
- Cultural and religious disapproval
- Misconceptions and myths
- Inadequate health provider skills
- Long distance
- High service costs

Family Planning (FP) Budget Increased but Remains Small Share of Health Budget

- 68% of women wish to prevent pregnancy in Kamuli.
- 0.5% of health budget
- 6.5 million KES in 2015/16
- 8.3 million KES in 2016/17
- 29.4 million KES in 2017/18

FP Commodity Stockouts Are a Challenge in Kamuli

PERCENT OF HEALTH FACILITIES WITH STOCKOUT IN LAST 6 MONTHS

- IN STOCK
- OUT OF STOCK

<table>
<thead>
<tr>
<th>Commodity</th>
<th>IN STOCK</th>
<th>OUT OF STOCK</th>
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<tr>
<td>Combined Oral Contraceptive Pills</td>
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<td>Implants</td>
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<td>14</td>
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<td>IUDs</td>
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<tr>
<td>Female Condoms</td>
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<td>Progestin-Only Injectables</td>
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<td>71</td>
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</tbody>
</table>

Women face cultural and service delivery barriers

- Median age at:
  - First Sex: 17
  - First Marriage: 19.5
  - First Birth: 20
  - First Contraceptive Use: 23

Providing adolescents with contraception can:

- Help young women stay in school.
- Support young women’s economic development.
- Promote healthier planned pregnancies and births.

District officials in Kamuli should:

- Allocate more funds for FP service provision and ensure a steady supply.
- Ensure FP outreach services cover all community members.
- Accelerate implementation of youth-friendly FP policies.
Family Planning Funds Are Not Sufficient in:

References


FIGURES

FAMILY PLANNING BUDGET INCREASED BUT REMAIN SMALL SHARE OF HEALTH BUDGET
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