

End Contraceptive Stock-Outs

by Fulfilling a Government Funding Commitment

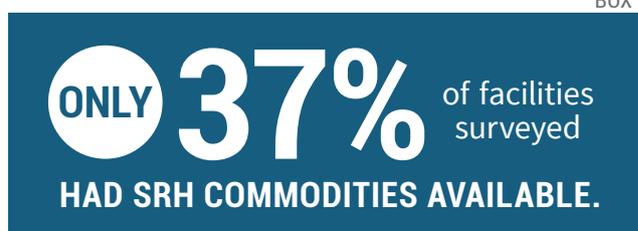
A woman's ability to decide when to have children and how many children to have is fundamental to sexual and reproductive health (SRH) and rights. Access to safe, effective, affordable, and acceptable family planning methods is essential to the education, health, and employment of women all over Uganda. Yet many Ugandans find their preferred contraceptive method is unavailable or unaffordable when they visit a health facility.

Civil society commends the Government of Uganda's (GOU's) efforts to improve family planning and supports existing commitments to make it readily available. To help ensure Uganda's economic and social development—safeguarding the future of all Ugandans—the GOU should fulfill their FP2020 Revitalized Commitment to provide US\$5 million annually from domestic resources for family planning.

Growing Population Increases Need for Family Planning

More than one-quarter of married women would like to delay or prevent pregnancy but are not using family planning, and many health care facilities do not have SRH commodities available (see Box 1).¹ *Uganda Vision 2040* describes the government's plan to transform into a prosperous middle-income country by achieving a demographic dividend—the accelerated economic growth possible when fertility declines sharply and more of the population is working age and employed in well-paying jobs.² This sustained decline in fertility leads to smaller numbers of children per family and lasting changes in age structure. In turn, a population's age structure can affect development opportunities. When more of the population is concentrated among the working ages, a window of opportunity for rapid economic growth appears if a country makes investments in health, education, good governance, and sound economic policies (see Figure 1).

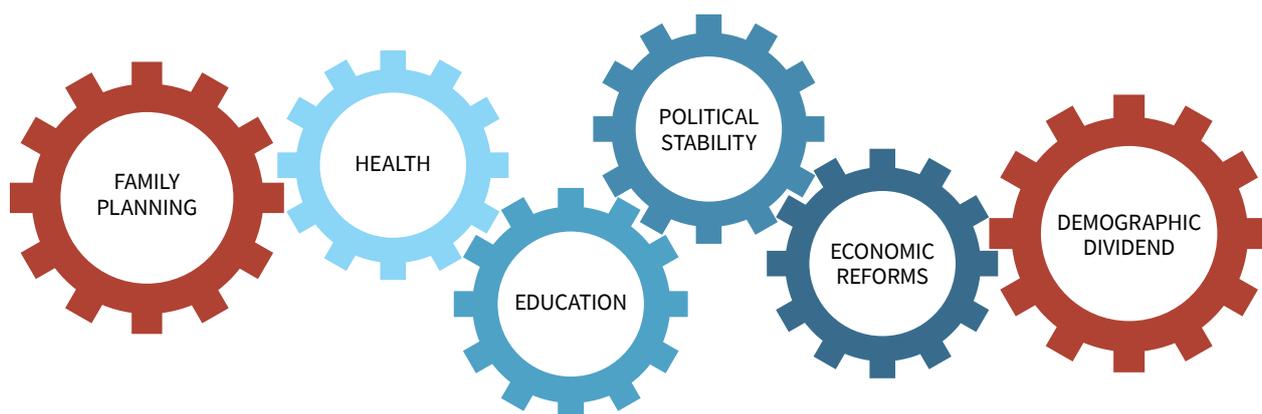
BOX 1



To accomplish the goals laid out in *Vision 2040*, Uganda will need to address their high fertility rate and growing population as well as the fact that more than one-quarter of Ugandans live in poverty.³ The combination of poverty and large families limits parents' resources to invest in the education and health of their children. Research shows that reduced fertility can lead to higher per capita levels of spending on health and education, implying that smaller family sizes can lead to future prosperity.⁴ Growing government commitment to and investments in family planning and health can result in fertility decline that can boost economic development.

Fertility Decline Can Kickstart a Demographic Dividend

FIGURE 1



Uganda's Government Made A Strong Commitment to Family Planning

In 2017, Uganda recommitted to allocating US\$5 million annually from domestic funding to expand family planning method choice and contribute to increased uptake of family planning (see Box 2). This commitment is an important first step to achieving broader development goals and can ensure that “every Ugandan woman can choose when and how many children to have.”⁵

An Urgent Need for Family Planning Persists Despite This Policy Commitment

In addition to their financial commitment to improve access to family planning, Uganda established ambitious goals for contraceptive use. By 2020, the country aims to reduce unmet need for family planning—when women want to stop or delay childbearing but are not using any form of contraception—among married women from 34 to 10 percent. The government also set a goal to increase the use of modern contraceptives among the same group from 26 percent to 50 percent by 2020.⁶

But recent data show that Uganda is falling short of these goals (see Figure 2). One of many factors that contributes to high unmet need for family planning and low modern contraception prevalence rates (mCPR) is a lack of contraceptive availability in health facilities.

Facilities Experience Shortages of Important Health Commodities, Especially Contraceptives

New research shows a persistent gap in SRH commodity availability, especially in public health facilities. A 2018 Health Action International study measured availability and affordability of SRH commodities and investigated health

FP2020: Uganda's Revitalized Commitment to Financing Contraceptives

Commitment 2: “Government of Uganda recommit to allocate US \$5 million annually from domestic resources for the next five years for procurement and distribution of a range of FP [family planning] supplies and RH [reproductive health] commodities up to the health facility.

Anticipated Impact: Will expand choice of family planning services and contribute to the increased uptake of family planning.”

providers' opinions on the main barriers to accessing commodities.⁷ On average, only 37 percent of all facilities had SRH commodities available, with availability lower in public sector facilities compared to private and mission sector facilities. This report also showed a drop of 7 percent in public sector availability from the previous year's survey.

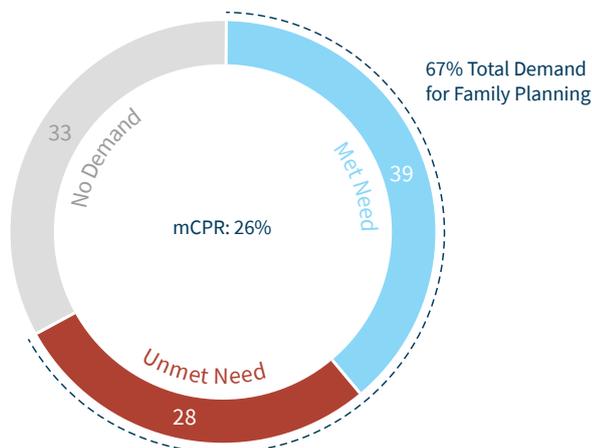
Health providers were asked which of four types of commodities their patients had the most difficulty accessing. They identified family planning commodities as the most challenging to access (see Figure 3). The study also found that contraceptive availability varied greatly based on method and type of health care facility (see Figure 4).

Contraceptive availability was not only a challenge at the time of the assessment: The study found that on average 17 percent of public facilities, 9 percent of private facilities,

Uganda is Not Meeting the Family Planning Needs of Married Women

FIGURE 2

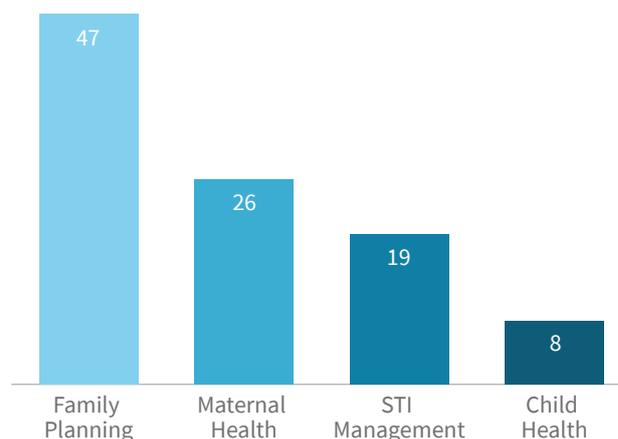
Percent of Unmet Need and mCPR Among Married Women Ages 15-49



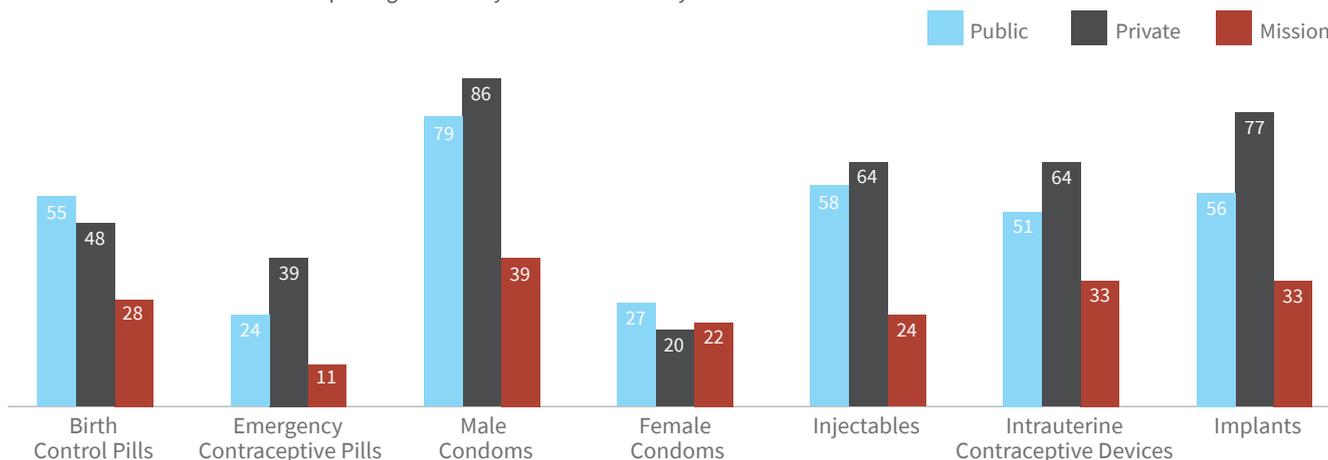
Health Workers Identify Family Planning Commodities as Most Difficult for Patients to Access

FIGURE 3

Percent of Health Workers Reporting Challenges in Commodity Access



Percent of Health Care Facilities Reporting Availability of Each Commodity



and 4 percent of mission facilities had experienced at least one stockout in the six months prior to the survey date.⁷

Not only do facilities lack SRH commodities, but central warehouse stock levels are also critically low, according to the Ministry of Health Stock Status Report.⁹ In April 2019, the National Medical Stores had low stock levels of all SRH commodities for emergency contraceptives and birth control pills. Similarly, the Joint Medical Store had low stock levels of all SRH commodities except birth control pills, injectables, and female condoms.¹⁰

Increasing Family Planning Investments Can Improve Ugandans’ SRH

While the GOU has made strides to address family planning needs, allocations for family planning commodities have fallen short of their commitment, contributing to Ugandans’ inability to access their preferred methods at health clinics. Following their FP2020 Revitalized Commitment in 2017, the Government allocated slightly more than US\$2 million in financial year 2017-2018, and just over US\$4 million in fiscal year 2018-2019.¹¹ The GOU needs to ensure that allocations continue to rise to meet their US\$5 million commitment.

If the national government fails to meet the family planning funding commitment, district governments will be affected, as many of them look to the national budget for guidance. On average, less than 1 percent of health budget allocations at the district level are dedicated to family planning, and many local governments do not have costed implementation plans to guide family planning investments.¹²

By making their FP2020 commitment, the GOU joined a global community working together to address barriers to expanding women’s access to contraceptives. Through the national financing mechanism, the Ministry of Finance, Planning, and Economic Development can ensure that

US\$5 million is released every financial year for family planning to increase uptake and expand contraceptive method choice. Fulfilling this commitment will increase the accessibility and availability of family planning for all Ugandans of reproductive age, allowing them to choose their desired family size and helping fuel the country’s economic growth.

The Ministry of Finance, Planning, and Economic Development should:

- Release US\$5 million from domestic resources for family planning every financial year.
- Support local governments to develop costed implementation plans for family planning.
- Ensure proper allocation of family planning funds to promote method mix and commodity security.

References

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- 2 Uganda National Planning Authority (NPA), *Harnessing the Demographic Dividend: Accelerating Socioeconomic Transformation in Uganda* (Kampala, Uganda: NPA, 2014), accessed at http://www.healthpolicyproject.com/pubs/385_HarnessingtheDemographicDividendBrief.pdf, on May 2, 2019.
- 3 Uganda Bureau of Statistics (UBOS), Uganda National Household Survey 2016/2017 (Kampala, Uganda: UBOS, 2018).
- 4 United Nations Department of Economic and Social Affairs (UN DESA), Population Division. *Changing Population Age Structures and Sustainable Development: A Concise Report* (New York: UN DESA, 2017).
- 5 Family Planning 2020 (FP2020), Family Planning 2020 Commitment Government of Uganda (Washington, D.C.: FP2020, 2017).
- 6 Ministry of Health Uganda (MOH), *Uganda Family Planning Costed Implementation Plan 2015-2020* (Kampala, Uganda: MOH, 2014), accessed at <http://health.go.ug/sites/default/files/Uganda%20CIP%20.pdf>, on May 2, 2019.
- 7 In 2018, Health Action International collected data from and conducted stakeholder interviews at 145 facilities at health post level and above. Facilities were selected in both rural and urban areas from a selection of provinces meant to serve as a representative sample of the country, including Kabarole and Hoima districts in the Western Region; Mbararara, Kabale, and Ntungamo in the South Western Region; Kumi, Mbale, Soroti, Kamuli, and Manafwa in the Eastern Region, Lira and Kole in the Northern Region, Nebbi, Packwach, and Arua in the West Nile Region, and Mukono, Kayunga, and Luwero in the Central Region.
- 8 Stock-out information was only recorded by data collectors when stock information could be seen via stock card or a stock database.
- 9 Reports warehouse stock levels as of April 1, 2019. Warehouse data used includes information from National Medical Stores and Joint Medical Store.
- 10 MOH, *Stock Status Report* (Kampala, Uganda: MOH, 2019), accessed at <https://health.go.ug/sites/default/files/MOH%20SSR%201st%20April%202019.pdf>, on June 24, 2019.
- 11 MOH, *Health Sector Ministerial Policy Statement for FY 2017/18 and FY2019/2020* (Kampala, Uganda: MOH, 2019).
- 12 Population Reference Bureau (PRB), *Addressing the Need for Family Planning Investment in Uganda* (Washington, DC: PRB, 2018).

Box & Figure Sources

- FIGURE 1 Population Reference Bureau.
- BOX 1 Health Action International (HAI), *Sexual and Reproductive Health Commodities: Availability, Affordability and Stock-Outs* (Amsterdam: HAI, 2018).
- BOX 2 Family Planning 2020 (FP2020), *Family Planning 2020 Revitalized Commitment Government of Uganda* (Washington, DC: FP2020, 2017).
- FIGURE 2 UBOS and ICF, Uganda Demographic and Health Survey 2016.
- FIGURE 3 Health Action International (HAI), *Sexual and Reproductive Health Commodities: Availability, Affordability and Stock-Outs* (Amsterdam: HAI, 2018).
- FIGURE 4 HAI, *Sexual and Reproductive Health Commodities*.



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