

# Create a Dedicated Family Planning Budget

## to Sustain Availability of Contraceptive Commodities

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Family planning is fundamental to improving reproductive health outcomes and the social, economic, and environmental dimensions of sustainable development. Financing family planning ensures that contraceptive commodities are available and support men and women's choice to limit and space pregnancies as well as maintain desired family size. The benefits that individuals and families gain from having a manageable family size translate into stronger, more prosperous, and resilient economies.<sup>1</sup> Access to safe, effective, affordable, and acceptable family planning methods is essential for those who want to limit and space pregnancies. Yet many Ugandans find their preferred contraceptive method unavailable or unaffordable when they visit a health facility.

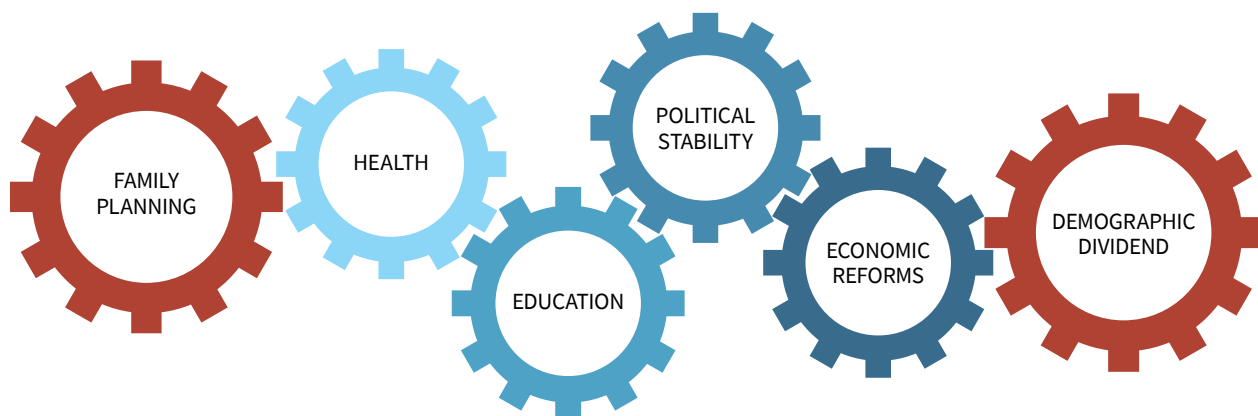
Civil society commends the Government of Uganda's (GOU's) efforts to improve family planning through commitments to make it readily available. However, several factors still prevent the availability of contraceptive commodities. Uganda has fallen short of its family planning financing commitment, and the funds that have been allocated for commodities are being spent on other reproductive health products. In the most recent report for financial year (FY) 2019-2020, about 90% of the funds allocated for family planning were used to procure Mama Kits (affordable safe delivery kits that include the basic supplies needed to give birth), leaving only 10% of funds for contraceptive commodities.<sup>2</sup> Additionally, the COVID-19 pandemic and shifts in international donor funding have introduced new challenges that have made commodities more difficult to access. **To address these challenges, the GOU should build on the progress of their FP2020 commitment by fulfilling their family planning funding and creating a stand-alone budget dedicated to family planning essential medicines and commodities.**

### The Availability of Family Planning Commodities Will Help Uganda Meet Its Development Goals

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. Growing government commitment to and investments in family planning can result in a sustained decline in fertility that leads to smaller numbers of children per family and lasting changes in a population's age structure, which in turn can affect economic development opportunities (see Figure 1.)<sup>3</sup>

To support this decline and accomplish the goals laid out in Uganda Vision 2040, the GOU will need to ensure Ugandans are able to access contraceptive commodities when they need them, which can help address the country's high fertility rate, growing population, and the fact that more than one-quarter of Ugandans live in poverty.<sup>4</sup> Research

FIGURE 1 Fertility Decline Can Kickstart a Demographic Dividend



shows that reduced fertility can lead to higher per capita levels of spending on health and education, suggesting that smaller family sizes can lead to future prosperity.<sup>5</sup>

During the Nairobi International Conference on Population and Development +25 Summit in 2019, Uganda committed to reduce the unmet need for family planning among married women—those who would like to delay or prevent pregnancy but are not using contraceptives—from 34% to 10%, and increase the use of modern contraceptives among the same group from 26% to 50% by 2022.<sup>6</sup> Yet, more than one-quarter of married women still had an unmet need for family planning in 2020—only 37% of married women were using modern methods.<sup>7</sup> The lack of available contraceptives at health facilities is one of many factors that contribute to high unmet need and low modern contraception prevalence rates. With people unable to access these vital sexual and reproductive health (SRH) resources, Uganda will struggle to achieve its goals.

### Facilities Continue to Experience Shortages of Essential Family Planning Commodities and Supplies

Research shows a persistent gap in SRH commodity availability, especially in public health facilities. A 2019 SRH stockout report revealed on average 36% of public facilities experienced stockouts of contraceptive commodities within a six-month period prior to the survey. This percentage is high compared to 17% and 16% in private and mission facilities, respectively, during the same period.<sup>8</sup>

Health providers were asked which of four types of commodities their patients had the most difficulty accessing (see Figure 2). The study found that contraceptive availability varied greatly based on method

and type of health care facility (see Figure 3). Contraceptive availability was not only a challenge at the time of the assessment: The study found that on average 17% of public facilities, 9% of private facilities, and 4% of mission facilities had experienced at least one stockout in the six months prior to the survey date.<sup>9</sup> Not only do facilities lack contraceptive commodities, but central warehouse stock levels are also critically low.<sup>10</sup> The National Medical Stores had low stock levels of all contraceptive commodities except for emergency contraceptives and birth control pills. Similarly, the Joint Medical Store had low stock levels of all contraceptive commodities except birth control pills, injectables, and female condoms.<sup>11</sup>

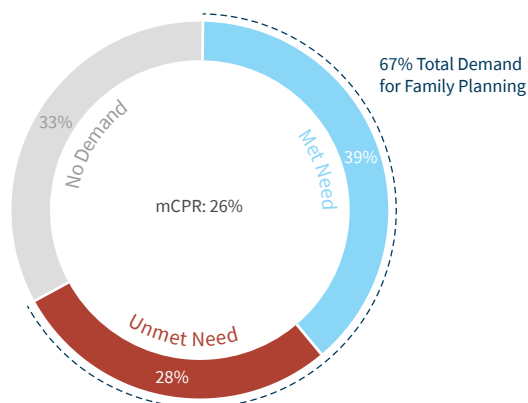
### COVID-19 Disruptions Created a More Urgent Need for Family Planning

Uganda has established ambitious goals for contraceptive use, but recent data show that the COVID-19 pandemic has disrupted progress on access to SRH services (see Figure 4). A recent evaluation revealed that the pandemic resulted in irregular family planning service delivery at several health facilities. Among facilities offering family planning, only 34% reported that they did not experience a reduction in family planning clients during COVID-19 restrictions. Some of these facilities completely suspended family planning service delivery, were operating on limited hours, or reassigned their personnel to COVID-19 response.<sup>12</sup> Early data on the pandemic’s impact on youth SRH shows that the majority of youth ages 18 to 30 faced difficulties accessing SRH services because of pandemic-related transportation restrictions and distance to facilities.<sup>13</sup> The pandemic has worsened existing barriers to accessing family planning and highlighted the need for additional funding to address both geographic and financial barriers.

**FIGURE 2**

Uganda is Not Meeting the Family Planning Needs of Married Women

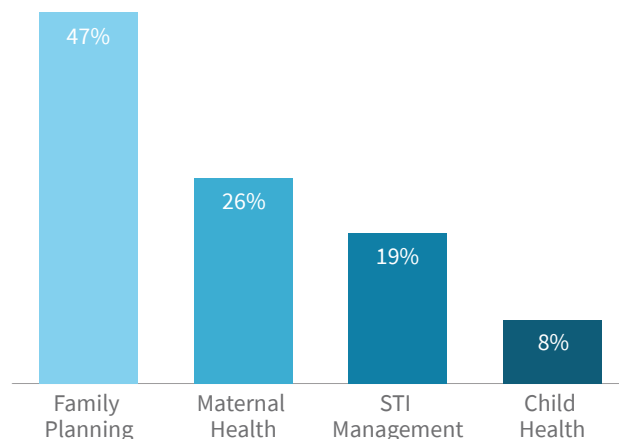
Percent of Unmet Need and mCPR Among Married Women Ages 15-49



**FIGURE 3**

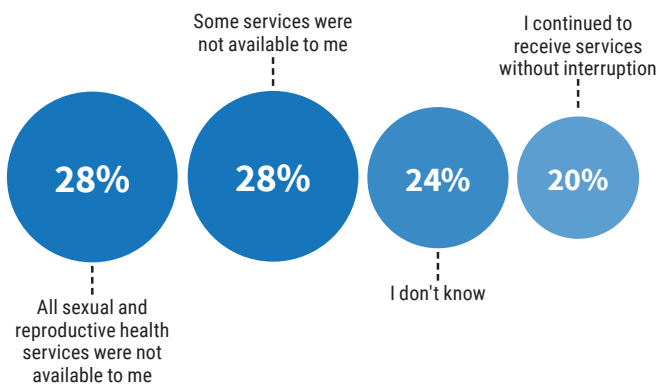
Health Workers Identify Family Planning Commodities as Most Difficult for Patients to Access

Percent of Health Workers Reporting Challenges in Commodity Access



**FIGURE 4**  
**Covid-19's Impact on Sexual and Reproductive Health Services**

Percentage of survey respondents from young people ages 15 to 35



### A Financing Gap for Contraceptive Commodities Persists Despite Strong Commitment

In 2017, the GOU revised its original FP2020 commitment with a new goal to allocate US\$5 million annually from domestic funding to expand the choice of contraceptives available through family planning services and contribute to increased uptake of family planning. Following this 2017 commitment, the GOU allocated slightly more than US\$2 million in FY 2017-2018, and just over US\$4 million in FY 2018-2019.<sup>14</sup> This strong financial commitment was an important first step to achieving broader development goals and ensuring that “every Ugandan woman can choose when and how many children to have.”<sup>15</sup>

Despite this commitment, the GOU's financial allocations for family planning have fallen below the US\$5 million target, creating a gap between what the GOU has spent on family planning and the actual funding need for commodities (see Figure 5).<sup>16</sup> This gap was compounded when the United Kingdom initiated an 85% cut to UNFPA funding, threatening progress and existing UNFPA contraceptive supply commitments in 46 countries, including Uganda. This shift in the funding landscape impacts Uganda's family planning budgets and contraceptive supplies, intensifying the need for the GOU to increase domestic funding for family planning.<sup>17</sup>

While the GOU needs to reach the US\$5 million allocation committed in 2017, it also needs to ensure that these allocated funds are used to procure contraceptives. In FY 2019-2020, less than 10% of the \$US4 million allocation was used to procure contraceptives, with the rest diverted to procuring Mama Kits.<sup>18</sup> To improve and sustain the availability of a wide range of contraceptive methods in public sector facilities and prevent commodity stockouts, it is critical that funds allocated to family planning are only used for contraceptive commodities. Increasing domestic

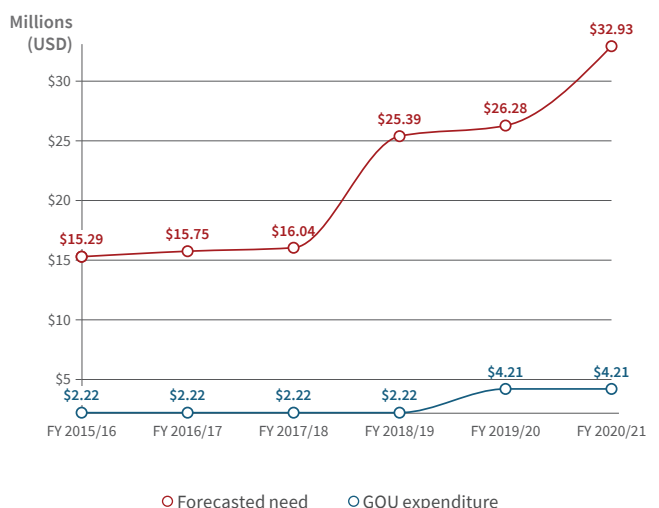
funding and creating a standalone budget will help bridge the financing gap and address the siphoning of financial resources to other commodities.

### What Should the GOU Do to Ensure the Availability of Contraceptive Commodities?

The Ministry of Finance, Planning, and Economic Development should ensure that the funds committed for family planning are released every financial year and spent on contraceptive commodities and supplies. By doing so, the GOU will increase the accessibility and availability of contraceptive commodities for all Ugandans of reproductive age, allowing them to choose their desired family size and helping fuel the country's economic growth. As the GOU makes future family planning funding commitments, they should also address the funding gaps caused by decreases in donor funding. By continuing their commitment to sustained and increased financing for family planning beyond FP2020, the GOU joins a global community working together to expand access to contraceptives and address barriers to accessing family planning.

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% 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.<sup>19</sup> Additionally, many districts' development plans do not include family planning indicators. Districts' development plans should therefore include family planning indicators that support the development and implementation of district costed implementation plans.<sup>20</sup>

**FIGURE 5**  
**Government of Uganda Family Planning Budget Allocation v. Uganda's Contraceptive Needs**



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

- Fulfil the commitment of allocating US\$5 million from domestic resources for family planning every financial year.
- Create a dedicated budget for family planning commodities.
- Ensure future family planning commitments continue to increase domestic funding for family planning.

## References

- 1 Ellen Starbird, Maureen Norton, and Rachel Marcus, "Investing in Family Planning: Key to Achieving the Sustainable Development Goals," *Global Health: Science and Practice* 4, no. 2 (2016): 191-210, <http://www.ghspjournal.org/content/4/2/191.full.pdf>.
- 2 PAI and HEPS-Uganda, *A Report on Family Planning Commodity Financing & Supply Chain in Uganda*, <https://www.heps.or.ug/publications/report-family-planning-commodity-financing-supply-chain-uganda>.
- 3 Uganda National Planning Authority (NPA), *Harnessing the Demographic Dividend: Accelerating Socioeconomic Transformation in Uganda* (Kampala: NPA, 2014), [https://www.healthpolicyproject.com/pubs/385\\_HarnessingtheDemographicDividendBrief.pdf](https://www.healthpolicyproject.com/pubs/385_HarnessingtheDemographicDividendBrief.pdf).
- 4 Family Planning 2020 (FP2020), *Family Planning 2020 Commitment Government of Uganda* (Washington, D.C.: FP2020, 2017).
- 5 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).
- 6 UNFPA Uganda, "Report Shows Strong and Steady Commitment by Uganda for Family Planning," Feb. 4, 2021, <https://uganda.unfpa.org/en/news/report-shows-strong-and-steady-commitment-uganda-family-planning>.
- 7 Toshiko Kaneda, Charlotte Greenbaum, and Carl Haub, *2021 World Population Data Sheet* (Washington, D.C.: PRB, 2021).
- 8 Gaby Ooms, Anthony Ssebagereka, and Janneke von Oirschot, *Sexual and Reproductive Health Commodities: Prices, Availability and Affordability Uganda 2019* (Health Action International, 2020), [https://haiweb.org/wp-content/uploads/2020/06/SRHC-Report\\_Uganda-2019.pdf](https://haiweb.org/wp-content/uploads/2020/06/SRHC-Report_Uganda-2019.pdf).
- 9 Ministry of Health Uganda (MOH), *Uganda Family Planning Costed Implementation Plan 2015-2020* (Kampala, Uganda: MOH, 2014), [https://www.healthpolicyproject.com/ns/docs/CIP\\_Uganda.pdf](https://www.healthpolicyproject.com/ns/docs/CIP_Uganda.pdf).
- 10 In 2018, Health Action International collected data from and conducted stakeholder interviews at 145 facilities at the health post level and above. Facilities were selected in both rural and urban areas from 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.
- 11 Reports of warehouse stock levels as of April 1, 2019. Warehouse data used includes information from National Medical Stores and Joint Medical Store.
- 12 Performance Monitoring for Action, *PMA Uganda: COVID-19 Results From Phase 1 Survey* (2020), [https://www.pmadata.org/sites/default/files/data\\_product\\_results/Uganda%20Phase%201-COVID\\_Results%20Brief\\_Final\\_for%20review.pdf](https://www.pmadata.org/sites/default/files/data_product_results/Uganda%20Phase%201-COVID_Results%20Brief_Final_for%20review.pdf).
- 13 Simon Binezero Mambo et al., "Factors That Influenced Access and Utilisation of Sexual and Reproductive Health Services Among Ugandan Youths During the COVID-19 Pandemic Lockdown: An Online Cross-Sectional Survey," *Research Square*, preprint (2020), <https://doi.org/10.21203/rs.3.rs-48529/v4>
- 14 MOH, *Health Sector Ministerial Policy Statement for FY 2017/18 and FY 2019/2020* (Kampala: MOH, 2019).
- 15 FP2020, *Family Planning 2020 Commitment Government of Uganda*.
- 16 HEPS-Uganda and PAI, *A Report on Family Planning Commodity Financing & Supply Chain in Uganda*.
- 17 Janeen Madan Keller and Prashant Yadav, "The UK Aid Cuts to UNFPA: Ripple Effects in SRH Products Markets," Center for Global Development, May 11, 2021, <https://www.cgdev.org/blog/uk-aid-cuts-unfpa-ripple-effects-sexual-and-reproductive-health-product-markets-outsized>.
- 18 HEPS-Uganda and PAI, *A Report on Family Planning Commodity Financing & Supply Chain in Uganda*.
- 19 MOH, *Health Sector Ministerial Policy Statement for FY 2017/18 and FY 2019/2020*.
- 20 MOH, *Uganda Family Planning Costed Implementation Plan 2015-2020*.

## Figure Sources

- FIGURE 1 PRB.
- FIGURE 2 Uganda Bureau of Statistics 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 Coalition for Health Promotion and Social Development (HEPS) and Health Systems Advocacy (HAS) rapid assessment on the impact of COVID-19 on sexual and reproductive health services, September-October 2020.
- FIGURE 5 PAI and HEPS-Uganda, *Family Planning Commodity Financing and Supply Chain in Uganda* (n.d.).



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