

FAMILY PLANNING | REPRODUCTIVE HEALTH

IMPACT BRIEF: UGANDA 🛎



2020 UPDATE



Saving Lives and Improving Health Outcomes in Uganda through Increased Access to Contraceptives

Access to voluntary family planning and reproductive health (FP/RH) services is vital for safe motherhood and healthy families. Having a choice of modern contraceptives allows couples to plan and space births, ensuring families have the means to properly care for their children. USAID ensures an uninterrupted supply of quality FP commodities worldwide through the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project.¹

Uganda has a population of more than 40 million.² In 2019, approximately 32.5 percent of Ugandan women had an unmet need for FP - meaning they wanted to avoid pregnancy but had no access to a modern method of birth control.³

The average woman in Uganda gives birth to 5.0 children in her lifetime.⁴ The maternal mortality ratio is 375 per I 00,000 live births in Uganda, compared to 534 in sub-Saharan Africa, on average. ⁵ The child mortality rate is 46 deaths among children under 5 per 1,000 live births, compared to an average of 76 in the sub-Saharan region.6

The Government of Uganda is collaborating with USAID and other partners to address the country's maternal and child health needs. This includes increasing investment in FP/RH to reach a projected modern contraceptive prevalence rate of 30.2 percent among all women aged 15 to 49, regardless of marital status, by 2020.7

Estimated health impacts from USAID procurement investments

PREVENTED



AVERTED



in direct healthcare spending **SAVED**

'Unless otherwise noted, all figures reported in this brief are over the life of the GHSC-PSM project and do not reflect USAID's contraceptive investment prior to FY 2017. The figures reflect delivered commodities, not shipped commodities, and may not be comparable to figures reported in previous materials.

²USAID."Acting on the Call:A Focus on the Journey to Self-reliance for Preventing Child and Maternal Deaths;" (2019), https://www.usaid.gov/sites/default/files/documents/1864/USAID_2019_AOTC.pdf. Accessed July 27, 2020.

Family Planning 2020, "FP2020 Core Indicator Summary Sheet: 2018-2019 Annual Progress Report," http://www.familyplanning2020.org/sites/default/files/Data-Hub/2019CI/Uganda 2019 CI Handout.pdf. Accessed July 27, 2020

Fertility rate, total (births per woman). https://data.worldbank.org/indicator/SPDYN.TFRT.IN. Accessed

⁵World Bank, Maternal Mortality Ratio. https://databank.worldbank.org/reports.aspx?source=2&series=SH.STA.MMRT&country=. Accessed November 24, 202

⁶World Bank, Child Mortality Rate. https://data.worldbank.org/indicator/SH.DYN.MORT. Accessed November 24, 2020.

Family Planning 2020 (2018) www.familyplanning2020.org/sites/default/files/Data-Hub/ 2019Cl/Uganda 2019 Cl Handout.pdf. Accessed July 30, 2020.

USAID Contraceptive Investment

In partnership with the Government of Uganda and other in-country stakeholders, USAID has supported the procurement and distribution of more than 17.6 million FP/RH products to at least 650 USAID-supported health facilities and organizations in Uganda from FY 2017-2020. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 8.5 million couple years protection⁸ and to help prevent:

- 3.7 million unintended pregnancies 7,100 maternal deaths
- I.I million abortions
- 87.600 child deaths⁹

These investments in contraceptives have the potential of saving approximately \$255.3 million in direct spending on healthcare—resources that can be reinvested in Uganda's health system.

Through its investments in contraceptives and supply chains, USAID and other global and in-country partners are helping Uganda meet its people's FP/RH needs. Countries that partner with USAID to invest in FP/RH can achieve greater self-reliance by improving their overall health systems and empowering families to plan for their futures.

Methodology

The indicators presented in this brief were calculated by entering procurement data from the GHSC-PSM project database 10 into the Impact 2 model, 11 a socio-demographic mathematical model used to measure the impact of FP/RH programs.

The FP/RH impact indicators, as reported in this brief, estimate the global demographic, health and economic impact of the GHSC-PSM project thus far. To make these calculations, GHSC-PSM adjusted certain criteria in the model. For more information, please contact PSMMonitoringandEval@ghsc-psm.org.

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"We have seen sustained availability of different types contraceptives at service delivery points in Uganda, allowing women to choose methods that work for them. This is attributed to consultative planning and stakeholder engagement through technical working groups led by the Ministry of Health. We are optimistic that better results will be realized as the ministry continues to strengthen logistics management information systems to improve the quality of FP data available for planning."

-Dr. Moses Muwonge, director, Samasha Medical Foundation, a South-South nongovernmental organization supporting FP/RH, based in Uganda



A GHSC-PSM procurement advisor conducts a verification visit at Buhugu Heath Center III in Uganda's eastern Sironko District. Photo credit: GHSC-PSM/Joyce Achan

CONTRACEPTIVE METHODS ¹²	TOTAL PRODUCTS DELIVERED FY 2017-2020*
○ Combined oral contraceptives	7.3M
T Copper bearing intrauterine devices	105K
Implantable contraceptives	1.5M
	8.6M
Progestin only pills	170.6K
TOTAL NUMBER OF CONTRACEPTIVES DELIVERED	17.6M
TOTAL VALUE OF COMMODITIES	\$21.6M**

^{*}Data through Q2 of FY 2020

¹²Units of measurement for contraceptives: combined oral (cycle); implantable (implant); standard days (piece); injectable (device); condoms (piece); progestin only pills (cycle); copper-bearing intrauterine (device); emergency oral (package)



^{***}This figure represents solely the calculation of the value of commodities and does not include shipment or other associated costs.

CYP is the estimated protection provide by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp

This indicator only estimates reduction in deaths as a result of improved birth spacing. The data linking the contraceptive prevalence rate, birth spacing and child mortality is currently limited. 10GHSC-PSM's Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain. Data for this brief was pulled on May 20, 2020.

https://www.mariestopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/. Accessed March 16, 2020. The number of preventable deaths, abortions and unintended pregnancies averted is calculated by entering into the model the number of FP/RH commodities delivered by GHSC-PSM across a selected time period.