

2022 UPDATE 

FAMILY PLANNING | REPRODUCTIVE HEALTH

IMPACT BRIEF: UGANDA



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/RH 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 45.8 million.² In 2022, approximately 29.7 percent of married 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 4.7 children in her lifetime.⁴ The maternal mortality ratio is 375 per 100,000 live births in Uganda, compared to 542 in sub-Saharan Africa, on average.⁵ The child mortality rate is 43 deaths among children under 5 per 1,000 live births, compared to an average of 74 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 39.6 percent among married women aged 15 to 49 by 2022.⁷



Photo credit: GHSC-PSM

ESTIMATED HEALTH IMPACTS FROM USAID PROCUREMENT INVESTMENTS



6.4M
unintended pregnancies
PREVENTED



2M
abortions
AVERTED



11K
maternal deaths
AVERTED



152K
child deaths
AVERTED



\$434M
in direct healthcare spending
SAVED

¹ 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.

² World Bank. Population, total, Uganda (2021). <https://data.worldbank.org/indicator/SPPOP.TOTL?locations=UG> Accessed December 26, 2022.

³ Family Planning 2030 Indicator Summary Sheet: Uganda 2022 Measurement Report. https://www.track20.org/pages/participating_countries/countries_country_page.php?code=UG Accessed December 26, 2022.

⁴ World Bank. Fertility rate, total (births per woman). Uganda (2020). <https://data.worldbank.org/>

[indicator/SP.DYN.TFRT.IN?locations=UG](https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=UG) Accessed December 26, 2022.

⁵ World Health Organization (2019). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division: executive summary. <https://apps.who.int/iris/handle/10665/327596> Accessed December 23, 2022.

⁶ United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). 'Levels & Trends in Child Mortality: Report 2021'. <https://www.who.int/publications/m/item/levels-and-trends-in-child-mortality-report-2021> Accessed December 23, 2022.

⁷ Family Planning 2030. Country Fact Sheet-2022 (Uganda). https://www.track20.org/pages/participating_countries/countries_country_page.php?code=UG Accessed December 23, 2022.

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 31.2 million FP/RH products to at least 650 USAID-supported health facilities and organizations in Uganda from FY 2017-2022. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 14.9 million couple years protection⁸ and to help prevent:

- 6.4 million unintended pregnancies
- 11,000 maternal deaths
- 2 million abortions
- 152,000 child deaths⁹

These investments in contraceptives have the potential of saving approximately **\$434 million** in direct spending on healthcare¹⁰—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

To measure the impact of FP/RH programs, the indicators presented in this brief were calculated using the Impact 2 model¹¹, a socio-demographic mathematical model, using procurement data from the GHSC-PSM project database¹².

The FP/RH impact indicators, as reported in this brief, estimate the demographic, health, and economic impact of USAID’s support of contraceptives to Uganda’s health programs.

For more information, please contact PSMMonitoringandEval@ghsc-psm.org.

⁸ 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>

⁹ 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.

¹⁰ The figures are not adjusted for inflation and based on the costs of services from 2011.

¹¹ <https://www.maristopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/>. Accessed November 30, 2022. 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.

¹² GHSC-PSM’s Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain.








¹³ Units of measurement for contraceptives: combined oral (cycle); implantable (implant); standard days (piece); injectable (device); condoms (piece); progestin only pills (cycle); copper-bearing intra-uterine (device); emergency oral (package)



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

“We have seen sustained availability of different types of 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

CONTRACEPTIVE METHODS ¹³	TOTAL PRODUCTS DELIVERED FY 2017-2022*
 Combined oral contraceptives	9.3M
 Copper bearing intrauterine devices	400K
 Implantable contraceptives	2.6M
 Injectable contraceptives	17.6M
 Progestin only pills	171K
 Standard days methods	28.8K
 Female condoms	278K
TOTAL NUMBER OF CONTRACEPTIVES DELIVERED	30.4M
TOTAL VALUE OF COMMODITIES	\$40.9M*

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

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