Women’s Health Matters
Financing for Reproductive Health
Foreword

Although Uganda has taken strides to improve sexual and reproductive health indicators, the status remains appalling, especially with regard to maternal mortality and teenage pregnancy. Some of the initiatives undertaken by the Government of Uganda include the development of reproductive health investment policies and strategies and obtaining of loans to fund the procurement of essential reproductive and maternal health commodities. However, it is evident that over 90% of the funding for sexual and reproductive health programmes is from external sources, which is unsustainable.

For the last 20 years, Forum for Women in Democracy (FOWODE), a women’s rights national organization, has engaged in advocacy for increased funding to the health sector to at least 15% of annual national budgets, in line with Uganda’s commitment to the Abuja Declaration. In the last three years particularly, FOWODE has engaged in advocacy for specific budgets for family planning/sexual and reproductive health at national level and in district budgets, along with adequate funding allocations. FOWODE believes that government’s well developed strategies to improve sexual reproductive health indicators must be matched with commensurate resources to realise results.

In this publication, FOWODE provides evidence to back her advocacy efforts for increased financing of the health sector in general and family planning/sexual reproductive health and adolescent health specifically. We demonstrate the demographic, economic, environmental and general health impacts of Uganda’s investment in family planning to date, and hence justifying the need for increased funding for enhanced results. We invite you to this interesting read and hope that it will inspire you to join our “Voices for Health” campaign to end teenage
Executive Summary

Although Uganda has one of the highest maternal mortality and adolescent pregnancy rates in the world, it has a high unmet need for Family Planning and low contraceptive prevalence rate. Scaling up family planning could prevent one third of maternal deaths by allowing women to delay motherhood, avoid unintended pregnancies and subsequent abortions. Resources must be committed by government towards Family Planning and Sexual Reproductive Health for such benefits to be realized. Budget tracking becomes critical for evidence-based advocacy for improved investment in family planning and/or sexual and reproductive health programs.

The assessment, which was focused on fiscal years 2016/17 and 2017/18, sought to determine the level of government funding towards Family Planning and Sexual Reproductive Health at national level and in the two districts of Mityana and Buikwe. An impact and value for money analysis was also conducted, whose results justify the need for increased public funding for FP/ SRH.

The key findings from the assessment are:

- Government allocations to the health sector are lower than the Abuja Declaration target of 15% and have averaged 10.6% during FY 2016/17 and FY 2017/18. The current per capita allocation to health is approximately USD14, which is lower than the Health Sector Strategic Investment Plan target of USD17 and the recommended minimum allocation by World Health Organisation of USD 34 per capita.
- Over the five year period (FY 2016/17 – FY 2020/21), the largest proportion of funds for FP/SRH (51%) is expected to be contributions from development partners, while the Government of Uganda will invest only 9%.
- The budget allocations for Family Planning and Sexual Reproductive Health fall under two votes: Vote 014: Ministry of Health and Vote 116: National Medical Stores and represent less than 1% of the national health sector budget. In FY 2016/17, UGX 263 Million was allocated to Reproductive Health Division under the Community Health Department of Ministry of Health, which dropped to UGX 58 Million in FY 2017/18. Out of the UGX 263 Million allocation of FY 2016/17, only UGX 7.2 million was explicitly allocated to Family Planning services.
- The FY 2016/17 allocation of UGX 237.96 billion to Vote 116: National Medical Stores represents less than half of the total financial needs for essential medicines and health supplies for the public sector health facilities. Out of the UGX 227.66 billion, only UGX 8 billion was allocated towards procurement of maternal delivery kits and injectable contraceptives.
- Advocacy efforts of citizens and coalitions of local civil society organisations under the Voices for Health Project in Buikwe and Mityana Districts helped to raise awareness on the need to designate specific budget lines for Family Planning in District Health Budgets, as well as mobilise public resources. A notable result from this advocacy was the landmark development of Mityana District Family Planning Costed Implementation Plan 2018-2021, which guides the planning and budgeting for Family Planning interventions over the period.
- If the approved FY2017/18 budget had allocated 15% of the total budget to health, the total allocation to health per capita would be USD 32 per capita, a figure that is close to the WHO recommended of USD 34. With an increase of USD 32 per capita, more funds would be available for FP/SRH programmes, which would lead to better health impact indicators.

On the basis of the findings, we recommend that:

1) A study needs to be commissioned to determine the per capita investment required for FP and SRH information, services and commodities in Uganda. This will provide a clear benchmark for FP/SRH advocacy and a basis for tracking government’s commitment as well as progress towards improving FP/SRH and Adolescent Health indicators.
2) Projects such as the Voices for Health implemented by FOWODE in the 23 districts could be replicated in other districts to build on the successful model, such as specific budget lines with funds allocated towards Family Planning in district health budgets, as well as at health facility level.
3) Investment in FP and SRH is critical in Uganda’s current context, given the high and fast-growing population and high levels of poverty and unemployment. Expanding access to age-appropriate comprehensive sex education for adolescents and modern contraception for the married and/or persons in a union will reduce the future strain on government to effectively provide basic services for its population.
4) The Government of Uganda should invest more domestically generated resources towards FP and SRH interventions to ensure sustainability of such interventions and the improvements to health impact indicators.

Overall, a lot of advocacy effort needs to be invested at national and district level to ensure that policy makers and the technocrats in government invest in maternal health and family planning.
1.0 Introduction

Sexual and Reproductive Health and Rights (SRHR) are fundamental human rights that are central to eradicating poverty and achieving sustainable development across social, economic and environmental dimensions. SRHR – which encompass a range of issues including universal access to Sexual Reproductive Health (SRH) services and supplies, comprehensive sexuality education, ending gender-based violence and harmful practices such as early, child and forced marriage – are fundamental to the ability of all people, especially women, adolescent girls and young people, to lead full, satisfying, healthy and productive lives.

Uganda’s goal of reaching 50% of women who are married or in a union with modern contraceptive methods is ambitious and must be matched with commensurate support in the areas of human resources, financing, and political commitment from national to community levels throughout the country. The Uganda Family Planning Cost Implementation Plan (FP CIP) is estimated to cost approximately USD 235 million between 2015 and 2020 and is meant to increase the number of women in Uganda using modern contraception from approximately 1.7 million users in 2013 to 2.7 million in 2020.

The Government of Uganda (GoU) still grapples with financing the health sector budget, which has been characterized by funding gaps over the years. This has translated into poor service delivery for women and girls and low prioritization of gender and SRH issues, among others. The GoU’s expenditure on health has a percentage of the total national budget that has averaged 9%, which directly impacts on the resources available for reproductive health. This expenditure is also less than Uganda’s commitment in the Abuja Declaration of increasing the percentage of expenditure on health to at least 15% of the national budget. Consequently, GoU’s public expenditure on health is still far below the World Health Organisation and Health Sector Strategic and Investment Plan recommendations.

In 2013/14, Out of Pocket Expenditure (OOPs) accounted for 42% of total health expenditure compared to GoU’s contribution of 17.4%. Households incur a large share of Reproductive Maternal Newborn Child and Adolescent Health (RMNCH) expenditures through OOPs. In 2010, households contributed 62% and 74% of total spending on child and reproductive health respectively. This has increased household exposure to catastrophic spending on health in general and RMNCH in particular. Each year, about one million Ugandans are pushed below the poverty line as a result of paying for health care. While the government has piloted voucher schemes and implemented small scale community-prepayment programs, these efforts need to be scaled up and additional public financing mobilized to reduce high OOPs for health. The maximum recommended level of household out of pocket spending on health is 15% according to WHO.

Despite all the above, the GoU contribution towards FP and SRH is not clearly stated within the government policy documents, including the Health Sector Ministerial Policy Statements. In order to influence sexual reproductive health outcomes at both the national and local levels, accurate and evidence-based public sector FP and SRH budget information is important.

The rationale for undertaking this FP/SHR study was to determine the level of government funding towards FP/SHR at national and district level and to build a case for increased funding by undertaking an impact and value-for-money analysis. Two districts, Busia and Mityana, were purposefully selected for this study owing to the prevailing high teenage pregnancy rates, low contraception uptake and high fertility rates among the population. FOWCDE, with support from Planned Parenthood Global, has implemented a Voices for Health Project in the two districts since 2005 aimed at increasing citizen’s participation in budget advocacy for increased funding and access to FP/SHR and Adolescent Health services. The findings of this study therefore provide an evidence base for FOWCDE’s advocacy to compel the Government of Uganda to increase resource allocation for improved FP/SHR outcomes in Uganda as a whole and particularly the two districts of Mityana and Busia.

Project Title:

Coverage:
National level and 2 districts – Mityana and Busia.

Goal:
To contribute to increased budget allocation of at least two percent each for Family Planning and Youth Friendly Services in Busia and Mityana districts and at the national level.

Objectives:
1. To establish Village Budget Clubs (VBCs) in Busia and Mityana districts and build the capacities of 80 members to advocate for increased resource allocation for, and access to Family Planning and Youth Friendly Services.
2. To strengthen the skills and capacity of CSOs/CBOs to mobilize, raise awareness and advocate for increased budgetary allocations for Family Planning and Sexual and Reproductive Health (SRH) services and improved service delivery.
3. To build the capacity of legislators at national and district levels to prioritize and allocate funds for Family Planning and Sexual and Reproductive Health services.
2.0 Methods

The eleven-step guide to budget tracking was used to determine the funds allocated to reproductive health at national and district level and in Mityana and Busia districts. A desk review of documents was conducted, including the Health Sector Ministerial Policy Statements for FY 2016/17 and FY 2017/18, approved health sector budgets for FY 2016/17 and FY 2017/18; and approved district work plans for Busia and Mityana Districts for FY 2016/17 and FY 2017/18 respectively.

Key informant interviews were also held with selected stakeholders at national and district level, including the assistant commissioner for health services (Reproductive Health - RH), the Reproductive Health Commodity Security (RHCS) coordinator, the FP focal person of Ministry of Health (MOH), the MOPPD Health desk officer, Health officers and officers from the resource centre (HMS) and Planning division of the MOH.

3.0 Context

The poor SRH indicators notwithstanding, the Government of Uganda has demonstrated a commitment to improve the FP/SRHR status of its population. Uganda made a commitment at the 2017 London Family Planning summit to allocate USD 5 million towards procurement of contraceptives. Uganda also committed to increasing financing for the health sector to 15% of the national budget by 2030 in accordance with the Updated Global Strategy for Women’s Children’s and Adolescent’s Health (2016-2030). Furthermore, the country has translated the global commitments into two key policy documents, namely the Uganda Family Planning Costed Implementation Plan 2015-2020 and the Uganda RMNCAH Sharpened Plan 2016/17-2019/20. The Health Sector Development Plan 2016/17-2020/21 similarly prioritizes sexual reproductive health.

With regard to funding for FP/SRH, Uganda is among the countries that have benefitted from the Global Financing Facility (GFF). Funds have been mobilized to implement the Uganda Reproductive Maternal and Child Health Services Improvement Project 2016-2022, which includes a loan worth USD 116 million from the International Development Association (IDA) and a grant worth USD 30 million from the multi-donor trust fund for the Global Financing Facility (GFF) in support of “Every Woman and Every Child.”
Busia District Context: According to the 2014 population census, Busia district has a population of 329,002 people, of which 51.7% are female. Females aged approximately 22.5% of the households in Busia district. The percentage of adolescents who have begun childbearing stands at 30.4% compared to the national average of 24.8%. The modern contraceptive prevalence rate stands at 34.7% compared to the national average of 36% for currently married women or women in union. The teenage pregnancy rate among girls aged 15-19 is 29.5%, compared to the national average of 29%. The district experiences a high unmet need for family planning (30.4%) and a high maternal mortality ratio of 405 per 100,000 live births.

Mityana District Context: According to the 2014 population census, Mityana district has a population of 328,504 people, of which 45.6% are female. Females aged approximately 23.8% of the households in Mityana district. The percentage of adolescents who have begun childbearing stands at 30% compared to the national average of 24.8%. The modern contraceptive prevalence rate stands at 42.3% compared to the national average of 36% for currently married women or women in union. Teenage pregnancies of girls aged 15-19 years is 30.3% compared to the national average of 25%. The region has a high prevalence of women who have ever experienced sexual violence standing at 23% compared to the national average of 21.9%. The district experiences a high unmet need for family planning (24%).

3.1 Coverage of Sexual Reproductive Health Services

The coverage, quality of care and the widest equity gaps within the continuum of care are predominantly clinic-based. RUCAN interventions and notably care around the time of birth when the mortality risk is highest. It is thus pertinent for not only to raise the coverage of all interventions, but also to concurrently invest in RMNCAH if the country and districts are to converge mortality rates for the richest and poorest and the educated and uneducated people.

Coverage interventions along the continuum of care

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unmet need for modern contraception</td>
<td>34%</td>
</tr>
<tr>
<td>Modern contraceptive Prevalence Rate</td>
<td>40%</td>
</tr>
<tr>
<td>Teenage Pregnancy Rate</td>
<td>24%</td>
</tr>
<tr>
<td>Women with problems accessing health</td>
<td>66%</td>
</tr>
<tr>
<td>First ANC visit in 1st trimester</td>
<td>21%</td>
</tr>
<tr>
<td>Women attending 4+ ANC visits anytime</td>
<td>41%</td>
</tr>
<tr>
<td>Pregnant women taking 2+ dose IPT</td>
<td>25%</td>
</tr>
<tr>
<td>Maternal antenatal referral</td>
<td>55%</td>
</tr>
<tr>
<td>Pregnant women told about PMTCT</td>
<td>47%</td>
</tr>
<tr>
<td>Pregnant women sleeping under ITNs</td>
<td>47%</td>
</tr>
<tr>
<td>Institutional deliveries</td>
<td>58%</td>
</tr>
<tr>
<td>Coverage of skilled - trained staff</td>
<td>31%</td>
</tr>
</tbody>
</table>

The highest rates of coverage are reflected during the stage of pregnancy (maternal antiretroviral treatment for PMTCT - 85% and pregnant women sleeping under insecticide treated nets - 84%). Institutional deliveries are slightly over half (58%) of the total deliveries and only 55% of the health facilities offer emergency obstetric and neonatal care. The statistics relating to prenatal care are low with only 21% of the women attending their first ANC visit during the first trimester, while less than half (47%) of the pregnant women attend ANC visits for four or more times anytime during the pregnancy. 30% of the women of reproductive age utilise modern contraception and the unmet need for modern contraception among married women stands at 34%.

3.2 Rights, Equity and Gender Balance

Discrimination against women and girls including gender based violence, economic exclusion and the lack of appropriate and affordable reproductive health services are common problems in Uganda. Unequal access to healthcare services between women and men exists and largely stems from unequal power relations that influence decision making on health seeking behaviour. Women still lack full control of their own fertility, which is determined by their spouses and sociocultural norms and practices.

Coverage and mortality disparities in residence, education level, age and poverty levels are markers of injustice in society and are indicators of weaknesses in the capacity of the public health system to address the needs of the most vulnerable individuals in society. Sexual and Gender Based Violence (SGBV) in Uganda is high with 60% of women having experienced violence compared to 33% of men. One in four women report that their first sexual intercourse was forced against their will (Uganda Demographic and Health Survey – UDHS, 2016).  

**Sexual Violence**

Percent of women and men aged 15-49

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever experienced sexual violence</td>
<td>22%</td>
<td>8%</td>
</tr>
<tr>
<td>Experienced sexual violence in the last 12 months</td>
<td>13%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: UDHS 2016

Based on the most recent UDHS report of 2016, women in Uganda are more than twice as likely to experience sexual violence as men. More than 1 in 5 women aged 15-49 years (22%) reported that they have experienced sexual violence at some point in time compared to fewer than 1 in 10 (8%) men. 13% of the women and 4% of the men respectively reported to have experienced sexual violence in the 12 months preceding the UDHS 2016 survey. Only 5% of adolescent girls aged 15-19 years are likely to report an experience of sexual violence compared to older women (13%). (UDHS, 2015). Despite the enactment of the Domestic Violence Act 2011 and related provisions in the Penal Code Act, the problem of gender-based violence still remains a bottleneck in Uganda. Addressing domestic violence and particularly sexual violence requires concerted effort from diverse stakeholders in the legal, health, psychosocial and security spheres. The Government of Uganda needs to express its commitment to address sexual gender based violence by committing financial resources under a dedicated budget line within the Ministry of Gender, Labour and Social Development, Ministry of Health, Ministry of Justice and Ministry of Internal Affairs.

4.0 Financing Needs for Family Planning and Sexual Reproductive Health in Uganda

The Ministry of Health RMNCAH resource mapping study of March 2017 estimates that a total of USD 11.1 billion will be committed to RMNCAH activities over the five year period FY 2016/17-FY 2020/21. The largest proportion (91%) is anticipated to be contributed by donors, while the Government of Uganda will contribute USD 86 million (9%). The base year for resource mapping was FY 2016/17 with a projection of a 6% increase in resources committed per year for the next 5 years. The resources committed for FY 2016/17 were USD 201 million and increased to USD 211.3 in FY 2017/18.
FP prioritization – GoU policy

<table>
<thead>
<tr>
<th>FP 2015-2020</th>
<th>FP 2020-2022</th>
<th>FP 2023-2028</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2015</td>
<td>2016-2020</td>
<td>2021-2028</td>
</tr>
<tr>
<td>USD 21.3bn</td>
<td>USD 25.2bn</td>
<td>USD 30.9bn</td>
</tr>
<tr>
<td>(61%)</td>
<td>(62%)</td>
<td>(62%)</td>
</tr>
</tbody>
</table>

Source: Author's summary of policy documents

The Government of Uganda has obtained USD 110 million credit from IDA and anticipates to receive USD 30 million from GEF to implement the Uganda Reproductive, Maternal, Child and Adolescent Health services (RMNCAH) Improvement Project 2017-2021. Under the RMNCAH improvement Project, USD 10 million has been allocated towards procurement of essential RMNCAH commodities for both public and private sector providers. The essential commodities to be procured include maternal kits, manual vacuum aspiration kits, commodities for integrated community childhood management and contraceptives.

Table 1 shows the resources that were committed to family planning, maternal health, gender and adolescent health for FY 2017/18. The table reveals that the bulk of funds for FP/SAH were contributed by development partners and that Government of Uganda (including the two districts of Bussa and Mitinya) did not commit specific funds towards adolescent health.

<table>
<thead>
<tr>
<th>Funding source</th>
<th>Family Planning</th>
<th>Maternal Health</th>
<th>Gender</th>
<th>Adolescent Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOU</td>
<td>UGX 4.5 Billion (USD 1.3 Million)</td>
<td>UGX 6.9 Billion (USD 1.9 Million)</td>
<td>USD 0.189</td>
<td>D</td>
</tr>
<tr>
<td>Development partners</td>
<td>USD 19.5 million</td>
<td>USD 29.9 Million</td>
<td>USD 31.4</td>
<td>USD 0.14 million</td>
</tr>
<tr>
<td>Bussa district</td>
<td>USD 0.120 million</td>
<td>USD 0.513 million</td>
<td>USD 0.30</td>
<td>D</td>
</tr>
<tr>
<td>Mitinya district</td>
<td>USD 0.108</td>
<td>USD 0.292</td>
<td>USD 0.15</td>
<td>D</td>
</tr>
</tbody>
</table>

Source: The MoH RMNCAH resource mapping report, March 2017-27

5.0 National Health Budget Allocations

The health budget as a percentage of the national budget declined from 8.0% in FY 2016/17 to 8.3% in FY 2017/18 contrary to the Abuja Declaration minimum target of 15%. However, GOU, in the updated Global Strategy for Reproductive, Maternal, New born, Child and Adolescent Health 2016-2030, has committed to work towards achieving the Abuja Declaration target by 2030. Although the MOH strategic investment target is USD 17, the current per capita allocation to health is approximately USD 14. The Macroeconomic and Health department of WHO recommends a minimum allocation of USD 64 per capita to health for the effective delivery of basic health services.
A detailed analysis of the approved Ministry of Health work plans for FY 2016/17 and FY 2017/18 revealed that the Reproductive Health Division, under the Community Health Department, was allocated UGX 263 million in FY 2016/17 and UGX 288 million in FY 2017/18. The sharp drop in the allocation between FY 2016/17 and FY 2017/18 was attributed to the change in government policy, which mandated all government ministries to cease planning and budgeting for workshops with effect from FY 2017/18.

In FY 2017/18, the Reproductive Health Division explicitly allocated UGX 74 million towards Family planning (Output description: Conduct follow up and monitoring visits on FP and Reproductive Health commodity security). However, other Reproductive Health Division activities in the work plan reflect integrated SRHR activities including family planning. In FY 2015/17 the Reproductive Health Division also made an explicit budget allocation of UGX 44 million to address Gender Based Violence (Output description: Use of support supervision checklist for SRH/GBV services).

Out of the UGX 263 million allocated to the Reproductive Health Division in FY 2016/17, a total of UGX 72 million was allocated towards the implementation of activities directly related to Family Planning (Output description: Increased number of new users of FP through promotion of and access to FP services).

5.1 National level budget allocation to Sexual and Reproductive Health

The budget allocations for SRH within the health sector are mainly under two votes: Vote 014 Ministry of Health and Vote 015 National Medical Stores. For FY 2017/18, NMS did not utilise the NMS SRH commodities budget to procure contraceptives due to the overstock of injectable contraceptives in the public sector.

According to the Ministry of Health RMNCAH Resource Mapping report of 2017, the donors allocated USD 19.5 million for FP programming, USD 25.9 million for maternal health and USD 140.000 for adolescent health at national level, compared to an allocation of USD 1.3 million (UGX 45 billion) for FP and USD 19 million (UGX 59 billion) for maternal health by the Government of Uganda FY 2016/17. These figures reveal that the improvement of Uganda’s FP and SRH outcomes is heavily dependent on external funding.
6.0 District level budget allocations to Family Planning

A review of the budget of Busia District for FY 2016/17 revealed that the district did not have a specific budget line for family planning. Similarly, no family planning activities were explicitly outlined in the FY 2016/17 district work plan. All activities related to family planning were implemented under Reproductive Health. In FY 2016/17, Busia allocated UGX 1.8 million (approximately 0.1%) of the district health budget to reproductive health. The planned activity associated with the budget allocation was stated as “hold radio talk shows on immunisation and reproductive health etc.” However, following FOWODE advocacy work under the Voices for Health Project in Masaba Sub County local government, an allocation of UGX 200,000 was earmarked for training women in RM issues, rights and nutrition in the sub county budget for FY 2018/19.

In Mityana district, there was marked commitment to funding FP programs through the institution of a designated budget line for family planning, which was allocated UGX 3.2 million (0.1% of the district budget) for FY 2016/17. The district work plan for FY 2016/17 also explicitly specified a family planning activity: “community mobilisation and sensitisation on values of FP and access” targeting adolescents, couples, adult men and women. The responsibility for carrying out this activity was assigned to the Assistant District Health Officer (maternal and child health) and the funds allocated were earmarked to cover costs and allowances of health staff respectively. As a result of FOWODE’s advocacy under the Voices for Health project in Mityana districts, 22 public health facilities were committed to allocate UGX 15.8 Million towards maternal health and particularly family planning for FY 2017/18.

In the RMCAH resource tracking report, 2017, Busia District was allocated USD 1277.1 for FP and USD 582.059 for maternal health interventions respectively, which are to be funded by development partners. The same report indicates allocations of USD 126,230 for FP and USD 512.544 for maternal health, also expected to be funded by development partners in Mityana District.

<table>
<thead>
<tr>
<th>District allocations to Family Planning/ Reproductive Health: in FY 2010/11</th>
<th>Busia District (UGX)</th>
<th>Mityana District (UGX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning Budget</td>
<td>0</td>
<td>320,000</td>
</tr>
<tr>
<td>RH budget</td>
<td>1,600,000</td>
<td>4,000,000</td>
</tr>
<tr>
<td>Health Budget</td>
<td>2,800,000</td>
<td>4,000,000</td>
</tr>
<tr>
<td>District Budget</td>
<td>21,022,000</td>
<td>22,000,000</td>
</tr>
<tr>
<td>Percentage allocation to Health from district Budget</td>
<td>12%</td>
<td>20%</td>
</tr>
<tr>
<td>Percentage allocation to RH from Health Budget</td>
<td>0</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

6.1 Quantities and value of contraceptives distributed in FY 2017/18

Whereas the value of reproductive health commodities distributed to Busia District health facilities by Government was equivalent to 2.4% of the district health budget, the total allocation to reproductive health programming was less than 1% of the district health budget.

In Mityana district, the total allocation to reproductive health as a percentage of the total district health budget was less than 1%, while the total government contribution to reproductive health commodities distributed in Mityana health facilities was worth 4.4% of the district allocation to reproductive health.

<table>
<thead>
<tr>
<th>Contraceptives and selected RH Commodity distributed to Busia and Mityana Districts FY 2016/17</th>
<th>Quantity</th>
<th>Busia District (UGX)</th>
<th>Mityana District (UGX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Delivery Kits</td>
<td>2,472 kits</td>
<td>43,000,000</td>
<td>43,000,000</td>
</tr>
<tr>
<td>Meproproges</td>
<td>4,000 tabs</td>
<td>2,000,000</td>
<td>3,000,000</td>
</tr>
<tr>
<td>Methyloxpristone acetate 50 mg/ml with Syringes</td>
<td>440 vials</td>
<td>1,400,000</td>
<td>1,400,000</td>
</tr>
<tr>
<td>Lmenvonorl and 1.5 mg tab</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Eunogestrel 50mg Implant (Implanon)</td>
<td>80 implants</td>
<td>800,000</td>
<td>800,000</td>
</tr>
<tr>
<td>Ethynodrel 0.10mg – Levonorgestrel 0.25 mg (3 cycles)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Condoms</td>
<td>113,760 pieces</td>
<td>11,850,000</td>
<td>7,014,000</td>
</tr>
<tr>
<td>Total Cost</td>
<td>68.3 Million</td>
<td>158.6 Million</td>
<td></td>
</tr>
</tbody>
</table>

Source: MNS Distribution report FY 2016/17
7.0 Family Planning Impact and Value for Money

**National Level:**
In FY 2016/17, the Ministry of Health-HMIS reported to have delivered 927,012 Couple Years of Protection (CYPs). Based on the CYPs, the Marie Stopes International (MSI) Impact Calculator was used to determine the impact of family planning services and value for money. Family Planning Impact and Value for money are measured by the demographic and health impact, general health impact, and economic and environmental impact as shown in the illustrative diagrams below. The economic impact reveals that Uganda made a cost saving of USD 70.9 million as a result of the CYPs delivered in FY 2016/17.

**District Level:**
Mityana District in FY 2016/17, the HMIS of Mityana District reported to have delivered 114,423 Couple Years of Protection (CYPs). Based on the CYPs, the MSI impact calculator was used to determine the impact of FP interventions and value for money. The illustration below depicts the family planning impact and value for money in Mityana District respectively. The economic impact reveals that Mityana District made a cost saving of USD 8.9 million as a result of the CYPs delivered in FY 2016/17.

**Busia District:** In FY 2016/17, the Busia HMIS reported delivering 102,659 Couple Years of Protection (CYPs). Based on the CYPs, the MSI impact calculator was used to determine the impact of FP services and value for money. The illustration below depicts the family planning impact and value for money in Busia District. The economic impact reveals that Busia District made a cost saving of USD 78 million as a result of the CYPs delivered in FY 2016/17.

---

District Level:
Mityana District: In FY 2016/17, the HMIS of Mityana District reported to have delivered 114,423 Couple Years of Protection (CYPs). Based on the CYPs, the MSI impact calculator was used to determine the impact of FP interventions and value for money. The illustration below depicts the family planning impact and value for money in Mityana District respectively. The economic impact reveals that Mityana District made a cost saving of USD 8.9 million as a result of the CYPs delivered in FY 2016/17.

District Level:
Mityana District: In FY 2016/17, the HMIS of Mityana District reported to have delivered 114,423 Couple Years of Protection (CYPs). Based on the CYPs, the MSI impact calculator was used to determine the impact of FP interventions and value for money. The illustration below depicts the family planning impact and value for money in Mityana District respectively. The economic impact reveals that Mityana District made a cost saving of USD 8.9 million as a result of the CYPs delivered in FY 2016/17.

**7.1 Justification for increasing the health sector budget allocation to 15% of the national budget**

The approved budget for the health sector in FY 2017/18 was US$ 1,324.1mn (8.3%) of the total government budget, implying a per capita allocation of US$ 14 per capita. This is lower than the Health Sector Development Plan 2015-2020 target of US$ 17 and the WHO recommendation of US$ 34. If the approved FY2017/18 budget had allocated 15% of the total budget to health, the total allocation to health per capita would be US$ 32 per capita, a figure that is close to the WHO recommendation of US$ 34. With an investment of US$ 32 per capita, more funds would be available for FP/SRH programmes and the health impact figures above would reflect a better and improved health of the population.

---

*Annual report 2016/17*
8.0 Conclusions

Family Planning and Sexual Reproductive Health needs for Uganda have been determined using different costing methods. However, the most recent estimate for the RMNCAH investment case puts the need for implementation of RMNCAH at USD 621 over a five-year period. The more accurate forecast of the need for RMNCAH commodities is found in the MOH RMNCAH forecast and quantification report 2016, which puts the total cost for RMNCAH commodities at USD 136.4 million for the period 2016-2021.

Although the Government of Uganda has developed the Health Financing Strategy, the Results Based Financing Strategy and the RMNCAH Basket Funding Strategy, this study has revealed that the same level of prioritisation of FP and SRH specified in policy documents is not reflected in budgeting processes at both national and district level. The bulk of funding for FP/SRH commodities and services and, ultimately, the anticipated improvements to FP/SRH indicators in Uganda heavily relies on external funding from development partners, which is not sustainable.

Despite maternal health problems being the largest contributor to the burden of disease in Uganda, the national allocation to Reproductive Health stands at less than 1% of the health sector budget and the allocation to RH commodities on VII 1.6 amounts to 3%. It is not easy to determine the actual investment in FP and SRH programs by government because most of the services at health facility level are integrated, making it difficult to isolate specific time and costs allocated to FP and SRH.

Under the Voices for Health Project, FOWODE empowered community groups in Busia and Myanya with skills to track the distribution and use of FP/SRH commodities at rural health facilities, assess the quality of FP/SRH services, and address the training and funding of FP/SRH interventions in district budgets. FOWODE also initiated Family Planning Civil Society Networks in Busia and Myanya, which provided a platform for district-level coordination of FP/SRH interventions and the building of a collective voice of advocacy for increased financing and improved service delivery for FP/SRH. The advocacy at district level, which was also amplified by FOWODE at national level, appears to have helped raise awareness and mobilise public sector resources. Notable results from this advocacy include the landmark development of the Myanya District Family Planning Costed Implementation Plan 2015-2021, which guides the planning and budgeting for FP/SRH interventions over the period. Specific budget line allocations towards FP can also be traced in district budget frameworks and in the budgets of some health facilities in the two districts.

Overall, this study has revealed the prevailing gaps in public financing for FP/SRH and demonstrated the demographic, economic, environmental and general health impacts of investing in family planning. Evidence has also revealed that citizen and civil society advocacy at district and national level can play a fundamental role in financing public financing for FP/SRH and should thus be replicated for enhanced results.

8.1 Recommendations

On the basis of the study findings, we recommend that:

- A study needs to be commissioned to determine the per capita investment required for FP and SRH information, services and commodities. This will provide a clear benchmark for FP/SRH advocacy and a basis for tracking government’s commitment as well as progress towards improving FP and SRH indicators.

- FP and SRH budget advocacy is strong at national level and this has been amplified with the establishment of the National FP Budget Advocacy Working Group, whose secretariat is seated at the National Population Council (NPC). However, FP and SRH budget advocacy at district level remains sporadic and is selected on project districts of Uganda. Project such as the Voices for Health Project implemented by FOWODE in the two districts could be replicated in other districts to build on the successes registered.

- Investment in FP and SRH is critical in Uganda’s context and given the high and fast-growing population and high levels of poverty and unemployment. Expanding access to age-appropriate, comprehensive sexuality education for adolescents and modern contraception for the married and/or persons in a union will reduce the future strain on government to effectively provide basic services for its population.

- The current allocations for FP and SRH are not commensurate to the overall need. There is need for concerted efforts to advocate for increased budget allocation to the health sector in general and specifically FP/SRH and Adolescent Health interventions to finance information, commodities and services. The Government of Uganda should also commit more domestically generated resources towards FP and SRH.
References


The investment case for the RMNOH Sharpened Plan 2016-2021.


World Health Organization (WHO), GME and HSSIP.