



# FAMILY PLANNING IN UGANDA

## Saving Lives, Saving Money

June 2018

### CURRENTLY IN UGANDA...

- On average, women will have 5.4 children over their lifetimes
- 35% of married women use modern contraception, up from 26% in 2011
- Only 4% of married family planning users use traditional methods of contraception, which tend to be less effective than modern methods
- Most married women who use modern contraceptive methods rely on short-acting methods, particularly contraceptive injectables, which are not as cost-effective as long-acting methods, such as implants and intrauterine contraceptive devices
- 28% of married women do not want to have a child soon, but are not using family planning
- 35% of women have not heard or seen family planning messages through any media source in the past few months

Source: Uganda Demographic and Health Survey 2016

### CONTEXT

The Ministry of Health launched Uganda's Family Planning Costed Implementation Plan (CIP) in 2014, with the goal of increasing the use of modern methods of family planning from 26 percent of married women in 2011 to 50 percent by 2020.<sup>1</sup> Improving access to family planning is a crucial part of Uganda's commitment to reduce maternal mortality and improve economic well-being. **For Uganda to meet its goal—enabling 50 percent of married women to use modern contraception—greater access to, and use of, rights-based family planning services is needed.**

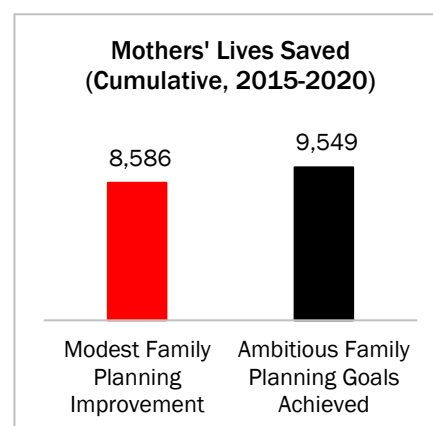
In 2014, the Ugandan Ministry of Health identified educating the population, improving access to family planning for all (with a focus on youth), and delivering commodities and services as key investments to achieve the CIP's family planning contraceptive use and method mix goals.<sup>2</sup> These interventions would not only increase family planning access and use, but would also save lives while reducing healthcare costs.

The information presented in this brief is from the ImpactNow model applied by stakeholders in Uganda. It estimates health and economic benefits of reaching the ambitious modern contraceptive prevalence rate (mCPR) goal—and method mix goals—compared to more modest mCPR growth (with mCPR increasing at the same rate as it has in recent years) and the method mix remaining constant from 2016.

### FAMILY PLANNING SAVES LIVES

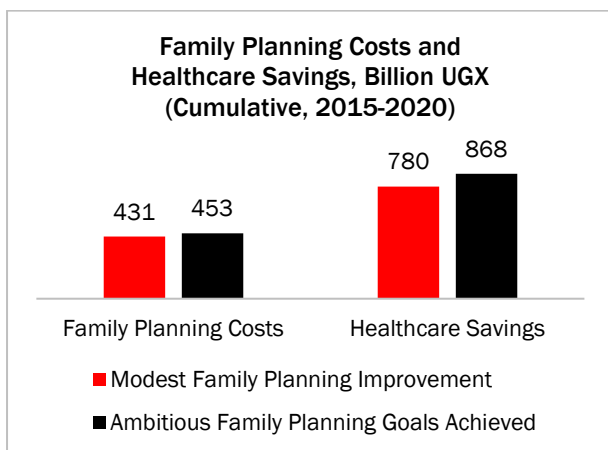
Risks of illness and death for women and their children are affected by the number of times a woman is pregnant and the timing of those pregnancies. Women who are younger than 18 or older than 34, those with more than three children, and those whose births are closely spaced (less than two years apart) are at greater risk for complications, which affect the survival of both the mother and child.<sup>3</sup>

In Uganda, 336 mothers die from pregnancy-related causes per 100,000 live births.<sup>4</sup> Reaching the CIP mCPR goal and method mix goals is expected to lead to **9,549 mothers' lives saved from 2015–2020**—963 more than if these family planning goals are not met.<sup>5</sup>

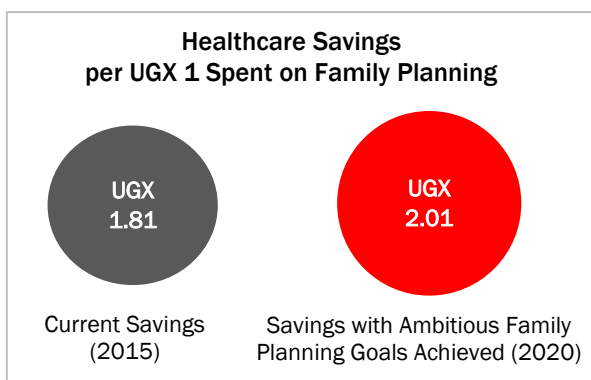


## FAMILY PLANNING IS COST-EFFECTIVE AND SAVES MONEY

Unintended pregnancies carry associated healthcare costs, including the cost of antenatal and delivery services, as well as postpartum care for the mother, and routine healthcare for the infant. If family planning goals are achieved, Uganda would **save 868 billion Ugandan shillings (UGX) in maternal and infant healthcare expenses by 2020—an additional UGX 88 billion more than if these family planning goals are not achieved**. In comparison, the family planning costs to achieve these goals are much less, at UGX 453 billion. The additional healthcare savings of UGX 88 billion comes from an additional family planning investment of just UGX 22 billion.<sup>6</sup>



Expanding method choice and enabling a greater percentage of family planning users to use more cost-effective methods, such as long-acting and permanent methods, would ultimately lead to lower costs for family planning programs and the health system overall. Today, every 1 shilling spent on family planning in Uganda saves UGX 1.81 in maternal and infant health costs. Achieving a method mix with greater use of long-acting methods would **increase the savings to UGX 2.01 per UGX 1 spent by 2020**.<sup>7</sup>



## YES WE CAN!

Investing in family planning leads to lives saved as well as savings for the healthcare system. For Uganda to meet its CIP goal of 50 percent of married women using family planning—and for the country to benefit from the sizeable health and economic benefits that contraceptive use offers—in alignment with the CIP, the government should ensure:

- Funds that the national and local governments budget for family planning increase and are released/spent in a timely manner
- Training for public- and private-sector family planning providers is scaled-up, especially for the provision of long-acting methods
- Task sharing is rolled out nationwide to enable rural and underserved populations to have access to a full range of contraceptive methods
- Youth-responsive adolescent sexual and reproductive health services are scaled up across facilities
- Facility-level commodity reporting is improved
- Integration of family planning into HIV and reproductive, maternal, neonatal, child, and adolescent health services is strengthened

## NOTES

1 Uganda Ministry of Health [Uganda]. 2014. *Uganda Family Planning Costed Implementation Plan, 2015-2020*.

2 Ibid.

3 Cleland, J., A. Conde-Agudelo, H. Peterson, J. Ross, and A. Tsui. 2012. "Contraception and Health." *Lancet* 380(9837): 149-156.

4 Uganda Bureau of Statistics (UBOS) and ICF. 2018. *Uganda Demographic and Health Survey 2016*. Kampala, Uganda and Rockville, Maryland, USA: UBOS and ICF.

5 Health Policy Project, U.S. Agency for International Development, and Marie Stopes International. 2014. *ImpactNow Model*. Washington, DC: Futures Group, Health Policy Project.

(Through the Advance Family Planning project—in collaboration with the Ministry of Health and National Population Council—Palladium, Partners in Population and Development Africa Regional Office, Reproductive Health Uganda, and partners applied the ImpactNow model in Uganda in 2017.)

6 Ibid.

7 Ibid.

Photo Credit: Reproductive Health Uganda