



RESOURCE FLOWS SURVEY ON FAMILY PLANNING IN UGANDA, 2019

MAIN REPORT



FOREWORD

With the Nairobi Summit on International Conference on Population and Development (ICPD25) galvanizing partnerships and having spurred political and financial commitments to complete the unfinished business of the landmark ICPD Programme of Action and to achieve the Sustainable Development Goals (SDGs) by 2030, this survey report on resource flows on family planning in Uganda is timely indeed. It provides the Government of Uganda and its development and implementing partners an opportunity for stock-taking and tracking the realization of the renewed financial commitments towards family planning.

The Government of Uganda updated its commitment at the Family Planning Summit in London, UK on July 11, 2017 and during the Nairobi ICPD25 summit with its revised targets to reduce unmet need for family planning to 10 percent and increase the modern contraceptive prevalence rate among all women to 50 percent by 2022. The Government further committed to leveraging annually \$20 million from its development partners, the domestic and international private sectors to bridge the funding gap for executing its Family Planning Costed Implementation Plan; and allocate \$ 5 million annually for procurement and distribution of RH/FP supplies and commodities to the last mile.

Continued mobilization of domestic resources through the government and private sector, and targeting these resources to those most in need has the potential to fill funding gaps and address financial barriers to access family planning services. UNFPA has supported development of the district FP-CIPs to facilitate prioritisation of FP integration in district development plans and budget framework papers for mobilisation of domestic resources. We commend the Uganda Bureau of Statistics for conducting the survey, and the UK government for the financial support.



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PREFACE

One of the Health sector objectives in the National Development Plan (NDP II) 2015/16 – 2019/20 is to contribute to the production of a healthy human capital through provision of equitable, safe and sustainable health services. This is in line with goal three and goal five of the Sustainable Development Goals (SDGs) 2030 Agenda that advocate for universal access to sexual and reproductive health-care services, including Family Planning (FP), information and education, and the integration of reproductive health into national strategies and programmes by 2030. This, therefore, shows that the Government of Uganda recognises the contribution of FP to the social economic transformation of the country.

The Ministry of Health and other stakeholders have developed initiatives geared towards achievement of these development frameworks. However, some of these interventions lack adequate information for monitoring. It's in this regard that the Uganda Bureau of Statistics (UBOS) supported by the United Nations Population Fund (UNFPA) conducts an annual Resource Flows Survey to track the flow of funds towards Family Planning activities in Uganda.

The survey collects information on funds received for Family Planning and expenditures towards Family Planning methods and services. The information is mainly used for advocacy and mobilization of resources towards implementation of the International Conference on Population and Development- Programme of Action (ICPD – PoA) and achievement of Family Planning goal 2020 by development partners and other stakeholders.

Special thanks go to the UK Aid from the United Kingdom government for the financial support through United Nations Population Fund (UNFPA), the Netherlands Interdisciplinary Demographic Institute (NIDI) and the Ministry of Health for technical guidance in implementation of the Survey and the data collectors for ensuring that complete and accurate data was collected.

The Uganda Bureau of statistics appreciates all respondents including Government, Non-Government Organisations (NGOs) and Corporations for providing the necessary information. The Bureau therefore calls upon Development Partners, Government Ministries, Departments and Agencies (MDAs), Civil Society Organisations and the general public to utilize the findings for making decisions on Family Planning resource allocation initiatives in Uganda.

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LIST OF ACRONYMS

ACCA	Association of Chartered Certified Accountants
AMREF	African Medical Research Foundation
CAPI	Computer Assisted Personal Interviewing
CPA	Certified Public Accountant
DFID	Department for International Development
DHMIS	District Health Management Information System
FBOs	Faith Based Organizations
FP	Family Planning
FY	Financial Year
HC	Health Centre
HEPS	Coalition for Health Promotion and Social and Development
ICPD	International Conference on Population and Development
IUDs	Intrauterine Device
MDAs	Ministries, Development partners and Agencies
MoFPED	Ministry of Finance, Planning and Economic Development
MoH	Ministry of Health
MRC	Medical Research Council
NDP	National Development Plan
NGOs	Non-Government Organisations
NIDI	Netherlands Interdisciplinary Demographic Institute
NMS	National Medical Stores
PoA	Programme of Action
PPS	Population Proportional to Size
PSI	Population Services International
RFS	Resource Flows Survey
SDA	Seventh Day Adventist
SDGs	Sustainable Development Goals
SDM	Standard Days Method
UBOS	Uganda Bureau of Statistics
UCMB	Uganda Catholic Medical Bureau
UDHS	Uganda Demographic and Health Survey
UGX	Uganda Currency
UHMG	Uganda Health Marketing Group
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WVI	World Vision International

EXECUTIVE SUMMARY

Statistical information on resource flows for Family Planning within a country is critical for evidence-based policy and decision making in the Health sector. The information is also critical for monitoring progress in achievement of Government commitments to FP service provision in Uganda. The Uganda Bureau of Statistics (UBOS) has been conducting the annual Resource Flows Survey (RFS) in Uganda since 2011.

Survey coverage

The 2019 RFS covered all institutions undertaking Family Planning (FP) activities namely; Government Ministries, Department and Agencies (MDA), Non-Government Organisations (NGO), Importers of Contraceptives and Private Health facilities in 41 of the 128 districts in Uganda. Field data collection was spread over a 3 month period from October 2019 to December 2019. A total of 632 institutions were covered including 528 private health facilities scientifically selected from 41 districts. The Survey focused on income received and domestic expenditures on Family Planning activities in the calendar year 2018. The incomes and expenditures from the sampled health facilities were weighted to represent the national estimates.

Income received and spent on Family Planning activities in Uganda

The 2018 Resource Flows Survey on Family Planning in Uganda revealed that about UGX 149 Billion was received for Family Planning (FP) activities in 2018; having increased from about UGX 106 Billion received in 2017. International organisations remained the main source of income for Family Planning activities in Uganda accounting for 61 percent (UGX 91 Billion) of the total income received in 2018. Domestic sources and own funding account to 39% an equivalent of about UGX 58 Billion.

FP funds absorption was reported at about 98 percent. Contraceptives, medicine & other consumables constituted the largest proportion (25%) of Family Planning expenditure, followed by monitoring and research (14%) while internal service staff cost took a share of 11%. Condoms were the most purchased contraceptives commodities accounting for 30 percent of the total expenditure on all commodities.

CHAPTER ONE

INTRODUCTION

1.1 Overview

Uganda Bureau of Statistics (UBOS) conducts the Resource Flow Survey (RFS) in a joint collaboration between the United Nations Population Fund (UNFPA) and the Netherlands Interdisciplinary Demographic Institute (NIDI) funded by UNFPA. A similar survey is undertaken in other countries committed to 2020 Family planning global partnership. It is conducted in line with the declarations of the 1994 International Conference on Population and Development (ICPD) that was held in Cairo to develop new approaches to manage population issues.

As a follow up the associated Programme of Action (PoA) was adopted to provide estimates on the levels of national resources and international assistance required for implementation of programmes that support the ICPD population activities. Governments were therefore requested to include in their budgets the resources geared towards FP. It's from this conference that the idea of carrying out the Resource Flows Survey was mooted to compile and report on both international and domestic incomes and expenditures on population activities in developing countries.

UBOS has conducted annual RFS since 2011. The latest RFS was carried out in 2019 but provides funding estimates for the calendar year 2018 towards Family Planning activities. One of the main objectives of carrying out RFS is to estimate additional resources required to reach the Family Planning goal 2020. Family Planning 2020 (FP2020) is a global partnership that supports the rights of women and girls to decide freely, and for themselves, whether, when, and how many children they want to have. One of the targets of FP2020 is to enable 120 million more women and girls to use contraceptives by 2020.

1.2 Survey objectives

The main objective of the 2019 RFS on Family Planning was to collect data on income and domestic expenditure towards Family Planning activities in Uganda. The results are also used to estimate additional resources required to reach the Family Planning goal 2020. Specifically, the survey aimed:

- i. To establish how much income was received for FP services by source of funding (domestic, own and international) within the public and private sector.
- ii. To determine recurrent and capital Family Planning expenditures within the public and private sector.
- iii. To estimate Government expenditures towards FP from the national budget

1.3 Justification of the Study

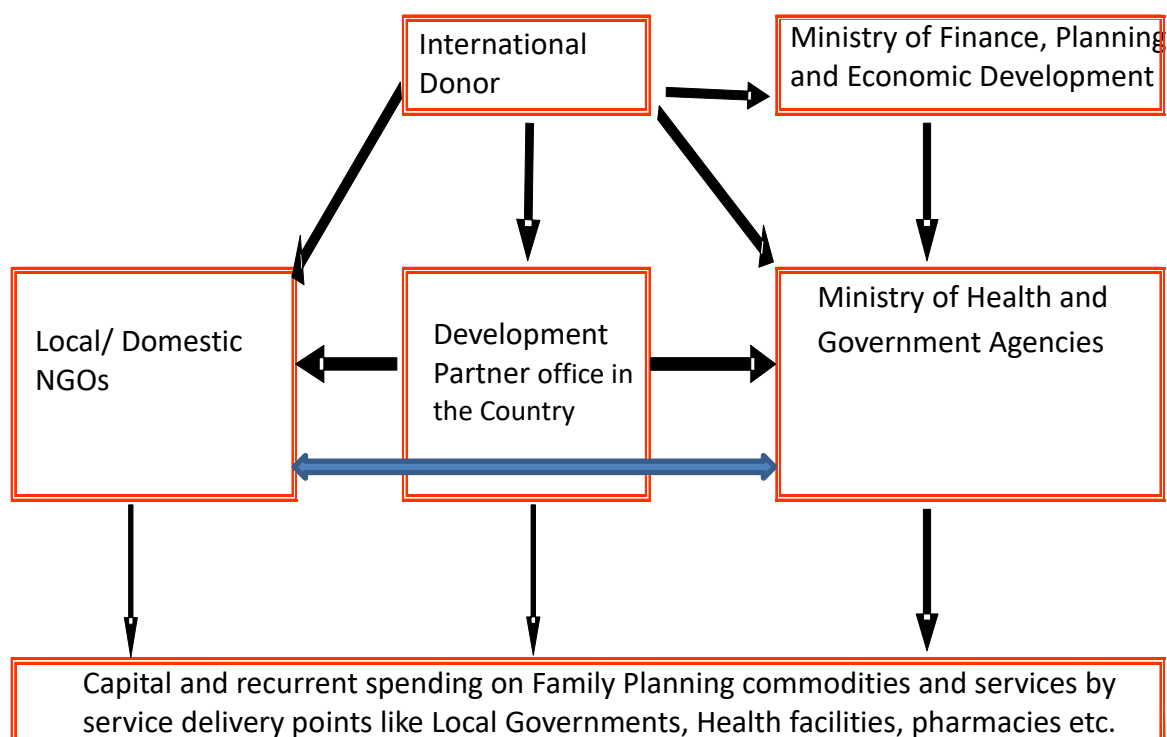
The Government of Uganda recognizes the contribution of FP to the social economic transformation of the country through Uganda's Vision 2040. It aims at transforming the country from a predominantly low economy to a competitive upper middle-income country with a per capita income of USD 9,500. This is envisaged to happen if among others the Total Fertility Rate is reduced to 2.5 children per woman from 5.4 children per woman (UDHS, 2016). One of the ways of reducing Total Fertility Rate is by increased uptake of contraceptives.

The findings from this study are used for advocacy and mobilization of resources geared towards the achievement of Family Planning goal 2020. It is also useful in monitoring targets outlined in international and national development frameworks and the Uganda Family Planning Costed Implementation Plan 2015-2020.

1.4 Financial flows of Family Planning resources in Uganda

Uganda uses a Sector Wide Approach (SWAP) in which Government and development partners finance reproductive health activities more especially the procurement of contraceptives. These resources are channeled through the public sector (Government MDA) or private sector (NGOs and other service delivery points like health facilities). Figure 1.1 shows an overview of FP financial flows in Uganda.

Figure 1.1: Financial Flow of FP resources (In cash or in kind) in Uganda



As shown in Figure 1.1, the FP income is mainly from government and donors.

1.4.1 Supply Chain of Family Planning Commodities in the Public Sector

When FP commodities are procured by government, they are forwarded to either National Medical Stores or Joint Medical Stores (JMS) for distribution to public and Private Not for Profit Health Facilities. The final users then obtain the contraceptives free of charge or at a subsidized fee.

1.4.2 Supply Chain of Family Planning Commodities in the Private Sector

The private sector includes NGOs (Private Not for Profit - PNFP) namely; Faith Based Organisations, Private for Profit (PFP) Institutions, Pharmacies, and Local Associations. These institutions benefit from the Alternative Distribution Strategy put in place by the Ministry of Health. The Joint Medical Stores is responsible for distributing the commodities to private institutions. Some buy directly from the open market and hence they procure FP commodities from whole sale pharmacies and some FP marketing organizations like Marie Stopes at subsidized prices. The FP user then pays cash directly to the Private for Profit

(PFP) institutions for the FP services while in the Private Not for Profit (PNFP) institutions, services are for free or obtained at subsidized prices.

1.5 Status of Family Planning in Uganda

UBOS conducts Uganda Demographic and Health Surveys (UDHS) after every five years. The latest UDHS was done in 2016. The key findings on Family Planning were as follows;

- 1) Contraceptive prevalence rate among married women in the reproductive age group (15-49 years) was 39 percent while modern contraceptive use was 35 percent.
- 2) The total demand for FP among married women in Uganda was 67 percent (40 percent for spacing and 27 percent for limiting the number of children). The unmet need for Family Planning was 28 percent.
- 3) Injectables and Implants were the most commonly used modern FP methods at six percent and only four percent used a traditional method.
- 4) The public sector is the main source of modern contraceptives contributing to 59%
- 5) Over two-thirds (64%) of nonusers of FP methods intended to use in the future hence the need to increase funding towards FP service provision.

1.6 Structure of the report

This report is organized into four chapters. Chapter 1 gives an overview of the survey while Chapter 2 provides information on methodology used. Chapter 3 presents some of the key survey findings and finally, Chapter 4 highlights challenges faced, recommendations, lessons learnt and conclusion.

CHAPTER TWO

SURVEY METHODOLOGY

2.1 Introduction

This chapter provides an overview of the methodology used during the 2019 Resource Flows Survey showing income and expenditure on Family Planning activities in 2018 in Uganda. The chapter presents details on Scope and Coverage, Sampling design used, response rate, Survey process and Quality Control measures used right from the preparatory activities up to analysis.

2.2 Scope and Coverage

This subsection outlines the survey coverage and scope.

2.2.1 Coverage

The selection of organizations that participated in this survey followed the Netherlands Interdisciplinary Demographic Institute (NIDI) guidelines which specify that coverage should be as complete as possible ensuring that all major players in the field of Family Planning are included. Organizations that have high expenditures on FP should not be left out. Therefore, the institutions that were covered in the 2019 RFS include:

1. Pharmacies and agencies that import FP commodities
2. A sample of private health facilities (Hospitals and Health Centres II, III and IV—) that offered Family Planning in 2018. The Health Management Information System (HMIS) database was used to develop the private health facilities sampling frame. Every RFS draws a separate sample from a list of institutions available in that particular year.
3. Government MDAs and NGOs (Non-Profit Institutions) that offer FP services
Referral hospitals were visited because of their uniqueness in receiving funds from the government (have a direct vote). It should be noted however, that the public health facilities below referral hospitals were not visited because they do not receive funds directly from the government.

2.2.2 Scope

The survey collected primary data on funds received and spent on FP services within the public and private sectors. The public sector comprises of Government Ministries, Departments and Agencies involved in provision of Family Planning services. The private sector on the other hand included Non-Profit Institutions or Non-Government Organizations, Private Health Facilities, Pharmacies and Agencies that Import contraceptives.

2.2.3 Survey questionnaires

The 2019 RFS on FP used a set of three questionnaires each with an accompanying manual of instructions. These were developed by NIDI but customized and modified by UBOS in consultation with stakeholders. The questionnaires were revised to minimize the overlap in reporting of incomes and expenditures by financial year and calendar year. They were standardized to have only one reporting period (either quarterly or calendar year). The information collected was on income received by source, funds absorption by type (recurrent expenses and capital investment), specific FP programme expenditure details, expenditure on contraceptives by commodity, and future expected expenditures.

The survey questionnaires included:

- 1) National Consultant questionnaire which was filled in by UBOS-lead implementing agency. This provided information on average price of contraceptives from administrative sources.
- 2) Public Sector questionnaire which was filled in by Government MDAs providing information on the income received and spent on FP activities.
- 3) Private Sector questionnaire that included;
 - i. Non-Government Organisations (Non-Profit Institutions) questionnaire which was administered to NGOs, Universities, Foundations among others.
 - ii. Corporations' questionnaire providing information on the income received and spent on FP activities by Private for Profit agencies like private hospitals and Pharmacies. Corporations in this survey refer to the private providers of Family Planning services namely sterilization and FP control.

Face to face interviews were conducted with the respondents and Computer Assisted

Personal Interviews (CAPI) were used when collecting information from the sampled Private Health Facilities.

2.3 Sampling design

The sampling frame was developed based on a harmonized list of FP implementing partners in the country. Various lists of FP implementing partners exist within: UBOS, National Population Council, UNFPA, Uganda Revenue Authority, National Drugs Authority and Ministry of Health database. One consolidated list was compiled from these lists and this is what was used as a sampling frame. From this list all implementing partners were purposively selected making a total of 12 Government MDAs, 80 NGOs and 12 agencies that import FP contraceptives were sampled (see appendix for list of sampled institutions).

In addition, a sample of private health facilities was selected from a frame of Private Health Care Facilities (HFs) that provided Family Planning services as of December 2018 in 133 districts. This frame was obtained from the Ministry of Health -Health Management Information System (HMIS). It comprised of 2,082 Private Health Facilities. A nationally representative sample was obtained taking into account non-response rates. A sample of 528 private Health Facilities was selected following a two-stage stratified sampling design.

A total of 41 districts were selected using Probability Proportional to Size (PPS) of Family Planning users in each district. All districts were grouped into 15 sub regions of similar socio-economic characteristics prior to sampling. These included; North Buganda, South Buganda, Kampala, Ankole, Bukedi, Busoga, Acholi, Lango, West Nile, Bunyoro, Kigezi, Tooro, Teso, Elgon and Karamoja.

In the second stage, the health centre IIs were sampled from each selected district using PPS. However, all hospitals, health centre IVs, and health centre IIIs within the selected districts were automatically included in the sample (because they were few). A nationally representative sample was obtained taking into account non-response rates. Table 2.1 shows the number of private health facilities selected by district. In total 528 health facilities were selected from 41 districts. Overall a total of 632 organizations (12 MDAs, 80 NGOs, 12 Pharmacies and 528 private health facilities) were covered during the 2019 Resource Flows Survey on Family Planning.

Table 2.1: Number of sampled Private Health Facilities by District.

District	Sampled health facilities
Apac	4
Arua	2
Buhweju	4
Buikwe	2
Bukomansimbi	4
Bushenyi	6
Gulu	15
Hoima	5
Ibanda	15
Iganga	21
Jinja	18
Kabarole	5
Kakumiro	6
Kalungu	1
Kampala	65
Kamuli	15
Kanungu	13
Kapchorwa	2
Kasese	10
Kassanda	1
Kayunga	3
Kiboga	2
Lira	13
Luwero	5
Mbale	16
Mbarara	3
Mityana	4
Mpigi	2
Mubende	4
Mukono	2
Nakasongola	2
Namisindwa	4
Namutumba	4
Nebbi	3
Obongi	7
Oyam	13
Rukungiri	8
Sembabule	2
Sironko	6
Tororo	4
Wakiso	46
Grand Total	528

2.4 Response Rates

The stakeholders' workshop which was held to discuss the content of the questionnaires and importance of the FP information played a big role in minimizing the non-response rate. This is because most of the stakeholders were invited and they eventually responded. Table 2.2 shows that the survey yielded a response rate of 87 percent with the least response rate (73%) realized among NGOs. This was majorly attributed to the fact that some of the NGOs had been closed due to expired licenses by government. There is need to re-organize the list of all NGOs that provide FP services.

Table 2.2: Distribution of the 2018 Resource Flows Survey Institutions and their Response Status by category.

Institution category	Number of Selected Institutions	Number of institutions Interviewed	Response Rate
Government Ministries, Departments and Agencies (MDAs)	12	12	100
NGOs (Non-Profit Institutions)	80	58	72.5
Corporations			
Pharmacies and Organisations that import FP commodities	12	10	83.3
Private Health Facilities	528	470	89.0
Grand Total	632	550	87.0

2.5 Survey process

Data from Resource Flows Surveys on FP undergoes several stages before analysis and sharing of the final findings. The survey process follows UBOS standards and guidelines for conducting censuses and surveys. The data also must be submitted to NIDI for verification and approval.

2.5.1 Stakeholder Consultations

UBOS held a one-day stakeholders' consultative workshop for FP implementing partners. The purpose of this workshop was to incorporate the changes in the questionnaire as earlier requested. Partners were also to agree on the reporting period (calendar year versus

financial year). The meeting resolved to use calendar year and also introduce quarterly reporting that subsequently add up to calendar year. A data validation workshop was held to validate the information collected.

2.5.2 Training of field staff

The 2019 RFS on FP data collection was conducted by 22 Research Assistants and 5 Supervisors. They underwent training for three days on PAPI and two days on CAPI, data collection techniques at institutional level and two days for field practice. They were introduced to the survey questionnaire content (concepts and data requirements), completeness and ensuring accuracy of the data collected.

2.5.3 Field Work

Prior to the start of data collection; UBOS and Ministry of Health (MoH) provided the field staff with introductory letters to the selected institutions requesting their focal persons (respondents) to cooperate and provide the required data.

Soft and hard copies of the questionnaires were used upon request by respondents. In some institutions questionnaires were delivered and appropriate date(s) for filling or collection of the tools were scheduled. Data from health facilities was by use of Computer Assisted Personal Interviews (CAPI) and paper questionnaires in cases where the system failed. The data collectors continuously followed up the focal persons through phone calls and physical visits to guide them in filling in the questionnaire. UBOS supervisors and MoH FP focal persons made desk calls to institutions that had refused or were reluctant to provide information. The data collection lasted for a period of about three months from October to December 2019.

2.5.4 Data Processing and management

After data collection, data from Health Facilities was sent directly to the UBOS server and converted to a statistical software STATA. Data from NGOs and Government MDAs were captured into MS Excel and processed (cleaned and analysed) using STATA. Data was edited following standard data editing guidelines and desk calls were made to institutions

where figures could not add up to the expected. For each filled paper questionnaire, an Excel version was reproduced and shared with NIDI.

2.6 Quality Control

In order to reduce on the non-response rate and improve data quality, the following methods were undertaken:

- 1) A sensitisation workshop was held for participating institutions to demystify the survey tools and the importance of the information collected.
- 2) All field staff underwent a three-days training on the questionnaire content and survey procedures. During data collection, a progress review meeting was held to check progress and address any issues arising in order to achieve the survey objectives.
- 3) Supervisors checked on survey progress per field staff to ensure that work is done within the allocated time and also checked for completeness, consistency and plausibility of the data collected. They also addressed any needs or challenges faced by the field staff.
- 4) The CAPI were used for data collection from the health facilities. This had inbuilt checks to ensure accuracy and consistency in the data provided.
- 5) A data validation workshop was held for ownership of the survey findings at institutional and national levels to build consensus about the results of the situation of FP funding in Uganda.

CHAPTER THREE

SURVEY FINDINGS

3.1 Introduction

Over the years from 2011 to 2018, the RFS questionnaires have changed as a result of adjustments and exclusions of some existing questions and sections as well as modification in the methodology with respect to coverage of the private institutions. In the 2018 round of the survey, caution should be taken when comparing with other survey years because the results show two accounting periods calendar year and financial years separated but this survey shows only calendar year. After holding the consultative meeting, it was resolved that one reporting period be adopted in 2019 Resource Flow Survey because of an overlap in reporting both financial and calendar periods. Therefore, the questionnaires were modified in a way that one could report by quarter or calendar year and either way all led to a calendar year as a period of reporting. This chapter therefore presents some of the key findings on Family Planning financing within Uganda based on data that was collected from organisations that implemented FP activities during the calendar year 2018.

3.2 Financial Flows for Family Planning activities in Uganda

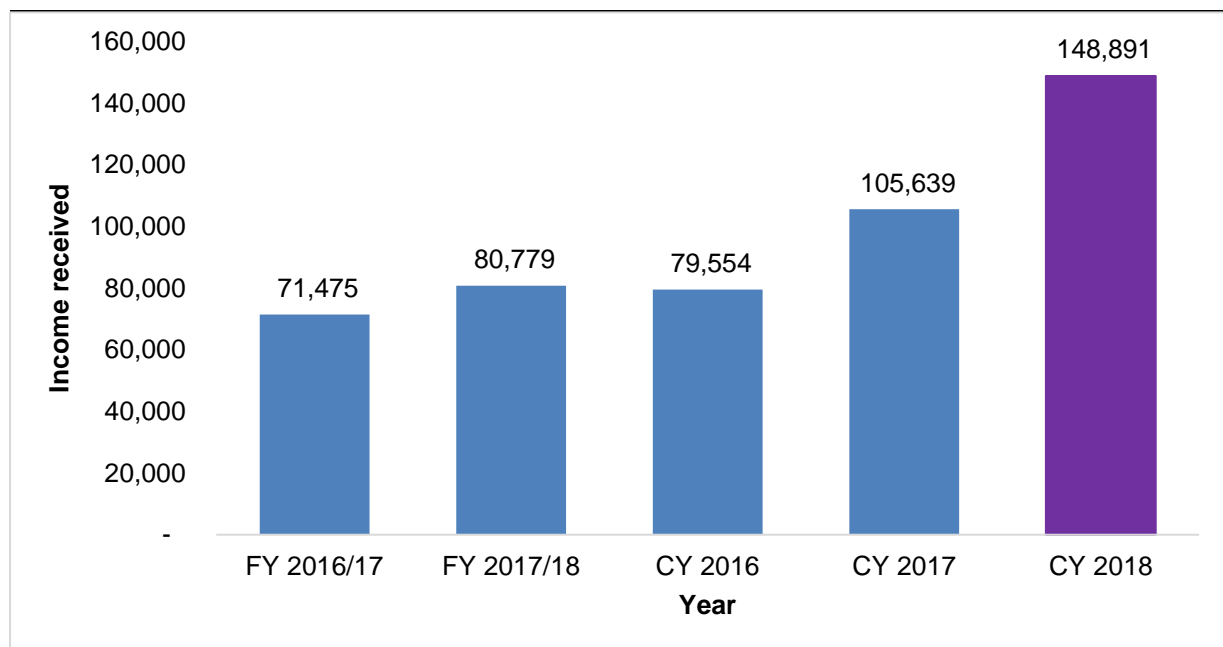
Uganda has a Family Planning Costed Implementation Plan (FP-CIP 2015-2020) whose cost for the 5-year period is UGX 622 Billion (US \$235.8 million). In 2018 the FP-CIP was valued at about UGX 142.9 Billion (\$39.7 million). The survey shows that about UGX 149 Billion was received with more than 60% being donor funds.

3.2.1 Income Received for FP services

To estimate the income received for FP activities in 2018, institutions were asked about the total funds received by source and recurrent and capital expenditures. Figure 3.1 shows that in 2018, about UGX 149 Billion was received for Family Planning activities. There was a slight increase in the amount received for family planning. This is an

indication that the government of Uganda and its partners are committed to increasing funding for family planning activities.

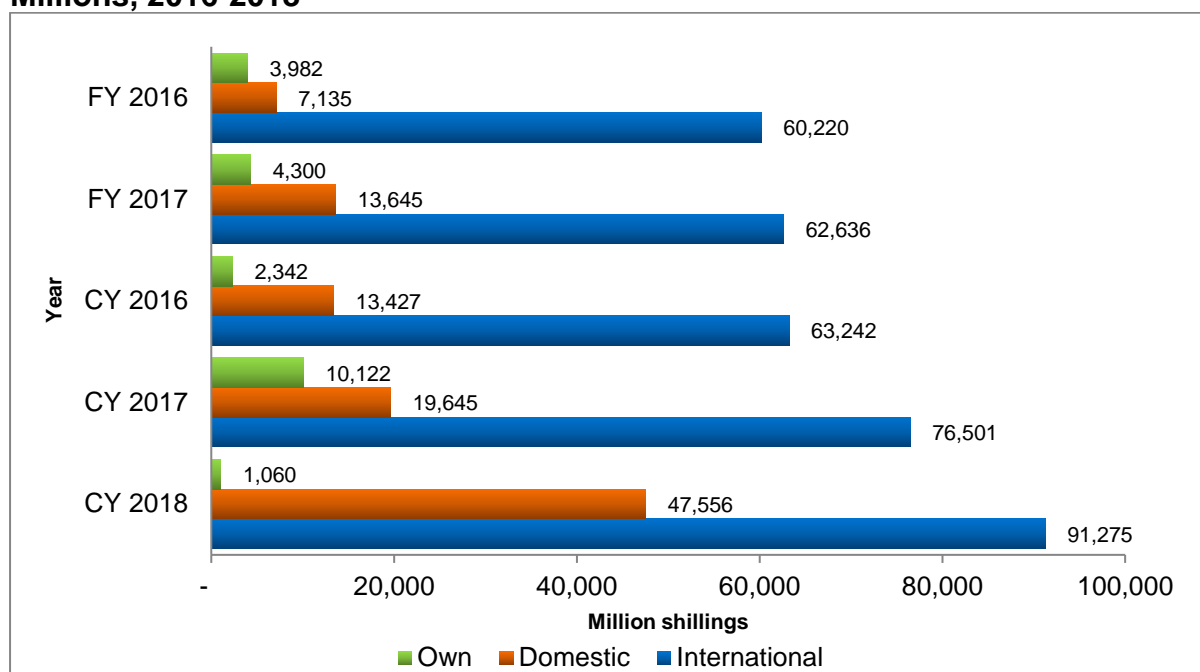
Figure 3.1: Total Income Received for FP Services, (UGX 'Millions)



3.2.2 Source of funding for FP services

The successful implementation of the FP programmes requires concerted and coordinated efforts among all players. The survey established the sources of funding for Family Planning activities in the country. These included government, donors and own contributions. International organizations remain the main source of income for Family Planning activities in Uganda. In 2018 Donors contributed to about Shs 91 Billion an increase from UGX 77 Billion in 2017, representing 61 percent of the total income received (UGX 149 Billion). Resources mobilized within Uganda (both domestic sources and own income) for FP activities was about UGX 59 Billion an increase from 29 Billion in 2017.

Figure 3. 2: Source of income Received for Family Planning Activities in Millions, 2016-2018



* own income means any income generated from own sources e.g. contributions, profits, user fees, interest earned on endowments, or forms of cost recovery.

3.2.3 The major Public implementers of FP activities

The flow of FP funds is complex in nature. Donors provide funds directly to government and implementing partners with whom they carry out their activities. Similarly, some funds that government received from donors is passed on to the same implementing partners making difficult to know exactly the source of the funds. The results showed that public institutions that receive FP funds are Ministry of Health (UGX. 52 billion), National Medical Stores (UGX 7 billion) and Mulago hospital (UGX. 6 billion).

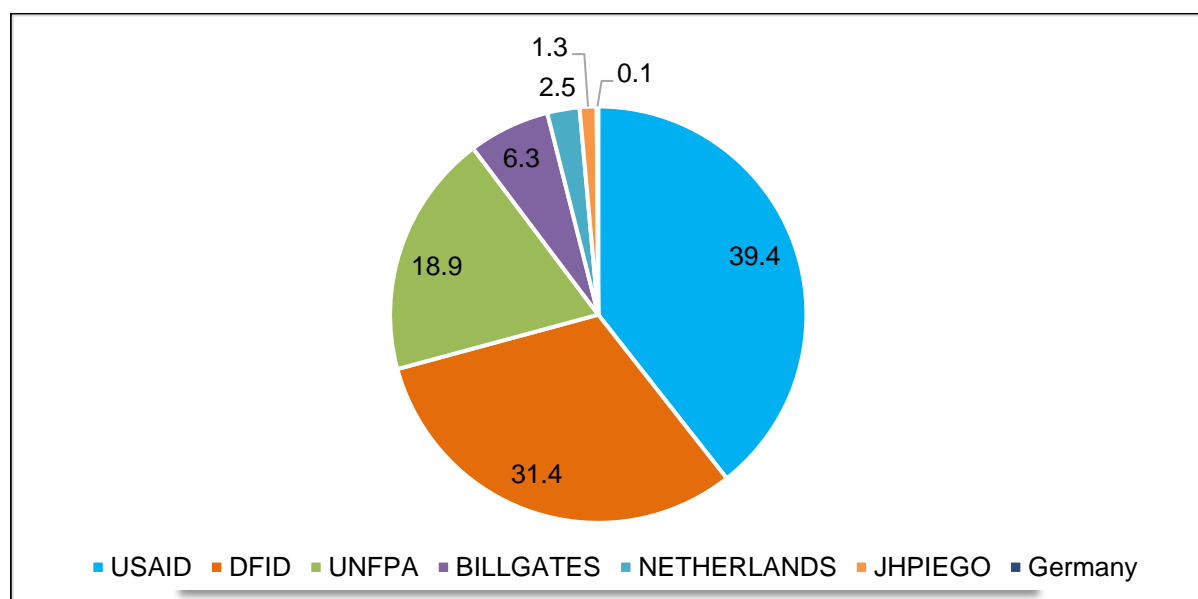
3.2.4 The major Private implementers of FP activities

The results show that out of UGX 149 Billion received in Uganda, Marie Stopes remained the major private institution that received the greatest share of about 27 Billion representing 18% of the total income received. The other private institutions that received more than one billion shillings include: Population Service International Uganda (PSI), Joint Medical Stores, All health foundation, Clinton Health Access Initiative (CHAI), World vision, and Communication for Development Foundation Uganda.

3.2.5 The major donors to FP activities

Donors play a very important role in financing FP activities in Uganda. The results show that they contributed 61% of all incomes received for FP activities. Among the donors, USAID is the major contributor (39%) followed by DFID (31%) and then UNFPA (19%).

Figure 3.3: Percentage share of FP by donor

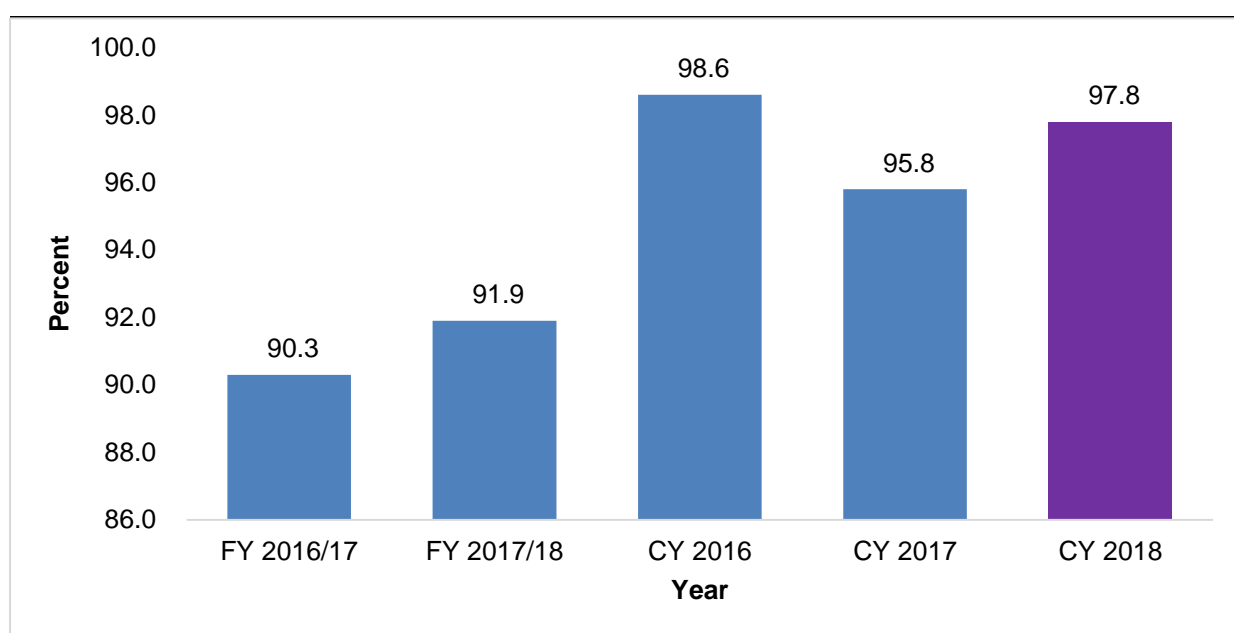


3.3 Total Expenditure on Family Planning

Total expenditure refers to both spent recurrent activities and capital development. Recurrent expenditure are expenses that periodically occur to produce FP services and which are fully consumed during the provision of these services. They include salaries, contraceptives, medicine and other consumables, logistics, electricity among others. Capital development is the acquisition of capital goods (durable goods) which are used in the provision of FP methods and services and last longer than one year. E.g. a car, furniture, computers, medical equipment, etc

The rate at which FP funds are absorbed sometimes determines effective service delivery if they are used efficiently. Figure 3.4 shows the absorption rates for FP resources. About UGX 149 Billion received for Family Planning services in 2018, 98 percent (UGX 146 Billion) was utilized on FP activities both for capital development and recurrent expenses.

Figure 3.4: Percentage of FP Income spent on FP service provision



3.3.1 Expenditure by Sector

Most of the FP resource is channeled through the private sector. Out of 146 Billion spent on FP activities about UGX 78 Billion was spent by the private sector reflecting about 54% of all incomes spent. Ministry of Health and National medical stores are the major public organizations that receive and spend FP resources.

3.3.2 Recurrent and Capital development expenditure

Table 3.1 shows that about 99% of the total income received is spent on FP recurrent expenses. About a quarter of the expenditure (25%) was spent on Contraceptives, medicine, and other consumables an increase from 12% reported in 2017. Other notable expenses were on monitoring, Evaluation and Research (14%) and Internal service staff cost (11%). There is an increase in expenses on capacity building/training, policy development and advocacy between 2017 and 2018.

Table 3. 1: Percentage distribution of FP expenditures by service, 2016-2018

FAMILY PLANNING EXPENDITURES	2016	2017	2018
Recurrent Expenses			
Internal service staff costs	35.2	27.5	11.0
Contraceptives, medicine & other consumables	25.5	11.7	25.4
Information, Education and Communication (IEC)	9.2	7.7	6.9
Logistics/transportation of contraceptives etc.	8.0	12.1	3.4
Management Information System (MIS) and Health Information	5.5	2.7	7.7
Program Management Staff costs	3.6	7.5	7.1
Capacity building/training	3	3.7	9.3
Other Recurrent expenses	2.8	3.2	3.5
Operational expenditures	2.3	7.8	4.0
Policy Development and Advocacy	1.9	2.4	5.6
Monitoring, Evaluation and Research	1.8	11.3	14.4
Outsourcing of services	0.6	0.2	0.6
Capital Expenses			
Infrastructure and Upgrading of Facilities	0.2	1.9	0.5
Equipment	0.1	0.2	0.5
Total	100	100	100

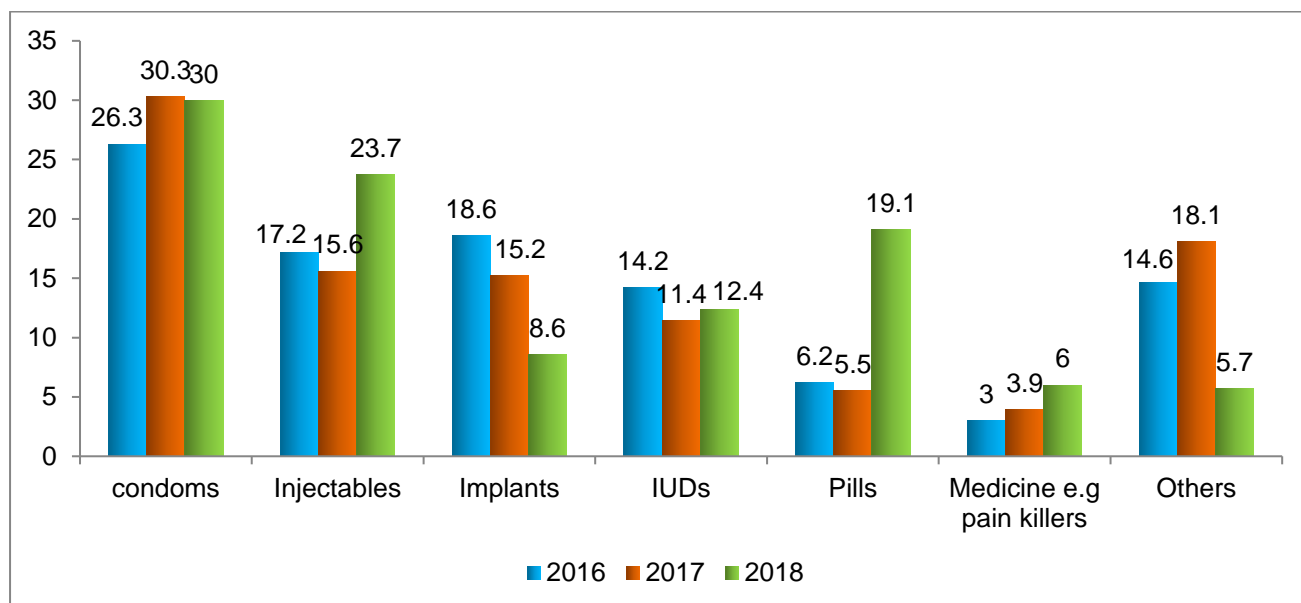
3.3.4 Family Planning expenditure on consumables

A country that has a high proportion of women using long term contraceptive methods is more likely to reap the benefits of Family Planning if FP methods are easily accessible and affordable.

Reducing investments in short acting methods and increasing investments in long acting reversible methods is cost effective for the country. For institutions that reported purchase or provision of contraceptives, medicine and other consumables (retailed and provided by government); a detailed breakdown showing percentage distribution of this expenditure by the FP consumables was required.

Of the organizations that reported having spent on purchase of contraceptives, medicine and other consumables, Figure 3.5 shows that expenditure on condoms still contributes a greatest share (30% in 2018) of FP funds. There was a general reduction in the proportion of funds spent on LARCs between 2016 and 2018 however a twofold increase was observed on injectables from 16% in 2017 to 24% in 2018.

Figure 3. 5: Percentage distribution of expenses on consumables by type of commodity purchased, 2016-2018



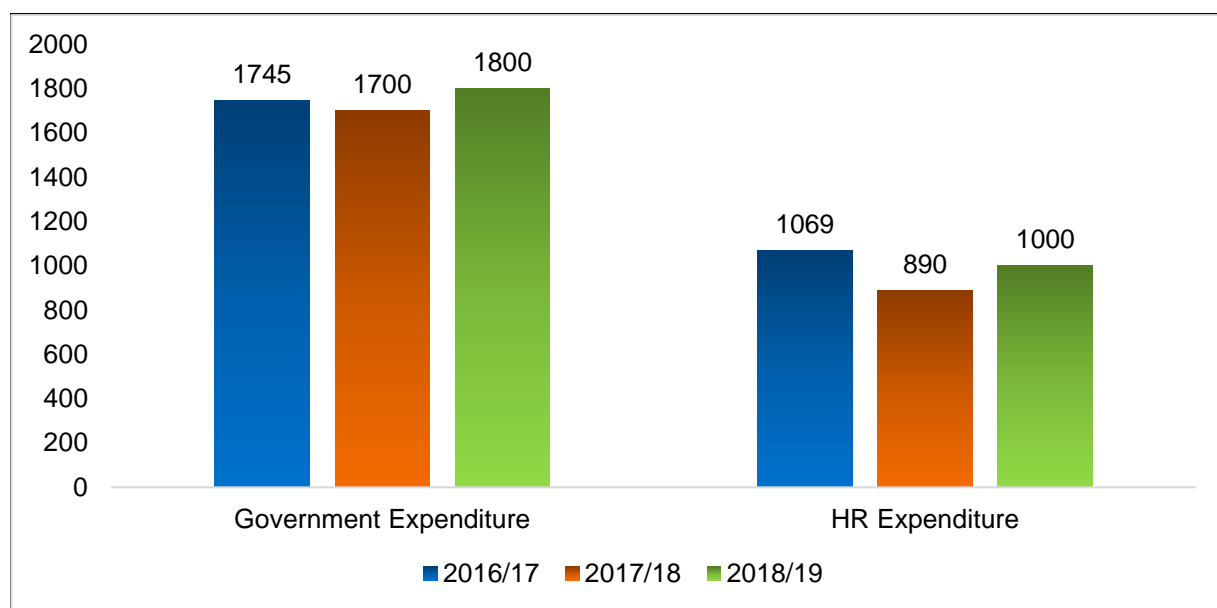
3.4 Expenditure towards FP activities from the National budget

In 2017 at the Family Planning summit in London, the government of Uganda renewed her commitments to;

- 1) Raise \$20 million annually to bridge the funding gap in the Family Planning Costed Implementation Plan (CIP) through continued partnership with development agencies, private sector, bi-lateral and multi-lateral institutions
- 2) Allocate \$5 million annually for the next five years for procurement and distribution of a range of FP supplies and RH commodities to the last mile.

Family planning as a budget component is under Reproductive Health (RH) budget. The RH budget covers family planning, adolescent reproductive health, maternal, newborn and child health and others. The Government of Uganda changed policy of disbursement of funds for RH commodities to vote 116 at National Medical Stores (NMS) unlike before when funds used to be requisitioned by the Ministry of Health from MOFPED and then NMS would requisition from MOH. This policy shift meant that all funds for procurement of essential medicines are fully spent. However, FP has remained underfunded overtime in the national budget. Out of UGX 16 Billion received under RH budget for 2018/19 about UGX 1.8 Billion is spent on FP supplies reflecting less than 10% of the RH budget and UGX 1.0 Billion was spent on human resource (Figure 3.6).

Figure 3.6: Expenditure on Family Planning Activities from National budget, 2016/17-2018/19, (UGX 'Millions)



3.5 Summary of key findings

The total income received for Family Planning activities increased from UGX 106 Billion in 2017 to UGX 149 Billion in 2018. Resources mobilized within Uganda (both domestic sources and own income) for FP activities was about UGX 59 Billion an increase from 29 Billion in 2017. International organisations remained the main source of income for Family Planning activities in Uganda accounting for 61% (UGX 91 Billion) of the total income received. FP funds absorption was reported at 98%. Out of UGX 16 Billion received under RH budget for 2018/19 about UGX 1.5 Billion is spent on FP supplies reflecting less than 10% of the RH budget and UGX 1.3 Billion was spent on human resource.

Contraceptives, medicine and other consumables constituted the greatest share (25%) of the total expenditure followed by monitoring and research (14%). Internal service staff costs accounted for 11% a drop from 28% in 2017. Condoms remain the most purchased contraceptive in 2018 (30%) followed by injectables (24%). The donor community remains the main funders of FP activities in Uganda contributing to 61% of all incomes received.

CHAPTER FOUR

CHALLENGES, LESSONS LEARNT, CONCLUSION AND RECOMMENDATIONS

4.1 Challenges faced and Action taken

In the process of implementing the RFS on FP, a number of challenges were realized. Below is a summary of the challenges with the corresponding mitigation measures undertaken.

- (i) In the previous surveys there was an overlap in reporting the findings because both financial and calendar information was requested. This made comparisons of findings difficult. A questionnaire was harmonized to have only one reporting period i.e by calendar year.
- (ii) There is a financial flow of funds between donors and the implementing partner therefore to apportion a particular donor to specific funds received is sometimes a problem. This challenge can only be solved when donors reveal which other donors they interact with.
- (iii) Some organisations are hesitant to provide information about the sources of income. They wish to make their funders anonymous. UBOS in collaboration with Ministry of Health endeavored to sensitize these organisations to fully provide the information required.
- (iv) The majority of health facilities provide Family Planning methods free of charge and costing the services they provide specifically on FP given that they render other services in addition is challenging. Obtaining the value for FP commodities received in kind is difficult because interviewers use the market price when actually they would have used the whole sale price.
- (v) Data were not readily available in some of the private health facilities due to poor record keeping hence too much time was spent compiling the data from paper before capturing using CAPI. This is also coupled with inadequate staffing at some facilities, where the staff attending to patients is the very personnel to attend to interviewers. The interviewer had to be patient or make a call back.

- (vi) Some facilities were affiliated to NGOs and FBOs hence referred interviewers to their headquarters. For future surveys we should target district-based FP organisations
- (vii) Some Faith Based Organisations especially those that are Catholic founded refused to disclose funding towards FP stating that they only promote Fertility Awareness methods (FAM).
- (viii) The survey was conducted during the time when government was re-registering NGOs and some delayed to provide information and others who were not sure of their future could not provide all the information required.
- (ix) Some establishments thought the exercise was a Government activity aimed at imposing taxes.

4.2 Lessons Learnt

There are a number of FP trackers in the country, thus the need to harmonize the tools used for data collection and also work together as a team. This will cut on the cost and also collect comprehensive information on FP activities in the country.

Involving stakeholders throughout the survey process is very important in compiling quality data and ownership of the information disseminated. Collaboration between UBOS and the MoH helped to reduce the non-response rates.

On methodology, there is need to use one reporting period (calendar year) other than having both calendar and financial for easy comparisons over time. There is also need to map out clearly the flow of FP resources and what should be included for RFS in order to obtain meaningful findings to guide decision making and policy formulation.

UBOS should explore in consultation with other stakeholders coming up with a module on FP expenditure as part of household-based surveys.

There could be need to explore imports data in Uganda Revenue Authority (URA) to establish the value/cost of FP materials and drugs used/imported into the country. This data would be used to check the value of FP materials collected through the survey.

4.3 Conclusion

Findings from the study showed that there was an increase in income received for FP activities in Uganda from UGX 106 Billion in 2017 to UGX 149 Billion in 2018. This is an indication that the Government of Uganda and its partners are committed to increasing the provision of FP services in the country. It is worth noting that there was an increase in expenditure on injectables one of the long acting reversible modern contraceptives between 2017 and 2018.

4.4 Recommendations

The activities of FP should be clear and costed in the budget without being lumped together with other components.

Donors should provide all the Information on the flow of FP resources such that it can only be tracked how and on what it was spent. They should also declare inter donor collaborations in this field.

The Ministry of Health with support from other key stakeholders should come up with a tool that monitors expenditure on FP in all HFs in the country. This will help FP information on income and expenditure to be generated directly from the HMIS database.

4.5 Limitations of the study

Family planning financial flows in Uganda is so complex that eliminating double counting is a challenge it can only be minimized. This is brought about institutions not declaring all sources of income. They also do not know where donor got the funds from.

APPENDICES

Appendix 1: Definition of terms used

Resource Flows in this survey entails tracking of financial resources used in provision of FP services and methods in Uganda based on the costed population package as described in the International Conference on Population and Development-Programme of Action.

Family Planning in this survey refers to projects, programmes and activities that offer the following methods and services.

Family Planning methods:

These include Male Condoms, Female Condoms, Pills, Emergency contraceptives (pills), Injectables, Diaphragms, IUDs (Copper T and other IUDs), Implants, Fertility awareness methods FAM-Standard Days Methods (SDM) for cycle beads, LAM and 2 days method , jelly, foams, and spermicides as classified by WHO:

Family Planning services:

Any services provided in relation to the first time provision or the continuous supply of any consumables. For example: Counselling on contraceptive methods or any other FP advise, Treating any FP medical need (such as consultation, diagnosis, monitoring health conditions, any FP clinical assessment), Female and male sterilization, insertion and retirement of methods (as IUD), Prescription and provision of FP methods either for the first time or continued supply of FP methods.

Financial year (FY): A FY is an accounting period that runs from 1st July to 30th June (as opposed to calendar year: January - December.). For institutions whose FY does not run from July-June; for 2017 data, we considered the year with most months in 2017.

International sources

International donors and resources encompassing foreign governments, UN organisations/agencies, international development banks, international NGOs, foreign foundations, foreign private for-profit and non for profit companies or other international organisations/individuals.

Own source

Any income generated from own sources e.g. contributions, profits, user fees, interest earned on endowments, or forms of cost recovery.

Domestic sources

Funding from national sources such as: Ministry of Finance, Planning and Economic Development, regional health offices, national foundations, other NGOs and NPIs.

Expenditures

The amount of money that has *actually been spent/disbursed* by an organisation for the FP project/programme/activity in the given year. ***Includes expenditures made both locally and abroad which benefited local Family Planning projects/programs or activities.*** For example, if the government department purchased condoms abroad but distributed them within the country, this is included.

A brief description of FP expenditures categorised into recurrent and capital expenses is provided below;

Recurrent expenses

Recurrent expenses are those which occur periodically to produce FP services and which are fully consumed during the provision of the service. It includes salaries, FP methods and services and all operational spending, condoms, paper, electricity and contracted services such as security, or the production of quarterly dissemination of family planning-related information to the communities, patients, children, etc.

- 1) **Staff service costs:** include the remuneration (salaries, social benefits, etc.) of the staff directly related to provision of a FP service.
- 2) **Outsourcing of services:** include any expenditures made for outsourcing (or contracting out) services for FP.
- 3) **Contraceptives, medicine & other consumables:** include any of these items which were purchased/provided for the purpose of FP
- 4) **Logistics/transportation:** Any expenditures related to the distribution of consumables. This excludes transportation of patients.
- 5) **Information, Education and Communication (IEC):** a collective service in which e.g. media messages or advertisement campaigns target a group of people or a personal service, as counselling.

- 6) **Policy Development and Advocacy:** include FP-related policy work, sensitization of law makers, formulation of FP policies and laws.
- 7) **Management Information System (MIS) and Health Information System (HIS):** system used for analysing and enabling the strategic and operational activities within an organization (MIS) or for holding information regarding the health of individuals or activities/services offered/conducted by organizations working within the health sector (HIS)
- 8) **Monitoring, Evaluation and Research:** include any M&E or research activities related to operation of FP programs
- 9) **Capacity building/training:** include all training or capacity building activities for any of the specific items mentioned above.
- 10) **Program management:** include the salaries of decision makers and technical officers linked to the optimization of service delivery to ensure the goals of the program are reached. It involves the planning, organizing, directing, and controlling of company resources and salaries of staff which did not provide direct FP services.
- 11) **Operational costs:** expenses associated with administering and operating a health unit on a day to day basis. For example, costs related to electricity, fuel, rental of building or equipment, utilities, etc.

Capital Investment

The acquisition of capital goods (durable goods) which are used in the provision of FP methods and services and last longer than one year. E.g. a car, furniture, computers, medical equipment, etc.

- 12) **Infrastructure and Upgrading of Facilities:** Building and improving any unit of the health system linked to FP provision
- 13) **Equipment:** purchase of cars, computer and ICT products, office furniture and medical equipment

Appendix 2: List of participating institutions

No.	Institution Name	Category
1	Reproductive Health Uganda (RHU)	NGO
2	Marie Stopes International (MSI)	NGO
3	Medipharm Sales Limited	NGO
4	Naguru Teenage Information Centre	NGO
5	Ministry of Gender Labour and Social Development	Gov't
6	Uganda National Health Consumers Organisation (UNHCO)	NGO
7	SRHR Alliance	NGO
8	Advance Family Planning – Uganda	NGO
9	Youth Alive	NGO
10	Youth Plus Uganda	NGO
11	Hyper Store Limited	Corporation
12	Amicaal Uganda Programme	NGO
13	Straight Talk Foundation	NGO
14	Aids Healthcare Foundation	NGO
15	Samaritan Purse Uganda	NGO
16	Medical Access Ltd	Corporation
17	Medecins Sans Frontieres	Corporation
18	The Registered Trustees Of Reproductive health	Corporation
19	National Drug Authority (NDA)	Gov't
20	Uganda National Health Research Organization	NGO
21	Office of the Prime Minister (OPM)	Gov't
22	Center for Participatory research and Development (CEPARD)	NGO
23	Save the children	NGO
24	RTI International	NGO
25	Civil Society Budget Advocacy Group (CSBAG)	NGO
26	Joint Medical Stores (JMS)	Corporation
27	Action for Development (ACFODE)	NGO
28	Game Discount World (Uganda) Limit	Corporation
29	Lancet Laboratories Uganda Limited	Corporation
30	Mama's Club	NGO
31	Quality Chemicals Ltd	Corporation
32	MRC UGANDA	NGO
33	Save for Health Uganda	NGO
34	Plan Parenthood Global (PPG)	NGO
35	PATH	NGO
36	Action for Community Development (ACODEV)	NGO
37	Population Services International (PSI)	NGO

38	Management Sciences for Health (MSH)	NGO
39	Uganda Youth and Adolescent Forum	NGO
40	DKT International – Uganda	NGO
41	Jhpiego	NGO
42	Uganda Protestant Medical Bureau	NGO
43	Vijana Na Children Foundation (VINACEF)	NGO
44	Pathfinder International	NGO
45	SAMASHA Medical Foundation	NGO
46	SDA church association	NGO
47	Ministry of Health	Gov't
48	Kampala Capital City Authority	Gov't
49	National Population Council (NPC)	Gov't
50	Mulago Hospital (Most At Risk Population Initiative [MARPI])	Gov't
51	Partners in Population and Development	NGO
52	Baylor College of Medicine	NGO
53	White ribbon alliance	NGO
54	Better Health Action Group	NGO
55	Infectious Disease Institute (IDI)	NGO
56	Plan International	NGO
57	ACCESS GLOBAL UGANDA	NGO
58	Clinton Health Access Initiative (CHAI)	NGO
59	IntraHealth Uganda	NGO
60	Planned Parenthood Federation of America (PPFA)	NGO
61	Makerere University School of Public Health	Gov't
62	Reach A Hand Uganda (RAHU)	NGO
63	Deutsche Stiftung Weltbevoelkerung (DSW) UGANDA: A4HU	NGO
64	Well share International	NGO
65	National Medical stores (NMS)	Gov't
66	Uganda Bureau Of Statistics	Gov't
67	Engender health	NGO
68	Uganda Muslim Supreme Council (UMSC)	NGO

No.	Institution Name	
69	Uganda Health Marketing Group (UHMG)	NGO
70	Coalition for Health Promotion and Social and Development (HEPS)	NGO
71	World Vision Uganda (WVI)	NGO
72	Communication For Development Foundation Uganda (CDFU)	NGO
73	Department for International Development (DFID)	NGO
74	World Bank	NGO
75	UNWomen	NGO
76	Uganda Youth and Adolescent Forum	NGO
76	Blue Nile Distilleries Limited	Corporation
77	Mama's club	NGO
78	University Research Council	NGO
79	Uganda Private Midwives Association/Organisation (UPMO)	NGO
80	Population Cares Uganda	NGO
81	Integrated Community Based Initiative (ICOBi)	NGO
82	Enabel-Uganda	NGO
83	World Health Organization	NGO
84	FHI 360	NGO
85	Elizabeth Glaiser Pediatric Aids Foundation (EGPAF)	NGO
86	African Medical Research Foundation (AMREF)	NGO
87	Mild may Uganda	NGO
88	Surgipharm (U) Limited	Corporation
89	Uganda Catholic Medical Bureau (UCMB)	NGO
90	Action Africa Help	NGO
91	Uganda Cares	NGO
92	EAC-Open Health Initiative	NGO
93	International Rescue committee (IRC)	NGO
94	RHITES-EC-URC-CHS	NGO
95	Center for health human rights and development (CEHURD)	NGO
96	Action Group for Health of Rights (AGHA)	NGO
97	Global fund	NGO
98	USAID	NGO
99	Irish Aid	NGO
100	UNHCR	NGO
101	UNFPA	NGO
102	PEARL	Gov't
103	Health Communication Partnership (HCP)	NGO
104	528 Private Health Facilities	Corporation

NOTE:

Government MDA (Gov't) is the Public sector
 NGOs and Corporation constitute the Private sector