

# PROVISION OF FAMILY PLANNING SERVICES IN UGANDA

THE NATIONAL TOTAL MARKET APPROACH (TMA) STRATEGY 2020-2025

FOR FINANCIAL SUSTAINABILITY

Ministry of Health December 2020

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# **Total Market Approach Definitions**

Health vouchers	Tokens are distributed by accredited health facilities that entitle clients to services at any contracted facility of their choice, public or private. The provider who accepts the voucher is reimbursed for the cost of services provided, plus a reasonable profit.
Market Segmentation	Division of diverse populations into subgroups with similar characteristics, needs, and like responses to family planning marketing or service delivery to shed light on the current and potential market.
Market Subsidy	The value of total subsidies (excludes operating and support costs).
Market Value	The dollar value of the total number of products or services in each market.
Market Volume	The number of products or services sold, distributed, or provided in each market.
Private Sector	Both not-for-profit and for-profit commercial providers of contraceptives.
Social Franchise	A network of private health providers contractually agrees to provide socially beneficial services under a familiar brand.
Total Market	A sustainable resource mobilization approach that segments the population according
Approach (TMA)	to the ability and willingness to pay for services / products and targets the different segments with free, subsidized or fully-priced commodities to increase equitable access.
Universe of Need:	The number of products or services needed to reach universal coverage in the market.
Use:	The percentage of the population at risk using a product or service or adopting a behaviour.

# **Acronyms**

ABH	Advocacy for Better Health
DPNM	Department of Pharmacy and Natural Medicines
FP CIP	Family Planning Costed Implementation Plan
FP2020	Family Planning 2020
HFS	Health Financing Strategy
IPs	Implementing Partners
IRA	Insurance Regulatory Authority
IUD	Inter-Uterine Device
JMS	Joint Medical Store
LGs	Local Governments
M&E	Monitoring and Evaluation
mCPR	modern Contraceptive Prevalence Rate
МоН	Ministry of Health
NHIS	National health Insurance Scheme
ООР	Out-of-Pocket
PFP	Private for Profit
PNFP	Private-Not-For-Profit
PPP	Public Private Partnership
PPPH	Public Private Partnership for Health
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
R&I	Reproductive and Infant Health Division
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SMO	Social Marketing Organisation
SRH	Sexual and Reproductive Health
TMA	Total Market Approach
UDHS	Uganda Demographic Health Survey
UHC	Universal Health Coverage
UHMG	Uganda Health Marketing Group
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WRA	Women of Reproductive Age

# **Foreword**

The Ministry of Health (MoH) Strategic plan, in alignment with the National Development plan III, seeks to promote and ensure Universal Health Coverage in Uganda through evidence-based and technically sound policies, standards and client-centred strategies.

s a means to achieve this goal, the MoH recognizes the need for innovative financing strategies as an exit strategy from donor reliance, evidenced by more than 70% of public sector funding for essential medicines and health supplies in Uganda from donors.

By segmenting the population according to its ability and willingness to pay for services/products while targeting the different segments with free, subsidized or fully-priced commodities, the Total Market Approach (TMA) provides a sustainable health financing solution but also allows for increased equitable access to life-saving medicines.

Ministry of Health, with its partners, has developed the first Total Market Approach 2020/21-2025/26 strategy to harness and optimize the use of the available resources from the entire range of health care providers—public, private (nonprofit and for-profit

The MoH recognizes the need for innovative financing strategies as an exit strategy from donor reliance evidenced by the fact that more than 70% of public sector funding for essential medicines and health supplies in Uganda is from donors.

commercial), and donor—to ensure that all people who want family planning products and services can access them, regardless of their ability to pay.

The Total Market Approach 2020/21-2025/26 strategy elaborates how the multi-sectoral approach, especially with increased involvement from the private sector, will play a role in not only addressing the fertility concerns but also increasing access to quality comprehensive family planning services and information by women and men in reproductive age, thereby increasing the country's socio-economic development and attaining the country's vision 2040.

My profound appreciation goes to the TMA Task Force sub-committee for leading the development process of this strategy. Special thanks go to the United Nations Population Fund (UNFPA) for the financial support rendered to developing this strategy through Reproductive Health Uganda.

Finally, this strategy reconfirms Uganda's commitment to an equitable and comprehensive Family Planning and Reproductive Healthcare service delivery.

Dr. Henry G Mwebesa

**Director General, Health Services**Ministry of Health

# Acknowledgement

This strategy, Total Market Approach 2020/21-2025/26, is the product of a wide-ranging consultative and appraisal process made possible by our development partners' generous financial support.

n behalf of the Government of Uganda, I thank the UNFPA and Reproductive Health Uganda for providing financial support and Zenith Solutions Limited, the consultants for the process. I particularly want to thank all the members of the MoH Task Team for leading the process of developing the strategy.

In a particular way, I would like to recognize the commitment and dedication of the following persons;

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**Dr. Okuna Neville Oteba** 

Commissioner Health Services, Department of Pharmaceuticals and Natural Medicines
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# **Executive summary**

The Mission of the Ministry is; "To provide the highest possible level of health services to all people in Uganda through the delivery of promotive, preventive, curative, palliative and rehabilitative health services at all levels". The Health Sector Development Plan (HSDP) 2015/2016-2019/2020 explicitly focuses on reducing maternal, child and neonatal deaths.

caling up FP services is one of the most cost-effective interventions to prevent maternal, infant, and child deaths globally, contributing to the Sustainable Development Goals (SDGs). Through a reduction in the number of unintended pregnancies in the country, it is estimated that one-quarter to one-third of all maternal deaths could be prevented.

Family planning is linked indirectly as a contributor to positive health outcomes. For example, FP interventions contribute to reducing poverty, increasing gender equity, preventing the spread of HIV, reducing unintended teenage pregnancies, and lowering infant deaths. Family Planning (FP) has also been recognized by the National Planning Authority as one of the most cost-effective health and development interventions to achieve vision 2040.

The good news is there is strong policy and political commitment to support FP interventions in Uganda. The President of Uganda has made several financial commitments to support the reduction of unmet needs for FP. These commitments were made in 2012 at the London Summit on Family Planning, another at the Uganda National Family Planning Conference in July 2014, and in Nov. 2019 at the International Conference on Population and Development in Nairobi. According to the Health Sector Ministerial Policy Statements [FY2016/17, FY2017/18, FY2018/19, FY2019/20, and FY2010/21] Government of Uganda committed to allocating \$5 million annually for the procurement and distribution of RH commodities up to the health facility (FP2020).

This Government of Uganda's funding for family planning is limited and meets less than 20% of the population's needs. It is accessed by the people regardless of their socio-economic status. This low funding faces challenges because of the Government policy of the indiscriminate provision of free health care services through the public health system. People who can pay still get their FP products and services from the public or subsidized market because there is none in the commercial sector.

According to the Health Sector Ministerial Policy Statements [FY2016/17, FY2017/18, FY2018/19, FY2019/20, and FY2010/21] Government of Uganda committed to allocate \$5 million annually for procurement and distribution of RH commodities up to the health facility (FP2020).

There is increasing inequitable access to family planning services between the rich and poor, rural and urban women of reproductive age. UDHS 2016 and PMA 2018-2020 indicate that only 55.2% of women of the reproductive age group 15-49 currently residing in rural areas are using modern contraception compared to urban women of reproductive age (WRA) at 59%. Married women use 36.3% mCPR while unmarried and sexually active women stand at 31.1% mCPR.

The disparity is further reflected in PMA 2020 in the low use of modern contraceptives by women in the lowest wealth quintile (22.5%) compared to WRA in the fourth and fifth quintiles above 40%.

A USAID/Social marketing survey showed that consumers obtained OCs equally (50%) from the public and commercial sectors. For injectables and IUDs, 54% got them from the public sector and 46% from the commercial sector. Implants (64%) of the users got them from the public health facilities compared to 36% who got them from the commercial sector. This was because of the high costs involved in accessing IUDs from the commercial sector compared to the free ones from the public health facilities. Forty-nine per cent (49%) of condom users obtained them from the public sector compared to 51% who got them from the commercial sector. Branded condoms from the commercial industry were more preferred than the unbranded ones provided in public facilities. The Zenith FP dynamics survey 2021 reported that by wealth status, the middle class (68%) used FP methods more than the lower class (26%, n=53) and the high class (11%, n=30). There are no updated figures on commercial numbers, but a reduction in donor funding creates opportunities for socially marketed and retail brands to cover the above gaps. USAID and UNFPA have remained exclusive suppliers of OCs since 2014. Sustainability questions arise with a decrease in donors' spending; therefore, TMA is a timely intervention. The government of Uganda looked for a solution to the above challenge, and TMA was identified.

This strategy has been developed to harness and optimize the resources of the entire range of health care providers—public, private (nonprofit and for-profit commercial), and donors—to ensure that all people who want family planning products and services can access them, regardless of their ability to pay. The Ministry of Health with its partners started the TMA strategy development process in 2016 with two critical TMA studies carried out by PACE with support from UNFPA and UHMG with support from USAID and the TMA study that was conducted in 2017 by UNFPA

ESARO in six countries including Uganda. The studies galvanized stakeholders around the evidence for a TMA coordination process. There have been numerous stakeholder consultations regarding TMA.

The TMA strategy has the following principles; Equity by targeting all varying population segments based on their socio-economic status and willingness/ability to pay. Transparency and accountability through the engagement of all key players, public, social franchise, and commercial sectors, at national, district and community levels, to scale up FP service provision. Effective partnerships, Strong coordination and Monitoring by MOH to increase engagement and collaboration with all stakeholders. Evidence-based decisions by using quality FP data for engagement strategy and understanding the market failures. Sustainability through increased domestic resource mobilization among the many active SMO reduction of donor dependence and engagement with the commercial sector for the able population.

The Strategic Objectives of this TMA strategy are five; to increase the market size of FP services and commodities; to expand market accessibility; to establish mechanisms for FP market sustainability; to increase access to FP services and commodities to all population segments and to improve partner stewardship, coordination and monitoring.

The Key expected TMA strategic outputs are; Equity through Targeting all varying segments of the population in need of FP goods or services; Solidarity through the engagement of all key players to scale up FP service provision; Transparency and accountability through Strong coordination by MOH; Sustainability by the provision of FP commodities through the private sector; and Effective partnerships through the strong coordination by MOH. All the above cost six billion shillings for the five years.



#### 1.1 What is Total Market Approach?

Total Market Approach (TMA) is a sustainable resource mobilization approach that segments the population according to the ability and willingness to pay for services/products and targets the different segments with free, subsidized or fully priced commodities to increase equitable access. The TMA beneficiary population is targeted and categorized by free, subsidized or fully priced commodities according to the wealth quintile they fall into. It identifies market failures - who/ what is failing, how and where, and where to work and get there. It looks at the health need, market performance, market structure and target audience insight. When implemented, TMA aims to help design more effective sustainable programs that meet the contraceptive needs of women (and men) in the country and contribute to Universal Health Coverage (UHC).

#### 1.2 Potential Benefits of TMA

- Increased collaboration between stakeholders.
- Better targeting and segmentation to reduce duplication and increase efficiency.
- Help Ministry of Health meet government's FP2030 commitments.
- Improved RH market data and analysis.
- Complements national public-private partnership strategies.
- Contribute to contraceptive access affordability and method choice.

#### 1.3 Background

The **Vision** of the Ministry of Health Uganda is; "A healthy and productive population that contributes to socio-economic growth and national development".

The *Mission* of the Ministry is; "To provide the highest possible level of health services to all people in Uganda through the delivery of promotive, preventive, curative, palliative and rehabilitative health services at all levels".

Currently, the principal mechanism of funding health services in Uganda is through government general revenue taxfinancing, however, out of pocket payments (OOP) and contributions by Health Development Partners (HDP) contribute a substantial amount of financing for health care services<sup>1</sup>. For various reasons, the out of pocket payments lead to financial hardships for many people, one way to protect these people is introduction of the social health insurance scheme (HIS) although the existing schemes do not include FP services and commodities. Family Planning (FP) has been recognized by the National Planning Authority as one of the most cost-effective health and development intervention needed to achieve vision 2040<sup>2</sup>.

Scaling up FP services is one of the most cost-effective interventions to prevent maternal, infant, and child deaths globally, contributing to the Sustainable Development Goals (SDGs). Through a reduction in the number of unintended pregnancies in a country, it is estimated that one-quarter to one-third of all maternal deaths could be prevented<sup>2</sup>. Family planning is linked indirectly as a contributor to positive health outcomes. For example, FP interventions contribute to reducing poverty, increasing gender equity, preventing the spread of HIV, reducing unintended teenage pregnancies, and lowering infant deaths<sup>2</sup>.

The Health Sector Development Plan (HSDP) 2015/2016-2019/2020 gives explicit attention to reducing maternal, child and neonatal deaths. According to the Uganda Demographic Health Survey (UDHS) 2016, the Teenage Pregnancy Rate (TPR) stagnated at 25% against a target of 14%. There was a decline in the Total Fertility Rate (TFR) from 6.2% (baseline-UDHS 2011) to 5.8% (UDHS 2016), though still far from the target of 5.1% for the period 2020/21¹. The modest improvement was attributed to the availability of a broad mix of family planning commodities and methods at all levels of care, as well as demand creation at the community level³.

<sup>1</sup> Uganda Bureau of Statistics (UBOS) and ICF. 2018. Uganda Demographic and Health Survey 2016. Kampala, Uganda and Rockville, Maryland, USA: UBOS and ICF.

<sup>2</sup> Third National Development Plan (NDP) III 2020/21 - 2024/25

<sup>3</sup> Ministry of Health. 2016. Annual Health Sector Performance Report

However, the main challenges for scaling up the use of family planning methods include knowledge gaps among practicing providers, stockouts, oversupply related to weak stock management, and myths and misconceptions amongst users.

#### **1.4 The Regional Context**

The modern contraceptive prevalence rate (MCPR) in the East African Region is generally low and with a wide range of disparity (17.7% in Burundi to 45.1% in Rwanda). The TFR remains high for many of the countries in the region<sup>4</sup> (3.4 in Kenya and Rwanda, 4.0 for Tanzania, 4.8 for Uganda, and 5.3 for Burundi). In most regional Demographic and Health Survey (DHS) reports, injectables and pills are the most popular methods, with low utilization of condoms, implants, and intrauterine devices (IUDs). The use of condoms and IUDs is plagued by numerous myths and misconceptions—both amongst health workers and the general population.

#### 1.5 Family Planning policy goals for Uganda

There is firm policy and political commitment to support FP interventions in Uganda. For example, the President of Uganda has made several financial commitments to support the reduction of unmet needs for FP. These commitments were made in 2012 at the London Summit on Family Planning in July 2012, the Uganda

National Family Planning Conference in July 2014, and the most recent at the international conference on population and development in Nairobi Nov. 2019. The London Summit called on all stakeholders to work together on various areas, including, Increasing the demand and support for family planning and improving supply chain systems and service delivery models. The Summit led the President of Uganda to commit to reducing unmet needs for FP and procuring the additional commodities countries needed to reach their goals, fostering innovative approaches to family planning challenges, and Promoting accountability through improved monitoring and evaluation.

According to the Health Sector Ministerial Policy Statements [FY2016/17, FY2017/18, FY2018/19, FY2019/20, and FY2010/21] Government of Uganda committed to allocating \$5 million annually for the procurement and distribution of RH commodities up to the health facility (FP2020). Although the overall funding of RH commodities remains below the London commitment to meet the FP2020 targets, the government allocation to RH commodities has increased from 2.16M in 2016/17 to 4.2M in 2020/21<sup>5</sup>. 9% of the 4.2M (378,000) allocated for RH commodities in 2020/21 to fund the procurement of FP commodities, as shown in Figure 1 below.



Figure 1: A graph showing government allocation for RH commodities

Source: QPPU 2021

 $<sup>4\ \</sup> The\ World\ bank\ 2019, \underline{https://data.worldbank.org/indicator/SP.DYN.TFRT.IN}$ 

<sup>5</sup> Uganda National Quantification for Reproductive, Maternal, New-born, Child and Adolescent (RMNCAH) Commodities report: FY 2020/21-2022/23

#### 1.6 Rationale for TMA

The Government of Uganda funding for family planning is limited and meets less than 20% of the population's needs, and it is accessed by the people regardless of their socioeconomic status<sup>6</sup>. This low funding faces challenges because of the Government policy of the indiscriminate provision of free health care services through the public health system. People who can pay still get their FP products and services from the public or subsidized market because there is none in the commercial sector. The HSDP 2015/16 - 2019/20 also underscores the need to provide a quality package of essential health services accessed by all without suffering financial hardship.

Uganda has a high maternal mortality rate, total fertility rate and teenage pregnancies with a low contraceptive prevalence rate. The current FP market in Uganda is skewed towards the free and subsidized commodities and services (64%) while crowding out the commercial sector<sup>7</sup>. There is increasing inequitable access to family planning services between the rich and poor, rural and urban women of reproductive age group. UDHS 2016 and PMA 2018-2020 indicate that only 55.2% of women of reproductive age group 15-49 currently residing in rural areas are using modern contraception compared to urban women of reproductive age (WRA) at 59%.

Married women use 36.3% mCPR while unmarried and sexually active women stand at 31.1% mCPR. The disparity is further reflected in PMA 2020 in the low use of modern contraceptives by women in the lowest wealth quintile (22.5%) compared to WRA in the fourth and fifth quintiles above 40%.

A healthy family planning market exists when contraceptive products and services are readily available, affordable, appropriate, quality-assured, and insecure supply for all population segments, including poor and hard-to-reach segments. This strategy was developed to harness the resources of the entire range of health care providers—public, private (nonprofit and for-profit commercial), and donor—to ensure that all people who want family planning products and services can access them, regardless of their ability to pay. If successful in lowering fertility and child mortality rates, Uganda will be better placed to harness a dividend for economic growth as desired in the Vision 2040.

#### 1.7 TMA strategy development Process

The TMA strategy development process began in 2016 with two critical TMA studies carried out by PACE with support from UNFPA and UHMG with support from USAID, in addition to the TMA study conducted in 2017 by UNFPA ESARO in six countries, including Uganda. The studies galvanized stakeholders around the evidence for a TMA coordination process. There have been numerous stakeholder consultations regarding TMA.

<sup>6</sup> Family planning financing strategy 2020

<sup>7</sup> Performance Monitoring for Action (PMA); Phase one survey 2020

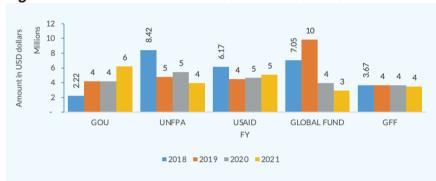
# CHAPTER 2: TMA Situation Analysis

In Uganda, more than half of current FP users obtain their modern contraceptive methods from the private sector<sup>8</sup>. The primary sources of health care financing are households (38.4%), donors (46.3%) and government (15.3%), while the private insurance constitutes a small proportion of Total Health Expenditure<sup>9</sup>. Over a third (38.4%) contributed by household is largely out-of-pocket spending (OOP) which is far above the maximum of 20% recommended by World Health Organization if the households are not to be pushed into impoverishment<sup>10</sup>.

- 8 Zenith FP dynamics survey December 2021.
- 9 Ministry of Health. 2015. Annual Health Sector Performance Report
- 10 Ministry of Health. 2013. Annual Health Sector Performance Report

Various development partners fund FP commodities in the public and PNFP sector, for example UNFPA, USAID, The Global Fund and The World Bank. This funding for FP commodities from development partners represents about two-thirds of the total budget for contraceptives (USD 6.7 million annually). Despite this support, an annual funding gap of USD 9 million still exists for family planning commodities<sup>11</sup>. It is important to note that much of the funding for FP commodities for the private sector is out-of-pocket. The Government of Uganda covers only 14% of the national contraceptive need. A detailed breakdown of FP commodity funding by source is shown in the figure below;

Figure 2: sources of funds for FP commodities 2018 - 2021



Source: QPPU 2020

#### 2.1 Market Size and Health Impact

**Universe of need (UoN) in relation to use of FP commodities:** The universe of need for family planning refers to the total number of products and services that must be distributed to meet the total demand for family planning. According to PMA2020, the total need for modern contraception is 6,167,570, while the total use is 3,246,190. This means there is a use/need gap of 2,921,380, which implies that only 52.6% of the WRA could obtain modern contraception. Based on the total number of 9,474,100 WRA, 15-49 years, including married and sexually active unmarried women, mCPR is 34.3%. The trend of mCPR increased from about 5% in 1988-1989 to over 26% in 2015. Over the same period, there was an increase in the need for OC pills, Injectables, IUDs and implants 12.

Funding remains high for injectables from the donors, and they account for over 50% of the method mix, while USAID remains the biggest funder on the Injectables. PMA 2020 Round 6 reports over 60% presence in the public sector and less than 40% availability in the private sector, in part due to the enormous availability of the free injectables reducing the attractiveness of the space. DMPA-SC is the fastest-growing FP commodity constituting 10% of the method mix  $^5$ .

# \$9million

Despite this support, an annual funding gap of USD 9 million still exists for family planning commodities. It is important to note that much of the funding for FP commodities for the private sector is out of pocket. Government of Uganda covers only 14% of the national contraceptive need.

 $<sup>12 \ \ \</sup>mathsf{Performance} \ \mathsf{Monitoring} \ \mathsf{for} \ \mathsf{Action} \ (\mathsf{PMA}); \mathsf{Phase} \ \mathsf{one} \ \mathsf{survey} \ \mathsf{2020}$ 

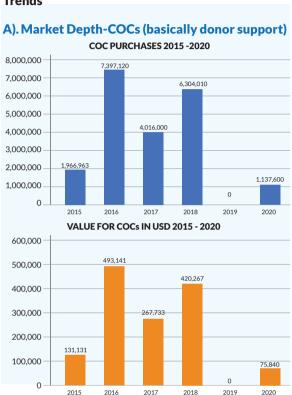
The high preference for injectables as the primary modern contraception method is attributed to the ease with which Village Health Teams can access them. They administer free injectables to clients in need. It is also a reflection of the deeper penetration of drug shops, which are part of the private commercial service providers who are one of the primary sources of injectable to those who can afford to pay. Opportunities exist to develop and support socially marketed and commercial brands.

#### 2.2 Market Volume

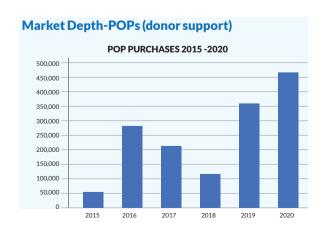
Market volume is the number of products or services sold, distributed, or provided in a given market. The market volume is based on the number of WRA in the union and those not in the union who use the different FP methods. The contraceptive market volumes by way with injectable (51%) taking the highest value with the least being IUDs (1%) in 2010. The same was reflected in 2015. OCs and IUDs represent the major growth trends for CYPs, increasing their market share significantly (OCs 78%; IUDs 300%). Implants and condoms dropped significantly in 2015 versus 2010 – 2015 due to the high costs involved and the erratic supply of condoms.

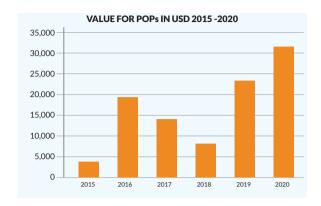
Figure 1 (F) shows that there has been IUD market growth in both the free and sold sector, which was a good sign for market health and improved segmentation. Injectable has been dominated by free; roller coaster support over the past five years, and the condom market remained increasingly a free commodity; however, donor support for condoms declined between 2015 and 2016, and there was no donor support in 2017. (figure 1 H).

Figure 2: Market depth - Total Market Volume Trends



USAID and UNFPA have remained exclusive suppliers of OCs since 2014. There are no updated figures on commercial numbers, but a reduction in donor funding creates opportunities for socially marketed and commercial brands. Sustainability questions arise with a decrease in donors' spending; therefore, TMA is a timely intervention.



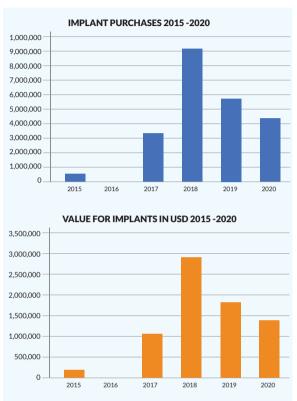


#### B). Market Depth-ECPs (donor support)



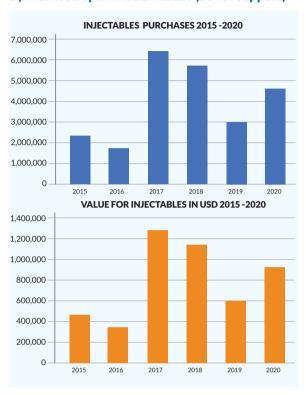
In the last six years, the highest number of ECP purchases were in 2016. However, there were no ECP purchases the following year (2017).

#### C). Market Depth-IMPLANTS (donor support)



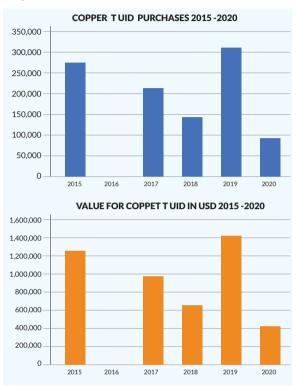
Approximately 85% of the private sector was stocked out on Implants in  $2020^{13}$ , which is offered mainly in the public sector. After a drop in 2016, modest spending had gone to implants exclusively funded by USAID and UNFPA. Implants remain popular and have grown from a method mix of 15% in PMA2020 Round 4 in 2016 to 26.7% in Round 6 in 2018. Stock out levels remains high in the public and private sector.

#### D). Market Depth-INJECTABLES (donor support)

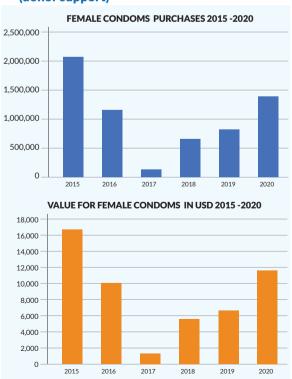


USAID remains the biggest spender on the Injectables. Funding remains high for injectables from the donors, accounting for over 50% of the method mix. PMA2020 Round6 reports over 60% presence in the public sector and less than 40% availability in the private sector, partly due to the massive availability of the free injectables reducing the attractiveness of the space. Opportunities exist to develop and support socially marketed and commercial brands. DMPA-SC is the fastest growing, constituting 10% of the method mix (PMA2020 Round6).

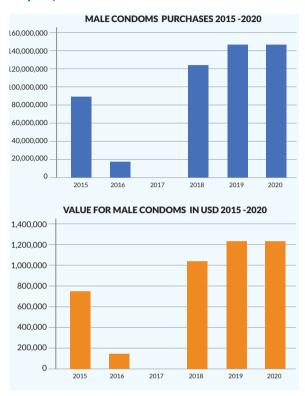
# E). Market Depth-COPPER T -IUD (donor support)



# F). Market Depth-FEMALE CONDOMS (donor support)



# G). Market Depth-MALE CONDOMS (donor support)



Condommarket remains increasingly a free commodity; however, there was no donor support in 2017. The same can happen in future thus the need for TMA for sustainability

Table 1: Brands on the market (Market Breadth)

#### **Commercial FP market**

#### Male Condoms:

Rough Rider, Lifestyles, Skyn, Fantasy, Pleasure, Durex, Wet N wild, Moods, Flavors, Sensitive Romantic, Endurance, Erotica, Bareback, Power play, Dom, Hot, King size, Climax, Sico, One Touch, Ultra Fino.

#### Oral contraceptive pills:

Microgynon, Yasmin, Zinnia P, Diane, Qlairista

#### Progestin Only Pills (POP):

Microlut, Famy-POP, Visanne

#### **Emergency Contraceptive Pills (ECs):**

Postinor 2, Ella. I-Pill, I-Free 72, Unosure 72, Eazy Pill, P2.

**IUDS:** Mirena

**SPERMICIDE:** Today

#### **Social Marketing and Cost Recovery**

#### Male Condoms:

O condom, Protector, Life guard, Trust; kiss, Fiesta, Gold

#### **Emergency contraception:**

Backup, lydia;

#### **Oral Contraceptives:**

Pillplan plus

IUDS: Lydia copper T, IUD KIT

#### **Public Sector**

Male condom: Pink, ulinzi, icon

Female condom: unique, female condom

IUDs: SMB Copper T

**Emergency contraceptives:** Revoke 72

Injectables: Norigynon, Noristerat, Depo provera,

Sayana press

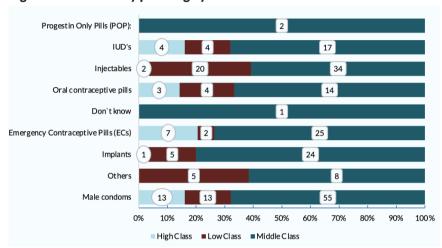
Implants: Implanon (single rod), Jadelle (2,

silicone rods), Implanon NXT

#### 2.3 Market Equity

The Zenith FP dynamics survey 2021 reported that by wealth status, the middle class (68%) used FP methods more than the lower class (26%, n=53) and the high class (11%, n=30).

Figure 3: Use of family planning by wealth status



Source: Zenith FP dynamics survey data, December 2021

Semi-urban populations (52%) have the highest use of family planning compared to other residencies, with male condoms as the most used method at  $31\%^{14}$ . This illustrates the importance of sustained financial and political commitments and the need for alternative distribution methods to improve demand for and acceptability of modern contraceptive methods, particularly among the underserved.

Table 2: Use of family planning by rural/urban residence

Residence	Male condoms	Others	Implants	Emergency Contraceptive Pills (ECs)	Don't know	Oral contraceptive pills	Injectables	UIDs	Progestin Only Pills (POP)	% use by Residence
Rural	12	4	11	3	0	5	19	6	1	23
Semi-urban	42	8	12	18	1	13	26	15	1	52
Urban	27	1	7	13	0	3	11	4	0	25
<b>Grand Total</b>	81	13	30	34	1	21	56	10	2	100
Proportions of Clients using FP Mtd	31%	5%	11%	13%	0%	8%	21%	10%	1%	

Source: Zenith FP dynamics survey data, December 2021

68%

The Zenith FP dynamics survey 2021 reported that by wealth status, the middle class (68%) used FP methods more than the lower class (26%, n=53) and high class (11%, n=30).

52%

Semi-urban
Population (52%,)
have the highest
use of family
planning compared
to other residencies
with male condoms
as the most used
method at 31%

<sup>14</sup> The Zenith FP dynamics survey 2021

Use of FP is most prevalent among WRA group 25-29 years of age<sup>15</sup> as shown in the figure below;

**Proportion of people using FP** 120 80% **♦** 76% 70% 100 65% Number of respondents 60% 59% 80 56% 80 50% 58 60 40% 48 105 30% 86 85 40 28 22 20% 20 10% 0 0% 15-19 20-24 25-29 30-34 35-39 40-49 Age group ■ Not Answered ■ Yes ■ Grand Total ◆ % use per age group

Figure 4: Use of family planning by age group

Source: Zenith FP dynamics survey data, December 2021

The use of contraception increases with education. Forty-four percent of currently married women with secondary or more education are using a contraceptive method compared with 18 percent of those with no education.  $^{16}$ 

#### 2.4 Market Accessibility

The level of knowledge can influence access to FP commodities and services. The Zenith FP dynamics survey 2021 showed that Condoms (73%), Implants (67%) and pills (67%) are the most known method of family planning among the population.

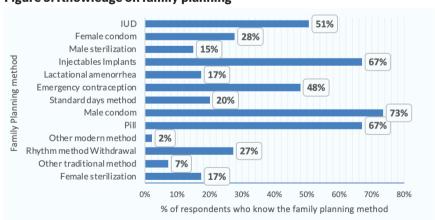


Figure 5: Knowledge on family planning

Source: Zenith FP dynamics survey data, December 2021

<sup>15</sup> The Zenith FP dynamics survey 2021

<sup>16</sup> Performance Monitoring for Action (PMA); Phase one survey 2020

#### Market share held by market leaders

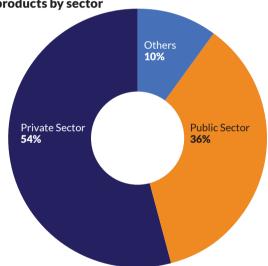
The UDHS (2016) report showed that the public sector was the primary source of modern contraceptive methods in Uganda, covering up to 58.5 % of current users. Within the public sector, 12.3% of users obtain contraception from government hospitals and 41.8% from government health centres. 38.8% of users get their methods from the private medical sector, mainly from private hospitals or clinics (31.4 %). Pill users mostly use the private medical sector (76%). Most women using implants also obtain them from public sector sources (82.6%). Injectables are mainly obtained from public facilities (54.1%), mainly in Government Health centres (43.3%). The UDHS (2016) report showed that 12.3% of male condom users obtain their condoms from various sources outside of the public and private sectors, primarily shops<sup>17</sup>.

A survey by the USAID / Social marketing activity<sup>18</sup> showed that consumers obtained OCs equally (50%) from the public and commercial sectors. Concerning injectables and IUDs, 54% got them from the public sector and 46% from the commercial sector. Implants (64%) of the users got them from the public health facilities compared to 36% who got them from the commercial sector. This was because of the high costs involved in accessing IUDs from the commercial sector compared to the free ones from the public health facilities. Forty-nine percent (49%) of condom users obtained them from the public sector compared to 51% who got them from the commercial sector. Branded condoms from the commercial sector were more preferred than the unbranded ones provided in the public facilities. This was a result of the perception that the branded condoms were more trusted, reliable and available in different varieties compared to the free ones19.

Most of the women using implants also obtain them from public sector sources (82.6%). Injectable are mostly obtained from public facilities (54.1%), mainly in Government Health centers (43.3%).

In 2020, the situation changed slightly, with more than half (54%) of consumers having obtained their last method of FP from the private sector, while 36% got it from the Public Sector and 10% from other sources. Other sources include shops, relatives, and churches.

Figure 6: Source of family planning products by sector



Source: Zenith FP dynamics survey data, December 2021

Within the private sector, private hospitals/clinics (24%) and private pharmacies (23%) were the most common sources where the respondents obtained their last FP product/method. Details of sources of FP products among the consumers are given in the figure below:

<sup>17</sup> Uganda Bureau of Statistics (UBOS) and ICF. 2018. Uganda Demographic and Health Survey 2016. Kampala, Uganda and Rockville, Maryland, USA: UBOS and ICF.

<sup>18</sup> USAID/Uganda Social Marketing Activity (2016). FP/condoms Total Market Approach

<sup>19</sup> Ministry of Health. 2015. Annual Health Sector Performance Report

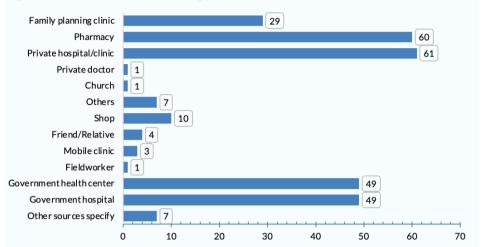


Figure 7: Source of family planning products by SDP

#### **Programme : Programme : Progr**

In a survey conducted by Zenith in December 2021 on FP market dynamics, data was collected from 135 service delivery points (53 Urban, 57 semi-urban and 25 rural), 92% of which were offering FP services. For each SDP surveyed, reported stock-out of a range of FP commodities by the brand was assessed in the last 30 days. The findings are summarized in the tables and figures below:

Table 3: Reported SDP level stock out of condoms

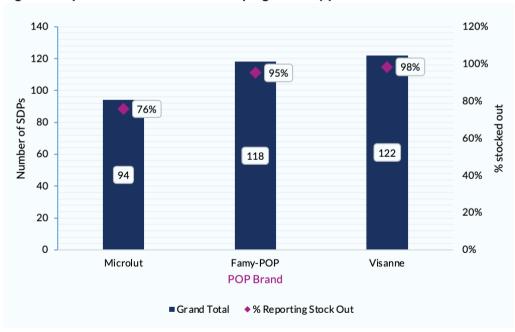
Type of SDP	Bar/NightClub/ Hotel	Clinic	Dispensary	Drug store	Health Center	Hospital	Kiosk	Other Medical	Pharmacy	Private Practice	Grand Total	% reporting stock out of condoms
Rough Rider	1	47	1	19	25	7	2	2	9	1	114	92%
Fantasy	1	49	1	20	25	6	2	2	15	1	112	98%
Lifestyles	1	49	1	20	25	7	2	2	15	1	123	99%
Other Commercial male Condoms	1	43	1	20	24	6	2	2	3	1	103	83%
O condom	1	44	1	18	24	7	2	1	5	1	104	84%
Protector	1	44	1	16	24	6	2	1	9	1	105	85%
Lifeguard	1	33	1	10	24	7	2	1	5	1	85	69%
Trust	1	32		16	24	6	2	1	2	1	85	69%
Kiss		23		6	23	5	1	1		1	60	48%
Pink		32	1	17	3	2	1	2	11	1	70	56%
Ulinzi	1	49	1	19	25	7	2	2	15	1	112	98%
Icon	1	49	1	20	26	7	2	2	15	1	124	100%

Source: Zenith FP dynamics survey data, December 2021

Table 4: Reported SDP level stock out of combined oral contraceptive

Type of SDP	Microgy- non	Yasmin	Zinnia P	Diane	Qlairis- ta	Pillplan
Bar/nightclub/hotel	1	1	1	1	1	1
Clinic	26	49	46	49	49	40
Dispensary		1	1	1	1	1
Drug store	12	20	19	20	20	13
Health center	6	25	13	25	25	24
Hospital	2	7	7	7	7	7
Kiosk	2	2	2	2	2	2
Other medical	1	2	2	2	2	1
Pharmacy	10	15	14	15	15	12
Private practice	1	1	1	1	1	1
Grand Total	61	122	106	123	123	102

Figure 8: Reported SDP level stock out of progestin only pills

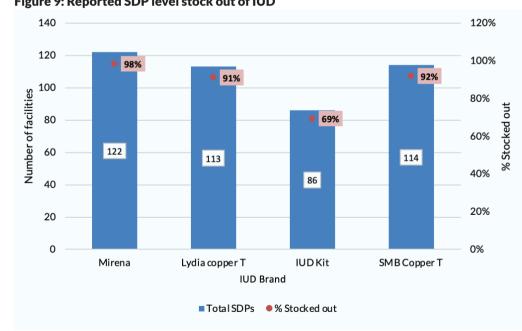


 $Source: Zenith\ FP\ dynamics\ survey\ data,\ December\ 2021$ 

Table 5: Reported SDP level stock out of emergency contraceptive

ECs	Bar/NightClub/ Hotel	Clinic	<b>Drug store</b>	Health Center	Hospital	Kiosk	Other Medical	Pharmacy	Grand Total	% reporting stock out of condoms
Postinor 2	1	40	18	21	5	2	2	12	101	81%
Ella I-Pill	1	48	19	24	7	2	3	13	117	94%
Free 72	1	42	19	23	7	2	3	16	113	91%
Unosure 72	1	46	19	26	7	2	3	16	120	97%
Backup	1	32	13	25	6	2	2	2	83	67%
Lydia	1	30	10	24	6	2	1	9	83	67%
Revoke 72	1	46	18	16	6	2	3	12	104	84%

Figure 9: Reported SDP level stock out of IUD



Source: Zenith FP dynamics survey data, December 2021

100% 100% 96% 98% 32% 54% 100% 99% 99% 119 122 40 67 99% 99% Norigynon Noristerat Depo provera Sayana press ■ Total SDPs ■ % Reporting Stock Out

Figure 10: Reported SDP level stock out of injectables



Figure 11: Reported SDP level stock out of implants

 $Source: Zenith FP\ dynamics\ survey\ data, December\ 2021$ 

Table 2: Assessment of accessibility of contraceptives

Product categories	Geographical accessibility	Financial accessibility		
1. Male condoms	Not easily accessible by rural young people	Cost variations provide for financial accessibility for those in higher wealth quintiles but remain a challenge to those in the lowest quintile given the frequent stock outs of free contraceptives		
2. Female condoms	Not easily accessible by rural women	High costs limit accessibility		
3. Oral contraceptives (COPs)	Not easily accessible by rural women	Cost variations provide for financial accessibility		
4. Oral contraceptives (POP)	Not easily accessible by rural women	Cost variations provide for financial accessibility		
5. EC pills	Not easily accessible by rural women	Cost variations provide for financial accessibility		
6. Injectables	Not easily accessible by all women especially where there are no community drug distributors and where SMOs are not operating	Cost variations provide for financial accessibility		
7. IUDs	Not easily accessible in lower health facilities given the skills required to administer	Rather costly for those in the lower wealth quintiles		
8. Implants  Not easily accessible in lower health facilities given the skills required to administer		Rather costly for those in the lower wealth quintiles		

#### 2.5 Market Sustainability

This describes the current ability of the market to serve a critical mass of FP consumers with well-established demand and willingness to pay and minimal government and donor support. This assessment established the dollar value of the total number of FP products in the market, market subsidies and market share held by market leaders.

#### **❖ FP** market value

The average consumer price in USD for condoms was calculated based on costs per unit and not report costs per package; e.g. if condoms are sold in a box of 4, the record is the price of one condom and not the price of the package. The cost of OC was based on a blister for use for one month.

It is important to note that the average consumer price for all commodities in Table 3.3 is lower, given that some commodities are distributed for free by Government. The total market value of socially marketed and commercial sector brands FP commodities was approximately \$22.6 million, as detailed in Table 3.4 (see annex 1 for detailed calculation of average prices). There was a wide variation in the commercial sector and socially marketed condoms ranging from \$0.14 to 6. Market subsidies

Within the assessment period, data available on FP products distributed through SMOs and public sector included male condoms, oral contraceptives, injectables and IUDs. These were used to estimate market subsidies with donors subsidizing socially marketed FP commodities by 45% and at a US dollar exchange rate of 3,500 Uganda

shillings. For OCs. USAID and UNFPA have exclusively supported free OCs since 2014. Overall subsidy in the market has been increasing alongside volumes since 2013, posing artificial barriers to the continued growth of the commercial sector. Concerning injectables, USAID remains the primary donor, with erratic support from UNFPA and GoU. Due to poor commodity forecasting and demand creation, procurement in 2014 outpaced demand resulting in a \$9 Million under expenditure vs forecast in 2015. Starting in 2014, all donors dropped IUDs other than UNFPA, which continued to support free service provision in public facilities. As the market transitions to commercial (loss of subsidy), technical assistance is needed for the government to support and encourage commercial actors. Free condoms in the market are erratic, primarily due to unrealistic forecasting, ultimately hurting the entire market composition.

Over the past recent years, more than 60% of the commercial market has been dominated by heavily subsidized brands despite growing wealth in the country and improved GDP. The current level of subsidy is hurting the market, implying the need for more targeted support.

The market subsidy for the three FP commodities was calculated as (Market Volume multiplied by the cost of goods sold) - (Market Volume multiplied by average consumer price), and the following were the subsidy:

- 50% of the male condoms were subsidized.
- 71.1% of the oral contraceptives were subsidized.
- 27.3% of injectable contraceptives were subsidized.
- 31% of IUDs were subsidized.

#### 2.6 Assessment of market failures

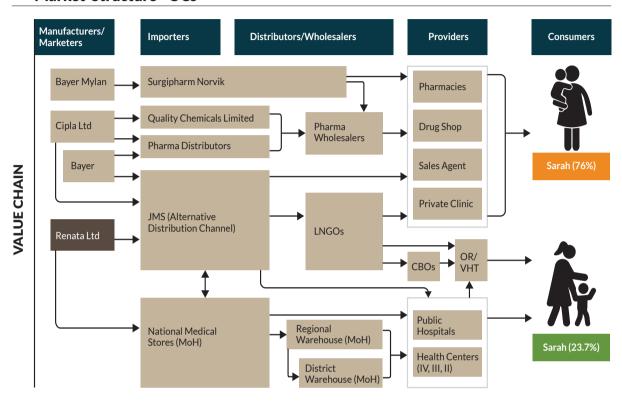
Market failures are defined by Kara Hansen et al. (4) as situations in which market outcomes cannot achieve the desired social outcome. The authors describe five types of market failure limiting the provision of contraceptives in the market from the demand and supply side. These are:

- 1. Externalities, or how people value the social benefits of a commodity (for example, the use of barrier methods for STI/HIV protection).
- 2. Poverty, where low ability to pay, prevents access to markets.
- Merit goods, whereby subsidized goods are provided in the market on the basis that optimal levels of use might otherwise not be achieved.
- Information referring to the high level of information needed to shift the demand for FP may prohibit new contraceptive products or commercial firms from entering the market.
- Gender equity describes the situations where gender inequalities restrict women's access to money and ability to adopt FP methods.

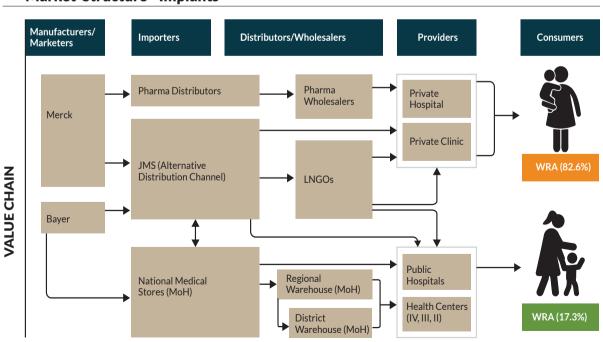
Concerning who was being failed by the market, the PACE, UHMG, and USAID (2016) study showed that married WRA (15-49) – 46.9% use/need; sexually active unmarried WRA (15-49) – 52% use/need and rural women (44.4% use/need) were being failed by the market. The study further revealed that Northern (39.7% Use) and Eastern (46.0% Use), as well as the poorest half of the wealth distribution (Lowest wealth quintile – 29.5% Use; Second wealth quintile: 39.1% Use and Middle wealth quintile: 42.8%), were also being failed by the market.

The stakeholders' general perception that the Government was failing the FP commodities market by its inability to provide FP commodities to the poor and rural segment of the population according to their needs has continued to keep the mCPR relatively low. While the population has high FP knowledge, service availability in terms of geographical, social and financial dimensions is still limited. There has been little to no commercial sector growth, and the social marketing sector is likely crowding it out; the market continues to be dominated by subsidized products. While there are a number of commercial brands on the market, they have had a negligible share and the availability of certain brands has been inconsistent over time. Hereunder, a presentation of the market systems is further elaborated.

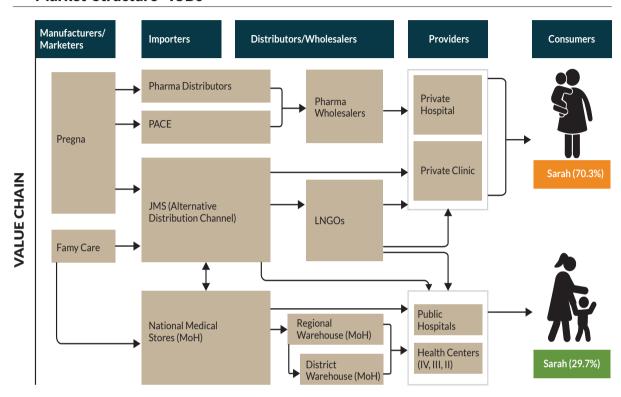
#### **Market Structure - OCs**



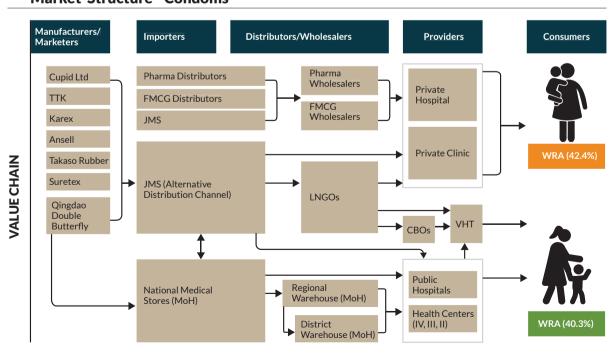
#### **Market Structure - Implants**



#### **Market Structure - IUDs**



#### **Market Structure - Condoms**



#### 2.7 SWOT analysis of current and future TMA initiatives

STRENGTHS	WEAKNESSES
<ul> <li>Public, SMOs and private commercial players are active in the market for OC, injectables, IUDs, condoms and implants.</li> <li>Public health facilities are distributed in every county country wide.</li> <li>The private commercial sector, especially drug shops widely distributed in the communities.</li> <li>Availability of free, subsidized and purely commercial FP commodities and services which provide alternatives for different wealth quintiles.</li> <li>Existing general regulatory framework for importation, storage and distribution of FP commodities.</li> <li>Can publicly advertise FP commodities and services.</li> </ul>	<ul> <li>Limited capacity by MoH to effectively coordinate and monitor FP actors.</li> <li>Lack in the targeting of free and subsidized products.</li> <li>Weak health care delivery system in the public sector with limited human resources number and skill, especially in lower-level health facilities for delivery of long-term reversible contraception in addition to stock-outs of FP commodities, long distance to health facilities.</li> <li>Lack of price regulatory mechanisms for FP commodities.</li> <li>Limited human resources for FP and limited HR capacity to provide a wide range of FP services.</li> </ul>
OPPORTUNITIES	THREATS
<ul> <li>Existence of active SMOs</li> <li>Strong political will for FP services</li> <li>The willingness of FP actors to adopt TMA</li> </ul>	<ul> <li>Market failures occasioned by free or subsidized FP commodities.</li> <li>Inability to provide stewardship to the TMA efforts by MoH.</li> </ul>
	Over-reliance on donor funding.



**TMA Logical Framework Approach** Contribution A health and productive population that contributes to to the **National** socio-economic growth and national development **Health Policy** Improved quality of life of life of Ugandans Shift from predominantly public to a Total Outcomes Contribution to by enhancing their productivity Market approach for universal health the **FP-CIPII** coverage and sustainability IR1: Increased IR2: Expanded **IR3:** Established **IR4:** Improved Intermediate Results market size of market accessibility mechanisms for FP partner stewardship, FP services & coordination & market sustainability

monitoring

Pri	Priority Actions 1	Priority Actions 2	<b>Priority Actions 3</b>	Priority Actions 4
Priority Actions	Registration     waiver for     WHO-prequalified/     EAC registered FP     commodities     Clearly segment     the FP market and     ensure that the     commercial sector     market space is     clearly define and     enforced     Generate and     provide strategic     information on the     potential of the FP     market in Uganda     for commercial     sector	Reduce stock-outs of contraceptives through strengthening the ADS & transition to pull system in public sector     Remove financial barriers to access to FP products and services in the commercial sector     Target subsidies to the lowest three wealth quintiles     Increase access to the hard-to-reach areas	Mobilize additional resources for FP     Promotion of strategic use of resources, including targeting public sector resources, delegating to NGOs for geographic areas, populations or specific FP services; and encouraging wealthier clients to use private sector services	Establish an open, transparent results-oriented engagement platform in which all actors can participate     Institutionalize and fund a TMA research agenda     Build capacity for stakeholders to internalize, understand and appreciate the TMA concept

commodities

#### 3.1 Principles of the TMA strategy

Equity by targeting all varying population segments based on their socio-economic status and willingness/ability to pay. Transparency and accountability through the engagement of all key players, Public, social franchise, and commercial sectors, at all levels, national, district and community, to scale up FP service provision. Effective partnerships, Strong coordination and Monitoring by MOH to increase engagement and collaboration with all stakeholders. Evidence-based decisions by using quality FP data for engagement strategy and understanding the market failures. Sustainability through increased domestic resource mobilization among the many active SMO reduction of donor dependence and engagement with the commercial sector for the able population.

#### 3.2 Vision

Universal access to rights-based Family Planning services and commodities.

#### 3.3 Mission

To avail Family Planning services and commodities to all population segments through TMA.

#### 3.4 Goal

Increase the Family Planning market share of the private sector from 33% to 50%.

#### 3.5 Strategic Objectives of the TMA strategy

- 1. To increase the market size of FP services and commodities
- 2. To expand market accessibility
- 3. To establish mechanisms for FP market sustainability
- 4. To improve partner stewardship, coordination and monitoring

### Strategic Objective 1: To increase the market size of FP services and commodities

The total market size for family planning refers to the volume of family planning products or services and the number of consumers in the market. A good understanding of market size is essential for making decisions about the types and volume of family planning products needed and for understanding the extent to which the current system meets the demand for family planning.

#### **Key issues**

There is a high cost for registration of new products, increased supply chain markups and a lengthy registration process for FP products/commodities, including branding products for the public sector and social marketing. Retailers' access to distributors/wholesalers is limited to 5 out of the 9 Uganda regions. The subsidized products and services are crowding out the commercial sector and creating unhealthy competition leading to low turnover/profit margin on FP products by the commercial sector. There is a lack of strategic information on the actual potential of the FP market for the commercial sector to invest resources. There are no incentives to motivate the commercial sector to invest in the FP market because of the small profit margins.

#### **Priority actions**

- 1. Revise the registration process to provide a waiver on the WHO pre-qualified FP commodities and those registered within the EAC partner states.
- 2. To segment the FP market and ensure that the commercial sector market space is clearly defined and enforced.
- To generate and provide strategic information on the potential of the FP market in Uganda, especially for the commercial sector.

#### **Key activities**

- Develop an advocacy strategy to engage NDA to waive and lessen the registration process for FP products,
- To prepare a business case based on market failures and opportunities,
- To undertake a study on the market segmentation and pricing modalities for the subsided products and enforce a pricing cap on subsidy,
- Develop routine sharing of strategic FP market information with the commercial sector,
- Conduct market surveys for willingness to pay, retail audits,
- Increase the number of distributors /wholesalers to reach all regions,
- Undertake FP commodities market shaping and demand creation.

#### Strategic Objective 2: Expand Market accessibility

Access to family planning products and services depends on knowledge of a source, geographic and financial access, and the extent to which products and services are provided without interruptions. Increasing product use and expanding the market require all potential future users to access family planning products and services. Knowledge of a family planning source is a prerequisite for access.

#### **Key issues**

Chronic stock-out of contraceptives due to difficulties experienced by health facilities in accessing FP commodities for non-franchised clinics and public sector push system for commodity distribution that does not allow for health facilities to determine the type and quantities of commodities to order. There has been poor targeting of the hard-to-reach geographic areas like islands, the mountainous regions and outskirts of urban centres, and prohibitive long distances travelled to access FP services and products.

This is exacerbated by high out-of-pocket expenditure on health and the high cost of long-acting and permanent family planning methods.

In addition, there is provider bias, with some products perceived to be much easier to provide compared to others and some methods being more profitable than others.

#### **Priority actions**

- Stop stock-outs of contraceptive products by strengthening the alternative distribution system to the private sector and revising the public sector push system for contraceptives.
- Remove financial barriers to access FP products and services in the commercial sector through health insurance and vouchers.
- 3. Target subsidies to the lowest three wealth quintiles through the public sector and social marketing.
- 4. Increase access to hard-to-reach areas through social marketing and outreach by the public sector and implementing partners.
- 5. Implement task shifting and task sharing in the commercial sector.

#### **Key activities**

- Advocate for increased funding and procurement of a full range of contraceptives in the public sector
- Increase capacity for the alternative distribution system to serve the hard-to-reach communities (Islands, Mountains and peri-urban slum communities).
- Enforce monitoring of product availability and pricing for the subsidized FP products and services among the targeted population segments and sales outlets.
- Through the public-private partnership desk (PPP) at the ministry of health, develop and implement strategies to increase the profitability of the FP products and services for the commercial sector.
- Through a public-private partnership, build capacity for the commercial sector to provide long-acting and permanent family planning methods (training, instruments, quality assurance etc.) in combination with task-shifting / task sharing.

## Strategic Objective 3: To establish mechanisms for FP market sustainability

Family Planning market sustainability can be defined as the ability of the Public, commercial and NGO institutions to provide current and potential clients with the information and services necessary to continuously obtain the benefits of quality family planning without external aid. Sustainability requires more than simply replacing donor money. The supply of and demand for family planning must be sustained to achieve a viable, self-reliant system that perpetuates a sustained flow of benefits. The sustainability model identifies four main components of system sustainability: Enabling Environment, Financial Sustainability, Institutional Sustainability, and Demand Sustainability. However, this strategic objective focuses on financial sustainability because other sustainability issues are addressed in strategic objectives 1, 2 and 4.

#### **Key issues**

The overall government allocation to the health sector has decreased over time in nominal terms, affecting allocations to family planning services. This has led to over-dependency on donor support for procurement of contraceptives and provision of services, exceptionally long-acting and permanent methods of FP. In addition, most FP outreach services, voucher schemes, franchises and demand generation activities depend on donors' and philanthropists' financial support. The actual budget allocated to FP services by the government is unknown, except for FP commodities.

#### **Priority actions**

- 1. Mobilize additional resources for FP.
- Promotion of the strategic use of resources, including targeting public sector resources; delegating responsibility to NGOs for geographic areas, populations, or specific family planning services; and encouraging wealthier clients to use private sector services.

#### **Key activities**

- Advocate for increased allocation of financial resources to FP at the local government level.
- Advocate for increased allocation of resources for FP at the National level (Ministry of Health).
- Introduce FP user fees at public health facilities targeting clients who belong to higher wealth quintiles (5, 4 and 3).
- Stimulate Increased private sector role in the financing of FP services and commodities, including funding of commodity supplies through a combination of government subsidy and commercial investment;
- Private health insurance for employers and businesses; and private contributions.
- Review the option of providing contraceptives at a nominal price to the private sector.
- Explore options for reduction of costs of meetings and supervision.

# Strategic Objective 4: Partner coordination and stewardship

TMA is possible if the Ministry of Health, multi- and bilateral donors, pharmaceutical companies, commercial distributors, and public, private and NGO health service providers come together to discuss and work toward better health outcomes. The main driver of FP TMA success is when the different actors share data and evidence and agree on concrete and coordinated steps to improve the way they work, leading to improved access and sustainability of the FP market.

#### **Key Issues**

There is strong coordination at the national level between the public sector and social marketing sectors but very weak involvement of the commercial sector. However, at the district level, FP services overlap and concentration of services and products in particular geographical areas and population segments, leaving other populations underserved. This is compounded by inadequate FP data capture, especially in the commercial sector, mainly from drug shops, clinics, and pharmacies. Capacity building

and interfacing of the DHIS2 and commercial sector customized information systems remains a challenge with scepticism of the private sector in sharing data with the government. It isn't easy to access information on FP products imported into Uganda from NDA for procurement planning purposes. The changing donor priorities support procurement and service provision of robust method mix with some donors supporting single method promotion. There is insufficient knowledge of the TMA concept among decision-makers, the commercial sector and FP implementing partners.

#### **Priority actions**

- 1. Establish an open, transparent, results-oriented engagement platform where all actors can participate.
- 2. Institutionalize and fund a TMA research agenda.
- 1. Build capacity for stakeholders to internalize, understand and appreciate the TMA concept.

#### **Key Activities**

- Conduct stakeholder analysis/mapping on FP serviceswhat they are offering/providing
- Operationalize a TMA coordination platform for implementation at MOH (subcommittee under the FP TWG)
- Support a senior staff at MOH to coordinate TMA with all stakeholders to ensure government ownership
- Sensitization and dialogue meetings on TMA with the commercial sector, communities, legislatures, and opinion leaders.
- Strengthen national and district support supervision mechanisms for quality FP service provision.
- Resource mobilization for TMA implementation
- Strengthen data collection and use

#### **TMA Plan Alignment with National Policies and Strategic Plans**

Activities described in the TMA-FP aim to operationalize and interpret the principles, priorities, and policy guidance outlined in several pertinent government programmes. TMA is to complement rather than duplicate or contradict them, as shown in the table below.

Policy / strategy	Description	Alignment with TMA for FP strategy 2020 - 2025
Health financing strategy 2016 -2025	<ul> <li>Equity in resource mobilisation and allocation refers to ensuring that resources are collected according to the ability to pay and that services are distributed according to need.</li> <li>Solidarity is concerned with promoting health for all, with particular consideration for the poor and vulnerable, through realising income and risk cross-subsidisation.</li> <li>Resource mobilisation, allocation, and use efficiency reduce wastage within the health sector.</li> <li>Transparency and accountability in the management of health sector resources.</li> </ul>	<ul> <li>Equity through Targeting all varying segments of the population based on their socio-economic status and willingness/ ability to pay and by increasing the market size of FP services and commodities</li> <li>Solidarity through the engagement of all key players in Public, social franchise, and commercial sectors, at all levels, both national, district and community, to scale up FP service provision.</li> <li>Efficiency by using quality FP data in resource mobilization, allocation and use to reduce wastage and understanding the market failures.</li> </ul>

Policy / strategy	Description	Alignment with TMA for FP strategy 2020 - 2025
	<ul> <li>Sustainability through increased domestic resource mobilization.</li> <li>Effective partnerships include public, private and external actors and recognize the contribution of other sectors.</li> <li>Evidence-based decision-making is a guiding principle for the NHP 2.</li> </ul>	<ul> <li>Transparency and accountability through Strong coordination by MOH to increase engagement and partnership with the commercial sector.</li> <li>Sustainability Provision of FP commodities through the private sector (PNFP - Social Marketing and Commercial Sector) is considered the more sustainable method to increase access for all population segments.</li> <li>Effective partnerships; Strong coordination by MOH to increase engagement and collaboration with the commercial sector.</li> <li>Evidence-based Use quality FP data for engagement and implementation of the strategy.</li> </ul>
Uganda Family Planning Costed Implementation Plan, 2015- 2020.	Thematic Area # 1: Demand creation, where communication strategies and materials will be developed and used through multiple media channels.  Thematic Area # 2: Service delivery, where FP provision will be expanded through integrating FP service delivery in other health areas, conducting mobile clinics, enhancing private sector provision, and strengthening the VHT system and drug shops.  Thematic Area # 4: Policy and enabling environment, which describes several advocacy activities, including ensuring the FP legal and policy environment is strengthened, and includes the participation of women, adolescents, and youth and marginalized and excluded population groups.  Thematic Area # 5: Stewardship, management, and accountability, which will strengthen the capacity at the MOH to effectively lead, manage, and coordinate the FP program.	Under Sustainability: Provision of FP commodities through the private sector (PNFP - Social Marketing and Commercial Sector) is considered a more sustainable method that seeks to increase access for all population segments.  Effective partnerships:  Strong coordination by MOH to increase engagement and partnership with the commercial sector.  Equity through targeting all varying population segments based on their socio-economic status and willingness/ability to pay and by increasing the market size of FP services and commodities.

Policy / strategy	Description	Alignment with TMA for FP strategy 2020 - 2025
Uganda Family Planning Costed Implementation Plan, 2015- 2020.	In addition, young people are given much precedence to increasing access and use of family planning as it is one of the five strategic priorities for the plan.	<ul> <li>Equity through Targeting all varying segments of the population based on their socio-economic status and willing- ness/ ability to pay and by increasing the market size of FP services and commodities.</li> </ul>
National HIV/ AIDS Strategic Plan 2015/16 -2019/20	Objective 1: To increase the adoption of Safer Sexual Behaviors and Reduction in Risky Behaviors includes activities to scale-up comprehensive sexual and reproductive health (SRH)/HIV programs targeting adolescents (both in and out of school) and young people; and provide a comprehensive package of SRH, HIV prevention, care and treatment through harmonized programming and ensure access by vulnerable populations such as women and girls and people with disabilities. In addition, integrating SRH, maternal, newborn and child health (MNCH) and TB services with HIV prevention is included.  Objective 1: To increase the adoption of Safer Sexual Behaviors and Reduction in Risky Behaviors includes activities to scale-up comprehensive sexual and reproductive health (SRH)/HIV programs targeting adolescents (both in and out of school) and young people; and provide a complete package of SRH, HIV prevention, care and treatment through harmonized programming and ensure access by vulnerable populations such as women and girls and people with disabilities. In addition, integrating SRH, maternal, newborn and child health (MNCH) and TB services with HIV prevention is included.  Objective 2: To Scale-Up Coverage and Utilization of Biomedical HIV Prevention Interventions Delivered as Part of Integrated Health Care Services.  Objective 4: To strengthen the integration of HIV care and treatment within health care programs, the activity is to: integrate HIV care and treatment with maternal, newborn and child health, sexual and reproductive health and rights, mental health and non-communicable /chronic diseases.	<ul> <li>Equity through Targeting all varying segments of the population based on their socio-economic status and willingness/ ability to pay and by increasing the market size of FP services and commodities</li> <li>Solidarity through the engagement of all key players Public, social franchise, commercial sectors, national, district and community levels to scale up FP service provision.</li> </ul>

Policy / strategy	Description	Alignment with TMA for FP strategy 2020 - 2025
Adolescent Health Policy Guidelines and Service Standards May 2012	<ol> <li>Adolescents are a heterogeneous group with different needs for health information, education and services.</li> <li>Reproductive health services are a fundamental human right for all people, including adolescents.</li> <li>The participation and involvement of adolescents in the planning, implementation, monitoring and evaluation of programmes is critical to ensure that their needs are fully addressed.</li> <li>Community involvement and parental support are crucial for sustainable adolescent reproductive health programmes.</li> <li>Adolescent reproductive health services should encompass promotive, preventive, curative and rehabilitative care.</li> <li>Adolescent reproductive health services must promote gender equality and equity.</li> <li>Effective and sustainable adolescent reproductive health services require human resource development, strategic leadership, knowledge management and dissemination of lessons and institutional capacity building.</li> <li>Adolescent reproductive health needs are immense, and unique mechanisms for networking and partnerships between various stakeholders are essential to address them holistically.</li> </ol>	<ul> <li>Equity through targeting all varying segments of the population based on their socio-economic status and willingness/ ability to pay and by increasing the market size of FP services and commodities.</li> <li>Solidarity through the engagement of all key players, Public, social franchise, commercial sectors, at all levels, national, district and community, to scale up FP service provision.</li> <li>Transparency and accountability through Strong coordination by MOH to increase engagement and partnership with the commercial sector.</li> <li>Sustainability Provision of FP commodities through the private sector (PNFP - Social Marketing and Commercial Sector) is considered the more sustainable method to increase access for all population segments.</li> <li>Effective partnerships; Strong coordination by MOH to increase engagement and collaboration with the commercial sector.</li> </ul>
Reproductive Health Commodity Security Strategic Plan 2009/10 -2013/14	Priority Area 1: Policy And Regulatory Environment  Strategy 1: To improve policy and regulatory environment to enhance Reproductive Health Commodity Security in Uganda.  Priority Area 2: Commitment & Financing For RHCS  Strategy 2: To secure commitment of political, civic and technical leaderships in public and  Private sectors in support of availability of adequate reproductive health commodities.	Equity through Targeting all varying segments of the population based on their socio-economic status and willingness/ability to pay and by increasing the market size of FP services and commodities

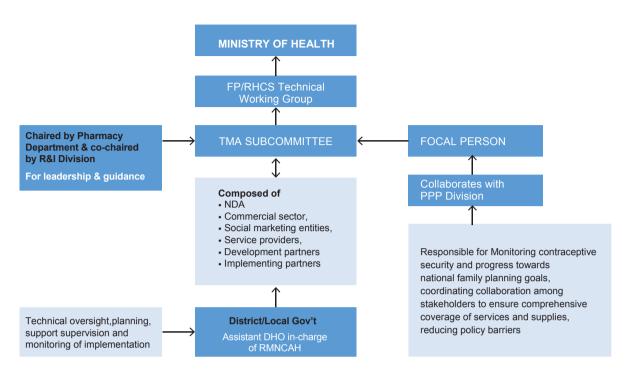
Policy / strategy	Description	Alignment with TMA for FP strategy 2020 - 2025
Reproductive Health Commodity Security Strategic Plan 2009/10 -2013/14	<b>Strategy 3:</b> To mobilize adequate & sustainable resources for reproductive health commodities, including contraceptives.	Solidarity through the engagement of all key players in public, social franchise, and commercial sectors, at all levels, both national, district and community, to scale up FP service provision.
Health Sector Development Plan 2015/16 - 2019/20	Interventions and key activities  Strategy 3: To mobilize adequate & sustainable resources for reproductive health commodities, including contraceptives.	Efficiency by use of quality FP data in resource mobilization, allocation, and use to reduce wastage and to understand the market failures
	Interventions and key activities  Strategy 4: To strengthen capacity for increased utilization and absorption of funding allocated for reproductive health commodities, including	<ul> <li>Transparency and accountability through Strong coordination by MOH to increase engagement and partnership with the commercial sector.</li> </ul>
	contraceptives.  Priority Area 3: Coordination Mechanisms For RHCS.  Strategy 5: To strengthen coordination mechanisms for reproductive health commodities at National, district and facility levels.  Interventions and key activities  Priority Area 4: Commodities And Logistics Management System.  Strategy 6: To ensure availability of reproductive health commodities, including contraceptives at all	<ul> <li>Sustainability Provision of FP commodities through the private sector (PNFP - Social Marketing and Commercial Sector) is considered the more sustainable method to increase access for all population segments.</li> <li>Effective partnerships; Strong coordination by MOH to increase engagement and partnership with the commercial sector.</li> </ul>
	levels of health care Interventions and key activities.  Strategy 7: To increase access and utilization of quality reproductive health services Interventions and key activities.	<ul> <li>Evidence-based Use quality FP data for engagement and implementation of the strategy.</li> </ul>

Policy / strategy	Description	Alignment with TMA for FP strategy 2020 - 2025
Health Sector Development Plan 2015/16 - 2019/20	Specific Objective 1: To contribute to the production of a healthy human capital for wealth creation through provision of equitable, safe and sustainable health services.  Strategic Interventions  i. Health promotion across the life course (RMNCAH and elderly).	Equity through Targeting all varying segments of the population based on their socio-economic status and willingness/ability to pay and by increasing the market size of FP services and commodities
	ii. Provision of Non Communicable Disease Prevention and Control services iii) Provision of Communi- cable Disease Prevention and Control Services	
Health Sector Development Plan 2015/16 - 2019/20	<ul> <li>Specific Objective 2: To address the key determinants of health. Strategic Interventions</li> <li>i. Strengthen inter-sectoral collaboration and partnerships for effective implementation of the following program areas; - Safe water - Environmental health and sanitation - Food and nutrition services - Environmental pollution control - Housing and urbanization - School health - Road safety - Veterinary services - Energy - Gender and human rights.</li> <li>Specific Objective 3: To increase financial risk protection of households against impoverishment due to health expenditures.</li> <li>Strategic Interventions.</li> <li>Establishment of systems for revenue generation ii. Establishment of systems for risk pooling iii. Establishment of systems for strategic purchasing of services iv) Improve financial and procurement management systems.</li> <li>Specific Objective 4: To enhance the health sector competitiveness in the region and globally.</li> <li>i) Health Systems strengthening by addressing a. Health governance and partnerships b. Service delivery system</li> <li>c. Health information and technology d. Health financing</li> <li>e. Health products and technologies</li> <li>f. Health workforce</li> <li>g. Health infrastructure</li> </ul>	all key players, Public, social franchise, and commercial sectors, at all levels, national, district and community, to scale up FP service provision.



and implementing partners on the "HOW" to implement the TMA strategy.

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NB: commercial sector will focus on serving the higher wealth quintiles and populations with the willingness to pay

### **Overall implementation framework**

The Ministry of Health will coordinate the TMA strategy through the TMA sub-committee composed of the commercial sector, social marketing entities, service providers, development partners and implementing partners. The reproductive health division and Pharmacy department will provide leadership and guidance in the process of the TMA strategy implementation.

### Roles and responsibilities of the different actors;

**Stewardship Role of the Public Sector** - to be headed by a focal person to lead the coordination activities. The public sector undertakes a stewardship role where they coordinate the various sectors in a collaborative plan of action. The responsibilities of stewardship include:

- Monitoring contraceptive security and progress towards national family planning goals.
- Coordinating collaboration among stakeholders to ensure comprehensive coverage of services and supplies
- Reducing policy barriers that may hinder private sector participation.
- Promoting private sector provision of goods and services to meet the needs of market segments with the willingness and ability to pay for contraceptives.

### **TMA Sub committee**

The sub-committee will be chaired by the Pharmacy Department, co-chaired by the R&I Division and will be a sub-committee of the FP/RHCS technical working group.

### **National level**

National-level implementation of the TMA strategy will focus on ensuring an enabling policy environment, including finalising national task-sharing policy guidelines and supporting the subnational implementation of best TMA practices. This will be achieved in a multi-sectoral approach with the engagement of stakeholders. Other areas of immediate action will include critical indicators for tracking TMA indicators from the commercial sector in the HMIS.

#### **District Level**

The Assistant DHO in charge of RMNCAH in the district will be the direct focal person to provide leadership and coordination during the implementation of TMA interventions. They will perform functions of technical oversight, planning, support supervision and monitoring of the implementation of TMA.

### **Commercial sector**

The commercial sector will focus on serving the higher wealth quintiles and populations with the willingness to pay. The commercial sector will share information on procurements and distribution /sales for national planning and forecast. In addition, the commercial sector will engage through the TMA sub-committee and play a leading role in market-shaping for FP products.

#### **Social Marketing sector**

Social marketing organisations will play a leading role in demand generation, reaching the hard-to-reach populations, and implementing pro-poor pricing mechanisms and subsidies, including outreach services around health facilities, providing commodities and services at subsidised prices and carrying out market surveys.

# FP implementing partners (CSO and service delivery points)

The implementing partners will include CSO and the private sector (clinics and hospitals, pharmacies and drug shops) that provide services to clients regularly. Implementing partners will work with the MOH to deliver outreach services at public health facilities. The FP implementing partners will be involved in initiating or scaling up health insurance schemes HIS, voucher systems, results-based financing, franchising etc.

The training institutions will be engaged to train health cadres to offer FP services as a way of task sharing.

### **Development partners and philanthropists**

Development partners and philanthropists will work with the government to provide financial and technical assistance for TMA strategy implementation.

# POSSIBLE SOURCES OF FUNDING THE TMA STRATEGY

The under-listed institutions have their mandate, vision and objectives a component of the provision of support to FP initiatives. If approached will be in a position to provide financial support to the strategy.

### **CHAI- Clinton Health Access Initiative**

The Clinton Health Access Initiative, Inc. (CHAI) is a global health organisation committed to saving lives and reducing the disease burden in low-and middle-income countries. It works with its partners to strengthen the capabilities of governments and the private sector to create and sustain high-quality health systems that can succeed without its assistance. CHAI was founded in 2002 with a transformational goal: to help save the lives of millions of people living with HIV/AIDS. Today, along with HIV, CHAI work with partners to prevent and treat malaria, tuberculosis, hepatitis, and cancer, accelerate the rollout of lifesaving vaccines, reduce infant and child mortality maternally, combat chronic malnutrition, and strengthen health systems. CHAI operates in over 30 countries worldwide, and more than 80 countries have access to CHAI-negotiated deals on medications, diagnostics, vaccines, and other health tools.

## The UK's Department for International Development (DFID) "UKAid"

Was established in 1997 with a mandate to meet the many challenges of tackling world poverty. In Uganda, DFID's top priorities include: Improving the quality of essential services, especially for the most vulnerable. Supporting the recovery in northern Uganda; Improving maternal and reproductive health; Driving growth through training, job creation, financial services and trade; Improving government accountability and transparency so that future oil revenues are spent effectively.

# USAID, United States Agency for International Development

President John. F. Kennedy created the United States Agency for International Development by executive order in 1961 to lead the US government's international development and humanitarian efforts. USAID works to help lift lives, build communities, and advance democracy. USAID's work advances U.S. national security and economic prosperity, demonstrates American generosity, and promotes a path to recipient self-reliance and resilience. USAID's global health efforts, grounded in investments in health systems strengthening and

breakthrough innovation, are focused on three strategic priorities:

- Preventing child and maternal deaths
- Controlling the HIV/AIDS epidemic
- Combating infectious diseases

## <u>UNFPA is the United Nations sexual and reproductive health agency.</u>

Its mission is to deliver a world where pregnancy is wanted, childbirth is safe, and young people's potential is fulfilled. UNFPA is formally named the United Nations Population Fund. The organization was created in 1969, the same year the United Nations General Assembly declared that "parents have the exclusive right to determine freely and responsibly the number and spacing of their children."

To meet Development Goals, UNFPA works in partnership with governments, other agencies and civil society.

## <u>Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)</u>

GIZ works to shape a future worth living around the world. That is GIZ's vision and long-term goal. For more than 30 years, capacity development has been one of the key services delivered by GIZ and its predecessors. Around the globe, GIZ advises people and organisations on learning and change processes. GIZ provides tailor-made, cost-efficient and effective services for sustainable development. GIZ offers a wide range of services to governments, companies, international institutions and private foundations. This is in various areas: health, legal affairs, public finance, communications, organisational development, education and training.

### Bill & Melinda Gates (Gates Foundation),

Founded by Bill Gates and Melinda French to give back to the community. They grew up instilled with the values of volunteerism and civic engagement. The foundation has five major grant-making Areas: Global Development Program, Global Growth & Opportunity Program; Global Health Program; Global Policy & Advocacy, and the United States Program.

In 2019 alone, the foundation funded grantees in 48 states and the District of Columbia. Internationally,

it funded work in 135 countries. Under the Health interventions program lies the directory of Maternal, Newborn & Child Health Discovery & Tools. The foundation objective here is to ensure that women and newborns survive and remain healthy before, during, and after childbirth by identifying and addressing underlying biological vulnerabilities. FP initiatives are addressing this.

### **The Waterloo Foundation (TWF)**

The Waterloo Foundation (TWF) is an independent grant-making Foundation. It's most interested in projects that help globally, focusing on the disparity of opportunities, wealth and the unsustainable use of the world's natural resources. It primarily supports World Development – supporting people and communities to build the basis of sustainable prosperity within developing countries through their access to sexual and reproductive health services, excellent nutrition, high-quality education and clean water, sanitation and hygiene systems. Environment - support for projects which counter damage to the environment and those for Child Development research and knowledge dissemination.

## The Embassy of the Kingdom of Netherlands, Uganda

Sexual and Reproductive Health and Rights is a priority of Netherlands Development policy. Citizens access to and utilization of sexual and reproductive health services that meets their need, is the overall goal of the Netherlands SRHR program in Uganda. To achieve this, the program focus on these four outcomes: Empowered young people make healthy sexual and reproductive health choices, and utilize services that meet their needs; Strengthened health systems (public/private) offer improved and equitable access to family planning, pregnancy and childbirth services, and Post Abortion care, including for young people; More respect for the sexual and reproductive rights for all; Increased access to and utilization of sexual utilization of sexual and reproductive health services, by refugees and host communities.

**Table 3: TMA Implementation Plan** 

Activity	Expected output	Responsible	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Strategic Objective 1: To increase the marke	t size of FP services a	nd commodities					
1.1 Revise the registration process to provide for a waiver on the WHO prequalified FP commodities and those registered within the EAC partner states.	Shortened Lead time and reduced cost for registration of FP products	Department of Pharmacy and Natural Medicine	X	X			
1.2 Segment the FP market and ensure that the commercial sector market space is clearly defined and enforced.	Elimination of factors leading to crowding out the commercial sector	R&I Division	X	X	X	X	X
1.3 Generate and provide strategic information on the potential of the FP market in Uganda especially for the commercial sector.	Accurate FP market forecasting and planning	TMA Sub Committee	X	X	X	X	X
Strategic Objective 2: Expand Market access	sibility						
2.1 Stop stock-outs of contraceptive products through strengthening the alternative distribution system to private sector and revising the public sector push system for contraceptives.	Increased access to FP products	Department of Pharmacy and Natural Medicine  JMS  NMS	X	X	X	X	X
2.2 Remove financial barriers to access to FP products and services in the commercial sector through health insurance, vouchers.	Affordable FP products and services	Private sector IPs, SMO	X	X	X	X	X
2.3 Target subsidies to the lowest three wealth quintiles through the public sector and social marketing.	Increased availability	SMO, IPs	X	X	X	X	X
2.4 Increase access to hard to reach areas through social marketing and outreach by the public sector and implementing partners.	Increased availability	SMO, IPs, R&I Division	X	X	X	X	X
2.5 Implement task shifting in the commercial sector.	Increased services provision	R&I Division	X	Х	Х	Х	X

Activity	Expected output	Responsible	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Strategic Objective 3: To establish mechanis	ms for FP market sus	tainability					
3.1 Mobilize additional resources for FP.	Increased budget allocation	R&I Division Development Partners,	X	X	X	X	X
3.2 Promotion of the strategic use of resources, including targeting public sector resources; delegating responsibility to NGOs for geographic areas, populations, or specific family planning services; and encouraging wealthier clients to use private sector services.	Efficient utilization funds	Development Partners, MOH, SMOs and IP,	X	X	X	X	X
Strategic Objective 4: Partner coordination	and stewardship						
4.1 Establish an open, transparent, results- oriented engagement platform in which all actors can participate.	Operational TMA sub committee	R&I Division and Department of Pharmacy and Natural Medicine	X	X	X	X	X
4.2 Institutionalize and fund a TMA research agenda.	Lessons learned applied to improve TMA implementation	All stakeholders	X	X	X	X	X
4.3 Build capacity for stakeholders to internalize, understand and appreciate the TMA concept.	Success stories	All stakeholders	X	X	X	X	X

NAME OF PLAN:	Costing TMA strategy activities
PERIOD COVERED	<b>D</b> 5 years
CURRENCY:	ngx
INFLATION RATE: 5%	2%

Strategic Objective	Υ1	Y2	Υ3	Y4	Υ5	TOTAL
Strategic Objective 1: To increase	118,320,400	29,200,000	29,200,000	29,200,000	29,200,000	235,120,400
the market size of FP services and						
commodities						
Strategic Objective 2:	824,456,100	80,151,467	67,413,600	67,413,600	67,413,600	67,413,600 1,106,848,367
Expand Market accessibility						
Strategic Objective 3:	90,274,135	50,951,468	77,536,268	38,213,601	50,951,468	588,160,010
To establish mechanisms for FP market						
sustainability						
Strategic Objective 4: Partner	97,934,000	59,720,400	40,613,600	40,613,600	27,875,733	266,757,333
coordination and stewardship						
Grand Budget Total	1,187,533,867	231,024,501	225,501,641	184,212,841	184,212,841	184,212,841 2,306,730,416
Note: Grand Total includes an inflation	ion rate of 5%					

