



THE REPUBLIC OF UGANDA

2018 RESOURCE FLOWS SURVEY ON FAMILY PLANNING IN UGANDA

MAIN REPORT



June 2019



This report presents findings from the 2018 Resource Flows Survey on Family Planning in Uganda undertaken by the Uganda Bureau of Statistics (UBOS).

Additional information about the Survey may be obtained from the Uganda Bureau of Statistics (UBOS), Plot 9 Colville Street, P.O. Box 7186, Kampala, Uganda; Telephone: (256-414) 706000 Fax: (256-414) 237553/230370; E-mail: ubos@ubos.org; Internet: www.ubos.org.

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PREFACE



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

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

The survey collects information on funds received for Family Planning and domestic expenditures towards Family Planning services. The information is mainly used for advocacy and mobilization of resources towards implementation of the Uganda Family Planning Costed Implementation Plan (FP-CIP), 2015-2020 and achievement of FP2020 agenda.

The Uganda Bureau of Statistics appreciates her respondents from Government, Non-Government Organizations (NGOs) and Corporations for providing the necessary information. Special thanks go to the United Nations Population Fund (UNFPA) for the financial support, the Netherlands Interdisciplinary Demographic Institute (NIDI), the Ministry of Health for technical guidance in implementation of the Survey and the data collectors for ensuring that complete and accurate data is collected.

The Bureau, therefore calls upon Development Partners, Government Ministries, Departments and Agencies (MDAs), Civil Society Organizations and the general public to utilize the findings for making decisions on Family Planning resource allocation initiatives in Uganda.

A handwritten signature in black ink, appearing to be 'Chris N. Mukiza', written in a cursive style.

Chris N. Mukiza (PhD)
Executive Director

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LIST OF ACRONYMS

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

EXECUTIVE SUMMARY

Statistical information on Family Planning expenditures within a country is critical for evidence-based policy and decision making in resource allocation in the Health sector. The information is also critical for monitoring progress in achievement of Government commitments to FP service provision in Uganda. The Uganda Bureau of Statistics (UBOS) has been conducting the Resource Flows Survey (RFS) in Uganda since 2011. The 2018 RFS covered all institutions undertaking Family Planning (FP) activities namely; Government Ministries, Department and Agencies (MDA), Non-Government Organizations (NGO), Importers of Contraceptives and Private Health facilities. A total of 471 institutions were covered including 371 private health facilities that were nationally representative. Field data collection was spread over a 2-month period from November 2018 to December 2018. The Survey focused on income received and domestic expenditures on Family Planning activities in the country in Calendar year 2016-2017 and Financial year 2016/17-2017/18.

Income received and spent on Family Planning activities in Uganda

The 2018 Resource Flows Survey on Family Planning in Uganda revealed that about UGX 106Billion was received for Family Planning (FP) activities in 2017; reflecting a 34 percent increment from about UGX 79Billion that was received in 2016. Financial Year (FY) findings showed that there was an increase in income received for FP from UGX 71Billion in 2016/17 to UGX 80Billion in 2017/18. International organizations remained the main source of income for Family Planning activities in Uganda in 2017 accounting for 73 percent (UGX 76 Billion) of the total income received in 2017.

FP funds absorption was reportedly high at about 92 percent in 2017/18 and 96 percent in 2017. Internal service staff cost took the greatest share of the total FP expenditures in 2017 at about 28 percent. Purchase of Contraceptives, medicine & other consumables constituted the largest proportion (42%) of Family Planning expenditure in FY 2017/18. Condoms were the most purchased contraceptive accounting for 30 percent of the expenditure towards Contraceptives medicine & other consumables in 2017 and 29 percent in 2017/18.

Income received and spent on Family Planning activities among Government Ministries, Departments and Agencies (MDAs)

A total of UGX 16Billion was received for Family planning in 2017/18; an increment from UGX 10Billion in 2016/17. Purchase and distribution of Contraceptives, medicine, and other consumables took the greatest share of the FP funds at about 93 percent in 2017/18. Of the FP income spent on Contraceptives, medicine & other consumables in 2016/17 and 2017/18, more than a third was spent on purchase of IUDs followed by condoms.

Findings from the national budget showed that UGX 1.70 Billion was spent by Government of Uganda on FP activities in 2017/18. This was a decrease from UGX 1.74 Billion in FY 2016/17. About UGX 1Billion was spent on Human Resource in both years.

Income received and spent on Family Planning activities in the Private Sector

There was an increase in income received from FP services in the private sector from UGX 78Billion in 2016 to UGX 105Billion in 2017. Of the income received, almost all was spent (99% in 2016 and 96% in 2017).

Non-Government Organizations (NGOs) reported receipt of UGX 101Billion in 2017; an increment from UGX 73Billion in 2016. Most of the FP income in 2017 (28%) was spent on internal service staff cost for direct FP service provision.

A reduction in the percentage spent on long term FP methods namely injectables (15% to 12%), implants (17% to 12%) and IUDs (22% to 14%) was realized between 2016 and 2017.

Private Health Facilities on the other hand reported a decrease in income received for FP activities from UGX 4.9Billion in 2016 to UGX 3.9Billion in 2017. Most of the expenditures towards FP services (38%) in public health facilities were on purchase and provision of Contraceptives, medicine & other FP consumables in 2017. The most purchased contraceptives were injectables at 19 percent in 2017 and 27 percent in FY 2017/18.

Importers of FP commodities. There was an increase in expenditure towards importation of FP contraceptives from UGX 46Billion in 2016 to UGX 58Billion in 2017.

CHAPTER ONE

INTRODUCTION

1.1 Overview

The International Conference on Population and Development (ICPD) was held in Cairo in 1994 to develop new approaches to management of population issues. The associated Programme of Action (PoA) was adopted to provide estimates on the levels of national resources and international assistance required for implementation of programmes that support the ICPD population activities and thus calls upon governments to make those resources available. It's from this conference that the Resource Flows Survey was designed to compile reports on international assistance and domestic expenditures on population activities in developing countries.

The survey is undertaken in 130 UNFPA Country Offices including the 69 countries committed to Family Planning (FP2020).

The survey is a joint collaboration between the United Nations Population Fund (UNFPA) and the Netherlands Interdisciplinary Demographic Institute (NIDI). The NIDI provides technical assistance through a manual designed to guide implementers of the survey and this is the standard that guides the survey. While UNFPA provides funding for the survey.

In line with the above, the Uganda Bureau of Statistics (UBOS) has since 2011 conducted six Resource Flows Surveys (RFS) through to 2016 in Uganda. In 2015, the RFS was re-designed to focus on funding towards Family Planning activities only as opposed to the ICPD Population activities with the main objective of estimating the additional resources required to reach the Family Planning goal 2020. The Bureau also did not conduct the survey in 2017 hence the 2018 Resource Flows Survey collected data retrospectively to cover the gap for the past 2 years i.e. calendar year 2016-2017 and Financial Years 2016/17 - 2017/18.

Family Planning 2020 (FP2020) is a global partnership that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have. In partnership with stakeholders, FP2020's target is to enable 120 million more women and girls to use contraceptives by 2020.

1.2 Survey objectives

The main objective of the 2018 Resource Flows Survey (RFS) on Family Planning was to collect data on income and domestic expenditure towards Family Planning activities in Uganda.

Specifically, the survey aimed to:

- i. Estimate FP expenditure from the Government domestic budget
- ii. Establish income received for FP service provision by source of funding (domestic and international) among Government MDAs, Non-Government Organizations and Corporations.
- iii. Determine recurrent expenses and capital investment in Family Planning among Government MDAs, Non-Government Organizations and Corporations.

1.3 Justification of the Study

The Government of Uganda recognizes the contribution of FP to the social economic transformation of the country through Uganda's Vision 2040 is to transform the country from a predominantly low economy to a competitive upper middle-income country with a per capita income of USD 9,500. Additionally, the National Development Plan (NDP II) 2015/16 – 2019/20 under the Health sector Objective 1, is to contribute to the production of a healthy human capital through provision of equitable, safe and sustainable health services.

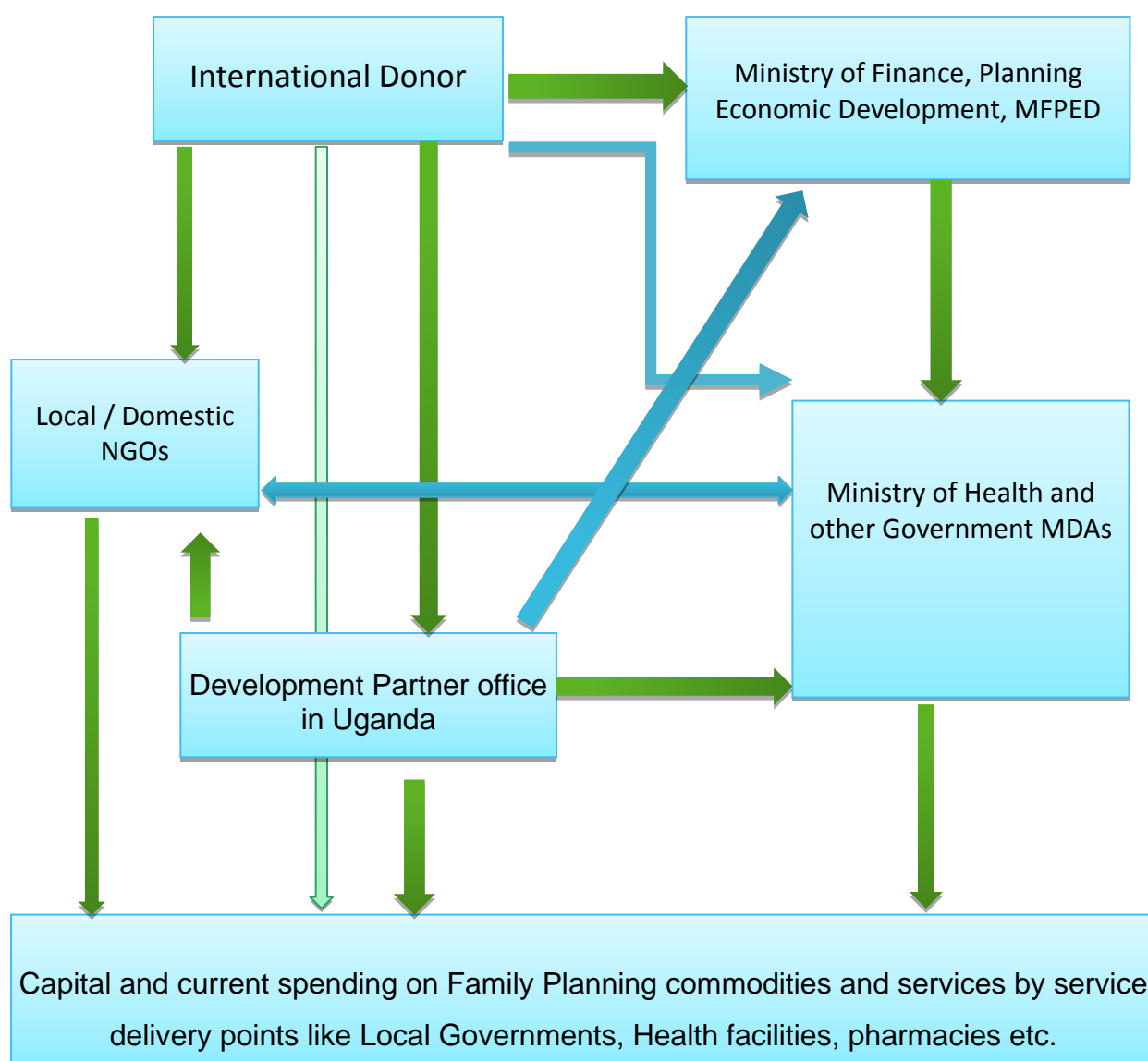
The information from the survey is mainly be used for advocacy and mobilization of resources to ensure implementation and achievement of Family Planning goal 2020 by the United Nations Population fund (UNFPA), Ministry of Health and other stakeholders.

The findings from this survey can also be used to monitor targets outlined in international and national development frameworks like Tack2020 indicator 12 and the Uganda Family Planning Costed Implementation Plan2015-2020.

1.4 Financial flows of Family Planning Resources in Uganda

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

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



Source: Ministry of Health-UNFPA

1.4.1 Supply Chain of Family Planning Contraceptives in the Public Sector

The public sector is comprised of Government MDAs. When FP commodities are procured by development partners, the items through Ministry of Health are forwarded to NMS and Joint Medical Stores (JMS) for distribution to Government (district stores) and Private Not for Profit Health Facilities from whom the users obtain the contraceptives for free or at a subsidized price. From the district stores however, third parties (community health workers) deliver the items to health facilities and hospitals. The National Medical Stores (NMS) typically distributes to Public facilities while Joint Medical Stores distributes to Private Not for Profit (PNFP) facilities.

1.4.2 Supply Chain of Family Planning Contraceptives in the Private Sector

This includes NGOs (Not for Profit - NFP) namely; Faith Based Organizations, Private for Profit (PFP) Institutions, Pharmacies, and Local Associations. The private sector benefits from the Alternative Distribution Strategy by Ministry of Health through Joint Medical Stores while others buy from the commercial market (procure FP services from whole sale pharmacies within or import) and others use social marketing organizations (like UHMG, PACE, Marie Stopes) from which they buy contraceptives at subsidized prices. The FP user then pays cash directly to the Private for Profit (PFP) institutions for the FP services while in the Private not for Profit (NFP) institutions, services are for free or obtained at subsidized prices.

1.5 Family Planning Status in Uganda



Source: <https://www.mattapanhc.org>

The 2014 National Population and Housing Census (NPHC) results revealed that the population of Uganda was 34.6 million people with an annual population growth rate of 3.0 percent and average household size was 4.7. Uganda's population is projected to reach 41.2 million people by 2020.

Uganda conducted the 2016 Uganda Demographic and Health Survey (UDHS) and below were some of the key indicators on Family Planning;

- 1) Total Fertility Rate was an average of 5.4 births per woman
- 2) Contraceptive Prevalence Rate of 39 percent was realised among married women while modern contraceptive use was at 35 percent among married women aged 15-49 years.
- 3) Injectable and Implants were the most commonly used modern FP methods and only four percent used a traditional method.
- 4) The unmet need for Family Planning was 28 percent among married women. The total demand for FP in Uganda was at 67 percent of which 40 percent were in need of spacing and 27 percent in need of limiting.
- 5) Over two-thirds (64%) of currently married women who were nonusers of contraception intended to use Family Planning in the future hence the need to increase funding towards FP service provision.

- 6) More than half of the women (59%) who currently use a modern method of contraception last obtained it from the public sector, while 39% obtained their method from the private sector. The public sector was found to be the major source for female sterilisation (86%), IUDs (70%), and implants (83%). Nine in 10 (93%) of the women who use pills and 6 in 10 (62%) women who use condoms use a socially marketed brand

1.6 Structure of the report

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

CHAPTER TWO

SURVEY METHODOLOGY

2.1 Introduction

This chapter provides an overview of the methodology used during the 2018 Resource Flows Survey on Family Planning in Uganda. The chapter presents details on Scope and Coverage, Sampling Design used, Response Rate attained Survey process and Quality Control measures used right from the preparatory activities up to dissemination.

2.2 Scope and Coverage

2.2.1 Coverage

The Selection of organizations to participate in the survey followed the Netherlands Interdisciplinary Demographic Institute (NIDI) guidelines that specify that coverage should be as complete as possible ensuring that all major players in the field of Family Planning are included i.e. organizations that have the highest FP expenditures. However, given the financial resource constraints, the need to avoid double counts and to ensure reliability of the indicators generated:

1. Only pharmacies and agencies that import FP commodities were covered.
2. Headquarters of various organizations were visited rather than their respective branches across the country.
3. Only private health facilities that offered Family Planning during the reference period were included in the sampling frame. Specifically, all Hospitals and Health Centres (II, III and IV) were visited on the assumption that very few, if any, dental or optical facilities offer FP services. The District Health Management Information System (DHMIS) database was used to develop the private health facilities sampling frame.
4. Public health facilities were not visited to avoid double count on the assumption that they receive FP funding (cash or in kind) from government and some private organizations.
5. All identified Government MDAs and NGOs (Non Profit Institutions) were visited.

2.2.2 Scope

The survey collected primary data on funds received and spent on FP services within the public and private sector from both national and international organizations in the. The public sector was comprised of Government Ministries, Departments and Agencies involved in Family Planning service provision. The private sector on the other hand constituted Non Profit Institutions or Non-Government Organizations, Private Health Facilities that provided FP services during the reference period, Pharmacies and Agencies that Import contraceptives.

2.2.3 Survey questionnaires

The 2018 RFS on FP used a set of four (4) questionnaires each with an accompanying manual of instructions. These were developed by NIDI and localized by UBOS in consultation with stakeholders. The questionnaires collected information on income received by source, funds absorption by type (recurrent expenses and capital investment), specific FP programme expenditure details, expenditure on contraceptives by commodity, and future expected expenditures.

The survey questionnaires included:

- 1) **National Consultant questionnaire** which was filled in by the survey coordinator from UBOS-lead implementing agency. This provided information on average price of contraceptives from administrative sources.
- 2) **Government questionnaire** for the public sector which was filled in by accountants in consultation with the technical officers from Government MDAs providing information on the income received and spent on FP activities.
- 3) **Private Sector questionnaires** that included;
 - i. **Non-Government Organizations (Non-Profit Institutions) questionnaire**
 - ii. Which was administered to NGOs, Universities, Foundations among others and filled in by accountants in consultation with the technical officers.
 - iii. **Corporations' questionnaire** providing information on the income received and spent on FP activities by Private for Profit agencies like private hospitals and Pharmacies. Corporations in this survey refer to the private providers of Family Planning services and methods.

The Government and NGO questionnaires were sent to respondents (accountants who worked with the technical officers) via email or hand delivered by the data collector. Where possible, face to face interviews were conducted with the respondent. Computer Assisted Personal Interviews (CAPI) were conducted at the selected Private Health Facilities.

2.3 Sampling design

The 2018 Resource Flows Survey on FP sampling frame was developed based on a harmonized list of FP implementing partners in the country from the UBOS, National Population Council, UNFPA, Uganda Revenue Authority, National Drugs Authority and Ministry of Health databases. From this list a total of 12 Government MDAs, 80 NGOs and 12 importers of FP contraceptives were identified (see appendix 4 for list of institutions). NIDI guidelines recommend that coverage should be as complete as possible and since there are few FP implementing partners (104) in Uganda, all were visited with the exception of private health facilities where sampling was done.

2.3.1 Sampling Frame

The frame for Private Health Care Facilities (HFs) that provided Family Planning services as of December 2017 in 125 districts was obtained from the District Health Management Information System (DHMIS) at Ministry of Health. This comprised of 1,444 Private Health Facilities. All facilities with less than 10 FP users (0.04% of total FP users) in 2017 were dropped from the frame (8% of the private HFs were excluded). Table 2.1 shows the distribution of private HFs in the frame.

Table 2. 1: Number of private health facilities that offered FP services in the sampling frame and number sampled by level

| Level | Number of Private Health Facilities: | |
|------------------|--------------------------------------|---------------------------|
| | In the sampling frame | with at least 10 FP users |
| Clinic | 219 | 0 |
| General Hospital | 68 | 41 |
| HC II | 827 | 480 |
| HC III | 311 | 156 |
| HC IV | 19 | 10 |
| Total | 1,444 | 687 |

Given that the data from the sampling frame (DHMIS) was incomplete without data on expenditures towards FP among the private health facilities, the available variable number of FP users was used as a proxy measure for FP financial expenditure. Hence the sample selection at all stages was done using Probability Proportional to Size (PPS), the size being the number of Family Planning users.

2.3.2 Sample Size Determination

A number of factors were taken into consideration during the determination of a sample size that is nationally representative and these included;

1. Contraceptive Prevalence Rate among married women (39%) and sexually active unmarried women (51%) in the reproductive age group (15-49 years) from the 2016 UDHS
2. Non-response among health facilities (1.3%) based on other health facility based studies and
3. The overall cost of the survey among others.

Following the highlighted factors, a sample size of 450 private Health Facilities whose distribution by level is shown in Table 2.2. Based on findings from the pre-test, clinics were excluded in the sampling due to inadequate data and duplication in FP methods provision.

Table 2. 2: Number of private health facilities that offered FP services in the sampling frame and number sampled by level

| Level | Number of Private Health Facilities Sampled |
|------------------|---|
| Clinic | 0 |
| General Hospital | 41 |
| HC II | 243 |
| HC III | 156 |
| HC IV | 10 |
| Sample size | 450 |

2.3.3 Sample Selection

The sample selection followed a two-stage stratified sampling design. In the first stage, all districts were grouped into 15 sub regions of similar socio-economic characteristics prior to sampling. These included; North Buganda, South Buganda, Kampala, Ankole, Bukedi, Busoga, Acholi, Lango, West Nile, Bunyoro, Kigezi, Tooro, Teso, Elgon and Karamoja. Given the time constraint and limited financial resources allocated for the survey, a total of 30 districts with regional representation were then selected. This was done using Probability Proportional to Size (PPS), the size being the number of Family Planning users in each district.

In the second stage, the number of Private Health facilities to be included in the sample from each district was also determined using PPS. Since there were few private HFs (41 Hospitals, 10 Health Centre IVs, and 156 HC IIIs) in the selected districts, all were included in the sample. The 243 HC IIs were then selected using PPS in each district (see table 2.3 for details by district).

Following the stated sampling design, a total of 554 organizations including 12 Government MDAs, 80 NGOs, 12 Pharmacies and agencies that import contraceptives and 450 private health facilities were identified and visited during the 2018 Resource Flows Survey on Family Planning.

Table 2.3: Number of private health facilities that offered FP services and were sampled by district

| District | General Hospital | HC II | HC III | HC IV | Grand Total |
|--------------|------------------|------------|------------|-----------|-------------|
| Buikwe | 1 | 9 | 0 | 1 | 11 |
| Bushenyi | 2 | 4 | 2 | 0 | 8 |
| Busia | 1 | 0 | 3 | 0 | 4 |
| Buyende | 0 | 6 | 1 | 0 | 7 |
| Gulu | 1 | 10 | 0 | 0 | 11 |
| Hoima | 0 | 6 | 3 | 1 | 10 |
| Iganga | 1 | 12 | 1 | 0 | 14 |
| Isingiro | 0 | 16 | 2 | 0 | 18 |
| Jinja | 3 | 10 | 6 | 0 | 19 |
| Kabale | 1 | 6 | 3 | 0 | 10 |
| Kalungu | 1 | 7 | 5 | 1 | 14 |
| Kampala | 12 | 36 | 8 | 1 | 57 |
| Kamuli | 1 | 15 | 0 | 0 | 16 |
| Kanungu | 1 | 10 | 5 | 0 | 16 |
| Kasese | 2 | 4 | 13 | 4 | 23 |
| Kiboga | 0 | 7 | 2 | 0 | 9 |
| Kisoro | 1 | 2 | 3 | 0 | 6 |
| Kyenjojo | 0 | 8 | 3 | 0 | 11 |
| Lira | 0 | 5 | 7 | 1 | 13 |
| Luwero | 0 | 8 | 3 | 0 | 11 |
| Mayuge | 1 | 8 | 0 | 0 | 9 |
| Mbale | 1 | 10 | 7 | 0 | 18 |
| Mbarara | 4 | 2 | 2 | 0 | 8 |
| Mpigi | 1 | 3 | 10 | 0 | 14 |
| Nakaseke | 1 | 3 | 2 | 0 | 6 |
| Nebbi | 1 | 0 | 4 | 0 | 5 |
| Oyam | 1 | 11 | 1 | 0 | 13 |
| Sheema | 0 | 5 | 1 | 0 | 6 |
| Soroti | 0 | 5 | 0 | 0 | 5 |
| Wakiso | 3 | 15 | 59 | 1 | 78 |
| Total | 41 | 243 | 156 | 10 | 450 |

2.4 Response Rate

Throughout the survey process, Ministry of Health through the FP technical committee and FP2020 office took lead in contacting stakeholders to ensure that non-response was minimized. Table 2.4 shows that the survey yielded a response rate of 82.1 percent with the least response rate (76%) realized among NGOs. This was majorly attributed to the fact that data collection was undertaken during a busy period when accountants were preparing for or undergoing financial audits.

Table 2.4: Distribution of the 2018 Resource Flows Survey Institutions and their Response Status by category.

| Institution category | Total number in the sampling frame | Number of Selected Institutions | Number of institutions Interviewed | Response Rate |
|--|------------------------------------|---------------------------------|------------------------------------|---------------|
| Government Ministries, Departments and Agencies (MDAs) | 12 | 12 | 12 | 100.0 |
| NGOs (Non-Profit Institutions) | 80 | 80 | 61 | 76.3 |
| Corporations | | | | |
| 1. Pharmacies and Organizations that import FP commodities | 20 | 12 | 11 | 91.7 |
| 2. Private Health Facilities | 1,444 | 450 | 371 | 82.4 |
| Grand Total | 1,556 | 554 | 455 | 82.1 |

See appendix 4 for details on response status of each FP implementing partners.

2.5 Survey process

The 2018 RFS on FP underwent several stages before production and sharing of the final findings. The survey process followed US 943 Guidelines for production of quality statistics. These processes included:

2.5.1 Stakeholder Consultations

UBOS held two Technical review meetings with UNFPA, Ministry of Health, and Track 20 M&E Officer to finalise the implementation strategy of the survey. This was

followed by a one-day stakeholder consultative workshop for FP implementing partners.

A scoping workshop was also conducted to gain consensus on the computation process for the indicators generated given that most stakeholders use an integrated approach of service provision. A data validation workshop in which all respondents and key stakeholders were invited was held to share preliminary results with stakeholders. See appendix 3 for the list of institutions that were represented during the stakeholder consultative meetings.

2.5.2 Training of field staff

The 2018 RFS on FP data collection was conducted by 15 Research Assistants who were selected from the UBOS database and 5 Supervisors selected among Statistical Assistants at the Bureau. They underwent a three-day training on data collection techniques at institutional level. This was aimed at ensuring unison understanding of the questionnaire content (concepts and data requirements), completeness and accuracy in the data collected.

2.5.3 Field Work

Prior to the start of data collection; UBOS and MoH provided the field staff with introductory letters to the selected institutions requesting their cooperation by providing the required data.

A soft copy and printed data collection tools (upon request) were delivered to the selected institutions and shared on line, a discussion of the tools with the focal person was done and a date(s) was scheduled for pick-up of the completed tool. Teams collecting data from health facilities conducted face to face interviews with the respondent using CAPI and paper questionnaires in case of system failure. The data collectors continuously followed up the focal persons through phone calls and physical visits to guide them in filling in the questionnaire.

UBOS supervisors and MoH FP focal persons made desk calls to institutions that refused or were reluctant to provide information. The data collection lasted for a period of about two months from November to December 2018.

2.5.4 Data Processing and management

After data collecting, data from Health Facilities was sent directly to the UBOS server, converted to and processed using STATA. On the overhand, Data from NGOs and Government MDAs was captured into MS Excel and processed (cleaned and analysed) using STATA. Data was edited following a data editing plan and desk calls were made to institutions whose figures had quality issues. For each filled paper questionnaire, an Excel version was reproduced and shared with NIDI.

Data Analysis;

1. Institutions that provided data in foreign currency, the end of period exchange rate based on Bank of Uganda estimates was used for both calendar and financial years.
2. Given that data from private health facilities was based on a sample, weights were generated to provide national level figures on financial flows towards FP in these facilities. In order for the sample estimates from the 2018 RFS to be representative of the total private health facilities, a sample weight was applied to the data. The weight for each sampled private health facility was equal to the inverse of its probability of selection (calculated by multiplying the selection probabilities at each sampling stage). The individual weight was attached to each health facility within the district records in the data files. The sampling probabilities at each stage of selection were maintained in an Excel spreadsheet with information from the sampling frame for each sample cluster and stratum, so that the overall probabilities and corresponding weights could be calculated. Following the adjustment of the weights for non-response, the weights were generally normalized so that relative weights could be used for the analysis of the survey data.

2.6 Quality Control

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

- 1) A sensitisation workshop was held for all the selected participating institutions to demystify to them what the survey is about and the required data.

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

CHAPTER THREE

SURVEY FINDINGS

3.1 Introduction

Over the years 2011 to 2017, the data collection questionnaires have changed as a result of adjustment and exclusion of some existing questions and sections as well as modification in methodology. The survey scope was narrowed to only Family Planning since 2015 while the years before, the focus was on the ICPD population activities that included; Family Planning services; Basic reproductive health services; Basic research, data on and population and development policy analysis. The survey coverage also was revised to include private health facilities and exclude insurance companies based on stakeholder consultations and data from previous surveys.

Given the revised methodology during the 2018 round of the survey, the data is not comparable with other survey years. The analysis shall be presented separately for the two accounting periods because some institutions follow a calendar year (2016-2017) while others follow a financial year (2016/17-2017/18).

This chapter therefore presents some of the key findings on financial flows towards Family Planning in Uganda based on data that was collected from organizations that implemented FP activities during the calendar years 2016-2017 and Financial Year 2016/17-2017/18.

The subsequent sub-sections will provide survey findings on:

- (1) Financial Flows for Family Planning activities in Uganda
- (2) Financial Flows for Family Planning activities in the public sector (Government MDAs)
- (3) Financial Flows for Family Planning activities in the private sector (Non-Government Organizations and Corporations)

3.2 Financial Flows for Family Planning activities in Uganda

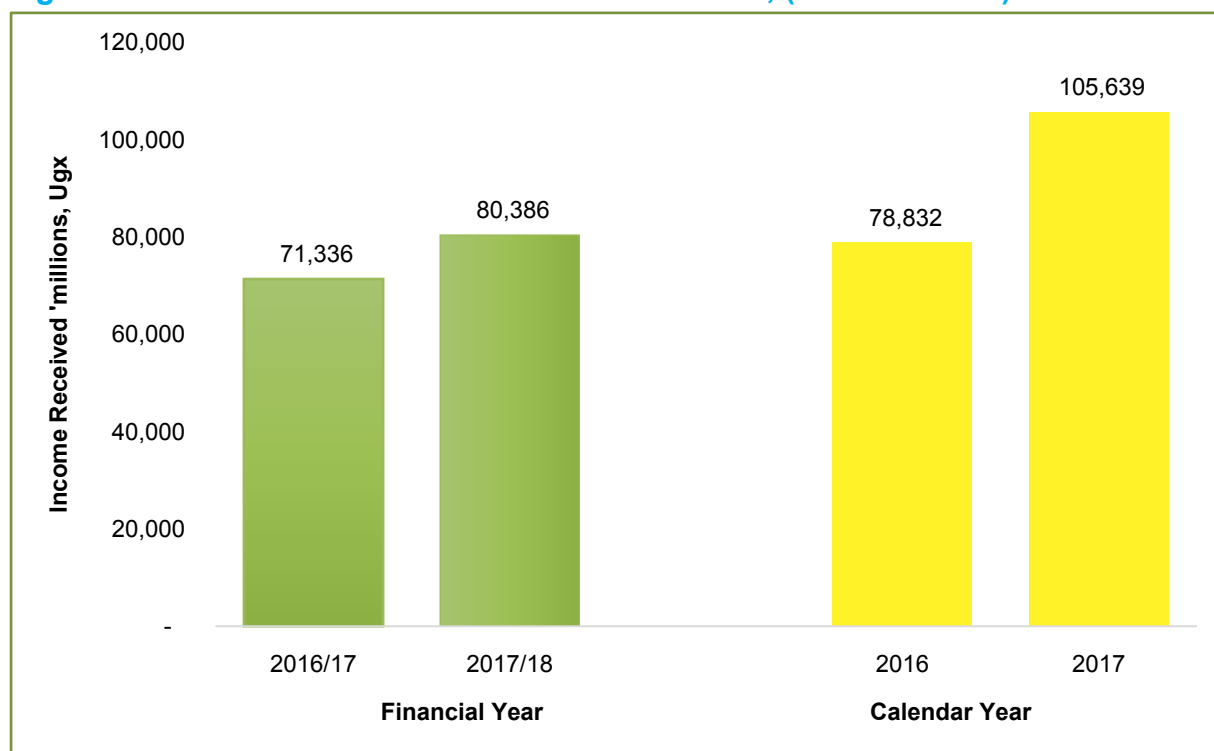
Uganda has a Family Planning Costed Implementation Plan (FP-CIP 2015-2020) whose cost for the 5-year period is UGX 622 Billion (US \$235.8 million). In 2016 the FP-CIP was valued at UGX 127.8 Billion (\$35.2 million) and UGX 137.8 Billion (\$37.9 million) in 2017. These resources help Family Planning programme managers strengthen their programs and meet growing Family Planning needs.

3.2.1 Income Received for FP services

In order to estimate how much income was received for FP activities in 2016 and 2017, institutions were asked to state the total amount received by source and the proportion spent on Family Planning activities categorised as recurrent and capital expenditures. Findings from the 2018 Resource Flows Survey showed that there was a general increase in the share of funds received for Family Planning activities between 2016 and 2017.

Figure 3.1 shows that in 2017, about UGX 106 Billion was received for Family Planning activities; reflecting a 34 percent increment from about UGX 79 Billion that was received in 2016. Relatedly, there was an increase in the amount of income received from various sources towards FP service provision from UGX 71 Billion in 2016/17 to UGX 80 Billion in 2017/18. This is an indication that the government of Uganda and its partners are committed to ensuring access to Family Planning information, services and commodities since these are essential to protecting the health and well-being of women, families and the whole society.

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



3.2.2 Source of funding for FP services

The successful implementation of the FP programmes requires the concerted and coordinated efforts of Government and the local government structures, the private sector, civil society, and development partners.¹ Family Planning resource out flow is a complex network because funds from donors to recipients take different channels.

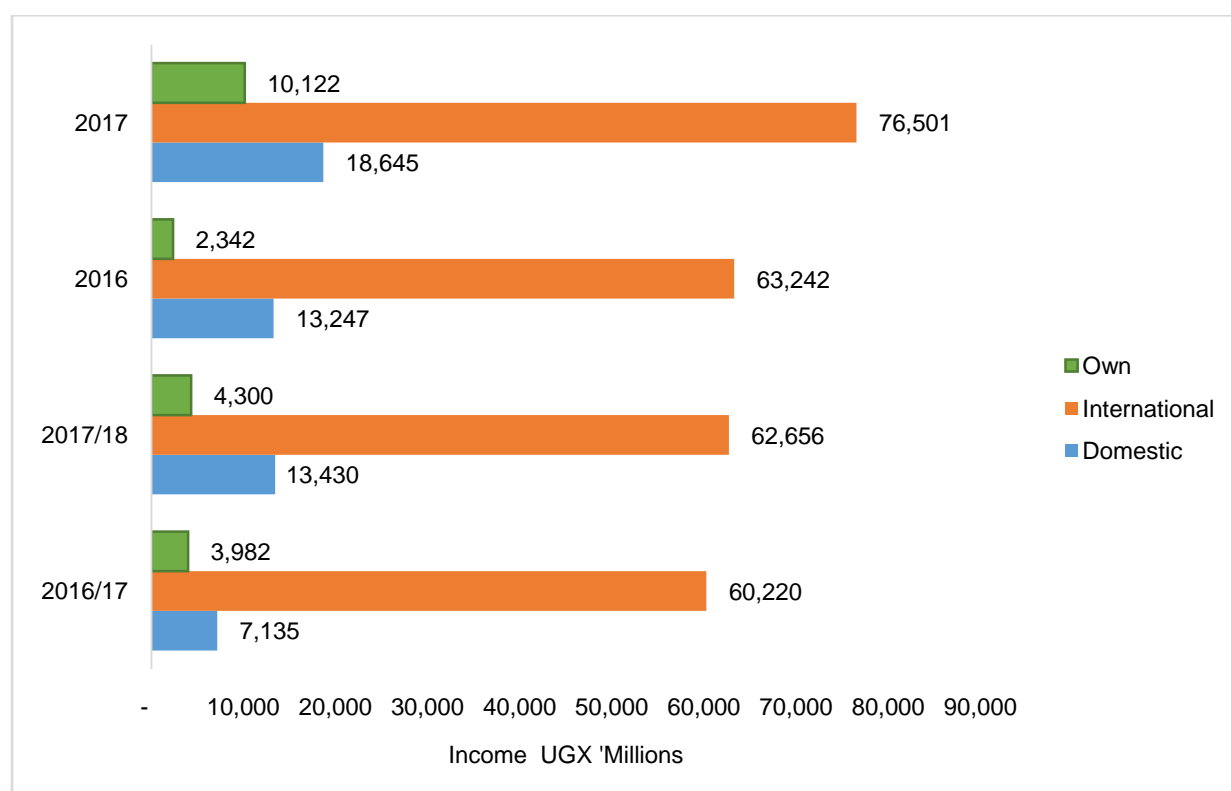
The 2018 Resources Flows Survey also established the sources of funding for provision of Family Planning activities in the country, that is, any process that raises funds for Family Planning (FP) service provision. Examples of these mechanisms may include: fee for services, subsidized services through donor financing, and third-party payment mechanisms such as health insurance by the government. During the survey, financial resource inflows for Family Planning activities were categorized into international donors, domestic and own mobilizations.

¹ Uganda Family Planning Costed Implementation Plan, 2015-2020

International organizations remained the main source of income for Family Planning activities in Uganda in 2017 accounting for 73 percent (UGX 76 Billion) of the total income received (UGX 106 Billion) in 2017 (see Figure 3.2). Resources that were mobilized within Uganda (both domestic sources and own income) for FP activities were about UGX 29Billion in 2017; an increment from UGX 15 Billion in 2016.

Figure 3.2 further shows that there was an increase in funds for FP services from domestic sources from UGX 11 Billion in 2016/17 to UGX 18 Billion in 2017/18. The largest source of funding in 2017/18 was international sources, recording an amount of about UGX 63 Billion.

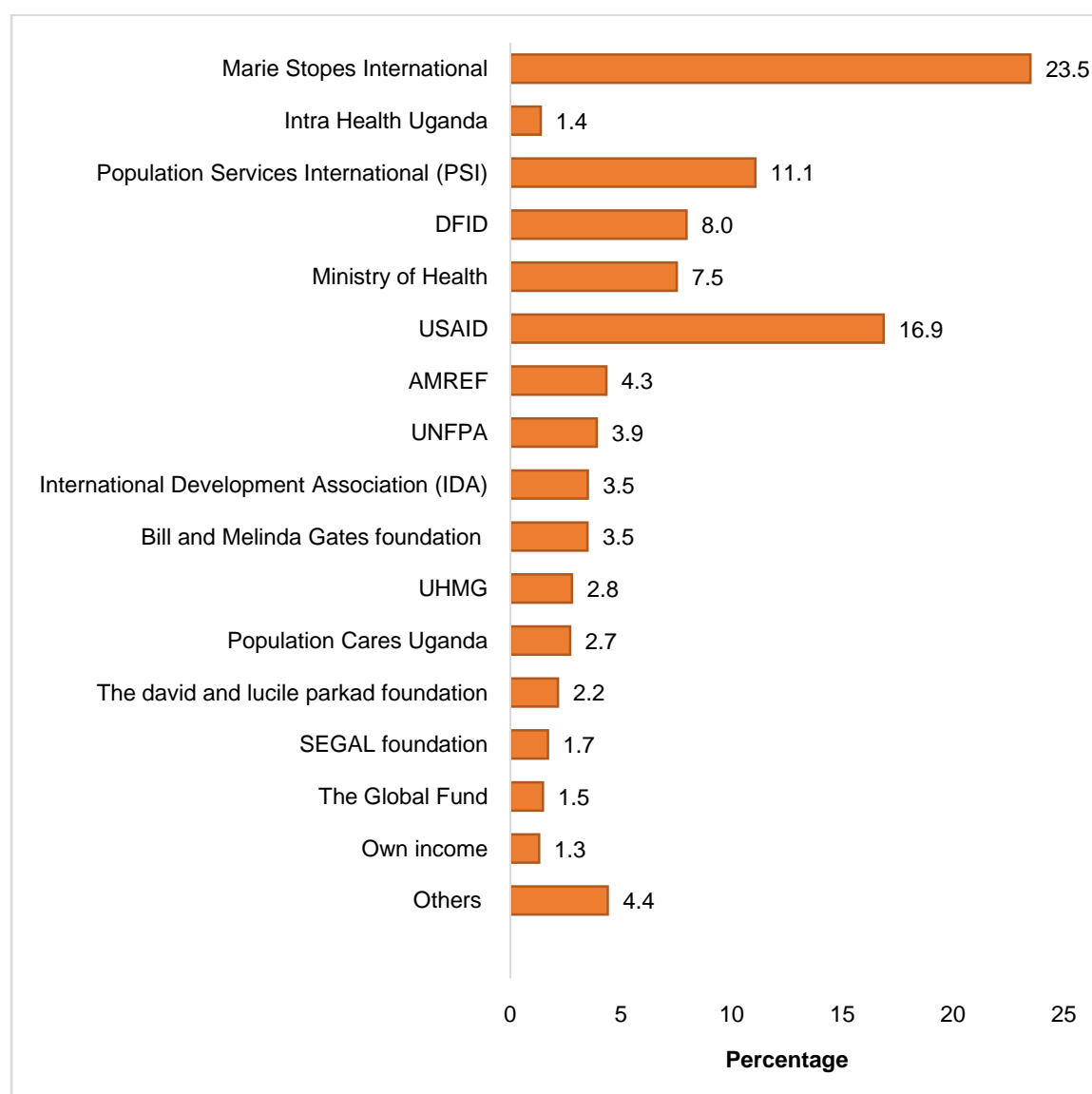
Figure 3.2: Source of income Received for Family Planning Activities, 2016-2017 (UGX 'Millions)



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

Both Government and Non-Government Organizations (NGO's) work hand in hand in improving people's health by making FP services accessible to communities. Out of UGX 106 Billion received in Uganda in 2017, nearly a quarter (23%) was from Marie Stopes International (Figure 3.3). More than 10 percent of the funding for FP activities was with money from Population Services International (11%), USAID (17%). Ministry of Health contributed 7.5% of the total FP funding in 2017; an indication that the Government of Uganda needs to increase resource allocation to the provision of FP services in the national budget as one of the ways to fulfilling its Country Commitments to FP 2020 agenda.

Figure 3.3: Percentage share of FP income by Source of funds in 2017



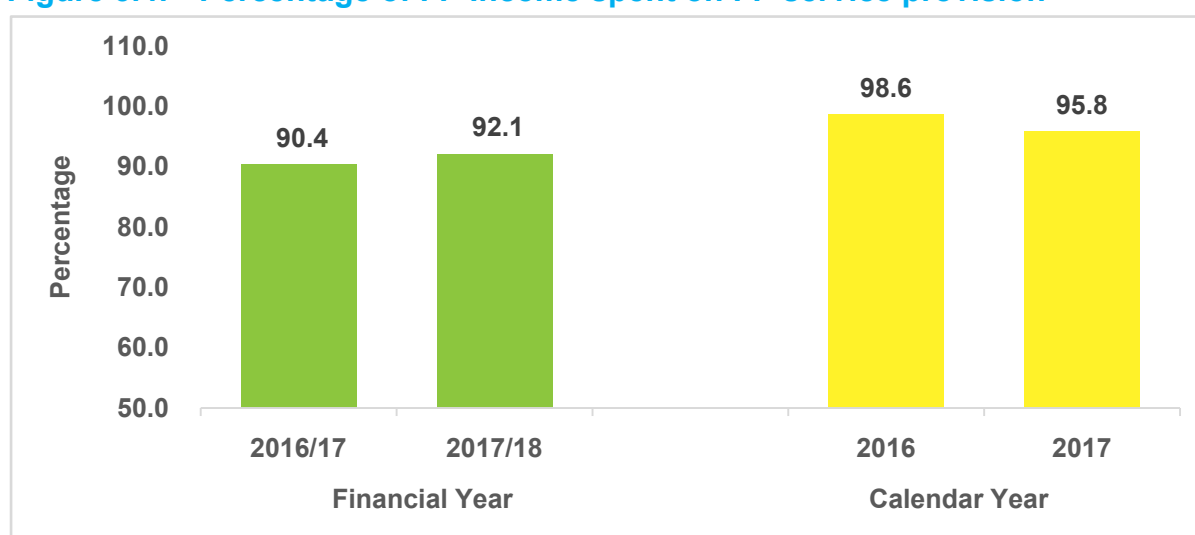
**others include institutions with less than one percent of the total FP funds in 2017. For example; Wellspring International Philanthropic fund, Reproductive Health Uganda, Hewett, Better Hag Uganda among others.*

3.2.3 Absorption of FP Funds

Investing in universal access to sexual and reproductive health Services is vital in achieving a healthy and more sustainable society. This helps to change the lives of women and men by giving them an opportunity to decide and shape their own future potentials. This section provides an overview on how the FP funds were spent in Uganda.

Figure 3.4 shows that of the UGX 80Billion received for Family Planning services in 2017/18, about 92 percent was spent. However, there was a decline in FP funds absorption between 2016 and 2017.

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



3.2.4 Recurrent and Capital investments in Family Planning

Table 3.1 shows that internal service staff cost took the greatest share of the FP funds in 2016 and 2017 with a decrease from 35 percent in 2016 to about 28 percent in 2017. The amount of funds spent on Contraceptives, medicine, and other consumables reduced by more than half from 26 percent in 2016 to 12 percent in 2017. Monitoring, Evaluation and Research increased six fold during the same period from two percent in 2016 to 11 percent in 2017. A negligible proportion (about 2%) was spent on capital investments in 2017.

Table 3.1: Percentage distribution of FP expenditures by service and method, 2016-2017

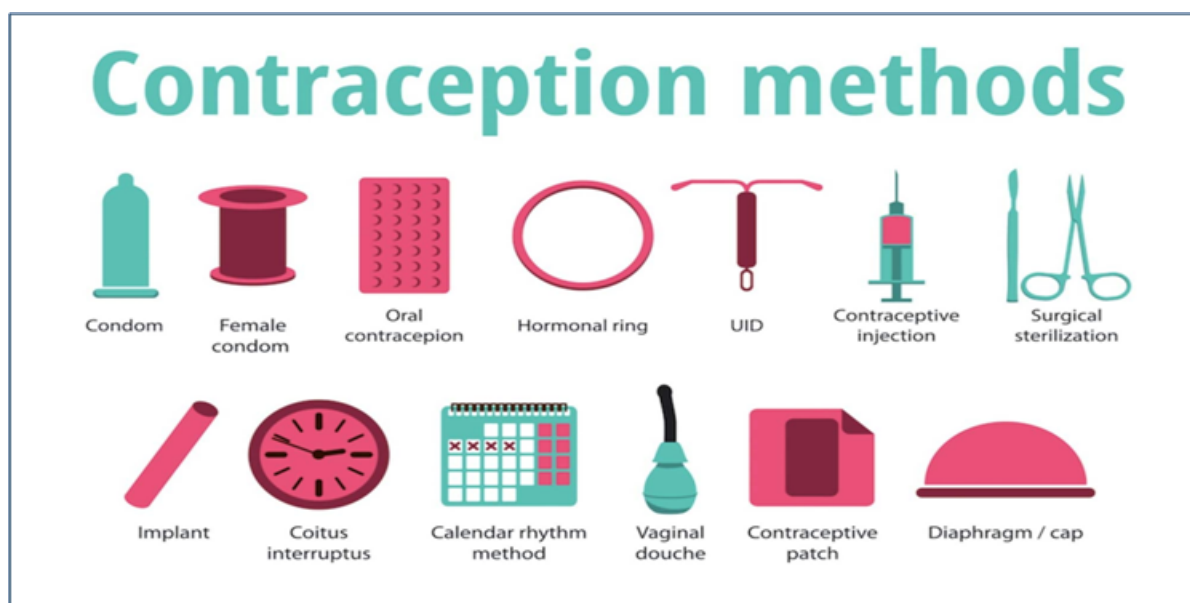
| FAMILY PLANNING EXPENDITURES | 2016 | 2017 |
|---|--------------|--------------|
| Recurrent Expenses | | |
| Internal service staff costs | 35.2 | 27.5 |
| Contraceptives, medicine & other consumables | 25.5 | 11.7 |
| Information, Education and Communication (IEC) | 9.2 | 7.7 |
| Logistics/transportation of contraceptives etc. | 8.0 | 12.1 |
| Management Information System (MIS) and Health Information System | 5.5 | 2.7 |
| Program Management Staff costs | 3.6 | 7.5 |
| Capacity building/training | 3.0 | 3.7 |
| Other Recurrent expenses | 2.8 | 3.2 |
| Operational expenditures | 2.3 | 7.8 |
| Policy Development and Advocacy | 1.9 | 2.4 |
| Monitoring, Evaluation and Research | 1.8 | 11.3 |
| Outsourcing of services | 0.6 | 0.2 |
| Capital Investments | | |
| Infrastructure and Upgrading of Facilities | 0.2 | 1.9 |
| Computer and ICT purchase | 0.1 | 0.2 |
| Medical equipment | 0.0 | 0.2 |
| Total | 100.0 | 100.0 |

Table 3.2 indicates that Contraceptives, medicine & other consumables constituted the largest proportion (41%) of Family Planning expenditure in FY 2017/18; an increase from 26 percent in 2016/17. This was followed by program management staff costs (26%) and operational expenditures (17%). Less than one percent was spent on Policy Development and Advocacy.

Table 3.2: Percentage distribution of FP expenditures by service and method, 2016/2017 – 2017/2018

| FAMILY PLANNING EXPENDITURES | 2016/17 | 2017/18 |
|---|----------------|----------------|
| Recurrent Expenses | | |
| Contraceptives, medicine & other consumables | 25.7 | 41.3 |
| Program Management Staff costs | 24.2 | 26.4 |
| Operational expenditures | 24.1 | 16.6 |
| Internal service staff costs | 6.2 | 4.8 |
| Capacity building/training (for all categories mentioned above) | 3.3 | 1.8 |
| Outsourcing of services | 3.3 | 1.8 |
| Logistics/transportation of contraceptives etc. | 2.9 | 2.0 |
| Information, Education and Communication (IEC) | 2.1 | 1.4 |
| Monitoring, Evaluation and Research | 1.5 | 1.2 |
| Management Information System (MIS) and Health Information System (HIS) | 1.4 | 0.8 |
| Policy Development and Advocacy | 0.7 | 0.7 |
| Other Recurrent Expenditure | 0.6 | 0.3 |
| Capital Investments | | |
| Infrastructure and Upgrading of Facilities | 0.9 | 0.0 |
| Medical equipment | 1.0 | 0.5 |
| Computer and ICT purchase | 1.0 | 0.1 |
| Car purchase | 0.8 | 0.0 |
| Total | 100.0 | 100.0 |

3.2.5 Family Planning Expenditure on Consumables



Source: www.hmhb-hawaii.org

Family Planning is a conscious decision by individuals or couples to choose for themselves when to start having children, how many children to have, how to space them or when to stop having children by using modern contraception and natural methods. However, a country that has a high proportion of women using long term contraceptive methods is more likely to reap the benefits of Family Planning. If FP methods are easily accessible and affordable, method choice and uptake of FP supplies would increase.

Reducing investments in short acting methods and increasing investments in long acting reversible methods is cost effective for the country². Institutions that reported purchase or provision of Contraceptives, medicine and other consumables (retailed and provided by government); a detailed breakdown showing percentage distribution of this expenditure by the FP consumables was required.

²Family Planning investment case for Uganda, UNFPA, 2017

Of the organizations that reported having spent some money on purchase of Contraceptives, medicine & other consumables, Figure 3.5 shows that most of the FP expenditure on commodities went to purchase of condoms in both 2016 and 2017. A reduction in the percentage spent on long term FP methods notably the injectables (17% to 16%), implants (19% to 15%) and IUDs (14% to 11%) was realized between 2016 and 2017.

Figure 3.5: Percentage distribution of expenses on consumables by type of commodity purchased, 2016-2017

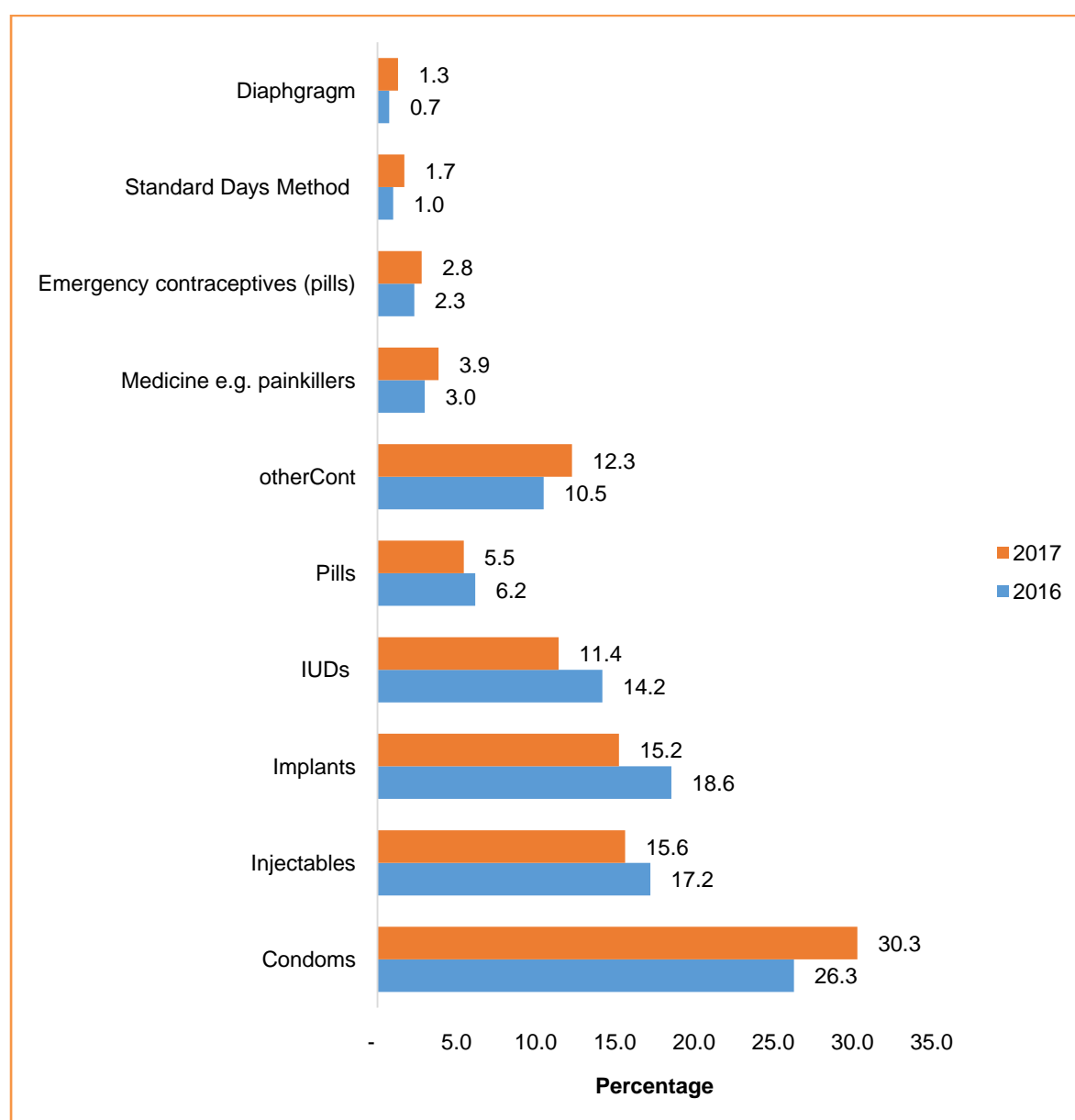
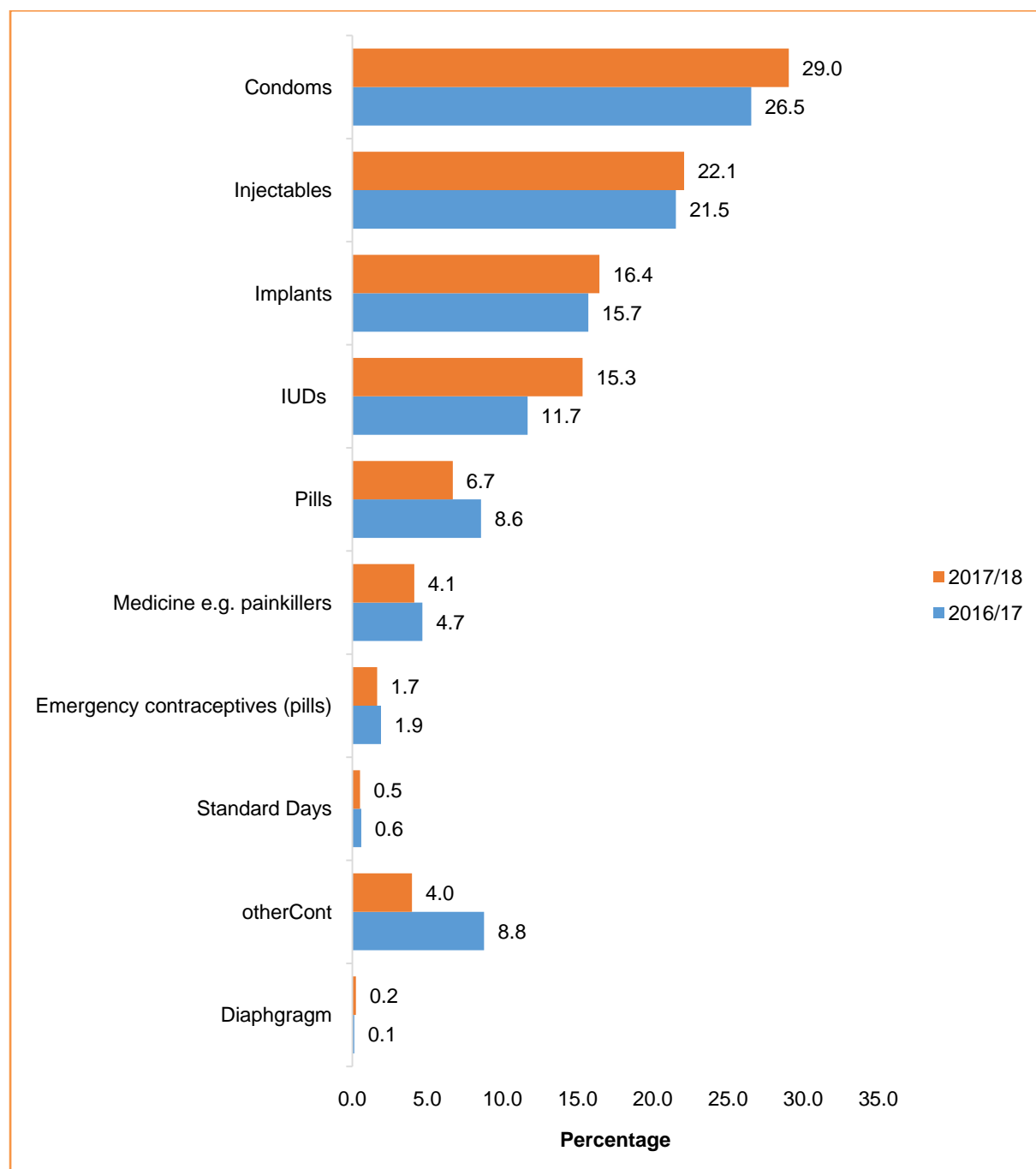


Figure 3.6 on the other hand shows that in the Financial Year 2017/18, condoms (29%) were the most purchased contraceptive followed by Injectable (22%), then Implants (16%) and IUDs (15%).

Figure3.6: Percentage distribution of expenses on consumables by type of commodity purchased, 2016/2017 – 2017/2018



3.3 Financial Flows for Family Planning activities among Government MDAs

The public sector in this study was comprised of Government Ministries, Departments and Agencies that offered FP services in Uganda. Below is a presentation on some of the key findings on FP funding within this sector.

3.3.1 Income received and spent on FP services

Table 3.3 shows that about UGX 16Billion was received for Family Planning in 2017/18; an increment from UGX 10 Billion in 2016/17. Of the income received in both years, all was spent. This could be attributed to increased demand for Family Planning services as a result of continued outreaches through which many women obtain access to FP information in public health facilities like Mulago national referral hospital.

Table 3.3: Income Received and Spent on Family Planning Activities among Government MDAs, (UGX 'Millions)

| Accounting period | Source of Income received | | | Income Spent on FP services | Percentage Spent |
|-------------------|---------------------------|---------------|--------|-----------------------------|------------------|
| | Domestic | International | TOTAL | | |
| Financial Year | | | | | |
| 2017/18 | 11,207 | 4,527 | 15,734 | 15,734 | 100 |
| 2016/17 | 5,263 | 4,868 | 10,131 | 10,131 | 100 |
| Calendar Year | | | | | |
| 2017 | - | 727 | 727 | 727 | 100 |
| 2016 | - | 727 | 727 | 727 | 100 |

**No income was generated from own source*

3.3.2 Recurrent and Capital investments in Family Planning among Government MDAs

Table 3.4 indicates that Contraceptives, medicine, and other consumables took the greatest share of the FP funds accounting for about 93 percent in 2017/18. The

amount of funds spent on internal service staff cost reduced by more than half from 10 percent in 2016/17 to about three percent in 2017/18.

Table 3.4: Percentage distribution of FP expenditures by service among Government MDAs

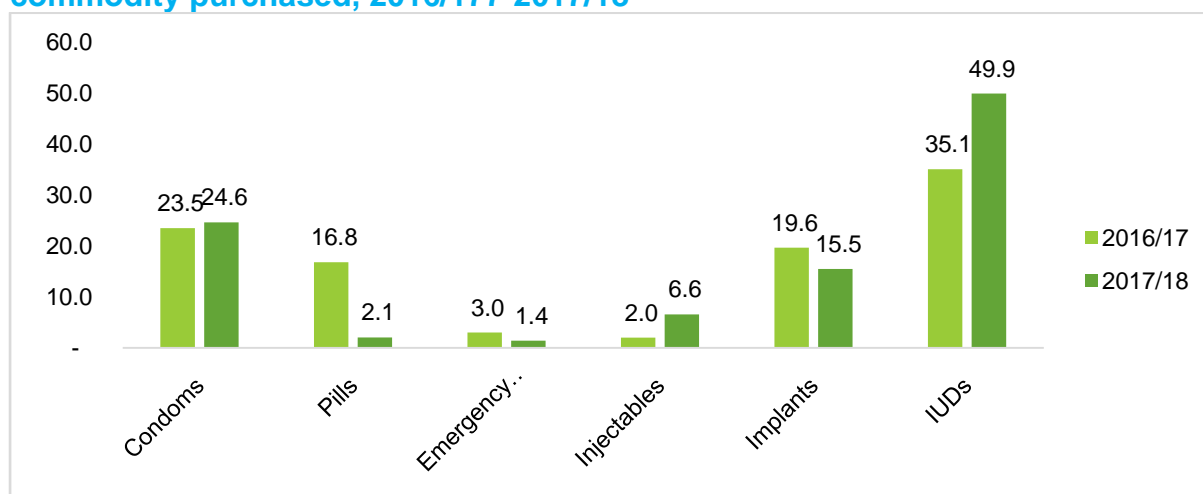
| FAMILY PLANNING EXPENDITURES | 2016/17 | 2017/18 |
|---|----------------|----------------|
| Contraceptives, medicine & other consumables | 77.8 | 93.3 |
| Internal service staff costs | 10.4 | 2.9 |
| Program Management Staff costs | 0.0 | 1.5 |
| Policy Development and Advocacy | 3.7 | 1.1 |
| Management Information System (MIS) and Health Information System (HIS) | 2.5 | 0.7 |
| Logistics/transportation of contraceptives etc. | 0.0 | 0.4 |
| Monitoring, Evaluation and Research | 0.7 | 0.0 |
| Capacity building/training (for all categories mentioned above) | 0.6 | 0.0 |
| Operational expenditures | 4.3 | 0.0 |
| Total | 100.0 | 100.0 |

NOTE: In 2016-2017, all expenses (100 percent) were on Monitoring, Evaluation and Research and there was no expenditure on capital investments

3.3.3 Family Planning expenditure on consumables among Government MDAs

Of the FP income spent on purchase of Contraceptives, medicine & other consumables, Figure 3.7 shows that more than a third was spent on purchase or provision of IUDs followed by condoms. There was however a reduction in purchase of implants (20% to 15%) and pills (17% to 2%) between 2016/17 and 2017/18.

Figure 3. 7: Percentage distribution of expenses on consumables by type of commodity purchased, 2016/17-2017/18



3.3.3 Expenditure towards FP activities from the National budget

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

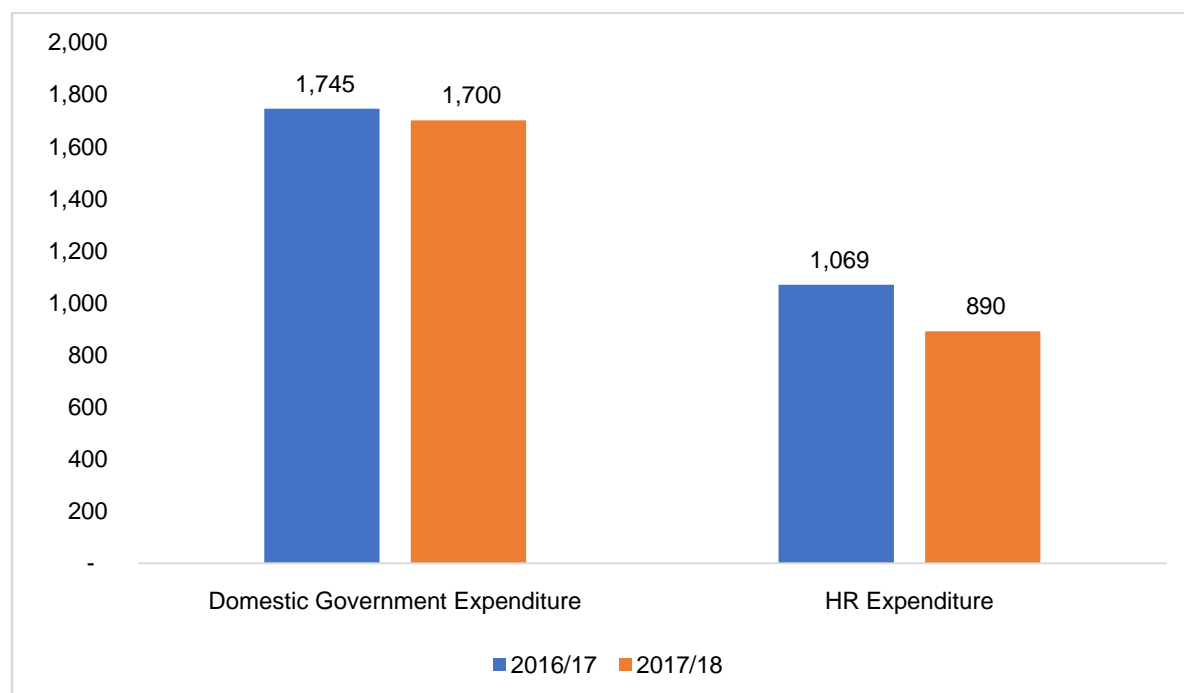
- 1) Raise \$20 million annually to bridge the funding gap in the Family Planning Costed Implementation Plan (CIP) through continued partnership with development agencies, private sector, bi-lateral and multi-lateral institutions
- 2) Allocate \$5 million annually for the next five years for procurement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

In order to accomplish these commitments, the government of Uganda through the Ministry of Finance Planning and Economic Development (MoFPED) mobilizes funds from several sources and channels them to the implementing Ministries, Departments and Agencies (MDAs) for FP service provision. In order to monitor progress towards achieving FP2020 Indicator 12 “Annual expenditure on Family Planning from government domestic budget”³. Information on government expenditure towards Family Planning was obtained from institutions that reported receipt of FP funds from the MoFPED during the reference period.

Figure 3.8 shows that about UGX 1.70 Billion was spent by Government of Uganda on FP activities in FY 2017/18. This was a slight decrease from UGX 1.74 Billion in FY 2016/17. Of this expenditure, UGX 0.9 Billion was spent on Human Resource for provision of FP services in Public Health Facilities.

³ FP2020 Partnership in Action 2012-2013, published December 2013, www.familyplanning2020.org

Figure 3.8: Expenditure on Family Planning Activities from National budget, 2016/17-2017/18, (UGX 'Millions)



Estimates on HR expenditure were obtained using share of time on FP service provision compared to total time spent on usual activities and the proportion was multiplied with actual releases towards salaries for MoH staff obtained from the Annual Budget Performance Report 2017/18.

3.4 Financial Flows for Family Planning activities in the Private Sector

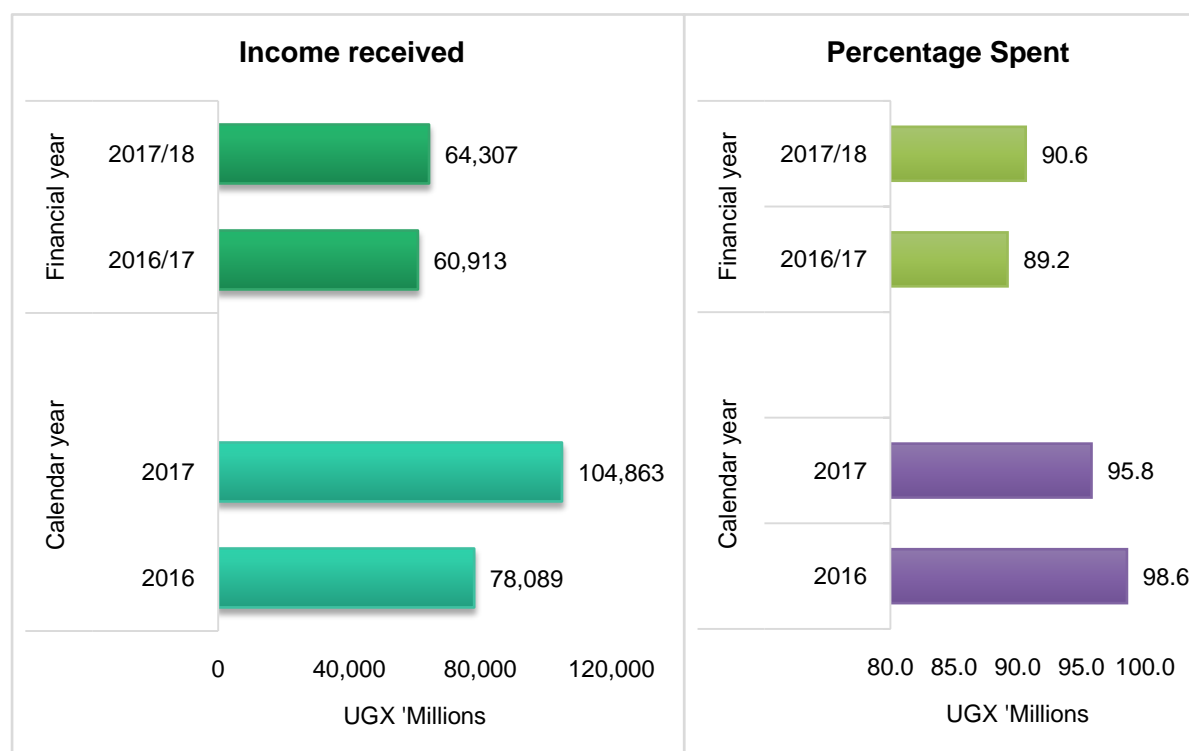
Uganda uses an integrated approach in service delivery where by the public and private sector work hand-in-hand in delivering health care services to the communities. The private sector in this survey was comprised of NGOs, Private Health Facilities that offered FP services and Pharmacies that imported contraceptives during the reference period. Below were the FP financial flow findings from these organizations.

3.4.1 Income received and spent on FP services in the private sector

The private sector in this study constitutes of Non-Government Organizations, Private Health Facilities that offered FP during the reference period and importers of FP commodities (pharmacies and agencies).

Figure 3.9 shows that there was an increase in income received for FP services in the private sector from UGX 78Billion in 2016 to UGX 105Billion in 2017. Of the FP income received almost, all was spent (99% in 2016 and 96% in 2017).

Figure 3.9: Income received and percentage spent on FP activities



3.4.2 Income received and spent on FP services among NGOs

During the reference period, NGOs reported receipt of UGX 101Billion in 2017; an increment from UGX 73Billion in 2016 (see Table 3.5). Out of UGX 101 Billion received in 2017, 98 percent was spent while in 2016, 96 percent was spent; an indication of increased FP funds absorption.

Table 3.5: Income Received and Spent on Family Planning Activities among NGOs, (UGX 'Millions)

| Accounting period | Source of Income received | | | | Income Spent on FP services | Percentage Spent |
|-------------------|---------------------------|---------------|-------|---------|-----------------------------|------------------|
| | Domestic | International | Own | TOTAL | | |
| Financial Year | | | | | | |
| 2017/18 | 719 | 57,845 | 3,704 | 62,267 | 56,237 | 90.3 |
| 2016/17 | 445 | 55,120 | 3,429 | 58,993 | 52,412 | 88.8 |
| Calendar Year | | | | | | |
| 2017 | 17,932 | 73,585 | 9,526 | 101,043 | 96,631 | 98.5 |
| 2016 | 11,972 | 60,090 | 1,107 | 73,169 | 72,058 | 95.6 |

3.4.3 Recurrent and Capital investments in Family Planning among NGOs

Table 3.6 shows that 41 percent of the FP funds were spent on programme management staff costs in 2017/18. This is an expenditure on staff not directly involved in FP service provision. On the other hand, NGOs that use calendar year reported that in 2017, internal service staff took the highest percentage share of FP funds accounting for 28 percent. Monitoring, Evaluation and Research increased six fold from one percent in 2016 to ten percent in 2017. An indication of increased demand for statistics to inform evidence based policy and planning among NGOs.

Table 3.6: Percentage distribution of FP expenditures by service among NGOs

| Family Planning Expenditure | 2016/17 | 2017/18 | 2016 | 2017 |
|---|----------------|----------------|--------------|--------------|
| Recurrent expenses | | | | |
| Internal service staff costs | 3.6 | 3.7 | 35.5 | 28.0 |
| Outsourcing of services | 3.9 | 3.0 | 0.6 | 0.2 |
| Contraceptives medicine & other consumables | 16.0 | 12.9 | 25.4 | 11.4 |
| Logistics, transportation of contraceptives | 3.6 | 3.0 | 8.1 | 12.4 |
| Information, education and communication | 2.4 | 2.2 | 9.3 | 7.8 |
| Policy development and advocacy | 0.2 | 0.5 | 1.9 | 2.4 |
| Management Information System (MIS) and Health Information System | 1.2 | 0.9 | 5.8 | 2.8 |
| Monitoring Evaluation and Research | 1.7 | 1.9 | 1.2 | 10.4 |
| Capacity building/training | 3.9 | 3.0 | 3.0 | 3.7 |
| Program management staff costs | 30.1 | 41.1 | 3.6 | 7.6 |
| Operational expenditures | 28.2 | 26.2 | 2.3 | 7.9 |
| Other recurrent expenses | 0.7 | 0.5 | 3.0 | 3.2 |
| Capital investment | | | | |
| Infrastructure and upgrading of facilities | 1.1 | 0.0 | 0.2 | 1.9 |
| Car purchase | 1.0 | 0.0 | 0.0 | 0.0 |
| Computer and ICT purchase | 1.2 | 0.2 | 0.1 | 0.2 |
| Medical equipment | 1.2 | 0.9 | 0.0 | 0.2 |
| Other capital expenses | 0.0 | 0.0 | 0.0 | 0.0 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

3.4.4 Family Planning expenditure on consumables among NGOs

Of the expenditure on purchase of Contraceptives, medicine & other consumables, condoms were the most bought FP commodities with an increase in the percentage spent between 2016-2017 and 2016/17-2017/18. Table 3.7 shows a reduction in the percentage spent on long term FP methods notably the injectables (15% to 12%), implants (17% to 12%) and IUDs (22% to 14%) between 2016 and 2017 respectively.

Table 3.7: Percentage distribution of expenses on consumables by type of commodity Purchased

| Contraceptive | 2016/17 | 2017/18 | 2016 | 2017 |
|---------------------------|---------|---------|-------|-------|
| Condoms | 34.2 | 40.3 | 34.0 | 44.8 |
| Pills | 5.3 | 6.8 | 3.0 | 2.2 |
| Injectable | 17.4 | 20.8 | 15.0 | 12.2 |
| Implants | 13.0 | 12.4 | 17.4 | 11.8 |
| IUDs | 7.2 | 10.0 | 22.0 | 14.5 |
| Medicine e.g. painkillers | 6.3 | 5.2 | 1.4 | 2.8 |
| Others | 16.6 | 4.6 | 7.2 | 11.7 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

**others include emergency contraceptives, SDMs, etc.*

3.4.5 Income received and spent on FP services among Private Health Facilities

The information provided under this section includes data obtained from both the Private Not For Profit (PNFP) and Private For Profit (PFP) health facilities. Findings from Private Health Facilities that offered FP services during the reference period revealed that there was a decrease in income received and spent on FP activities from UGX 4.9Billion in 2016 to UGX 3.8 Billion in 2017. On the other hand, an increase in funding towards FP was noted from UGX 2.2Billion in 2016/17 to UGX 2.4Billion in 2017/18 (Table 3.8).

Table 3.8: Total Income Received and Spent on Family Planning Activities in Private Health Facilities by year and source

| Accounting period | Source of funding | | Total Income 'Millions | Expenditure 'Millions | Percentage spent |
|-----------------------|--------------------|-------------------------|------------------------|-----------------------|------------------|
| | Domestic 'Millions | International 'Millions | | | |
| Calendar year | | | | | |
| 2017 | 1,680 | 2,189 | 3,869 | 3,820 | 98.7 |
| 2016 | 2,510 | 2,430 | 4,940 | 4,920 | 99.6 |
| Financial year | | | | | |
| 2017/18 | 2,100 | 284 | 2,384 | 2,040 | 85.6 |
| 2016/17 | 1,980 | 232 | 2,212 | 1,920 | 86.8 |

**Domestic source includes funds from own source.*

3.4.6 Recurrent and Capital investments in Family Planning among Private Health Facilities

Table 3.9 shows that in 2017/18, most (33%) of the expenditures towards FP services in Private Health Facilities were on purchase of Contraceptives, medicine & other FP consumables. This was followed by internal service staff costs (18%) that include the remuneration (salaries, social benefits, etc.) of the staff directly related to provision of a FP services. A similar pattern was observed in 2017/18.

Table 3.9: Percentage distribution of FP expenditures in Private Health Facilities by expense type and year

| FAMILY PLANNING EXPENDITURES | Calendar year | | Financial year | |
|---|---------------|--------------|----------------|--------------|
| | 2016 | 2017 | 2016/17 | 2017/18 |
| RECURRENT EXPENSES | | | | |
| Internal service staff costs | 8.2 | 18.2 | 23.6 | 17.6 |
| Outsourcing of services | 2.8 | 1.6 | 0.2 | 1.8 |
| Contraceptives, medicine & other consumables | 18.5 | 38.0 | 41.7 | 32.8 |
| Logistics/transportation of contraceptives etc. | 22.7 | 5.8 | 5.7 | 10.8 |
| Information, Education and Communication (IEC) | 2.0 | 2.8 | 12.9 | 11.8 |
| Policy Development and Advocacy | 3.2 | 2.1 | 0.4 | 1.7 |
| Management Information System (MIS) and Health Information System | 2.6 | 1.2 | 0.3 | 0.2 |
| Monitoring, Evaluation and Research | 2.1 | 1.6 | 0.5 | 0.3 |
| Capacity building/training | 4.2 | 5.7 | 0.8 | 0.7 |
| Program Management Staff costs | 1.8 | 4.1 | 1.6 | 1.4 |
| Operational expenditures | 2.9 | 3.8 | 3.4 | 2.6 |
| Other Recurrent expenses | 0.0 | 0.1 | 0.0 | 0.5 |
| CAPITAL INVESTMENTS | | | | |
| Infrastructure and Upgrading of Facilities | 22.7 | 3.4 | 5.7 | 14.9 |
| Equipment purchase and maintenance | 6.2 | 11.5 | 3.2 | 3.0 |
| Other Capital Expenses | 0.0 | 0.2 | 0.1 | 0.0 |
| TOTAL | 100.0 | 100.0 | 100.0 | 100.0 |

3.4.7 Family Planning expenditure on contraceptives among Private Health Facilities

Table 3.10 shows that the most purchased contraceptives were injectables at 19percent in 2017 and 27percent in FY 2017/18. This was followed by condoms and implants at 22 percent and 20 percent respectively in FY 2017/18. The least expenditure was on Diaphragm followed by Standard Days method in 2017 and 2017/18.

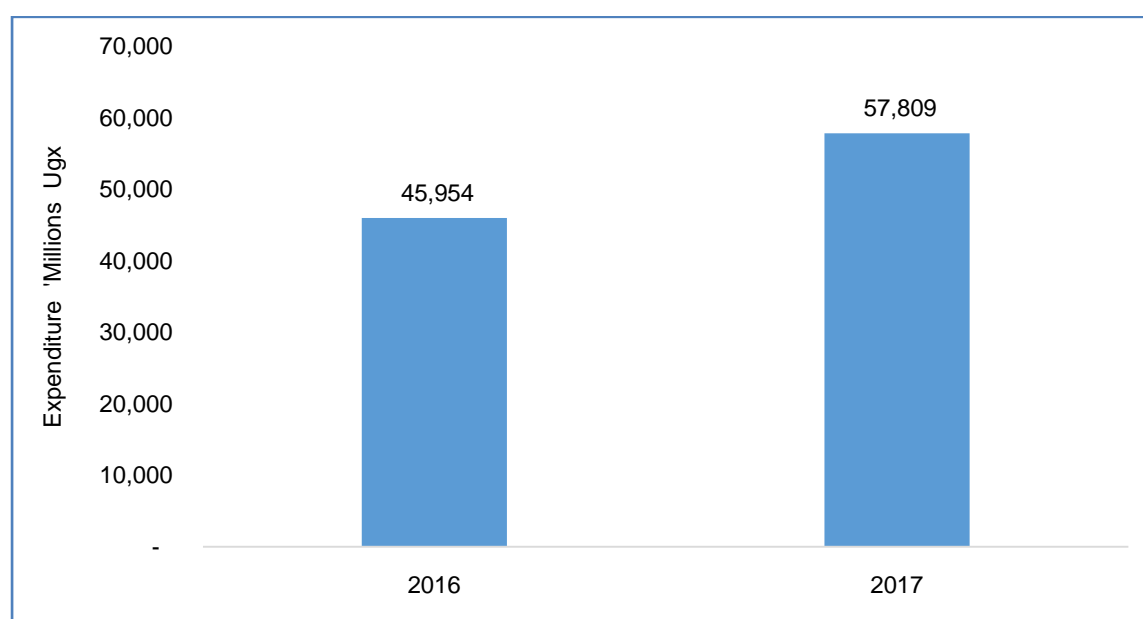
Table 3.10: Percentage Distribution of FP Expenditure on Consumables by Type and Year among Private Health Facilities

| CONTRACEPTIVE METHOD | Calendar year | | Financial year | |
|----------------------------------|---------------|-------------|----------------|-------------|
| | 2016 | 2017 | 2016/17 | 2017/18 |
| Condoms | 18.6 | 15.8 | 21.3 | 21.7 |
| Pills | 9.3 | 8.7 | 9.2 | 7.9 |
| Emergency contraceptives (pills) | 4.6 | 5.6 | 1.9 | 2.7 |
| Diaphragm | 1.5 | 2.6 | 0.3 | 0.3 |
| Injectable | 19.5 | 19.2 | 29.7 | 26.9 |
| Implants | 19.7 | 18.7 | 16.8 | 19.7 |
| IUDs | 6.4 | 8.4 | 9.2 | 10.7 |
| Standard Days Method | 2.0 | 3.4 | 1.2 | 1.0 |
| Medicine e.g. painkillers | 4.6 | 4.9 | 4.8 | 4.4 |
| Other consumables | 13.8 | 12.8 | 5.7 | 4.6 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

3.4.8 FP expenditures among Pharmacies / Importers of FP commodities

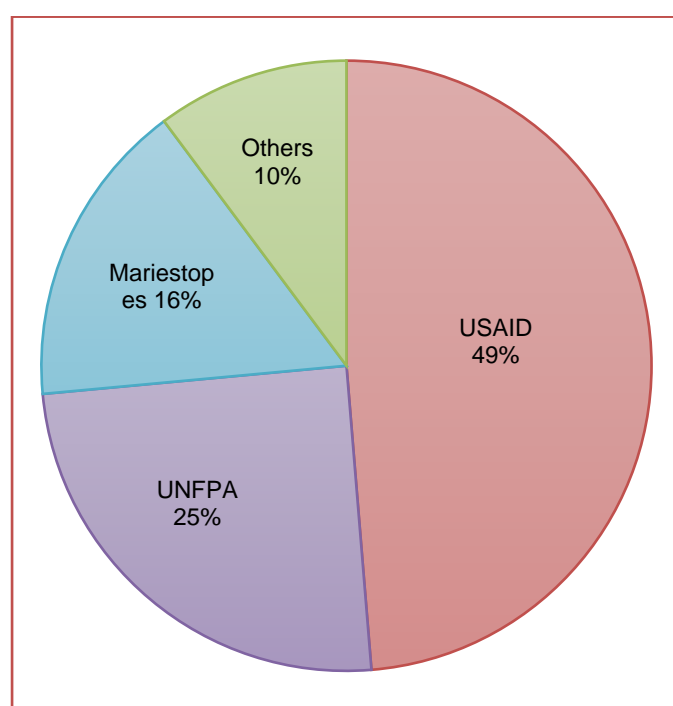
There was an increase in expenditure towards importation of FP commodities from about UGX 46Billion in 2016 to UGX 58Billion in 2017 as shown in Figure 3.10.

Figure 3.10: Expenditure on Importation of FP Commodities, UGX 'Millions



Survey findings further revealed that the main importers of contraceptives were USAID (49%) followed by UNFPA and Marie stopes International. A tenth (10%) of the contraceptives were imported by other sources that included Global fund, NGOs and pharmacies.

Figure 3.11: Main Importers of FP Commodities in 2017



3.5 Summary of Key findings

The total income received for Family Planning activities increased from UGX 79Billion in 2016 to UGX 106Billion in 2017. There was also an increase in the amount of income received for FP service provision from UGX 71 Billion in 2016/17 to UGX 80 Billion in 2017/18.

International organizations remained the main source of income for Family Planning activities in Uganda in 2017 accounting for 73 percent (UGX 76 Billion) of the total income received in 2017. FP funds absorption was reportedly high at about 92 percent in 2017/18 and 96 percent in 2017.

Overall, Internal service staff costs for direct FP service provision took the greatest share of the total FP expenditures in 2017 (28%). On the other hand, purchase and provision of Contraceptives, medicine & other consumables constituted the largest proportion (41%) of Family Planning expenditure in FY 2017/18. Condoms were the most purchased contraceptives in 2017 (30%) and 2017/18 (29%).

Findings from the Public Sector showed that Government Ministries, Departments and Agencies (MDAs) received UGX 16Billion for Family planning activities in 2017/18; an increment from UGX 10Billion realized in 2016/17. FP expenditure from the national budget was UGX 1.70 Billion in 2017/18; a decrease from UGX 1.74 Billion in FY 2016/17.

Funding toward FP services in the Private Sector increased from UGX 78Billion in 2016 to UGX 105Billion in 2017. Of the income received, almost all was spent (99% in 2016 and 96% in 2017). Non-Government Organizations (NGOs) spent most of their FP income (28%) on internal service staff cost for direct FP service provision in 2017. A reduction in the percentage spent on long term FP methods namely injectables (15% to 12%), implants (17% to 12%) and IUDs (22% to 14%) was realized between 2016 and 2017.

Private Health Facilities on the other hand reported a decrease in income received for FP activities from UGX 4.9Billion in 2016 to UGX 3.9Billion in 2017. Most of the expenditures towards FP services (38%) in public health facilities were on purchase/provision of Contraceptives, medicine & other FP consumables in 2017.

The most purchased contraceptives were injectables at 19 percent in 2017 and 27 percent in FY 2017/18.

CHAPTER FOUR

CHALLENGES, LESSONS LEARNT, CONCLUSION AND RECOMMENDATIONS

4.1 Challenges faced and Action taken

During the process of implementing the 2018 RFS on FP, survey several challenges were realized. Below are some of the key issues that arose during the exercise with corresponding mitigation measures undertake.

- (i) A majority of the organizations provide Family Planning free of charge therefore costing the service was not easy for the respondent. Challenges were also faced in obtaining the value for FP commodities received in kind. The solution to this was making reference to the market price prevailing during the reference period.
- (ii) Some facilities had no clear administrative location making it a challenge to locate them. In some instances, guides and Google maps were used.
- (iii) Data was not readily available in most of the private health facilities due to poor record keeping hence too much time was spent compiling the data from paper before capturing using CAPI.
- (iv) Inadequate staffing at some facilities, where by the persons providing the data were the same persons attending to patients, undertaking laboratory tests among others. The interviewer had to be patient or make a call back.
- (v) Some facilities were affiliated to NGOs and FBOs hence referred interviewers to their headquarters. The headquarters were located and data for these facilities obtained.
- (vi) The survey was conducted during the dry season when it is dusty and dry requiring umbrellas. Also the use of public transport was challenging given that the sampled HFs were sparsely located.
- (vii) Some guides wanted to be paid a higher fee than what was provided. They had to be explained to that the fee was based on UBOS financial guidelines. They demanded at least UGX 80,000 compared to the UGX 20,000 provided for daily.

- (viii) Limited internet connectivity at some of the border districts delayed the daily synchronization of data.
- (ix) Although publicity was undertaken, some of the institutions were unaware of the survey. This delayed the work and increased costs due to call backs.
- (x) Some Faith Based Organizations especially those that are Catholic founded refused to disclose funding towards FP stating that they only promote Fertility Awareness methods (FAM).
- (xi) The survey was conducted during a busy financial period when accountants were preparing final accounts in preparation for external audits.
- (xii) Some establishments thought the exercise to be a Government activity aimed at imposing taxes.

4.2 Lessons Learnt

- ✓ Use of both software (CAPI) and paper questionnaires among organizations is paramount to avoid loss of data and is helpful during the data validation process.
- ✓ Involving stakeholders throughout the survey process is very important for compiling quality data and ownership of the information disseminated. Collaboration between UBOS and the MoH helped to reduce the non-response rate from 25 percent in 2016 to 18 percent in 2018.

4.3 Conclusion

The 2018 Resource Flows Survey was implemented successfully with a response rate of 82 percent. The non-response was mainly attributed to unavailable respondents and respondent fatigue given that other tracking surveys had already visited the same respondents requesting for similar information around the same time.

Scaling up FP services is one of the most cost-effective interventions to prevent maternal, infant, and child deaths⁴. Family Planning interventions aid in lowering maternal, infant, and child mortality, contributing to the Sustainable Development Goals thus the reduction in the number of unintended pregnancies in the country.

⁴Scaling Up Family Planning to Reduce Maternal and Child Mortality: The Potential Costs and Benefits of Modern Contraceptive Use in South Africa. Lumbwe Chola et al, 2015

The government through the FP-CIP estimated that about \$40million (UGX. 138Billion) was required in 2017 to implement the planned FP programmes. Findings from the study showed that there was an increase in income received for FP activities in Ugandan from UGX 71Billion in 2016/17 to UGX 80Billion in 2017/18. In calendar year, funding towards FP increased from UGX 80Billion in 2016 to UGX 106Billion in 2017. This is an indication that the Government of Uganda and its partners are committed to increasing the provision of FP services in the country.

It was however noted that despite the high expenditure on purchase of condoms (36% of total spending on purchase or provision of contraceptives in 2017/18 and 40% in 2017), the most used contraceptive methods as reported in the 2016 Uganda Demographic and Health Survey Report were injectables (21%) compared to condoms (16%) among sexually active women aged 15-49years.

4.4 Recommendations

If Family Planning Goal 2020 goals are to be realized in Uganda, the recommendations proposed should be considered by both planners and policy makers when designing programmes geared towards FP service delivery in Uganda. These recommendations are based on the survey findings, challenges faced and lessons learnt as proposed by the field staff and the technical team including UBOS and MoH.

4.4.1 Technical level

Information on the role of the private sector should be further researched on as the sector plays a great role in relation to Family Planning service provision. These include households, health insurance schemes among others.

A column for quantities of FP commodities should be included in the questionnaire so that for facilities whose respondents do not know the price of the Items received, estimates can be made at office using uniform/standardized market prices. This is because many facilities receive FP commodities in kind.

The Ministry of health should conduct capacity building of the staff that store and manage data at the health facilities to ensure quality data when compiling and reporting statistics from the DHMIS.

Development partners that support FP directly or through other organizations should respond to the survey data needs. Some of the institutions they fund referred the data collectors to them yet efforts to reach them were in vain. Response from the FP funders can further help in validating the data obtained from FP service providers in addition to updating the frame on FP Implementing partners.

The use of CAPI should be enhanced and used for all institutions through an online data entry form. This will help save time and improve data quality especially if resources are insufficient.

4.4.2 Policy level

The Ministry of Health should consider enhancing FP service provision in the budgeting process to support the achievement of Government commitments made at the London Summit in 2017.

The Ministry of Health with support from other key stakeholders should harmonize and standardize all the existing FP tracking studies within the country. This will help eliminate non-response, improve data quality and reduce respondent fatigue.

A demand driven approach should be used when purchasing or procuring and distributing contraceptives to service delivery points to avoid cases of wastage and stock-outs.

4.4.3 Administrative level

Early release of funds is key in ensuring that the study is conducted early enough (in August before financial audits). Respondents required a lot of time and patience to fill in the tools in addition to their routine work and financial audits conducted at the end of an accounting period.

There is need to strengthen religious, political and cultural leaders' engagement in promoting FP use.

Extensive publicity of the survey is vital to the success of the exercise given that some establishments thought the activity as a method of imposing taxes by the government hence being hesitant in sharing their financial data.

APPENDIX

Appendix 1: Definition of terms used

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

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

Family Planning methods:

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

Family Planning services:

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

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

International sources

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

Own source

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

Domestic sources

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

Expenditures

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

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

Recurrent expenses

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

- 1) **Staff service costs:** include the remuneration (salaries, social benefits, etc.) of the staff directly related to provision of a FP service.
- 2) **Outsourcing of services:** include any expenditures made for outsourcing (or contracting out) services for FP.

- 3) **Contraceptives, medicine & other consumables:** include any of these items which were purchased/provided for the purpose of FP
- 4) **Logistics/transportation:** Any expenditures related to the distribution of consumables. This excludes transportation of patients.
- 5) **Information, Education and Communication (IEC):** a collective service in which e.g. media messages or advertisement campaigns target a group of people or a personal service, as counselling.
- 6) **Policy Development and Advocacy:** include FP-related policy work, sensitization of law makers, formulation of FP policies and laws.
- 7) **Management Information System (MIS) and Health Information System (HIS):** system used for analysing and enabling the strategic and operational activities within an organization (MIS) or for holding information regarding the health of individuals or activities/services offered/conducted by organizations working within the health sector (HIS)
- 8) **Monitoring, Evaluation and Research:** include any M&E or research activities related to operation of FP programs
- 9) **Capacity building/training:** include all training or capacity building activities for any of the specific items mentioned above.
- 10) **Program management:** include the salaries of decision makers and technical officers linked to the optimization of service delivery to ensure the goals of the program are reached. It involves the planning, organizing, directing, and controlling of company resources and salaries of staff which did not provide direct FP services.
- 11) **Operational costs:** expenses associated with administering and operating a health unit on a day to day basis. For example, costs related to electricity, fuel, rental of building or equipment, utilities, etc.

Capital Investment

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

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

Appendix 2: List of persons involved in the 2018 Resource Flows Survey on Family Planning in Uganda

| Management Team | | |
|-------------------------------------|-------------------------|---|
| 1. | Chris N. Mukiza (PhD) | Executive Director - UBOS |
| 2. | Imelda Atai Musana | Deputy Executive Director-Statistical Prod. & Development - UBOS |
| 2. | Placid Mihayo | Chairperson, FP Technical Working committee MoH |
| 3. | John Odaga | M&E Specialist- UNFPA |
| 4. | Helen Nwiri | Director/Population and Social Statistics - UBOS |
| Technical Advisory Team | | |
| 1. | Juliet Tumuhairwe | M&E Officer, Track20 |
| 2. | Vincent Fred Ssenono | Principal Statistician / Methods & Surveys - UBOS |
| 3. | Wilson Nyegenye | Principal Statistician - UBOS |
| 4. | Pamela N. Kakande | Senior Statistician Health Statistics- UBOS |
| 5. | Sharon Apio Basala | Social Statistician/Survey Coordinator - UBOS |
| Report Authors | | |
| 1. | Juliet Tumuhairwe | M&E Officer, Track20 - MOH |
| 2. | Dorcas Halango | Senior Statistician - UBOS |
| 3. | Johnstone Galande | Statistician/Population Statistics - UBOS |
| 4. | Sharon Apio Basala | Social Statistician/Survey Coordinator - UBOS |
| Report Reviewers | | |
| 1. | Imelda Atai Musana | Deputy Executive Director-Statistical Production & Development - UBOS |
| 2. | Kyomuhendo Justine | Policy Analyst |
| 3. | John Odaga | M&E Specialist-UNFPA |
| 4. | Florence Tagoola | Programme Specialist - Data and Population Dynamics-UNFPA |
| 5. | Helen Nwiri | Director/Population and Social Statistics - UBOS |
| 6. | Ronald Ssombwe | Principal Statistician /Standards & Quality Assurance-UBOS |
| 7. | Pamela N. Kakande | Senior Statistician/Health Statistics - UBOS |
| 8. | Micheal Ogen | Principal Statistician /Labour and Social statistics UBOS |
| 9. | Wilson Nyegenye | Principal Statistician Population Statistics - UBOS |
| Data Management and Processing Team | | |
| 1. | Jonathan Gwaitta | Senior IT Officer-Data processing -UBOS |
| 2. | Lawrence Mugula | IT Officer-Data processing-UBOS |
| 3. | Francis Kayondo | IT Officer-Data processing - UBOS |
| 4. | Flavia Ouma | Senior IT Officer-Systems Development Officer |
| List of Field Staff | | |
| 1. | Solomon Atok | 11. Rachel Musulube |
| 2. | Ayamo Lucy | 12. Benna Nakimbugwe |
| 3. | Derrick Eranda | 13. Esther Nambuya |
| 4. | Isabirye Michael Andrew | 14. Christine Nangobi |
| 5. | Simon Kakuma | 15. Adia Nantume |
| 6. | William Kasiko | 16. Samantha Naturinda |
| 7. | Maureen Kiconco | 17. Jerofansio Okongo |
| 8. | Martin Mutwe Tibulya | 18. Senteza Kajubi |
| 9. | Martin Ssemanda | 19. Siliman Mulawa |
| 10. | Stephen Mboya | 20. Raymond Nuwenyesiga |

Appendix 3: List of Participants during the Stakeholder Consultative Workshops

| Sn. | NAME | INSTITUTION |
|-----|-----------------------|---|
| 1 | Orikiriza Chleophus | Action for Health Uganda |
| 2 | Dueschedit Mboga | African Medical Research Foundation |
| 3 | Dr Alice Asimwe | Baylor Uganda |
| 4 | Beatrice Nyangoma | Coalition for Health Promotion and Social and Development |
| 5 | Akugribwe Barbra | Concern for Children and Women Empowerment |
| 6 | Hassan Kawakulya | Engender Health |
| 7 | Agnes Ampeire | Engender Health |
| 8 | Thembo Joshua | FHI 360 (Family Health International) |
| 9 | Denis Kibwola | FHI 360 (Family Health International) |
| 10 | Pr Meregurwa Grace | International Rescue Committee-Uganda |
| 11 | Dr Nathan Tumubone | Jhpiego |
| 12 | Malaba Silas | Jinja Children Foundation |
| 13 | Muhumuza Ivan | Kampala Capital City Authority |
| 14 | Kokunda Clara | Kampala Capital City Authority |
| 15 | Dr Mukose Aggrey | Makerere University School of Public Health |
| 16 | Ronald Ssenyonga | Makerere University School of Public Health |
| 17 | Makumbi Fredrick | Makerere University School of Public Health |
| 18 | Basiima Allen | Management Sciences for Health |
| 19 | Dr Ritah Tweheyo | Marie Stopes <i>Uganda</i> |
| 20 | Brian Sanya | MARISTOPES |
| 21 | Gloria K Kasozi | Maternal Neonatal & Child Health |
| 22 | Kakande Albert | Ministry of Health |
| 23 | Kakoza Lameck | Ministry of Health |
| 24 | Ngobya Brian | Ministry of Health |
| 25 | Placid Mihayo | Ministry of Health |
| 26 | Seti Patience | Ministry of Health |
| 27 | Tumuhairwe Dativah | Ministry of Health |
| 28 | Twinomugisha Emmanuel | Ministry of Health |
| 29 | Nsubuga John | Ministry of Health |
| 30 | Jonathan Omega | Mulago National Referral Hospital |

| Sn. | NAME | INSTITUTION |
|-----|-------------------------|---|
| 31 | Dr Espilidon Tumukurace | National Development Plan |
| 32 | Izidoro Sunday | National Medical Stores |
| 33 | Hope Nzeire | National Population Council |
| 34 | John Ampeire | National Population Council |
| 35 | Espilidon Tuwukurinte | New Programa Development |
| 36 | Naluwu Eron | NGO FORUM Kayunga District |
| 37 | Marvin Ssenkuyu | Office of the Prime Minister |
| 38 | Achilles Kiwanuka | Partners in Population and Development Africa |
| 39 | Semusambwa Baker | Partners in Population and Development Africa |
| 40 | Don Douglas | SAMASHA |
| 41 | Achola Irene | SAMASHA |
| 42 | Cornelia Asimwe | SAMASHA |
| 43 | Namata Mariam | Sexual Reproductive Health/Family Planning |
| 44 | Birakwale Margaret | Stakeholder |
| 45 | Juliet Tumuhairwe | Trac20 FP Program |
| 46 | Eric Jemera N | Uganda Health Supply Chain |
| 47 | Milly Wandawa | Uganda Muslim Supreme Council |
| 48 | Beatrice Ouma | Stakeholder |
| 49 | Muhamad Ali Aluma | Uganda Muslim Supreme Council |
| 50 | Irene Nakiriggya | <i>Uganda</i> Protestant Medical Bureau |
| 51 | John Odafa | United Nations Population Fund |
| 52 | Bamwendereza Godwin | Vijana Na Children Foundation |
| 53 | Nakaleme Jane | Stakeholder |
| 54 | Ssembatya Benard | Vijana Na Children Foundation |
| 55 | Kato David | Vijana Na Children Foundation |
| 56 | Namagga Rebecca | WELLSHARE INTERNATIONAL |
| 57 | Kato Daniel | Youth Coalition |

Appendix 4: Response Status of Participating Institutions

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

| No. | Institution Name | Category | Response Status |
|-----|--|----------|-----------------|
| 33 | Save for Health Uganda | NGO | Responded |
| 34 | Plan Parenthood Global (PPG) | NGO | Responded |
| 35 | PATH | NGO | Responded |
| 36 | Action for Community Development (ACODEV) | NGO | Responded |
| 37 | Population Services International (PSI) | NGO | Responded |
| 38 | Management Sciences for Health (MSH) | NGO | Responded |
| 39 | Uganda Youth and Adolescent Forum | NGO | Responded |
| 40 | DKT International – Uganda | NGO | Responded |
| 41 | Jhpiego | NGO | Responded |
| 42 | Uganda Protestant Medical Bureau | NGO | Responded |
| 43 | Vijana Na Children Foundation (VINACEF) | NGO | Responded |
| 44 | Pathfinder International | NGO | Responded |
| 45 | SAMASHA Medical Foundation | NGO | Responded |
| 46 | SDA church association | NGO | Responded |
| 47 | Ministry of Health | Gov't | Responded |
| 48 | Kampala Capital City Authority | Gov't | Responded |
| 49 | National Population Council (NPC) | Gov't | Responded |
| 50 | Mulago Hospital (Most At Risk Population Initiative [MARPI]) | Gov't | Responded |
| 51 | Partners in Population and Development | NGO | Responded |
| 52 | Baylor College of Medicine | NGO | Responded |
| 53 | White ribbon alliance | NGO | Responded |
| 54 | Better Health Action Group | NGO | Responded |
| 55 | Infectious Disease Institute (IDI) | NGO | Responded |
| 56 | Plan International | NGO | Responded |
| 57 | ACCESS GLOBAL UGANDA | NGO | Responded |
| 58 | Clinton Health Access Initiative (CHAI) | NGO | Responded |
| 59 | IntraHealth Uganda | NGO | Responded |
| 60 | Planned Parenthood Federation of America (PPFA) | NGO | Responded |
| 61 | Makerere University School of Public Health | Gov't | Responded |
| 62 | Reach A Hand Uganda (RAHU) | NGO | Responded |
| 63 | Deutsche Stiftung Weltbevoelkerung (DSW) UGANDA: A4HU | NGO | Responded |
| 64 | Well share International | NGO | Responded |
| 65 | National Medical stores (NMS) | Gov't | Responded |
| 66 | Uganda Bureau Of Statistics | Gov't | Responded |
| 67 | Engender health | NGO | Responded |
| 68 | Uganda Muslim Supreme Council (UMSC) | NGO | Responded |

| No. | Institution Name | Category | Response Status |
|-----|--|-------------|-----------------|
| 69 | Uganda Health Marketing Group (UHMG) | NGO | Responded |
| 70 | Coalition for Health Promotion and Social and Development (HEPS) | NGO | Responded |
| 71 | World Vision Uganda (WVI) | NGO | Responded |
| 72 | Communication For Development Foundation Uganda (CDFU) | NGO | Responded |
| 73 | Department for International Development (DFID) | NGO | Responded |
| 74 | World Bank | NGO | Responded |
| 75 | UNWomen | NGO | Responded |
| 76 | Uganda Youth and Adolescent Forum | NGO | Responded |
| 76 | Blue Nile Distilleries Limited | Corporation | Responded |
| 77 | Mama's club | NGO | Responded |
| 78 | University Research Council | NGO | Non response |
| 79 | Uganda Private Midwives Association/Organization (UPMO) | NGO | Non response |
| 80 | Population Cares Uganda | NGO | Non response |
| 81 | Integrated Community Based Initiative (ICOB) | NGO | Non response |
| 82 | Enabel-Uganda | NGO | Non response |
| 83 | World Health Organization | NGO | Non response |
| 84 | FHI 360 | NGO | Non response |
| 85 | Elizabeth Glaser Pediatric Aids Foundation (EGPAF) | NGO | Non response |
| 86 | African Medical Research Foundation (AMREF) | NGO | Non response |
| 87 | Mildmay Uganda | NGO | Non response |
| 88 | Surgipharma (U) Limited | Corporation | Non response |
| 89 | Uganda Catholic Medical Bureau (UCMB) | NGO | Non response |
| 90 | Action Africa Help | NGO | Non response |
| 91 | Uganda Cares | NGO | Non response |
| 92 | EAC-Open Health Initiative | NGO | Non response |
| 93 | International Rescue committee (IRC) | NGO | Non response |
| 94 | RHITES-EC-URC-CHS | NGO | Non response |
| 95 | Center for health human rights and development (CEHURD) | NGO | Non response |
| 96 | Action Group For Health Of Rights (AGHA) | NGO | Non response |
| 97 | Global fund | NGO | Non response |
| 98 | USAID | NGO | Non response |
| 99 | Irish Aid | NGO | Non response |
| 100 | UNHCR | NGO | Non response |
| 101 | UNFPA | NGO | Non response |
| 102 | PEARL | Gov't | Closed |
| 103 | Health Communication Partnership (HCP) | NGO | Closed |
| 104 | 450 Private Health Facilities | Corporation | 371 responded |

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

Appendix 5: Survey Questionnaire



Resource Flows Survey on for Family Planning¹ in Uganda, 2017 Non-Profit Institutions (NPIs)

the private sector, and the research and development community to enable 120 million more women and girls to use contraceptives by 2020.

In order to estimate the additional resources needed for reaching the above mentioned goal, there needs to be a clear idea of how much is currently spent on family planning. Information on these expenditures is limited, and therefore this exercise aims to create a comprehensive picture of family planning expenditures within a country. Expenditures on family planning from the public sector, private sector and all non-for profit institutions will be gathered.

The term “family planning” in this survey refers to projects, programmes and activities that offer the following methods and services. This survey does not refer to reproductive health expenditures

Family planning methods:

- Male Condoms
- Female Condoms
- Pills
- Emergency contraceptives (pills)
- Injectables (all types – e.g. monthly and 3 months i.e. Depo Provera)
- Diaphragms
- IUDs (Copper T and other IUDs)
- Implants
- Standard Days Method (SDM)
- Other methods e.g. jelly/foams/spermicides

Family planning services:

Any services provided in relation to the first time provision or the continuous supply of any consumables. For example:

- Counselling on contraceptive methods or any other FP advise
- Treating any FP medical need (as consultation, diagnosis, monitoring, any FP clinical assessment)
- Female and male sterilization; insertion and removal of methods
- Prescription and provision of FP methods (first time or continued supply of FP methods)

Note: this survey does not include expenditures on abortion-related methods or services.

* "Non Profit Institutions" include *all* non-governmental, not for profit organisations involved in family planning activities. Therefore, this survey also applies to:

- research centres not funded by the government
- UN organizations, donor organizations/countries and/or development banks who carry out their own FP projects (do not only fund through governments/NGOs within country),
- local and International NGOs/philanthropies

¹ The aim of family-planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods.

Key Actions for the Further Implementation of the Programme of Action of the ICPD, UNFPA, 2004.

A. General Information 2017

| | | | | | | | | | | | | |
|---|---|--|---|---|---|--|--|--|--|------------------------------|--|--|
| A 1. | Name of organisation: Street/nr. or P.O. Box nr.: Zip code / City: Country: Telephone: Fax: E-mail: Website: | Information to be registered: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> </table> Name of respondent: Mr./Ms. Position and unit: Telephone: Fax: E-mail: | | | | | | | | | | |
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| A 2. | Please indicate whether you use 'calendar year' or 'financial year' in this questionnaire: <i>(tick appropriate box)</i> | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="text-align: center; width: 30%;"> <input type="checkbox"/> Calendar year 2017 </td> <td style="text-align: center; width: 30%;"> <input type="checkbox"/> Financial year <div style="display: inline-block; text-align: left; font-size: small;"> day/month/year day/month/year from: /.... /.... to: /.... /.... (to determine financial year, use the year with most months in 2017. If year starts 1st July then FY = 01/07/2016 to 30/06/2017 </div> </td> </tr> </table> | | <input type="checkbox"/> Calendar year 2017 | <input type="checkbox"/> Financial year <div style="display: inline-block; text-align: left; font-size: small;"> day/month/year day/month/year from: /.... /.... to: /.... /.... (to determine financial year, use the year with most months in 2017. If year starts 1st July then FY = 01/07/2016 to 30/06/2017 </div> | | | | | | | | |
| <input type="checkbox"/> Calendar year 2017 | <input type="checkbox"/> Financial year <div style="display: inline-block; text-align: left; font-size: small;"> day/month/year day/month/year from: /.... /.... to: /.... /.... (to determine financial year, use the year with most months in 2017. If year starts 1st July then FY = 01/07/2016 to 30/06/2017 </div> | | | | | | | | | | | |
| A 3. | Currency used throughout the questionnaire: <i>(Should be the same throughout the survey)</i> Please use if possible your local currency. We use IMF average of the year rates to convert to USD. | | | | | | | | | | | |
| | <table border="1" style="width: 150px; height: 20px; margin: 0 auto;"></table> | | | | | | | | | | | |
| A 4. | At what administrative level is your organisation working? <i>(tick appropriate box)</i> | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="text-align: center; width: 30%;"> <input type="checkbox"/> Central </td> <td style="text-align: center; width: 30%;"> <input type="checkbox"/> Lower level (State / Provincial, Regional, Municipal) </td> </tr> </table> | | <input type="checkbox"/> Central | <input type="checkbox"/> Lower level (State / Provincial, Regional, Municipal) | | | | | | | | |
| <input type="checkbox"/> Central | <input type="checkbox"/> Lower level (State / Provincial, Regional, Municipal) | | | | | | | | | | | |
| A 7. | Please indicate the type of your organisation. <i>(tick appropriate box; only one answer possible)</i> | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> a. NGO <input type="checkbox"/> </td> <td style="width: 50%;"> e. Umbrella organisation <input type="checkbox"/> </td> </tr> <tr> <td> b. National foundation <input type="checkbox"/> </td> <td> f. UN organizations <input type="checkbox"/> </td> </tr> <tr> <td> c. University <input type="checkbox"/> </td> <td> g. Donor operating within country <input type="checkbox"/> </td> </tr> <tr> <td> d. Research institute <input type="checkbox"/> </td> <td> h. Other NPI (Specify) _____ </td> </tr> </table> | | a. NGO <input type="checkbox"/> | e. Umbrella organisation <input type="checkbox"/> | b. National foundation <input type="checkbox"/> | f. UN organizations <input type="checkbox"/> | c. University <input type="checkbox"/> | g. Donor operating within country <input type="checkbox"/> | d. Research institute <input type="checkbox"/> | h. Other NPI (Specify) _____ | | |
| a. NGO <input type="checkbox"/> | e. Umbrella organisation <input type="checkbox"/> | | | | | | | | | | | |
| b. National foundation <input type="checkbox"/> | f. UN organizations <input type="checkbox"/> | | | | | | | | | | | |
| c. University <input type="checkbox"/> | g. Donor operating within country <input type="checkbox"/> | | | | | | | | | | | |
| d. Research institute <input type="checkbox"/> | h. Other NPI (Specify) _____ | | | | | | | | | | | |

NPIs/2017/A

B. Overview of Financial Flows 2017

Revenues of your organisation

B 1. Income received in 2017 from domestic sources (e.g national NGOs/government department of your own country) for family planning:

Amount:

B 2. Income received in 2017 from international sources (International NGOs, UN organisations, international development banks, donor governments/organizations) for family planning:

Amount:

**Please ensure
B1+B2 are
equal to the
total amounts
in C**

A specification of domestic and international income will be requested in section C.

B 3. Income in 2017 for family planning activities, generated from own sources (e.g. members' contributions, interest earned on endowments, or forms of cost recovery):

Amount:

B 4. Summation of B 1, B2 and B3

Total income received for family planning in 2017

Total (do not fill in) :

Expenditures of your organisation

B 5. Total expenditures for family planning projects/programmes in 2017 within your country:

Amount:

**Please ensure
the sum of all
individual
projects (D7) is
equal to this
amount in B5.**

A specification of these expenditures will be requested in section D.

B 6. Of expenditures mentioned in B5, how much came from international funds (can also include funds from previous years) ?

Amount:

NPIs/2017/B

C. Income Received in 2017 from Domestic and International sources

C 1. Income received for family planning from domestic and international sources in 2017

| | Name of organisation/ government department: (and acronym, if known) | Country of origin of the funding: | Type ¹⁾ | Level ²⁾ | Amount received in 2017: |
|----------------------------|--|---|--------------------|---------------------|-----------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
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| 18. | | | | | |
| 19. | | | | | |
| 20. | | | | | |
| Total (do not fill in) : | | | | | 0 |

(The total should be equal to B 1 + B 2)

¹ Please fill in the corresponding code in the box:

- a. Government department of your own country
- b. Foreign government
- c. UN organisation/agency
- d. International development bank
- e. National NGO
- f. International NGO
- g. Private for-profit company
- h. Other organisations/individuals

² If income was received from a *domestic source*, please also mention the administrative level in the box:

- a. Central
- b. Lower level (State / Provincial, Regional, Municipal)

NPIs/2017/C

D. New and Continuing Family Planning Projects/Programmes/Activities in 2017

ATTENTION:

Please use a separate sheet for each project or programme.

If this detailed information is not available, kindly aggregate all FP projects and fill in one sheet in section D.

Please include all project/programme expenditures, both direct and systems costs related to the project, including salaries of project staff and non-personnel expenses such as rent of the building

ONLY INCLUDE PROJECTS/PROGRAMMES WHICH BENEFITED DOMESTIC FAMILY PLANNING PROJECTS/PROGRAMMES

D 1. Name of project/programme:

D 2. Reference number of project/
programme:

D 3. Project/programme/activity period:

DD/MM/YYYY DD/MM/YYYY
From: / / To: / /

D 4. Project/activity location (detailed):
(e.g. village/district/region/country)

D 5. Tick appropriate box:

☐

General development
project/programme/activity with a
family planning component*

☐

Project/programme/activity exclusively
dedicated to family planning

D 6. Were funds received from other organisations/departments specifically for this project/programme/activity in 2016? (tick appropriate box)

☐

Yes

Name of organisation:

Type org.(domes./intern.)

Amount received in 2017:

1.

2.

3.

☐

No

D 7. Amount spent/disbursed by your organisation for family planning in this project/programme/activity in 2017*:

Total Amount (A+B):

Of which: A. Recurrent expenses (occur periodically)

B. Capital investment (e.g car, furniture)

* Please note that if only a part of a project was for family planning you are expected to report the share devoted to that purpose. For estimation methods see the manual.

Do not fill in!!!
Will be filled
in
automatically
based upon
information in
C8

NPIs/2017/D

D. New and Continuing Family Planning Projects/Programmes/Activities in 2017

D 8. Breakdown of amount spent/disbursed by your organisation for family planning for this project/programme/activity in 2016:

A: Recurrent expenses

Recurrent expenses are those which occur to produce the FP services in your organization E.g. the distribution of condoms, quarterly dissemination of FP information to employees and the resources involved to provide those services.

Note: further explanation and examples for question D 8.1- D 8.11 can be found in the definitions tab

Expenditure by services

| | | Amount (A): |
|--|--|-------------|
| D 8.1 | Internal service staff costs (for direct service provision, including sterilization) | |
| D 8.2 | Outsourcing of services | |
| D 8.3 | Contraceptives, medicine & other consumables | |
| D 8.4 | Logistics/transportation of contraceptives etc. | |
| D 8.5 | Information, Education and Communication (IEC) | |
| D 8.6 | Policy Development and Advocacy | |
| D 8.7 | Management Information System (MIS) and Health Information System (HIS) | |
| D 8.8 | Monitoring, Evaluation and Research | |
| D 8.9 | Capacity building/training (for all categories mentioned above) | |
| D 8.10 | Program Management Staff costs (non-service delivery) | |
| D 8.11 | Operational expenditures | |
| D 8.12 | Other: please specify: _____ | |
| A: Recurrent Total (do not fill in): | | 0 |

| Of the total consumables, please indicate what percentage benefited which consumables: | |
|--|-------------|
| Condoms | |
| Pills | |
| Emergency contraceptives (pills) | |
| Diaphragm | |
| Injectables (contraception injected into muscle. E.g Depo-provera) | |
| Implants | |
| IUDs (long-acting reversible contraception inserted into the uterus) | |
| Standard Days Method | |
| Medicine e.g. painkillers | |
| Other consumables e.g gloves, gauze, cotton, antiseptics, etc. | |
| Total | 100% |

Note: total percentages must add to 100%

NPIs/2017/D(1)

D. New and Continuing Family Planning Projects/Programmes/Activities in 2017

B: Capital investment (for goods used more than one year)

Durable goods which are used in the production of goods and services. E.g. purchase of a car or medical equipment which lasts longer than 1 year. Kindly estimate the amount which benefits FP.

Note: further explanation and examples for question D 8.12- D 8.14 can be found in the definitions tab

| | | Amount (B): |
|----------------------------|--|---|
| D 8.12 | Infrastructure and Upgrading of Facilities | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| D 8.13 | Equipment | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| D 8.13.1 | Of which: Car purchase | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| D 8.13.2 | Computer and ICT purchase | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| D 8.13.3 | Medical equipment: (specify:) | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| D 8.14 | Other: please specify: | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| B: Capital Total: | | 0 |
| Total Amount (A+B): | | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

Note: Total Amount = Recurrent Total + Capital Total and should equal the total amount in D7

D 9. Organisation to which expenditures for this project/programme were made directly:

Please ensure the amounts mentioned here are equal to total amounts of project (D7)

| | Channel: | Name(s) of organisation(s): | Amount : |
|--------------------------|--|---|---|
| <input type="checkbox"/> | Directly from your organisation to project/programme | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <input type="checkbox"/> | Directly to a (central, state/ provincial, municipal) government department or institution | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <input type="checkbox"/> | Directly to another national NGO/foundation | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <input type="checkbox"/> | Directly to hospitals, ambulances, pharmacies, and other health care providers | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <input type="checkbox"/> | Directly to an umbrella organisation | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <input type="checkbox"/> | Directly to other organisations (universities, private organisations) or individuals | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

D 10. If this project targets specific age groups (e.g adolescents) please specify the age ranges to years

D 11 Objectives of the project/programme:

NPIs/2017/D

**D. Total Future Expected Expenditures for Family Planning
Activities for 2018 and 2019**

D 1. 2018 Expected Domestic Expenditures for
family planning

Amount:

D 2. 2019 Expected Domestic Expenditures for
family planning

Amount:

Gov/2017/D

Estimating FP costs:

To estimate FP expenditures which came from a broader aggregate, you can make estimates based upon 1) share of time

(amount of minutes spent on FP/total minutes* total spending)

or 2) (share of no. of visits related to FP/total no. of visits* total spending of all visits)

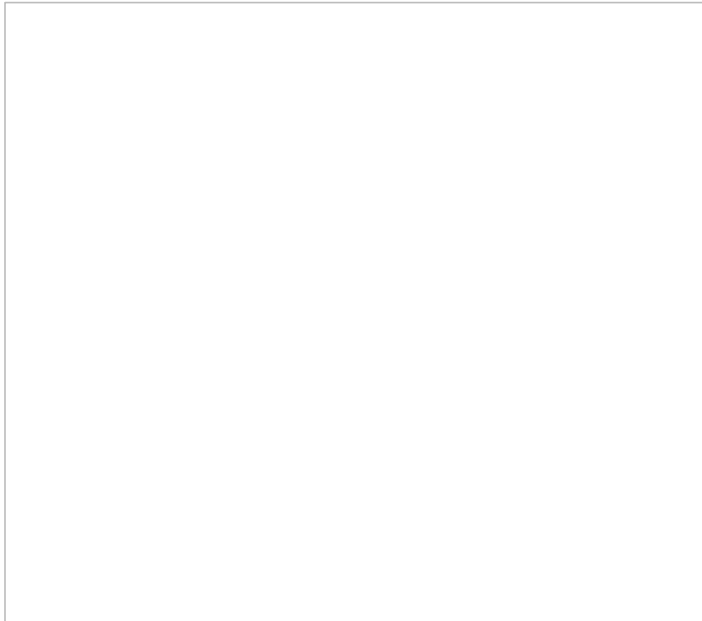
In case you estimated FP expenditures, explain how you did this in the box below.

Also add any other remarks you may have.

NPIs/2017/Remarks

Other definitions used

In case you used definitions which differ from our definitions (e.g FP staff costs including abortion) please clarify the definitions used below here.



Gov/2017/Other definitions used



For any enquiries, contact:

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